

CSS Components, Regulations and Requirements, Evaluation Strategies and Local Examples



WELLNESS • RECOVERY • RESILIENCE

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CSS Definition and Components

- The service delivery systems for mental health services and supports for children, TAY, adults and older adults (WIC 5800, 5850)
- Planning, Outreach and Engagement
 - Outreach and engagement: Activities to reach, identify and engage underserved individuals and communities in the mental health system and reduce disparities.
 - Section 3640- Eligible services
- General Systems Development
 - System improvements and augmentation of services.
 - Section 3630- Eligible services
 - Examples: Crisis Stabilization Units, Wellness Centers, Peer Centers

FSP

- A **full spectrum** of services delivered by the county in collaboration with the client, and when appropriate the client's family, so that clients can achieve their goals.
 - Full Spectrum refers to the services and supports necessary to address the needs of the client in order to advance their goals and achieve outcomes that support the client's recovery, wellness and resilience.
- Section 3620.05- FSP eligibility by age group
- Non-Mental Health Services and Supports
 - Tool to remove barriers to recovery
 - Food
 - Clothing
 - Housing- rental subsidies, transitional and temporary housing, drug/alcohol residential services
 - Cost of health care treatment
 - Respite care
 - Cost of SUD services
 - Mode 60 Invoicing

FSP

- Reporting
 - Partnership Assessment Form
 - Key Event Tracking
 - Quarterly/3Ms
- Timeliness standards:
 - 24/7 crisis response capacity using someone known to the client and ability to initiate an involuntary hold
 - Small counties can use peers
- Staff to client ratio adequate to ensure individualized, intensive services and supports
- 51% or more of CSS expenditures must be for FSP services.

Parameters for the Use of Funds

- Funds shall not be used to pay for persons incarcerated in state prison or parolees from state prisons.
- Law enforcement functions or any function that supports law enforcement shall not be funded.
- The county shall not provide MHSA funded services to individuals incarcerated in state or federal prisons.
- The county may use MHSA funds for services to people incarcerated in juvenile halls and/or county jails only for purposes of facilitating discharge.

Parameters for the Use of Funds

- MHSA funded programs shall be designed for voluntary participation, yet no person shall be denied access based solely on his/her voluntary or involuntary legal status.
- The County may pay for short-term acute inpatient services, not to exceed 30 days, for clients in FSPs when the client is uninsured or there are no other funds available for this purpose.
- Long term hospital and/or long term institutional care cannot be paid for with MHSA funds.

Reporting

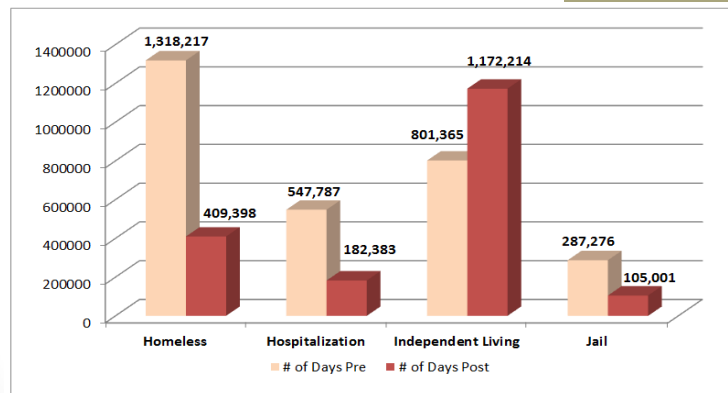
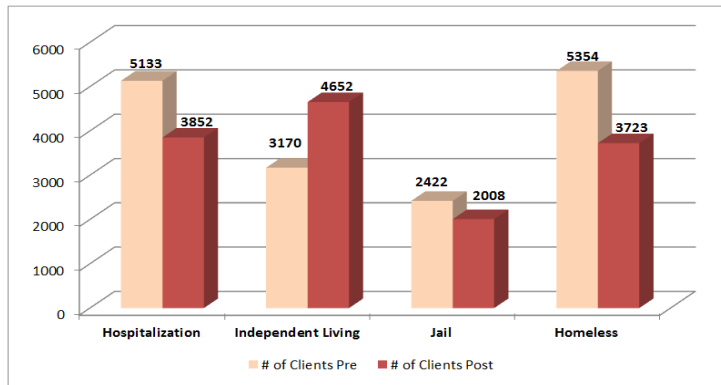
- FSP data elements and reporting: Section 3530.3, 3620.10
- CSS Quarterly Progress Report (aka Exhibit 6): Section 3530.2

FSP Reporting: LA County

Metrics to Measure the Impact of FSP Services:

- Capacity vs. Vacancies
- Tenure
 - Mediating variables: the level of impairment upon enrollment, access to housing and other resources, capacity to transition client to lower level of service.
- Percent of clients disenrolled because they met their goals
- Current housing and employment status
 - Mediating variable: time in program
- Year prior to enrollment vs. post enrollment changes in the number of clients and the number of days psychiatrically hospitalized, incarcerated, homeless, living independently, employed at various levels

FSP Adult Living Arrangement Outcomes



- 69% reduction in days homeless
- 67% reduction in days hospitalized
- 63% reduction in days in jail
- 46% increase in days living independently
- 30% reduction in clients homeless
- 25% reduction in clients hospitalized
- 17% reduction in clients in jail
- 47% increase in clients living independently

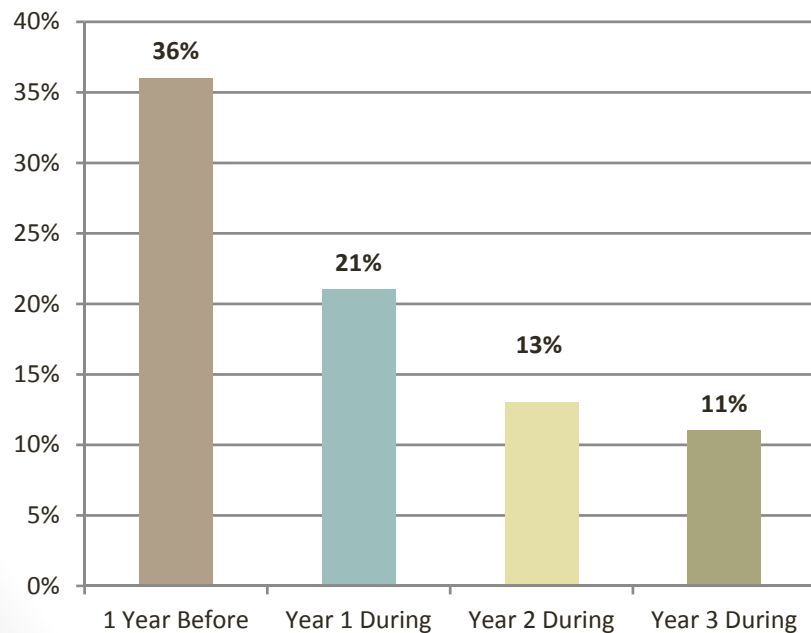
Number of Clients Included: 12,807

Number of Baselines Included: 13,481

Adult FSP Outcomes

Adult FSP Homelessness

Homelessness N=3,381



Year to Year Percent Reduction in Homelessness	
Year before partnership to 1 st Year	41%
During 1 st year of partnership to 2 nd year	40%
During 2 nd year of partnership to 3 rd + year	16%
Year before partnership to year 3	70%

- The biggest drop in homelessness occurred during the first and second year of the partnership.

