Presentation Overview:
- MHSA Innovation Component in Orange County
- Overview of the INN evaluation process
- Planning, implementing, sustaining evaluation
- Where we’ve been
- Where we are – findings from:
  - OC ACCEPT
  - OC Community Cares
  - OC4VETS
- Where we’re going
- Questions/Answers

Innovation Projects – Evaluation is Part of Plan
- Provide opportunities to “try out” new approaches that can inform current and future practices/approaches in communities
- Contribute to learning
  - Introduce new mental health practices
  - Change an existing mental health practice
  - Introduce new promising community driven practices/approaches to the mental health system
Evaluation of Innovation Projects

• As research projects, the goal of INN projects is to evaluate the effectiveness of new approaches and practices.
  – By their very nature, not all INN projects will be successful
  – A thorough evaluation of each project will be conducted
  – Continuation of projects dependent on evaluation & funding

Where We've Been:
Designing and Implementing INN Project Evaluation with Resource Development Associates

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
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

Evaluation Priorities

- Evaluation should be **participatory**
- Evaluation must be viewed as a **process** that informs program design – not as a final report
- Data must be available on an **ongoing basis** to 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 (fitting type and frequency of
treatment to need) is important
• Compare apples and apples:
  Example: *Is each program measuring depression 
  the same way?*

Evaluation is ongoing and cyclical

| Define intended learning objectives |
| Redesign program or evaluate learning |
| Measure selected learning outcomes |
| Compare outcomes with intended objectives |
| Refine evaluation plan |

Action Research Cycle

| Reflection on Data |
| Goal Setting |
| Continuous Quality Improvement |
| Data Collection |
| Program Planning |
| Strategy Development |
| Strategy Implementation |
INN Evaluation Learning Objectives

A. Determine which priority population(s) are being reached and engaged.

B. Determine how the project contributes to changes in the mental health system of care.

C. Determine to what extent project participants are showing improvements in participant-level outcomes.

D. Determine the impact that Peer Specialists have on participants and Peer Specialists themselves.

Setting the Scope of the Evaluation

• Evaluation Planning & assessment of projects’ capacities to collect, analyze, and report data findings.

• Evaluation Assessments to focus and prioritize evaluation activities.

• Evaluation activities tied to capacity for collecting data and available resources (e.g., staff and data systems).

Defining a Theory of Change

• Project Logic Models: visual representation of project inputs, activities, and outcomes.

• Specifically designed methods to measure the relative impacts of the peer providers, as well as project-specific learning goals.

Developing Evaluation Plans

• Comprehensive, Project-Specific Evaluation Plans with the following components:
  - Research Design
  - Evaluation Questions
  - Data Indicators
  - Data Collection Methods
  - Assessment Frequency
  - Analysis Plan
  - Training of County staff and providers on implementation of evaluation plans.

Where We Are:
Cumulative Data from Quarters 1 & 2
July – December, 2012
Innovation Projects Presented:
• OC4VETS
• OC ACCEPT (Orange County Acceptance through Compassionate Care, Empowerment, and Positive Transformation)
• OC Community Cares Project

Evaluation Plan Design
Example: OC Community Cares

Intake/Drop-In: Pre-Test
• Gather demographic / descriptive information
• Administer all assessments/survey instruments to create baseline data

Program Termination
• Re-administer all surveys/tools

3 Months Post-Termination
• Re-administer all surveys/tools
• Look for changes in participants’ scores
• Review all responses to monitor and look for trends in progression through project
• Compare mean scores in aggregate as appropriate
• Draw conclusions about evaluation findings

Continuously:
• Track number of participants reached
• Track hours per participant by service provided
• Follow-up with participant two weeks following each referral

Outcome Measures
• Patient Health Questionnaire 9-item (PHQ-9)
• Generalized Anxiety Disorder 7-item (GAD-7)
• World Health Organization Quality of Life (WHOQOL-BREF)
• Satisfaction Surveys
• PTSD Checklist-Military Version (PCL-M)
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? Higher scores = higher severity of depression

