Mental Health Services Act
Steering Committee Meeting

Monday, May 6, 2013

Mental Health Month
Sabrina Noah, Policy Advisor
For Supervisor Pat Bates.

Local MHSA Update
Bonnie Birnbaum, MHSA Coordinator
Subcommittee Updates

1. Chris Bieber & Daria Waetjen – PEI
2. Helen Cameron & Patti Pettit – CSS Adults/Older Adults
3. Kelly Tran – CSS Children/TAY
4. William Gonzalez & Denise Cuellar – WET & Innovation

Community Action Advisory Committee

Denise Cuellar, President

Break

Return in 10 minutes
OC Health Care Agency
Behavioral Health Services
Innovation (INN) and Prevention & Early Intervention (PEI)

EVALUATION UPDATE

Overview:
1. Purpose of Evaluation
2. RDA Approach
3. Purpose of INN and PEI
4. Example Programs and Outcomes
5. Recommended Next Steps
6. Questions

Where we’ve been...
• Developing and implementing the evaluation plan has been a complex and time-consuming task; however, much has been accomplished.
• Accomplishments include:
  ▪ Successfully launching a wide array of PEI programs and INN projects to meet community-defined needs
  ▪ Integrating evaluation plans and data collection systems into the day-to-day operations, for continuous improvement
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 collaboration between OCHCA and RDA, we've created standardized evaluation plans for each program and project
- The RDA approach...

**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 participant 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

**Purpose of Evaluation**

- Strengthen organizations
- Strengthen systems
- Inform decision-making
- Create an information infrastructure
**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

**To be effective, an evaluation must:**

- Define goals and objectives
- Be integrated into day-to-day operations
- Include timely reporting for data-driven decisions

**You can’t change what you can’t measure**

- Outcomes must be measurable
- Some goals and objectives require a long time to see change
- Dosage is important to track
  - e.g., what is the ideal frequency & duration of service?
- Compare apples to apples:
  - Common measures are need to share practices and examine outcomes across programs

You can’t change what you can’t measure
Evaluation is an ongoing, cyclical process:

1. Define intended learning objectives
2. Measure selected learning outcomes
3. Compare outcomes with intended objectives
4. Refine evaluation plan
5. Redesign program to improve learning

Challenges
- No Innovation or PEI evaluation guidelines from State
- Electronic database systems
- Creating forms
- Identifying assessment tools that are appropriate for the programs
- Receiving permission to use published tools
- On-going technical assistance training of clinical staff and peer specialists

PEI Programs
From Department of Mental Health:

“Prevention and Early Intervention approaches in and of themselves are transformational in the way they restructure the mental health system to a “help-first” approach. Prevention programs bring mental health awareness into the lives of all members of the community through public education initiatives and dialogue.”

PEI programs are intended to be universal or targeted to at-risk people.

PEI Programs Presented:

• Hotline
• Connect the Tots
• Socialization Program for Adults & Older Adults
• OC Center for Resiliency, Education & Wellness (OC CREW)
• OC Post-Partum Wellness (OCPPW)
PEI Outcome Measure Tools Used

- Ages & Stages Questionnaires®: Social Emotional (ASQ:SE)
- Milestones of Recovery Scale (MORS)
- Patient Health Questionnaire (PHQ-9)
- Social Functioning Survey (PROMIS® tools)
- World Health Organization Well-Being Index (WHO-5)
- Participant Satisfaction Survey

Didi Hirsch Suicide Prevention Hotline

- 24-hour, toll-free telephone suicide prevention service available to anyone who is in crisis or experiencing suicidal thoughts
- Services include immediate, confidential, culturally and linguistically appropriate assistance to anyone seeking crisis and/or suicide prevention services

Didi Hirsch Suicide Prevention Hotline

Age (n=1,734)

- Age 0-15 (Child)
- Age 16-25 (TAY)
- Age 26-59 (Adult)
- Age 60+ (Older Adult)
Didi Hirsch Suicide Prevention Hotline

Race/Ethnicity (n=1,146)

- 59% White/Caucasian
- 22% Hispanic
- 12% Asian
- 6% Black/African American
- 1% Other

Didi Hirsch Suicide Prevention Hotline

Language of Service Provided (n=3,081)

- 98% English
- 2% Spanish

Didi Hirsch Suicide Prevention Hotline
(July – Dec, 2012)

- **Suicidal Intent**: at the start and end of the call, callers are asked to rate themselves on a scale of 1 (low) to 5 (high) in answer to the question: “How likely are you to kill yourself?”
- Callers who are at imminent risk at the end of call are offered a follow-up call either within 24 hours (short-term follow-up) or within 7 days (standard follow-up).
Didi Hirsch Suicide Prevention Hotline  
(July – Dec, 2012)

Change in Suicidal Intent by End of Call  
(n=406)

- The callers with medium and imminent risk decreased at the end of the call

Connect the Tots  
(July – Dec, 2012)

- This program provides services to underserved families with children age 0-6 years who are exhibiting behavioral problems.
- Services include children’s and family needs assessment, parent education and training, case management and referral and linkage to community resources.
- Goals:
  - Reduce risk factors for emotional disturbance in young children
  - Promote school readiness and prepare them for academic success.

