

OC Prevention & Early Intervention (PEI) Evaluation Update

Quarters 1 and 2, July – December, 2012

April 1, 2013



OC Health Care Agency
Behavioral Health Services, Prevention & Intervention Division



Prepared by Resource Development Associates



Presentation to PEI Subcommittee

Overview:

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



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Presentation to PEI Subcommittee

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.”

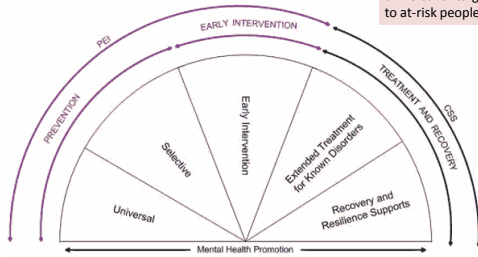


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PEI programs are intended to be universal or targeted to at-risk people



R D A

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Presentation to PEI Subcommittee

Purpose of Evaluation

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

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Presentation to PEI Subcommittee

To be effective, an evaluation must:

- Be integrated into the day-to-day program operations
- Define goals and objectives
- Timely reporting

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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 – Best level of service
- Compare apples to apples:

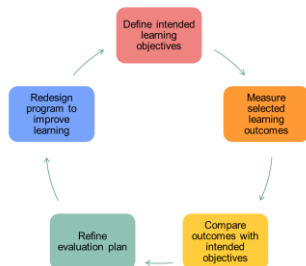
Common measures are needed to share practices and examine outcomes across programs

R D A

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Evaluation is an ongoing, cyclical process:



R D A

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Quarter 1 & 2 Cumulative Outcomes

- Hotline
- Warmline
- Connect the Tots
- Socialization Program for Adults & Older Adults
- OC Center for Resiliency, Education & Wellness (OC CREW)
- OC Post-Partum Wellness

R D A

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Outcome Measure Tools Used:

- Ages & Stages Questionnaires®: Social Emotional (ASQ:SE)
- Eyberg Child Behavior Inventory™ (ECBI)
- Milestones of Recovery Scale (MORS)
- Patient Health Questionnaire (PHQ-9)
- Profile of Mood States™ (POMS)
- Social Functioning Survey (PROMIS® tools)
- World Health Organization Well-Being Index (WHO-5)
- Participant Satisfaction Survey

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**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

R D A

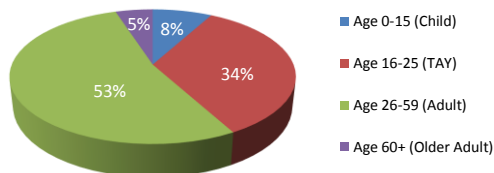
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Didi Hirsch Suicide Prevention Hotline

Age (n=1,734)



R D A

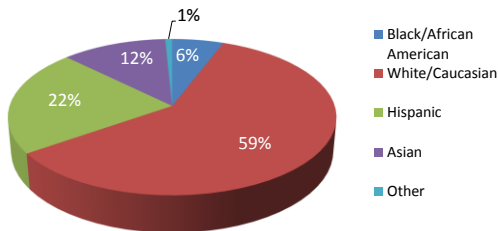
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Didi Hirsch Suicide Prevention Hotline

Race/Ethnicity (n=1,146)



R D A

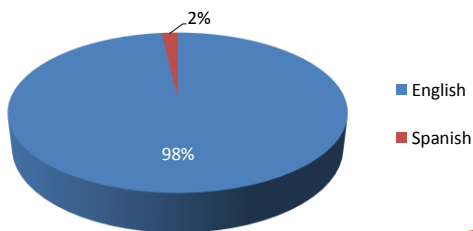
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Presentation to PEI Subcommittee

Didi Hirsch Suicide Prevention Hotline

Language of Service Provided (n=3,081)



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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).