Adult FSP Disenrollment Reasons by Number of Years Enrolled

Adult FSP Disenrollment Reason	Years Enrolled			
	< 1 year (n=5003)	1 Year (n=3096)	2 Years (n=1895)	3+ Years (n=2609)
Met Goals	13%	29%	42%	54%
Pop Not Met	5%	1%	2%	2%
Ptnr Discontinued	21%	17%	15%	9%
Moved	13%	13%	12%	10%
Lost Contact	26%	20%	12%	9%
Need Residential	10%	8%	7%	6%
Detained or Jail	10%	8%	6%	4%
Deceased	2%	3%	4%	5%
Total	100%	100%	100%	100%

- Lost Contact is the top disenrollment reason provided for those leaving the partnership within less than 1 year
- Met Goals is the top disenrollment reason provided for those enrolled 1, 2 and 3 years

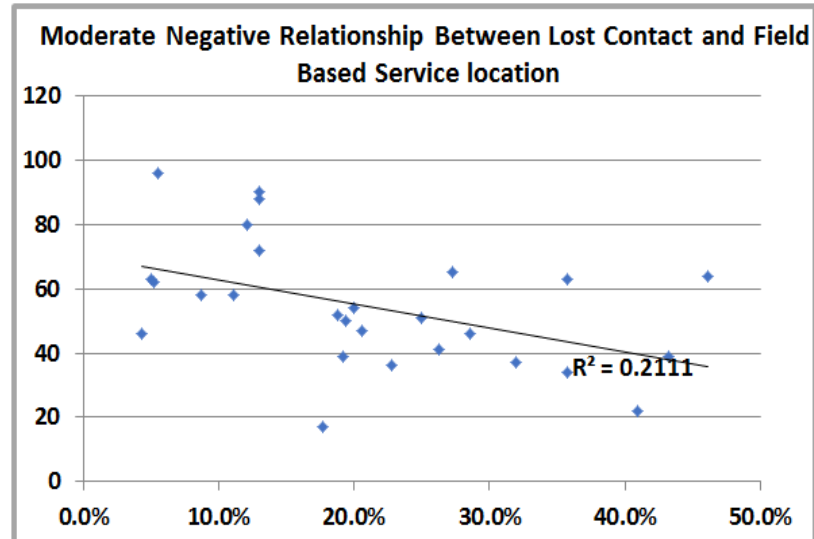
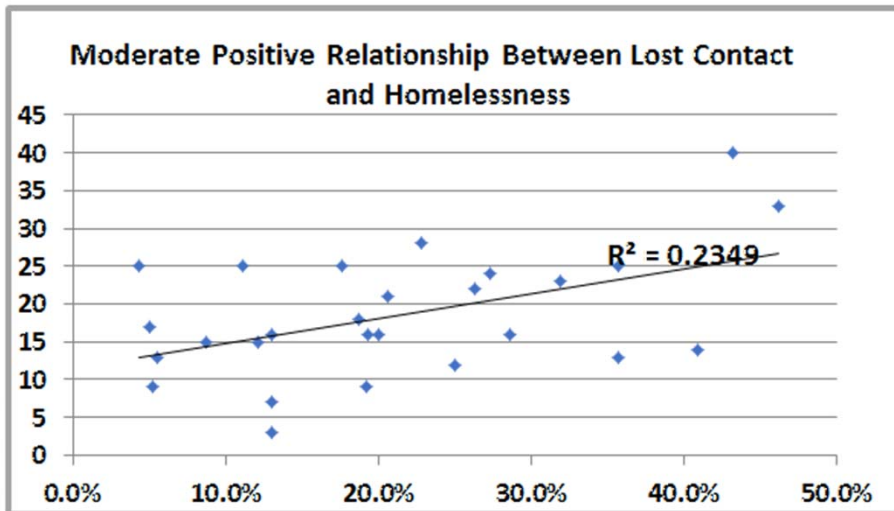
The disenrollment data was gathered from the FSP Referral Tracking Database as of 9/11/2017.

Page 45 of the MHSA Annual Update

Adult FSP Outcomes

Homelessness – Explorative analysis of the relationship between several factors in 27 Adult FSP programs with at least 18 disenrollments over the past 12 months.

- The moderate positive relationship between lost contact as a disenrollment reason and homelessness suggests that the failure to maintain relationship increases the risk of not having, not maintaining or not securing housing.
- The moderate negative relationship between lost contact and field based service location suggests that investing in treatment outside the clinic may play a role in helping to moderate the tendency for clients to go missing.



Alameda County

In-Home Outreach Team (IHOT)
MHSA Community Services and Supports Program



WELLNESS • RECOVERY • RESILIENCE



Alameda County In-Home Outreach Team (IHOT)

PROGRAM DESCRIPTION:

The IHOT program is an outreach and engagement initiative designed to provide “intensive outreach and engagement, mental health screening, in-home intervention, family education, and support and linkage to treatment” for individuals who are not voluntarily engaged in services.

REFERRAL PROCESS:

- Consumers are identified by the Alameda County Behavioral Health Care Services (ACBHCS) Access phone line, psychiatric inpatient care, and the ACBHCS High Utilizers list.
- Each IHOT provider employs culturally relevant and age specific mobile outreach strategies to build trust and rapport with referred individuals and their families, in order to connect them to voluntary specialty mental health services.



