The purpose of evaluation is to…

- **Strengthen organizations**, public agencies and service providers in their ability to fulfill their missions and serve their communities
- **Strengthen systems** that are being evaluated and enhance their ability to promote the well-being of their consumers
- **Inform decision-making**
- **Create an information infrastructure** and the understanding of how to use it effectively
To be effective, evaluation must:

- Be integrated into the day-to-day program operations; not an afterthought in program implementation.
- Define goals and objectives and how they will be measured.
- Time reports to coincide with and inform decision-making activities.

You Can’t Change What You Can’t Measure:

- Outcomes must be measurable.
- Some goals and objectives require a long time to make change.
- Dosage is important.
- Compare apples and apples:
  Example: Is each program counting referrals and linkages the same way?

What is Being Evaluated?

- 23 PEI programs engaging consumers and families across the lifespan in schools, communities, and courts at risk of mental illness and suicide, providing:
  - outreach and engagement
  - crisis reduction
  - socialization
  - stigma reduction
  - parenting and family supports
  - training
  - veterans’ services
  - school-based prevention of alcohol and other drug use, violence, and bullying.
WHERE WE’VE BEEN

Initial Evaluation Efforts

- PEI outcomes committee focused on a “menu of measures” (data collection tools) to track...
  - Activity/process information
  - Participant information
  - Change in intervention-focused outcomes

Taking it to the next level…

Evaluation Partnership

- 2-year contract with external evaluation consultant, Resource Development Associates (RDA), for technical assistance with PEI and Innovation evaluation efforts
- Through a partnership between OCHCA and RDA, we’ve used a participatory process to design an evaluation that links findings with learning and action
Assessment Learning Cycle

- Define intended learning objectives
- Measure selected learning outcomes
- Compare outcomes with intended objectives
- Refine evaluation plan
- Redesign program to improve learning

Evaluation Activities

- Build trust and rapport
- Add value to staff day-to-day efforts (clinical utility)
- Clarify program goals and objectives
- Create Logic Models
- Build data collection systems
- Provide training
- Ensure (complete, accurate) data is collected
- Ensure adequate response rates
- Share Findings and Recommendations

Stages of Evaluation

Proposal → Planning → Data Collection → Analysis → Report Out
Evaluation Planning Process (1 of 3)

- Setting the Scope of the Evaluation
  - Assessed each program's readiness to engage in evaluation activities.
  - Evaluation activities were based on available resources and capacity for collecting data.
  - Had each program complete an evaluation assessment – to prepare for evaluation and prioritize evaluation activities based on what they seek to learn.

Evaluation Planning Process (2 of 3)

- Defining a Theory of Change
  - Each program completed a logic model, which showed a visual representation of program inputs, activities, and outcomes.
  - Due to the large number of PEI programs, we created cluster-level logic models that demonstrated outcomes shared across similar programs.

<table>
<thead>
<tr>
<th>Focus Area</th>
<th>Resources</th>
<th>Activity</th>
<th>Output</th>
<th>Outcome</th>
<th>Measures</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>List most important things program will accomplish</td>
<td>Resources that will support the program activities</td>
<td>Describe &amp; define the program activities</td>
<td>Donor services have been delivered</td>
<td>What changes you expect each activity to effect</td>
<td>Ways outcomes will be measured</td>
<td>Describe the impact the community will feel in 5-10 years</td>
</tr>
<tr>
<td>Increase family protective factors</td>
<td>Decrease family risk factors</td>
<td>Improve overall mental health, well-being, quality of life</td>
<td>12 weekly group sessions</td>
<td>Follow-up booster session</td>
<td># of referrals &amp; linkages to outside services</td>
<td>Parent satisfaction surveys</td>
</tr>
</tbody>
</table>
Evaluation Clusters

<table>
<thead>
<tr>
<th>Crisis &amp; Referral</th>
<th>Early Intervention</th>
<th>Outreach &amp; Engagement</th>
<th>Parenting &amp; Family Support</th>
<th>School-Based</th>
<th>Screening &amp; Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Warmline Network Services</em></td>
<td><em>Stress Free Families</em></td>
<td><em>REACH: Outreach &amp; Engagement</em></td>
<td><em>Connect the Tots</em></td>
<td><em>Behavioral Health Intervention &amp; Support</em></td>
<td></td>
</tr>
<tr>
<td><em>Crisis Prevention Hotline Services</em></td>
<td><em>OC Parent Wellness</em></td>
<td><em>Community Outreach - Promotor Model</em></td>
<td><em>Children’s Support &amp; Parenting Program</em></td>
<td><em>College Veteran’s Program</em></td>
<td></td>
</tr>
<tr>
<td><em>Survivor Support Services</em></td>
<td><em>Re-Connect Socialization Collaborative</em></td>
<td><em>Outreach &amp; Engagement Collaborative</em></td>
<td><em>Family Support Services</em></td>
<td><em>Warmline Network Services</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>OC Center for Resiliency Education &amp; Wellness</em></td>
<td></td>
<td><em>Parent2Parent</em></td>
<td><em>Crisis Prevention Hotline Services</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><em>Stop the Cycle</em></td>
<td><em>Survivor Support Services</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><em>Youth As Parents</em></td>
<td><em>Stress Free Families</em></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><em>OC Post-Partum Wellness</em></td>
<td></td>
</tr>
</tbody>
</table>