Connect the Tots  
(July – Dec, 2012)

Age (n=122)
Connect the Tots  
(July – Dec, 2012)  
Race/Ethnicity (n=122)

- Mexican: 62%  
- Other Hispanic/Latino: 16%  
- White/Caucasian: 7%  
- Asian: 6%  
- Pacific Islander: 2%  
- Other: 3%

Primary Language Spoken (n=122)

- Spanish: 65%  
- English: 28%  
- Vietnamese: 6%  
- Arabic: 2%

WHO-5 Average Well-being Scores

- Max Possible = 100
- 7% Improvement
- (n=79 Pretest, 57 Post-test)

Upon Enrollment: 61.4
Post-test: 65.6
Connect the Tots
Children age 0-5 years

ASQ:SE Average Problem Behavior Scores
44% Improvement
(n=206 Pretest, 86 Post-test)

Upon Enrollment  Post-test
89.5  50.5

Connect the Tots (July – Dec, 2012)

Family Participant Ratings

<table>
<thead>
<tr>
<th>Cultural Competency Among Staff</th>
<th>Participant’s Overall Satisfaction</th>
<th>Program Recommendation</th>
<th>Removing Barriers to Accessing Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>96%</td>
<td>94%</td>
<td>95%</td>
<td>93%</td>
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Socialization Program for Adults and Older Adults

- Serves individuals who are at risk for developing behavioral health conditions due to social isolation.
- The goals are to: reduce isolation, increase social functioning, & improve psychological well-being
- Services include:
  - Screening and comprehensive in-home assessment
  - Individualized socialization plan
  - Life coach support to implement plan
  - Telegersychatist support
  - Home visitations, support and socialization groups, educational trainings, skill development workshops, physical activities, and referrals and linkages
Socialization Program Combined Outcomes
(July – Dec, 2012)

Age (n=295)

- 26-59 (Adults): 24%
- 60+ (Older Adults): 76%

Socialization Program Combined Outcomes
(July – Dec, 2012)

Race/Ethnicity (n=305)

- White/Caucasian: 11%
- Vietnamese: 17%
- Hispanic: 27%
- Korean: 10%
- Iranian: 5%
- Arab: 4%
- Other Asian: 3%
- Black/African American: 2%
- Other: 1%

Socialization Program Combined Outcomes
(July – Dec, 2012)

Primary Language Spoken (n=277)

- English: 32%
- Vietnamese: 27%
- Spanish: 17%
- Farsi: 5%
- Other: 1%
- Korean: 4%
- Arab: 3%
- Other: 1%
Socialization Program Combined Outcomes (July – Dec, 2012)

WHO-5 Average Well-being Scores

44% Improvement
(n=281 Pretest, 161 Post-test)

Max Possible = 100

Upon Enrollment: 37.9
Post-test: 54.6

PHQ-9 Average Scores

31% Improvement
(n=300 Pretest, 167 Post-test)

Max Possible = 27

Upon Enrollment: 11.0
Post-test: 7.6

Level of Emotional Support Average Scores

20% Improvement
(n=111 Pretest, 50 Post-test)

Max Possible = 20

Upon Enrollment: 9.9
Post-test: 11.9
Socialization Program Combined Outcomes
(July – Dec, 2012)

Level of Satisfaction with Social Activities
Average Scores
41% Improvement
(n=110 Pretest, 50 Post-test)

Max Possible = 35

Upon Enrollment: 13.5
Post-test: 19.1

88%
91%
84%
95%

SOCIALIZATION PROGRAM - PARTICIPANT
STORY PRESENTED BY MARIA NIN-SWONK
Orange County Postpartum Wellness Program (OCPPW)

• This an early intervention program that serves new mothers, up to one year postnatal, experiencing mild to moderate postpartum depression.
• Services include:
  • assessment,
  • individual and family counseling,
  • educational and support groups,
  • case management,
  • wellness activities, and
  • referral and linkage to community resources

OC Postpartum Wellness
(July – Dec, 2012)

Age (n=156)

- 67% Age 16-25 (TAY)
- 33% Age 26-59 (Adult)

OC Postpartum Wellness
(July – Dec, 2012)

Race/Ethnicity (n=156)

- 77% Mexican
- 11% Other Hispanic/Latino
- 4% White/Caucasian
- 2% Asian
- 6% Other

Other

Other

Other

Other

Other
OC Postpartum Wellness
(July – Dec, 2012)

Primary Language Spoken (n=156)

- English: 71%
- Spanish: 29%

WHO-5 Average Well-being Scores
20% Improvement
(n=122 Pretest, 59 Post-test)