IHOT Outcomes

- Crisis stabilization episodes and psychiatric hospitalizations
- Criminal justice involvement
- Housing status
- Social functioning and independent living
- Consumers' experiences with and perceptions of IHOT

IHOT Outreach & Engagement Outcomes

REFERRAL SOURCES N=195



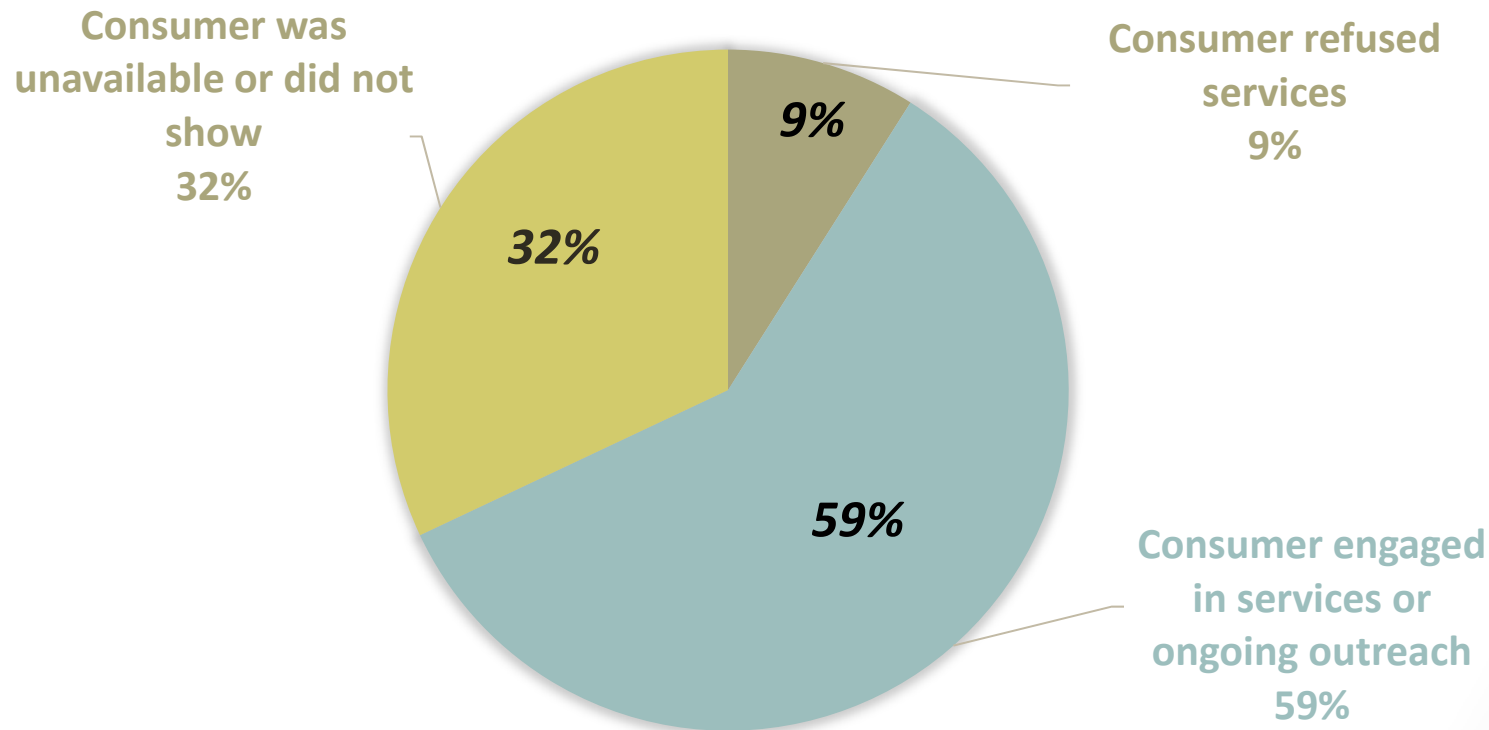
Of the 195 consumers referred to IHOT, **175 (90%)** were connected to an IHOT provider and received IHOT services.

- Each IHOT provider agency served between 24 and 63 consumers



IHOT Outreach & Engagement Outcomes

OUTCOME OF EACH OUTREACH & ENGAGEMENT ATTEMPT WITH CONSUMERS (N = 1,741)



Persistent outreach from IHOT providers promotes ongoing IHOT engagement.

IHOT Outreach & Engagement Outcomes

Crisis Stabilization		
	Pre-IHOT Enrollment	During IHOT Enrollment
Number of Consumers with at least 1 crisis stabilization episode	N=108	N=63 (58% reduction)
Average Length of Stay	1.3 days	1.1 days

- Over half of IHOT consumers who reported their housing status either obtained or maintained stable housing.
- Most IHOT consumers reported no criminal justice involvement, both before and during IHOT.
- 46% of the 108 IHOT consumers served in this first year were successfully connected to mental health services.

“I don’t know what I would have done without them. Their emotional support and information was a lifesaver.” –IHOT Family Member

FSP Reporting: Orange County

Metrics to Measure the Impact of FSP Services:

- Changes in:
 - Days spent in **Psychiatric Hospital**
 - Number of **MH-Related Emergency Events**
 - Days spent in **Unsheltered Homelessness**
 - Days spent in **Emergency Shelter**
 - Days spent in **Independent Living** (TAY, Adults, Older Adults)
 - Days spent in **Out-of-Home Placement** (Children)
 - Days spent **Incarcerated**
 - Number of **Arrests**
 - Days **Employed** (TAY, Adults, *Older Adults*)
 - % with Good/Very Good/(Improved) **School Grades & Attendance**

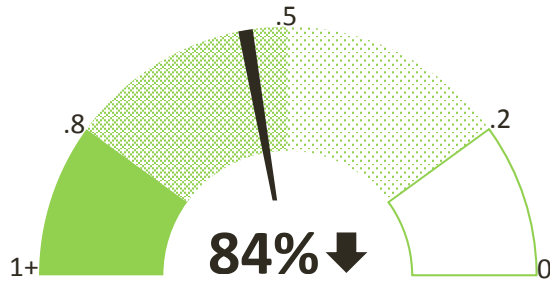
FSP Reporting: Orange County

Metrics to Measure the Impact of FSP Services:

- Use CBHDA MOQA definitions
- Compare **Year Prior to Enrollment to Post-Enrollment**
 - Paired samples t-test
 - Describe in terms of effect size (i.e., **quantified “impact”**)
 - Report percent change
 - Provide **average** days/counts
- Future Directions (Account for mediating/moderating variables):
 - Level of impairment upon enrollment
 - Length of time in program
 - Composite of days spent in institutions
 - Discharge status