R D A

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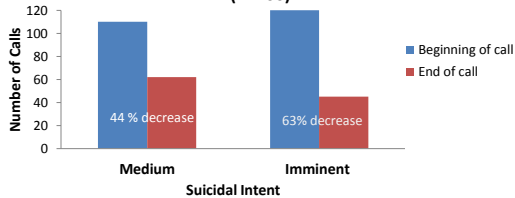


Presentation to PEI Subcommittee

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



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Presentation to PEI Subcommittee

Participant Story-Hotline

- **Background:** A 23-year old male caller from Buena Park told the Hotline counselor that he wanted to lie down in the street to be run over, but decided to call them instead.
- **Issues:** Due to problems he was having with his mother, he had moved out of her home four days earlier and into a motel. He was using methamphetamines on a daily basis and had several prior suicide attempts, the most recent being three years earlier. He reported that he had not completed high school, had no friends, and was working at McDonalds but was afraid of losing his job because of his drug use.
- **Interventions:** The Hotline counselor succeeded in helping him calm down by listening to his story and providing empathy and compassion.
- **Outcomes:** By the end of the call, the young man reported that he felt much better. He agreed to attend a local NA (Narcotics Anonymous) meeting that night that the counselor found for him. He also accepted a referral for therapy and substance abuse treatment.



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Presentation to PEI Subcommittee

Orange County NAMI Warmline

- Non-crisis, telephone support services for individuals or family members struggling with behavioral health issues
- Provides confidential, culturally competent emotional support staffed by counselors and trained volunteers



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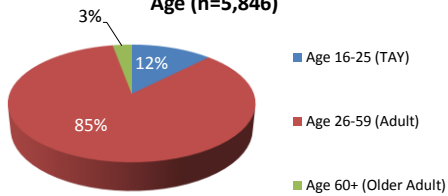


Presentation to PEI Subcommittee

NAMI Warmline

(July – Dec, 2012)

Age (n=5,846)



■ Age 16-25 (TAY)

■ Age 26-59 (Adult)

■ Age 60+ (Older Adult)



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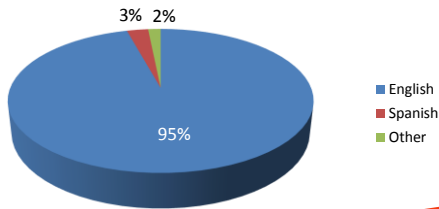


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NAMI Warmline

(July – Dec, 2012)

Language of Service Provided (n=6,816)



■ English

■ Spanish

■ Other



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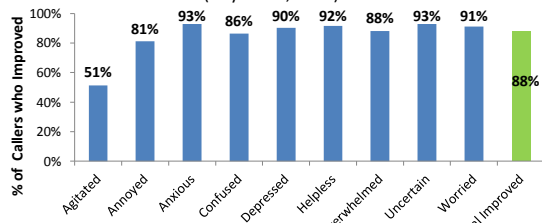


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NAMI Warmline

Improved Mood by End of Call (n=4,065)

(July – Dec, 2012)



Primary mood identified at the beginning of the call



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Participant Story-Warmline

- **Background:** A gentleman in his late 30s began calling the Warmline three months ago, and continues to call about once every day
- **Issues:** He reported that his wife criticizes him and complains that he doesn't help with their young children or do chores around the house
- **Interventions:** Warmline mentors asked questions to better understand the situation and began encouraging him to help with the children, take them to the park, and do some of the things his wife asked.
- **Outcomes:** The caller has recently reported his wife is happier with him and he is much more involved with his children. He also recently shared that he used to go to the hospital frequently due to anxiety and worries about his health, and he has been going much less often due to the support he receives from the Warmline.

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Presentation to PEI Subcommittee

Connect the Tots



- 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.