<table>
<thead>
<tr>
<th>Total Score</th>
<th>Anxiety Severity</th>
<th>Proposed Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>5-9</td>
<td>Mild Depression</td>
<td>Watchful waiting, repeat PHQ-9 at follow-up</td>
</tr>
<tr>
<td>10-14</td>
<td>Moderate Depression</td>
<td>Treatment plan, considering counseling, follow-up and/or pharmacotherapy</td>
</tr>
<tr>
<td>15-19</td>
<td>Moderately Severe Depression</td>
<td>Active treatment with pharmacotherapy and/or psychotherapy</td>
</tr>
<tr>
<td>20-27</td>
<td>Severe Depression</td>
<td>Immediate initiation of pharmacotherapy and, if flare-up treatment is not effective or poor response to therapy, expedited referral to a mental health specialist for psychotherapy and/or collaborative management</td>
</tr>
</tbody>
</table>

GAD-7

- Screens for general anxiety, panic, social anxiety and post-traumatic stress disorder
- Symptoms in past two weeks.
- Higher scores indicate higher levels of anxiety

<table>
<thead>
<tr>
<th>Total Score</th>
<th>Anxiety Severity</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5</td>
<td>Mild Anxiety</td>
</tr>
<tr>
<td>6-10</td>
<td>Moderate Anxiety</td>
</tr>
<tr>
<td>11-15</td>
<td>Moderate Anxiety</td>
</tr>
<tr>
<td>16-21</td>
<td>Severe Anxiety</td>
</tr>
</tbody>
</table>

WHOQOL - BREF

- 26 item assessment measures overall quality of life and physical health in four domains:
  - Environment (financial resources, physical safety)
  - Social Relationships (personal relationships, support)
  - Psychological (mood, body image, self esteem, beliefs)
  - Physical Health (daily activities, sleep and rest, mobility)
PCL-M

- Only used in OC4VETS
- The PCL-M is a 17-item self-report measure reflecting DSM-IV symptoms of PTSD.
- Total score (max 85) indicates severity
- 5 point change is minimum threshold, 10-20 point change is clinically significant
- Screens individuals for PTSD
- Aids in diagnostic assessment of PTSD
- Monitors change in PTSD symptoms

Survey Domains | Definitions
---|---
Increased Wellness | Improved social and emotional well-being after participating in the project.
Program Recommendation | Likelihood to recommend the program.
Participant Choice | Likelihood that participant would choose this program again if needed similar services.
Overall Satisfaction | Participants' overall experiences and satisfaction with the project.
Clinical Provider Satisfaction | Participants' trust in providers as well as the participants' perceptions of providers' commitment to the participants' progress.
Peer Provider Satisfaction | Participants' perceptions of the providers' courtesy and respect conveyed in the staff's attitudes and behaviors toward participants.
Cultural Competency Among Staff | Participants' perceptions that the services received at this program were right for their family.
Removing Barriers to Accessing Care | Participant-rated convenience of meeting places and times.

OC4VETS

- Orange County Health Care Agency collaborative partnership with Orange County Community Resources Veterans Service Office
- OC4VETS is a model project. It is the only project in the State to have Veterans' mental health services at VSO.
- OCCR’s Workforce Investment Board’s staff provides job skill enhancement, job search, and housing resources.
- Recognizes "culture" of veterans often prevents them from seeking services
- Early high scores on assessments and lower follow up scores (Participants have lack of self-awareness in the beginning of treatment)
- Peer Specialists are veterans and/or family members
OC4VETS Demographics -- Gender

- Male: 83%
- Female: 17%

$n = 104$

OC4VETS Demographics – Ethnic Breakdown

- Hispanic: 38.1%
- American Indian/Alaska Native: 9.5%
- White: 54.3%
- Asian: 9.5%
- Black/African American: 0.0%

Total percentage greater than 100% because Hispanic can be of any race.

$n = 105$

OC4VETS Participants With Clinical Levels of Post-Traumatic Stress Disorder

Over 70% of program participants have clinically significant symptoms of PTSD.