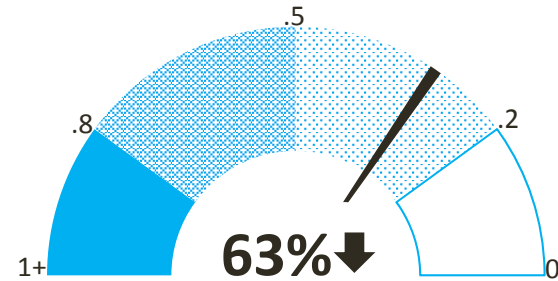
OC FSPs: Impact on Days Hospitalized

Year Prior vs While Enrolled (FY 2016-17)



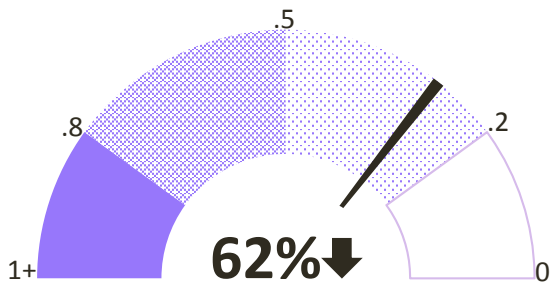
Before: 10.8 After: 1.8

71 Children



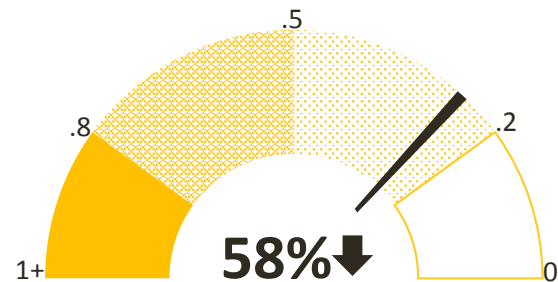
Before: 39.8 After: 14.8

247 TAY



Before: 34.2 After: 13.1

543 Adults



Before: 28.1 After: 11.7

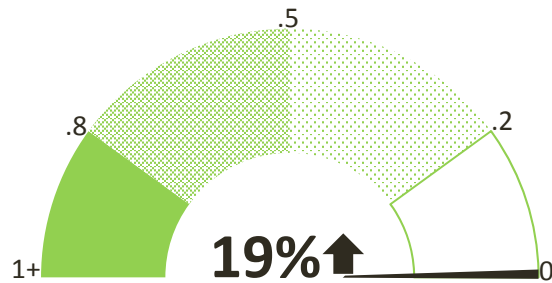
59 Older Adults

Darker shade = greater impact

Impact measured by Cohen's D

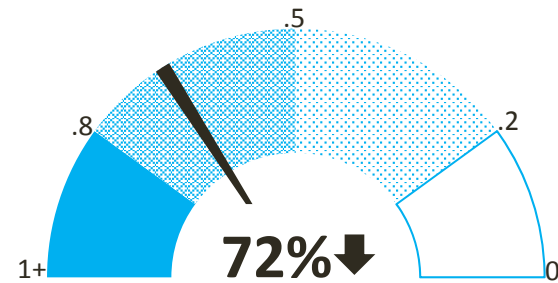
OC FSPs: Impact on Days Incarcerated

Year Prior vs While Enrolled (FY 2016-17)



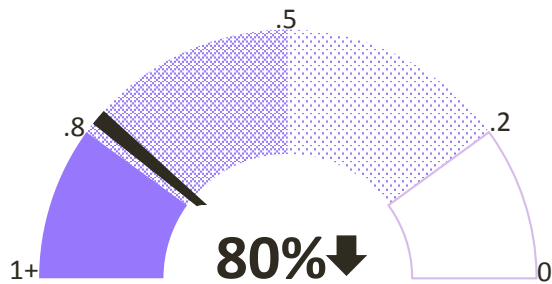
Before: 28.7 After: 34.2

10 Children



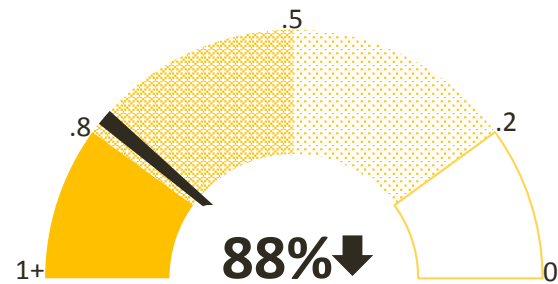
Before: 95.3 After: 19.9

218 TAY



Before: 99.6 After: 20.4

624 Adults



Before: 72.6 After: 8.4

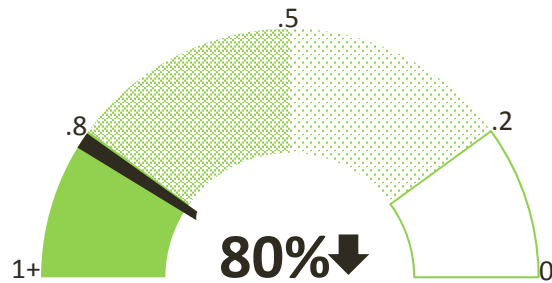
30 Older Adults

Darker shade = greater impact

Impact measured by Cohen's D

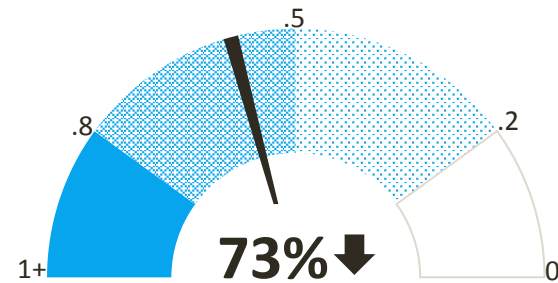
OC FSPs: Impact on Days Homeless

Year Prior vs While Enrolled (FY 2016-17)