Max Possible = 100

Upon Enrollment: 42.0
Post-test: 50.5

PHQ-9 Average Scores
49% Improvement
(n=143 Pretest, 98 Post-test)

Max Possible = 27

Upon Enrollment: 13.1
Post-test: 6.7
OC Postpartum Wellness
(Sept – Dec, 2012)

Adult Participant Ratings
(n=103)

- Cultural Competency Among Staff: 97%
- Participant’s Overall Satisfaction: 94%
- Program Recommendation: 100%
- Removing Barriers to Accessing Care: 89%

OC POSTPARTUM WELLNESS - PARTICIPANT STORY PRESENTED BY AIDA VAZIN

OC Center for Resiliency, Education & Wellness (OC CREW)
- Serves young persons ages 14-25 who have experienced a first episode of psychosis in the last 12 months.
- Services include:
  - Medication monitoring & assessment
  - Individual and/or family counseling
  - Multi-family groups
  - Psychiatric services
  - Vocational and educational assistance
  - Wellness Recovery Action Plans
  - Other wellness activities
5/2/2013

**OC CREW**
(Jan – Dec, 2012)

**Age (n=33)**

- 100%
  - Age 16-25 (TAY)

**Race/Ethnicity (n=33)**

- 42%
- 35%
- 13%
- 10%
- 3%
- 3%
- 13%

**Primary Language Spoken (n=33)**

- 94%
- 6%
OC CREW
(Jan – Dec, 2012)

WHO-5 Average Well-being Scores
≥6 Months Between Pre-Post
24% Improvement
(n=26 Paired Pre/Post)

Max Possible = 100

Upon Enrollment Post-test

55.7 69.0

OC CREW
(Jan – Dec, 2012)

MORS Average Scores
≥6 Months Between Pre-Post
34% Improvement
(n=27 Paired Pre/Post)

Max Possible = 8

Upon Enrollment Post-test

4.8 5.7

OC CREW
(Sept – Dec, 2012)

Family Participant Ratings
(n = 37)

Cultural Competency Among Staff 94%
Participant's Overall Satisfaction 96%
Program Recommendation 88%
Removing Barriers to Accessing Care 87%
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 is dependent on evaluation & funding

Peer Specialists:

- Integrated Community Services: 16
- Collective Solutions: 3
- OC ACCEPT: 3
- OC4VETS: 6
- OC Community Cares: 2
- Project Life Coach: 5
- Brighter Futures: 2

Innovation Projects Presented:

- OC4VETS
- OC ACCEPT (OC Acceptance through Compassionate Care, Empowerment, and Positive Transformation)
- OC Community Cares Project
INN Outcome Measure Tools Used

- 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)
- Linkages and Referrals

OC4VETS

- OCHCA collaborative partnership with Orange County Community Resources Veterans Service Office (OCCR VSO)
- 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

Gender (n=104)

- Male 83%
- Female 17%
Referrals and Linkages

- Linkages are contributions to the changes in the mental health system of care
- Referrals and linkages are both considered outputs of program activities
- A linkage is also considered an outcome when a referral or hand-off results in a patient or client receiving needed health care services
OC4VETS
(July, 2012 – Feb, 2013)
Linkages (n=103)

Number of Linkages

Employment Assistance: 79
Housing Assistance: 59

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
86 unduplicated participants received services during Q1 and Q2 of FY 2012-2013

Ages (n=86)
- Children and youth, 3%
- Older Adults, 10%
- Adults, 42%
- TAY, 44%
- 0-15 yrs
- 16-25 yrs
- 26-59 yrs
- 60+ yrs
OC ACCEPT (July – Dec, 2012)

**WHOQOL-BREF**

- Physical: Pre 59.8, Post 48.2
- Psychological: Pre 46.8, Post 46.8
- Social: Pre 53.6, Post 53.1
- Environmental: Pre 58.7, Post 53.6

**GAD-7**

- Pre: 10.5, Post: 8.6

**PHQ-9**

- Pre: 13.0, Post: 8.7
OC ACCEPT - PARTICIPANT STORY

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
• Since project inception, 54 pro bono licensed therapists 40 of which are interns, have been recruited
• Waiting list as project recruits 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
Where We Are Going...

Taking the Evaluation to the Next Level

Recommended Next Steps

- OC PEI and INN should continue practice of evaluation plans and data collection
- Modest, incremental early findings are significant and should be tracked over time
- Evaluation aids continuous improvement, but programs should share best practices and shared measures
- Continuously refine outcome measures as needed
Questions?

Dr. Patricia Marrone Bennett, President & CEO
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Chuck Flacks, MPP, MFT, Senior Associate
cflacks@resourcedevelopment.net

Public Comments

Steering Committee Comments
Thank you for attending

Next Month Meetings:
1:00 – 2:25
CSS Adults/Older Adults PEI
2:35 – 4:00
CSS Children/TAY WET/Innovation