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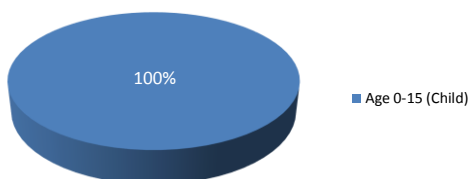


Presentation to PEI Subcommittee

Connect the Tots

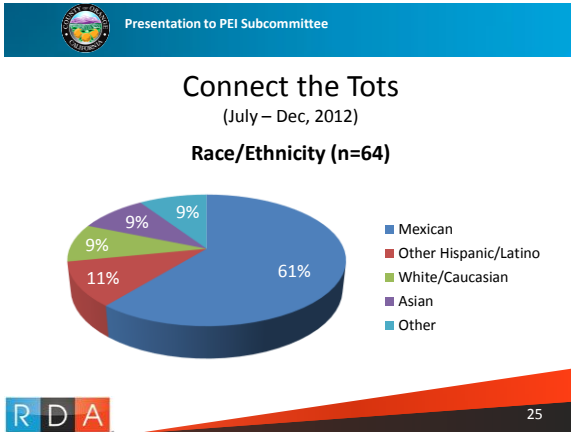
(July – Dec, 2012)

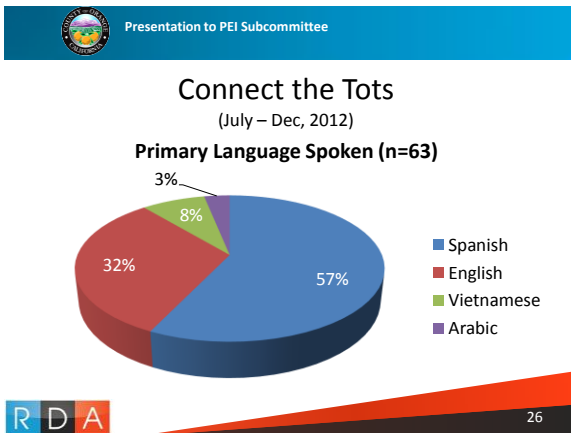
Age (n=122)

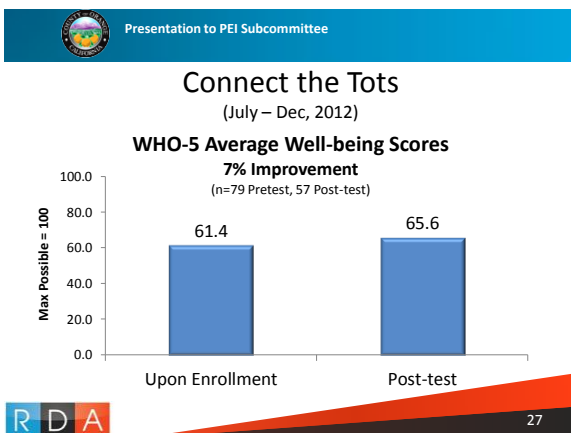


R D A

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Presentation to PEI Subcommittee

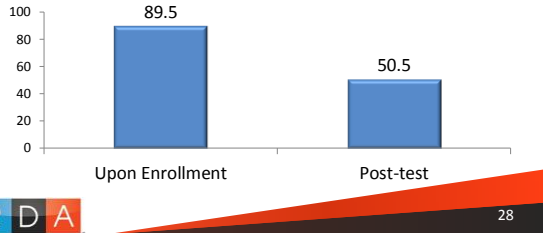
Connect the Tots

Children age 0-5 years

ASQ:SE Average Problem Behavior Scores

44% Improvement

(n=206 Pretest, 86 Post-test)





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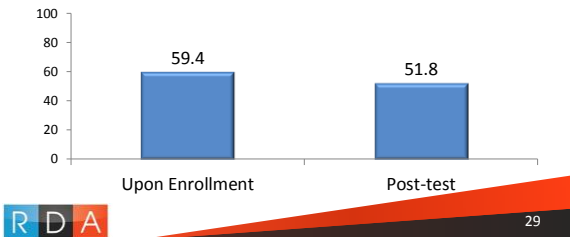
Connect the Tots

Children age 6-7 years

ECBI Average Problem Behavior Scores

13% Improvement

(n=42 Pretest, 28 Post-test)