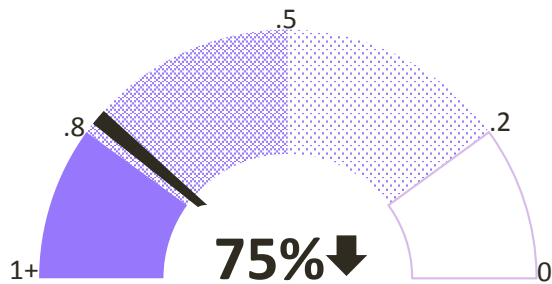
Before: 96.4 After: 17.1

20 Children



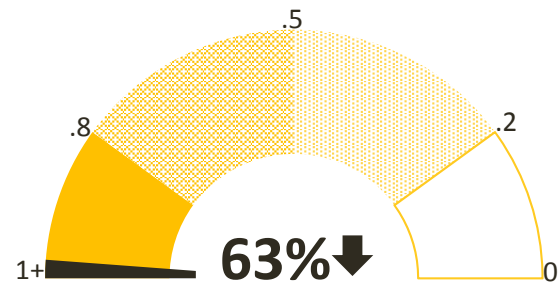
Before: 102.3 After: 26.3

155 TAY



Before: 145.7 After: 36.9

612 Adults



Before: 205.4 After: 37.6

135 Older Adults

Darker shade = greater impact

Impact measured by Cohen's D

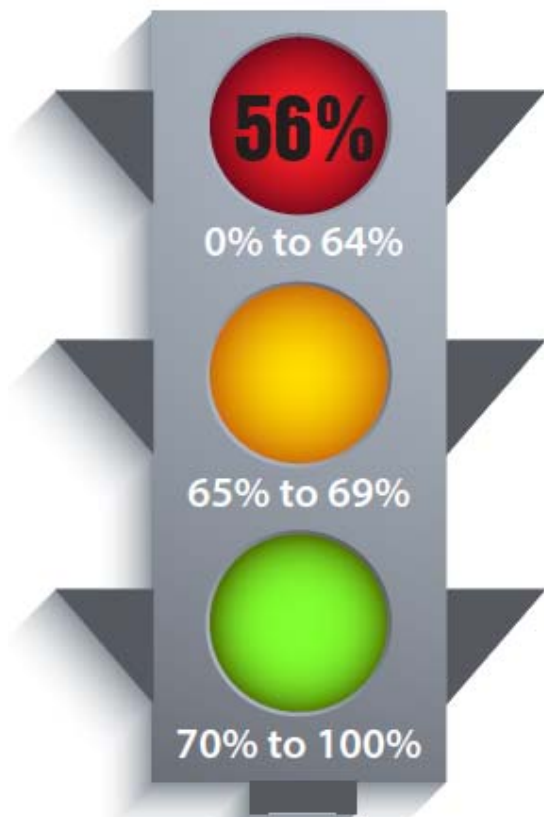
OC Crisis Programs

- **Crisis Assessment/Psychiatric Emergency Response Teams**
 - Evaluation and referral/linkage/hospitalization
 - Children's under age 18
 - Adult/TAY ages 18+
- **In Home Crisis Stabilization Services**
 - Short-term crisis stabilization
 - Children's under age 18
 - Adult/Older Adult ages 18+
- **Crisis Residential**
 - Short-term residential services
 - Children's ages 12-17
 - TAY ages 18-25
 - Adult/Older Adult ages 18+
- **Programs evaluated according to whether met established target**

OC CAT/PERT Outcomes (FY 2016-17)

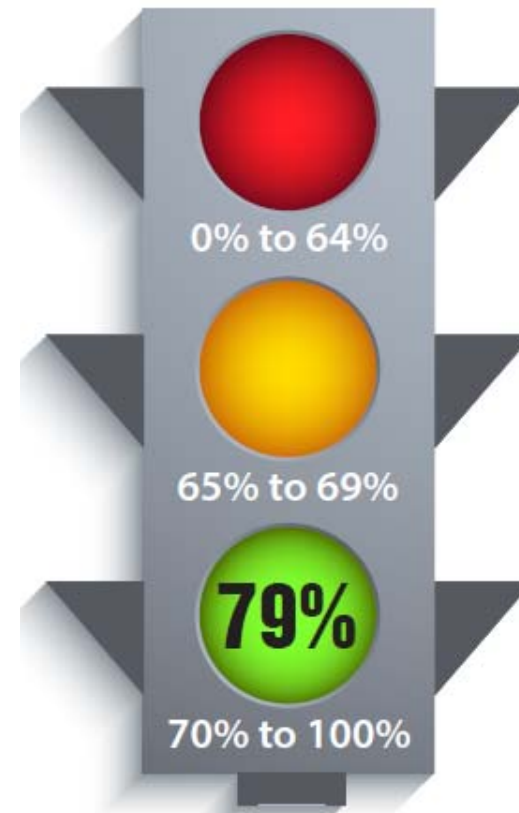
% Dispatches that Arrive in 30 Minutes or Less