Program Cluster Logic Model

Example: Parenting & Family Support Services

Inputs
- MHSA Funding
- Program Staff

Activities
- Parent education and support
- Youth Education and support
- Referral/linkage to outside services

Short-term Outcomes
- Changed attitudes about effective parenting
- Participant satisfaction with engagement
- Referrals made

Medium-term Outcomes
- Linkages to appropriate services made
- Changed parenting practices & behaviors
- Increased protective factors
- Improved quality of life

Long-term Outcomes
- Healthy, supported youth and families in OC

Evaluation Planning Process (3 of 3)

- Developing Evaluation Plans
  - Comprehensive evaluation plans for each PEI program
  - Training for county staff and contracted providers on how to implement plans
  - Each plan included:
    - evaluation learning objectives
    - research design and data timeline
    - evaluation questions
    - data indicators
    - data collection methods
    - frequency of assessment
    - data analysis plan

Prepared by Resource Development Associates & Kimari Phillips
Evaluation Learning Objectives

A. Determine which priority population(s) are being reached and engaged.
B. Determine how the program is contributing to changes in the mental health system of care.
C. Determine to what extent program participants are showing improvements in participant-level outcomes.

Sample Research Design
Continuously tracking activities, attendance, referrals and linkages.

Intake: Pre-Test
- Gather demographic/descriptive information about participants.
- Administer all survey/tools (e.g., PHQ-9, WHO-5, Protective Factors Survey) to create baseline data.

Every 3 months: Post-Test
- Re-administer behavioral health tools to participants every 3 months through program completion.
- Administer satisfaction surveys to ongoing participants.

Exit: Final Analysis
- Final administration of all behavioral and satisfaction surveys.
- Compare results across all assessment points (use significance testing with ≥ 50 matched pairs).
## Evaluation Area

### Indicators of Change

<table>
<thead>
<tr>
<th>System</th>
<th>Indicators of Change</th>
<th>Qualitative Methods</th>
<th>Quantitative Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are programs helping reduce barriers to receiving mental health services?</td>
<td>Open-ended questions on participant surveys (at completion of program)</td>
<td>Closed-ended questions (e.g., scales) on participant surveys (pre-post)</td>
<td></td>
</tr>
<tr>
<td>Program</td>
<td>Are the programs effectively reaching their goals?</td>
<td>Interviews or focus groups with service providers</td>
<td>Program records of services provided and attendance, participant demographics, etc.</td>
</tr>
<tr>
<td>Participants</td>
<td>Are participants demonstrating changes in risk/protective factors?</td>
<td>Open-ended questions on participant surveys (at completion of program)</td>
<td>Closed-ended questions (e.g., scales) on participant surveys (pre-post)</td>
</tr>
</tbody>
</table>

### Data Tools, Analysis & Reporting

- National/international tools with tested reliability and validity for measuring certain outcomes (e.g., PHQ-9 for depression symptoms)
- Modified tools based on those used by evidence-based programs (e.g., reduced number of questions)
- Custom tools, using existing reliable/validated questions whenever possible (can compare norms)
- Translations of all tools in threshold languages
- Scoring guides created for all tools used
- Excel and Access to enter data
- Excel Data Workbooks to report data

### Data Collection Tools

<table>
<thead>
<tr>
<th>EVALUATION OBJECTIVES</th>
<th>PEI DATA TRACKING (examples)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority Populations Served</td>
<td>Gender, Age, Race, Limited English Proficiency, Blind/Vision Impaired, Deaf/Hearing Impaired, Physical Disability, Foster System Involvement, U.S. Military/Veteran/Family Member, LGBTIQ</td>
</tr>
<tr>
<td>Program Services Provided</td>
<td>Outreach Events, Publicity, Program Contacts, Group Sessions, Individual Sessions, Telephone Calls, Case Management, Transportation, School Climate Changes</td>
</tr>
<tr>
<td>Systems-Level Changes</td>
<td>Cultural and Linguistic Competency of Providers, Program Access, Participant Satisfaction (Youth, Adults &amp; Families), Referrals and Linkages, Intergency Collaboration, School Climate Survey</td>
</tr>
<tr>
<td>Impacts on Participants and Family Members</td>
<td>Well-being (WHO-5), Depression (PHQ-9), PTSD (PCL-M), Anxiety (HAM-A2), Protective Factors Survey, Child Behavioral Problems (e.g., ECBI &amp; ASQ:SE), 40 Developmental Assets, Social Functioning, Profile of Mood States, Traumatic Grief, Suicidal Intent</td>
</tr>
</tbody>
</table>