$n = 70$
OC ACCEPT

• Provides culturally competent mental health case management, treatment, recovery, and wellness activities to the Lesbian, Gay, Bisexual, Transgender, Intersex, and Questioning (LGBTIQ) community.
• Trains and employs transitional age youth (TAY) and/or adult Peer Specialists to provide peer supportive services, outreach and education.
OC ACCEPT – Ages Served

-Children and Youth, 3%
-Adults, 42%
-Older Adult, 10%
-MUX, 44%

n = 86

March 28, 2013

OC ACCEPT – Sexual Orientation/Identity

-Trans F to M 5%
-Trans M to F 15%
-Questioning 12%
-Homosexual 13%
-Bisexual 20%
-Gay 31%
-Other 2%
-Heterosexual 5%
-Lesbian 9%
-Homosexual 11%

n = 102

March 28, 2013

OC ACCEPT – Genders Served

-Transgender M to F 31%
-Transgender F to M 31%
-Male 66%
-Female 18%
-Other 2%

n = 102

March 28, 2013
All domains showed improvement. On average, every participant had 7% overall improvement.

On average each participant showed 11% improvement in their anxiety symptoms.

On average each participant showed 23% improvement in their depression symptoms.
OC ACCEPT PARTICIPANT SUCCESS STORY

Background: A 23-year-old African-American participant who identifies as a transgender male enrolled in OC ACCEPT to seek mental health services to address concerns related to his gender identity.

Issues: Participant recalls questioning his gender identity at a very early age, dressing in men's clothing, cutting his once long hair and having discussions about his appearance with his adopted Mexican-American parents.

Interventions: The clinician worked with the participant to address his past trauma related to family abuse and rejection while providing support and encouragement. OC ACCEPT linked the participant to housing support and to a clinic for medical needs.

Outcomes: Participant reports positive "eye-opening" experience, which led him to find commonality among other individuals who share similar transgender experiences. He continues to attend bi-weekly therapy sessions and to meet his employment, education and medical goals. The clinician also linked the participant to T-Camp, a transgender weekend retreat offered through UC Irvine.

OC Community Cares Project

• Addresses the mental health care needs of individuals with mild to moderate symptoms of anxiety and depression who lack resources or are uninsured.
• Multidisciplinary team
• Community mental health providers are recruited to provide pro bono therapy.
• Goal:
  – To provide access to culturally and linguistically-specific mental health services to underserved populations in Orange County.

OC Community Cares Project

• Q1 and Q2 FY 12/13: 21 Participants
• Waiting list as project recruited pro bono therapists
• During Q1 and Q2 OC Community Cares staff attended 19 trainings, conferences, toured mental health facilities and events to recruit therapists and participants.
• 430 community members reached at events
• 1,114 contacts were made to potential therapists via emails, letters and cold calls
OC COMMUNITY CARES – Participant Success Story

Background: A 30-year-old Caucasian male sought therapy for his depression and wanted to enroll in a drug/alcohol treatment program.

Issues: Participant lost interest in the things he used to enjoy. He did not have any motivation.

Interventions: CCP found a licensed female therapist for the participant to receive therapy sessions. Participant started to attend local Alcoholics Anonymous (AA) meetings and started to receive treatment services from Phoenix House (a local inpatient/outpatient service program) to work on his sobriety.

Outcomes: By the end of his pro bono sessions, the participant’s scores for depression and anxiety had reduced drastically and his quality of life had improved. Participant stated that he learned many techniques from his therapist and appreciates the support from CCP and his family during his recovery. Participant is now successfully working at a movie theater.

Where We Are Going: Taking the Evaluation to the Next Level

Recommended Next Steps

- OC INN projects should continue practice of evaluation plans and data collection
- This effort would be improved by shared data system
- Modest, incremental early findings are significant and should be tracked over time
- Future funding should be based on changing community needs – requires assessments
Recommended Next Steps

- Evaluation aids continuous improvement, but programs should share best practices and shared measures
- Cut back on the number of expected outcome measures – becomes difficult to implement

Questions?

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