Children's



3,039 evaluations

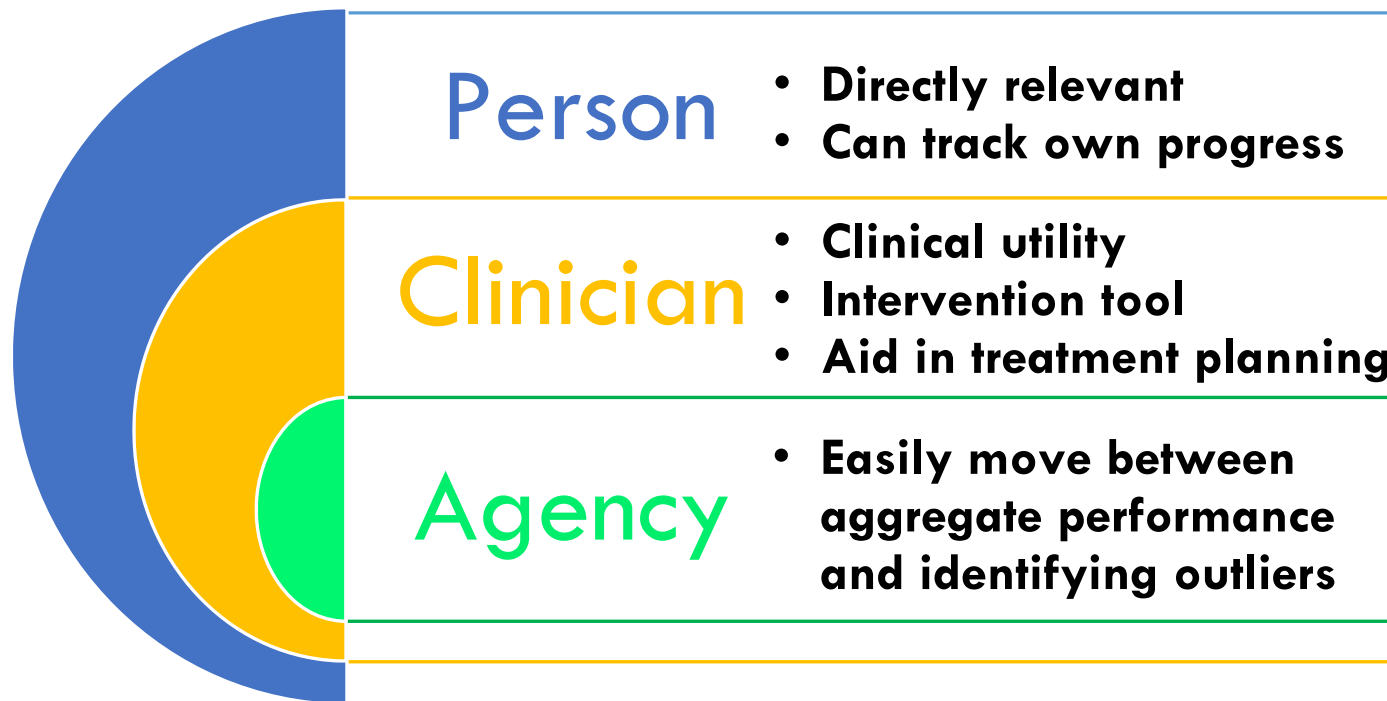
TAY/Adult/OA



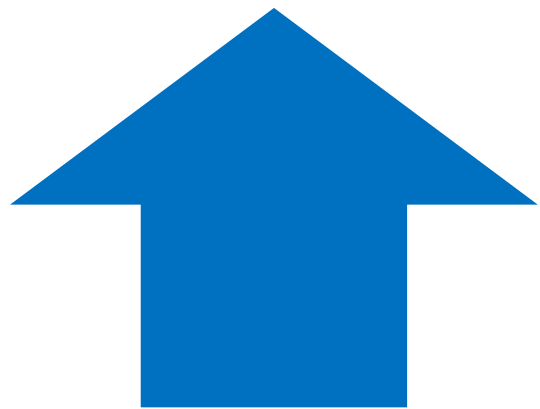
4,568 evaluations

OC Treatment Programs' Outcome Reporting Strategy

Why Use a Measure with Clinical/Client-Focused Metrics?



Clinical Cutoff



At/Above Cutoff

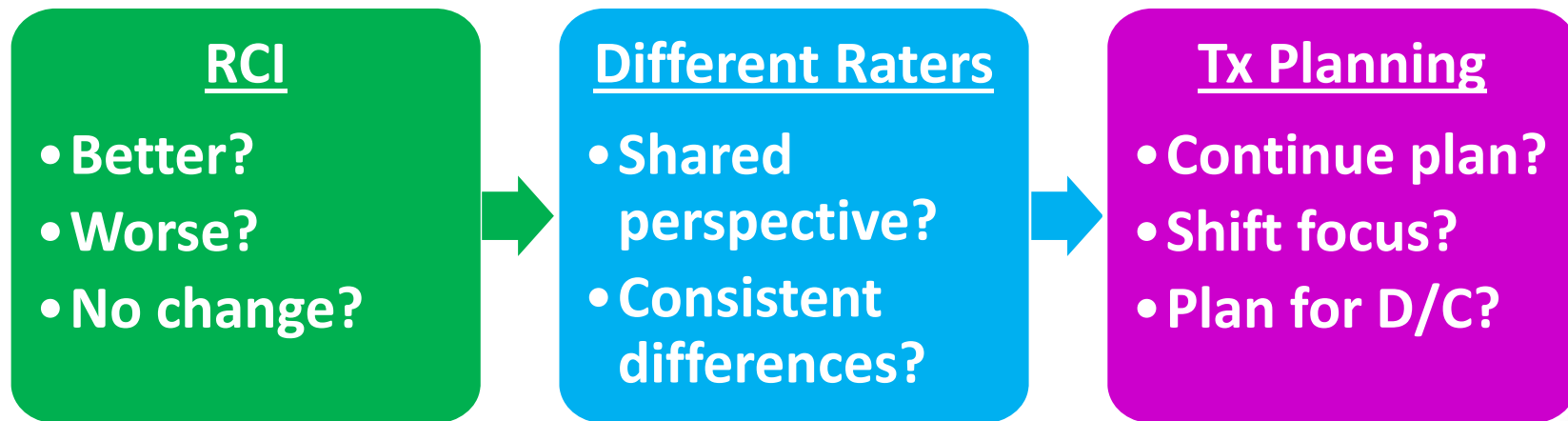
Level of distress and interpersonal/
social difficulties in clinical range;
how high above?



Below Cutoff

Level of distress comparable
to non-clinical samples

Reliable Change Index (RCI)



Monitoring Symptom Change

Reliably Worsened

- Ended above cutoff **AND** score reliably increased (by 10+ points)

Stably Distressed

- Score did **not** reliably change **AND** did not meet “Healthy” Criteria

Reliably Improved

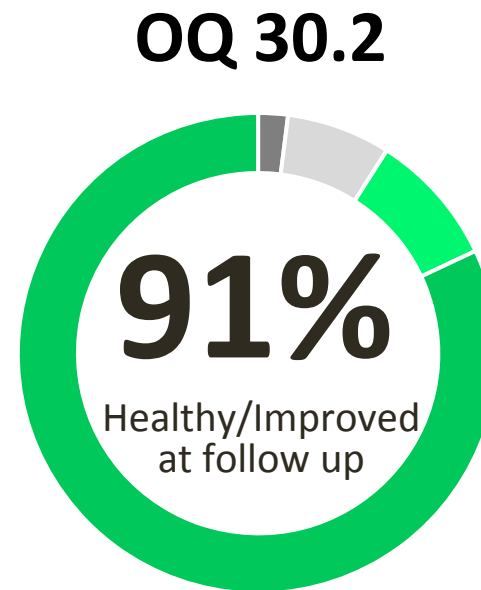
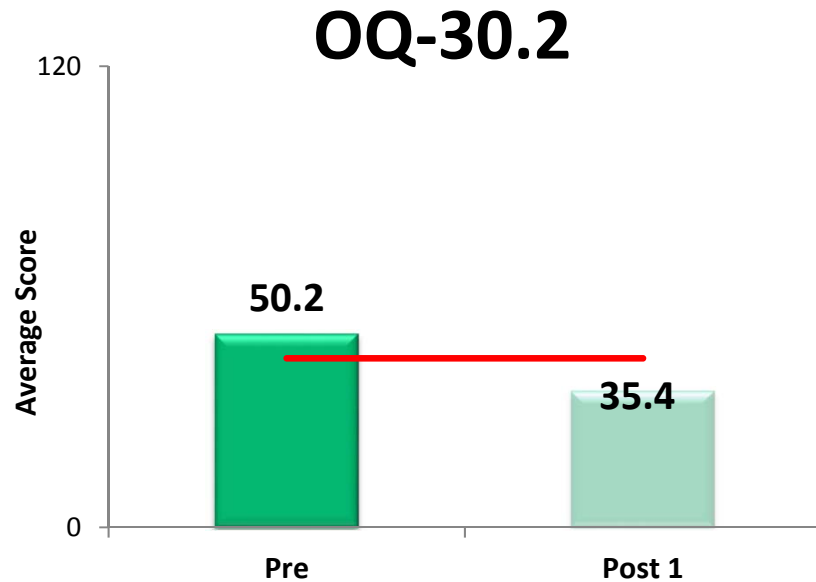
- Ended above cutoff **AND** score decreased reliably (by 10+ points)