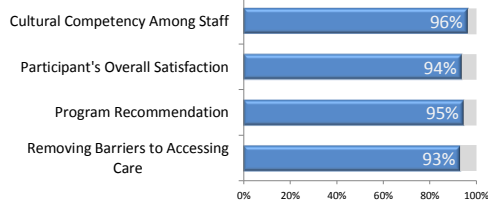
Presentation to PEI Subcommittee

Connect the Tots

(July – Dec, 2012)

Family Participant Ratings

(n=58)





Presentation to PEI Subcommittee

Participant Story-Connect the Tots

- **Background:** A 4-year-old Vietnamese boy was referred to Connect the Tots because of his problems with sharing, tantrums, disruptive behavior, yelling, and eating problems.
- **Issues:** Mom and Dad had very different parenting and communication styles. Dad did not allow the child to run, jump, make noise, or play in the house with anything that was noisy. Mom lacked confidence regarding her parenting ability and would frequently drop what she was doing to cater to the demands of the child.
- **Interventions:** Though both parents were willing to meet with Connect the Tots, Mom was more involved and Dad's participation was minimal. After a while, Dad was willing to stay for the full session.
- **Outcomes:** After 6 months working on improving communication, setting appropriate expectations for their child, and positive parenting practices, the son is currently doing much better. He is presently attending preschool, making friends, and being less timid around non-family members.



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Presentation to PEI Subcommittee

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
 - Telegeropsychiatrist support
 - Home visitations, support and socialization groups, educational trainings, skill development workshops, physical activities, and referrals and linkages



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Presentation to PEI Subcommittee

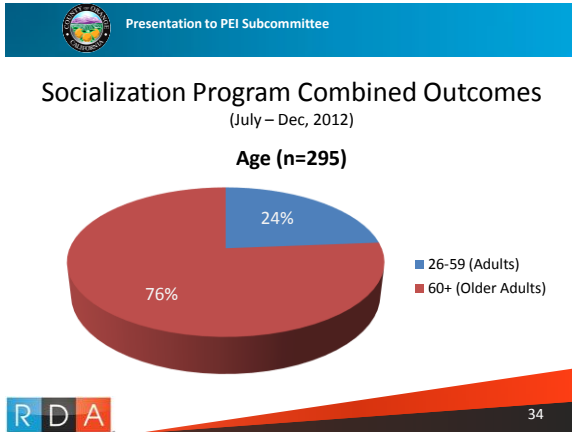
Socialization Program for Adults and Older Adults

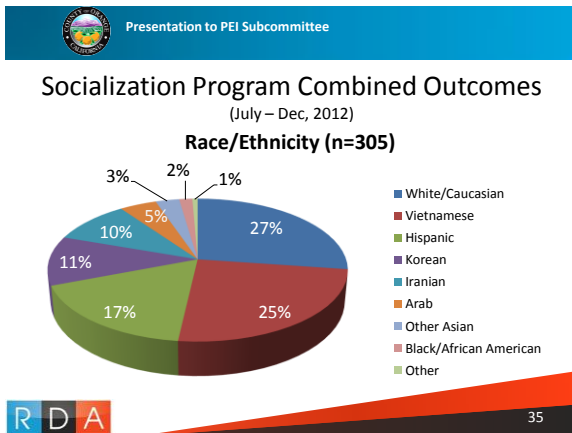
Program provides:

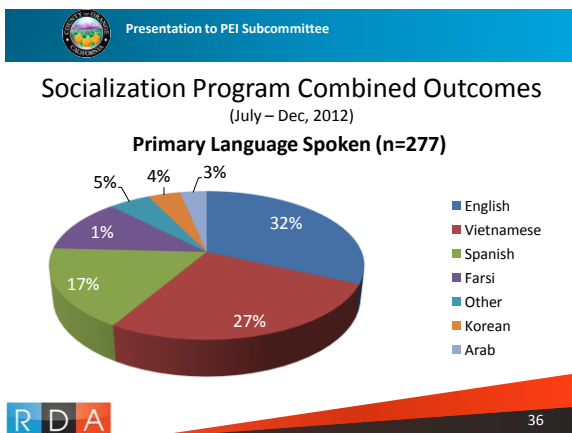
- Screening evaluation and comprehensive in-home assessment to determine needs
- Individualized socialization plan
- Life coach support to implement plan
- Telegeropsychiatrist support
- Home visitations, support and socialization groups, educational trainings, skill development workshops, physical activities, and referrals and linkages