(prepared by Resource Development Associates & Kimari Phillips)
Examples of Data Collection Tools

- Protective Factors Survey
- WHO-5 Well-being Index
- PHQ-9
- Satisfaction Surveys

Protective Factors Survey

- 20 items, 7-point scaled responses
  - Example: In my family, we talk about problems. (Never, Very Rarely, Rarely, About Half the Time, Frequently, Very Frequently, Always)
  - Example: If there is a crisis, I have others I can talk to. (Strongly Disagree, Mostly Disagree, Slightly Disagree, Neutral, Slightly Agree, Mostly Agree, Strongly Agree)

  Domain/Subscale Scores
  - Family Functioning/Resiliency (5 items)
  - Social Support (3 items)
  - Concrete Support (3 items)
  - Nurturing and Attachment (4 items)
  - Knowledge of Child Development/Parenting (5 items)

  Higher scores = higher level of protective factors

WHO-5 Well-being Index
http://www.who-5.org/

- 5 items, 6-point scaled responses
  - Positively worded scale vs. negative symptoms
  - Over the last two weeks... (All of the time, Most of the time, More than half the time, Less than half the time, Some of the time, At no time)
    1. I have felt cheerful and in good spirits
    2. I have felt calm and relaxed
    3. I have felt active and vigorous
    4. I woke up feeling fresh and rested
    5. My daily life has been filled with things that interest me

  Higher scores = higher level of well-being
PHQ-9 Patient Health Questionnaire


- 9 items, 4-point scaled responses
- Screener for self-rated depression & suicide symptoms
- Over the last 2 weeks, how often have you been bothered by any of the following problems? (sample items)
  - Not at all, Several days, More than half the days, Nearly every day
  1. Little interest or pleasure in doing things
  2. Feeling down, depressed, or hopeless
  3. Trouble falling or staying asleep, or sleeping too much
  4. Feeling tired or having little energy
  5. Poor appetite or overeating
- Higher scores = higher severity of depression
  - 5-9=Mild, 10-14=Moderate, 15-19=Moderately severe, 20-27=Severe

prepared by Kimari Phillips

Participant Satisfaction Surveys

- Custom Youth, Adult, Family, & Peer Mentor versions (approx. 13-20 items each)
- Domain/Subscale Scores (for cross-comparison)
  - Overall Satisfaction with Staff and Services
  - Program Impact/Outcomes
  - Cultural Competency/Sensitivity Among Staff
  - Access to Care
  - Social Connectivity
- Open-ended Items (for additional feedback)
  - What is working best about the program; Suggestions to improve the services; Additional comments

prepared by Kimari Phillips

Levels of Analysis

- Individual / Participant – Did individual change behavior, attitudes, etc.?
- Program – Number/types of people served, dose effects, etc.
- Cluster of Programs – Comparison of outcomes across similar programs.
- Neighborhood / Community – What changed in the community pre-post program?
- System – What changed in the mental health delivery system over the course of the program?

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WHERE WE’RE GOING

Reporting with Data Dashboards

- Data Dashboards to be presented at next HCA on-site learning collaborative meeting w/RDA
- Characteristics of populations served (tables)
- Pre-post outcome measures (bar graphs)
- Changes in outcome scores pre-post (pie chart)
  - % who improved, maintained, worsened pre-post
- Satisfaction survey data (bar graphs)
- Select PEI outcomes to be presented at MHSA Steering Committee meeting in spring

Guiding Principles for Evaluation

- Program staff must participate in the design and implementation of the evaluation.
- Evaluation must be integrated into day-to-day operations.
- Evaluation is a process of continuous program improvement (not a one-time report), and ongoing findings must be linked with learning and action.
- Information from the evaluation must be available on an ongoing basis to inform decision-making and planning.
- Reports should have clear audience in mind so they are easily understood and useful.
- For an evaluation to be useful it must be conducted with cultural competency.

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Next Steps

- Ensure quality control related to data collection, entry, analysis, and reporting.
- Create data dashboards to display results and present periodic data summaries for programs.
- RDA to present data dashboards during next on-site learning collaborative with HCA and community providers and at MHSA Steering Committee meeting.
- Work with program staff to reflect on data findings, celebrate successes, and identify areas for programmatic improvement.
- Learn which PEI programs are most effective and strengthen/continue.

Questions?

- For additional information about PEI program evaluation efforts, contact:
  - Kimari Phillips, Research Analyst, OCHCA
    (kphillips@ochca.com or 714-834-7402)