Healthy (Non-distressed)

- Stayed below cutoff at baseline **&** follow up **OR**
- Score reliably decreased **&** ended below cutoff

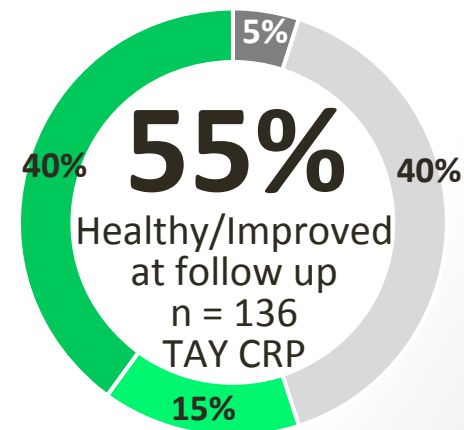
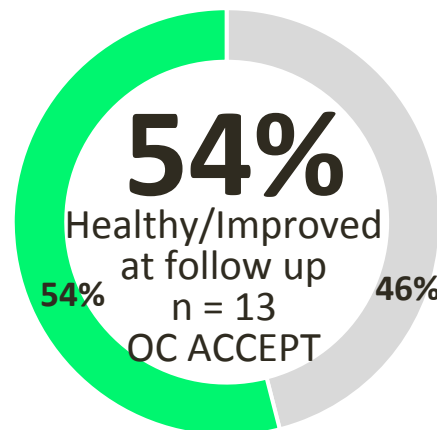
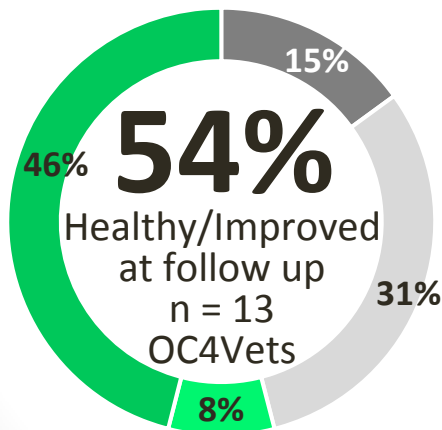
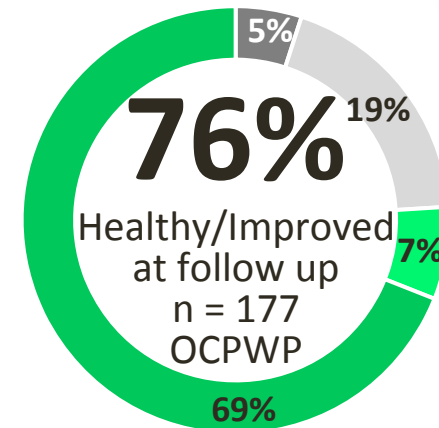
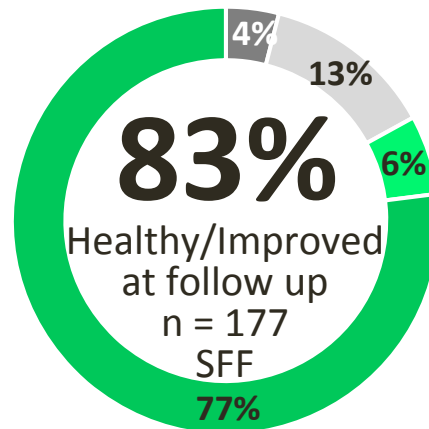
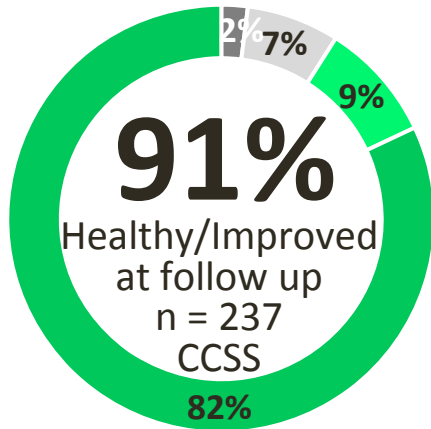
Same Data, Different Tale