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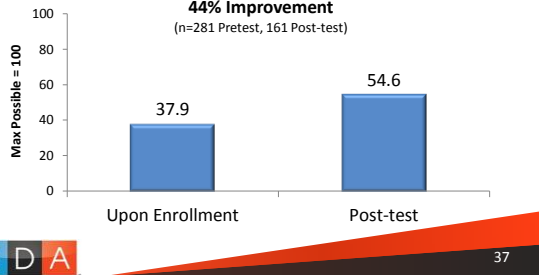
Presentation to PEI Subcommittee

Socialization Program Combined Outcomes

(July – Dec, 2012)

WHO-5 Average Well-being Scores

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



R D A



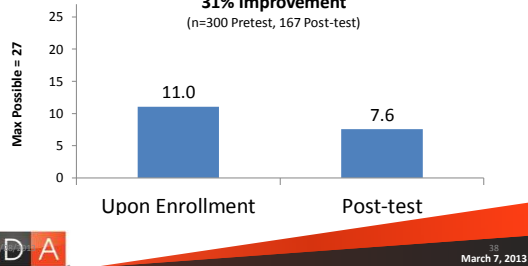
Presentation to PEI Subcommittee

Socialization Program Combined Outcomes

(July – Dec, 2012)

PHQ-9 Average Scores

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



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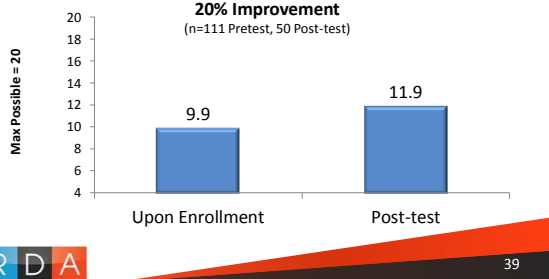
Presentation to PEI Subcommittee

Socialization Program Combined Outcomes

(July – Dec, 2012)

Level of Emotional Support Average Scores

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



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Presentation to PEI Subcommittee

Socialization Program Combined Outcomes

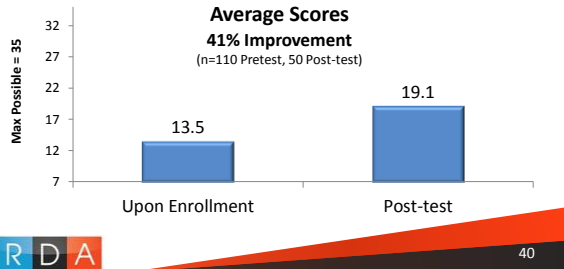
(July – Dec, 2012)

Level of Satisfaction with Social Activities

Average Scores

41% Improvement

(n=110 Pretest, 50 Post-test)



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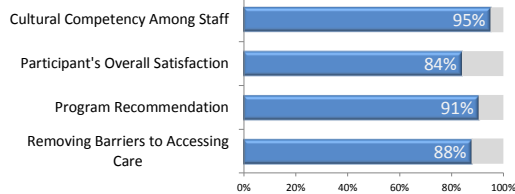
Presentation to PEI Subcommittee

Socialization Program Combined Outcomes

(July – Dec, 2012)

Adult Participant Ratings

(n=134)



R D A

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Presentation to PEI Subcommittee

Participant Story-Socialization Program

- **Background:** A 62-year-old divorced male was referred to the socialization program at Horizon Cross Cultural Community Center (HCCC) after losing his job, going on disability, and moving in with his brother.
- **Issues:** The gentleman was uninterested in participating in any outside activities and was sleeping much of each day.
- **Interventions:** The Life Coach developed a socialization plan with the participant that included activities that he used to enjoy. They discussed and planned where he could find these activities and the logistics for getting to them.
- **Outcomes:** His activities now include attending church on a weekly basis, taking daily walks and regularly visiting a local senior center and his neighborhood library. He is volunteering at HCCC to teach conversational English. After six months in the program, his PHQ-9 score went from severely to moderately depressed, and his WHO-5 Well-Being Index score improved significantly from 24 to 52, a 117% improvement in overall well-being.

