Evaluation of California’s Statewide Mental Health Prevention and Early Intervention (PEI) Initiatives

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In 2004, California passed Proposition 63

Mental Health Services Act (MHSA) enacted Jan 2005
- Most revenue directed to intense community-based services for those with severe mental illness
- Act mandated 20% of funds to be allocated to Prevention and Early Intervention
- In total, tax generates over $1 billion per year

MHSA services organized and delivered through County-level mental health authorities, with State-level oversight
- 58 Counties
- Counties diverse in population size, rural/urban, demographics
Statewide PEI Initiatives Implemented

• California Mental Health Services Authority (CalMHSA)
  • A joint authority of Counties working together
  • Formed strategic plans for statewide PEI initiatives
  • Supplemented County-directed PEI programs

• Goals of initiatives
  – Reduce stigma and discrimination
  – Prevent suicide
  – Improve student mental health

• Contracted with “program partners” to implement
  • Community organizations, private firms, and K-12 and higher education systems
### Evaluation Logic Framework: Structure-Process-Outcomes

<table>
<thead>
<tr>
<th><strong>STRUCTURE</strong></th>
<th><strong>PROCESS</strong></th>
<th><strong>SHORT TERM OUTCOMES</strong></th>
<th><strong>KEY OUTCOMES</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>What PEI capacities &amp; resources are PPs developing and implementing?</td>
<td>What PEI activities are delivered, and to whom? What is population reach? Does delivery of activities adhere to best practices standards?</td>
<td>What are immediate targets of change?</td>
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<td>• Media/social marketing campaigns</td>
<td>• Exposure to campaign messages</td>
<td>• Knowledge</td>
<td></td>
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<td>• Training &amp; educational programs</td>
<td>• Participation in training &amp; education</td>
<td>• Attitudes</td>
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<td>• Informational and online resources</td>
<td>• Use of informational resources</td>
<td>• Behavior</td>
<td></td>
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<tr>
<td>• Hotline services</td>
<td>• Use of hotline services</td>
<td>• Mental &amp; emotional well-being</td>
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<td>• Networking &amp; collaboration</td>
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<td>• Help-seeking</td>
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**KEY OUTCOMES**
- What are PEI activities expected to directly or indirectly prevent, over the long run? What negative consequences are reduced?
  - Suicide
  - Discrimination
  - Social Isolation
  - Student failure/disengagement
## Core Activities Examined in RAND Evaluation

<table>
<thead>
<tr>
<th>Core Activities</th>
<th>Suicide Prevention</th>
<th>Student Mental Health</th>
<th>Stigma and Discrimination Reduction</th>
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</thead>
<tbody>
<tr>
<td>Media/social marketing campaigns</td>
<td>X</td>
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<td>X</td>
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<tr>
<td>Training and education programs</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Development of informational resources (including online)</td>
<td>X</td>
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<td>X</td>
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<tr>
<td>Hotline services</td>
<td>X</td>
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<tr>
<td>Networking and collaboration</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Development of policies, protocols, and procedures</td>
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<td>X</td>
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Some Key Questions We Are Answering About the Core Activities

• **Process**
  - What is the reach of program activities to target audiences?
  - Do implemented activities adhere to best practices? (for selected activities)

• **Short Term Outcomes**
  - What direct impact do key activities have (e.g., on awareness, knowledge, attitudes)?

• **Population Monitoring**
  - What is current state of key outcomes in California populations?
  - Will sustained PEI investment result in improvements over time?
Evaluation in Progress

• Implementation of Statewide PEI activities started Summer 2011
  – Under current phase of funding, most activities completed by December 2014

• Evaluation timeline
  • RAND selected to design & conduct evaluation in Fall 2011
  • Evaluation plan adopted by CalMHSA board in June 2012

• Early evaluation results focused on program implementation and reach show PEI initiatives were successfully launched

• Interim results on adherence to best practices and short-term outcomes generally consistent with positive expectations of program activities

• Population monitoring is beginning to inform future needs and track broader exposure to PEI messages