* No statistical difference *



Monitoring of OQ Symptom Change

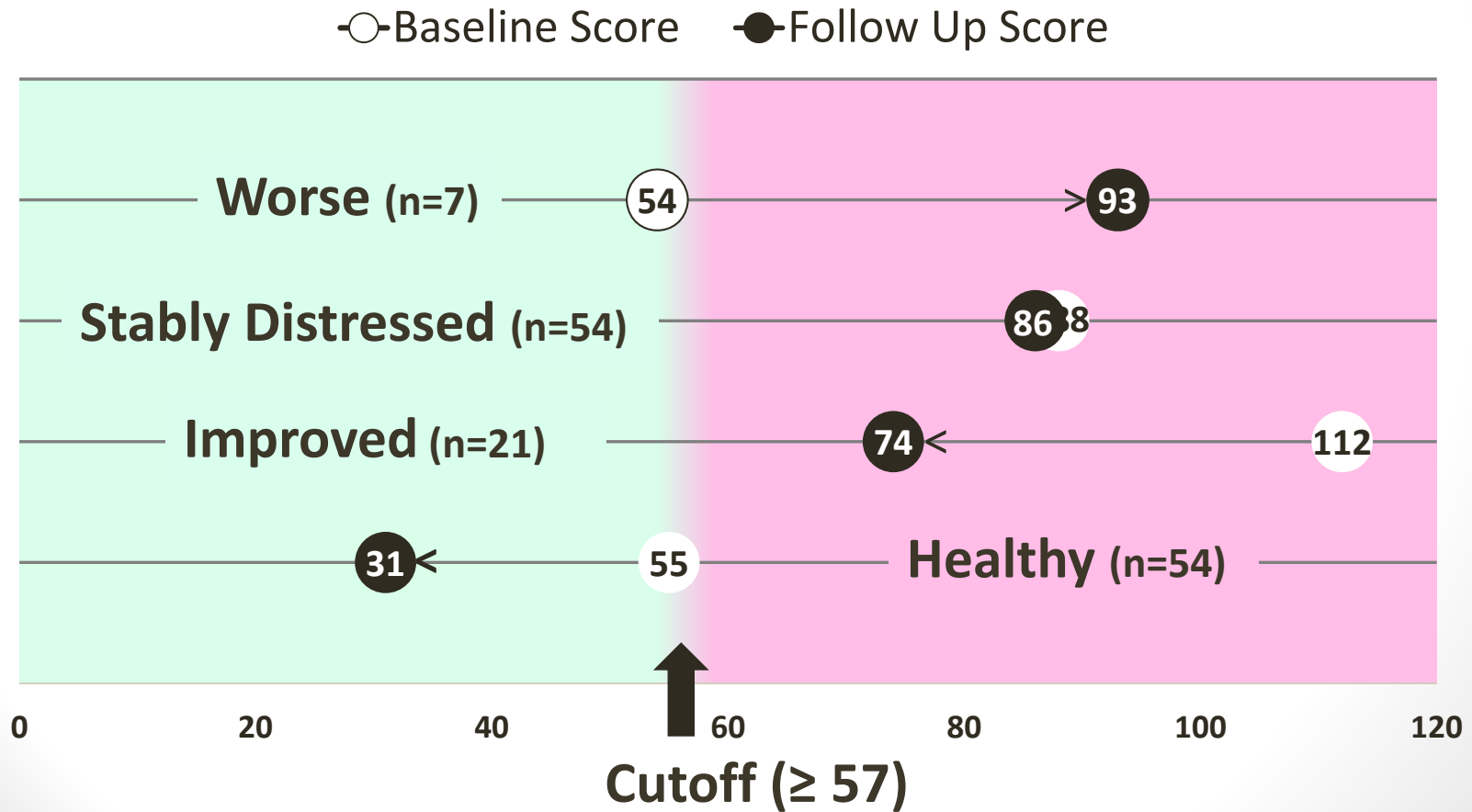
OC Treatment Programs FY 2016-17



Reliably Worsened
 Stably Distressed
 Reliably Improved
 Healthy

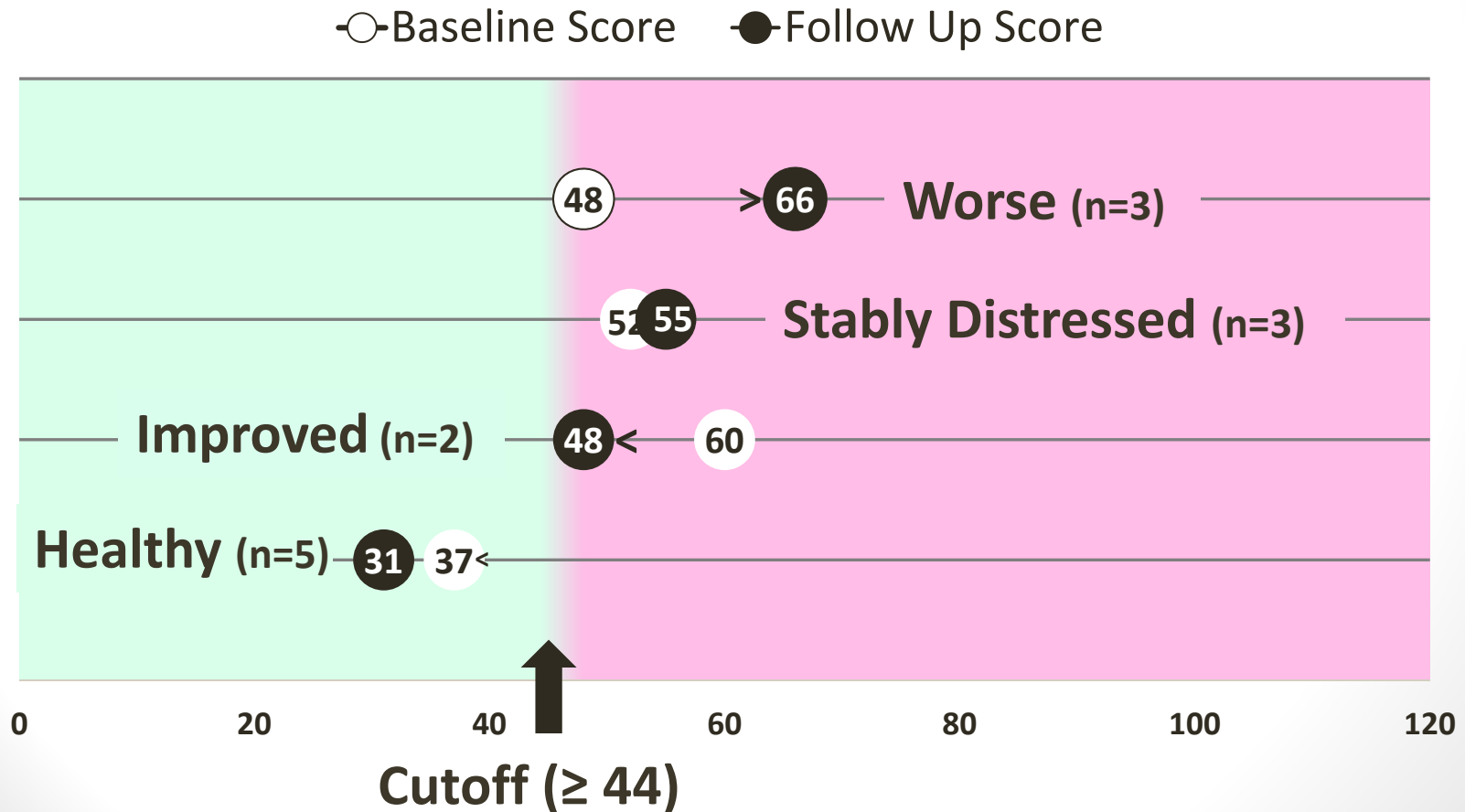
Change in Average SOQ 2.0 Scores by OQ Distress Groups

TAY CRP (June 2015-17)



Change in Average SOQ 2.0 Scores by OQ Distress Groups

OC Veterans Program (FY 2016-17)



For the Audience

- Impressions
- Questions
- Insights