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Presentation to PEI Subcommittee



Orange County Postpartum Wellness Program (OCPWP)

- 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

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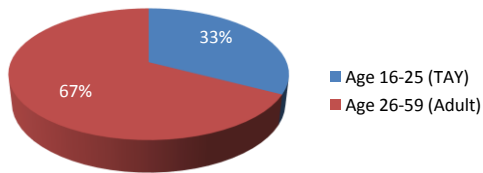


Presentation to PEI Subcommittee

OC Postpartum Wellness

(July – Dec, 2012)

Age (n=156)



R D A

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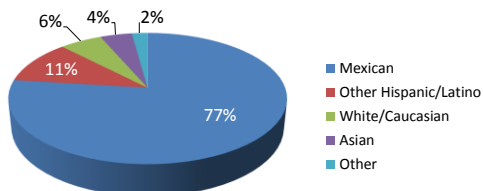


Presentation to PEI Subcommittee

OC Postpartum Wellness

(July – Dec, 2012)

Race/Ethnicity (n=139)



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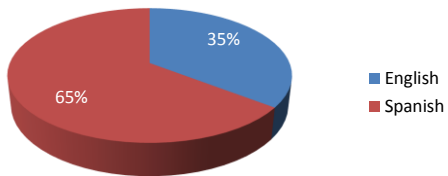


Presentation to PEI Subcommittee

OC Postpartum Wellness

(July – Dec, 2012)

Primary Language Spoken (n=96)



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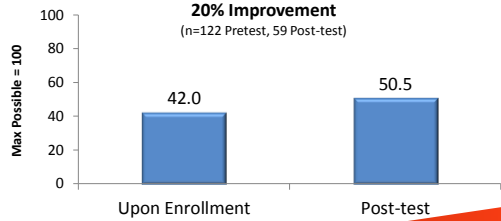
OC Postpartum Wellness

(July – Dec, 2012)

WHO-5 Average Well-being Scores

20% Improvement

(n=122 Pretest, 59 Post-test)



R D A

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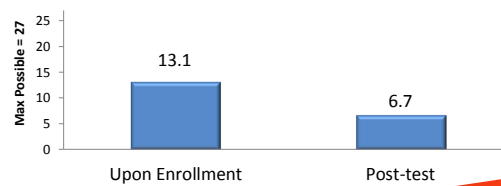
OC Postpartum Wellness

(July – Dec, 2012)

PHQ-9 Average Scores

49% Improvement

(n=143 Pretest, 98 Post-test)



R D A

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Presentation to PEI Subcommittee

OC Postpartum Wellness

(Sept – Dec, 2012)

Adult Participant Ratings

(n=103)



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Presentation to PEI Subcommittee

Participant Story-OC Postpartum Wellness

- **Background:** 29-year-old mother, married, 2 sons.
- **Issues:** Daily crying spells, easily overwhelmed by caring for her children, loss of interest in social gatherings with family and friends, sadness, anxiety when leaving the house, impaired ability to work.
- **Interventions:** In-office therapy sessions (to ensure she left the house at least once/week), focused on coping with sadness, overcoming fears, and feeling capable of caring for her sons. Next, she is transitioning to wellness activities and the support group.
- **Outcomes:** She has overcome fears of something bad happening if she leaves her house, and she is enjoying family functions as well as returning to work. Between enrollment and post-test, her PHQ-9 symptom scores improved from 21 (severe depression) to 2 (minimal depression).



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Presentation to PEI Subcommittee

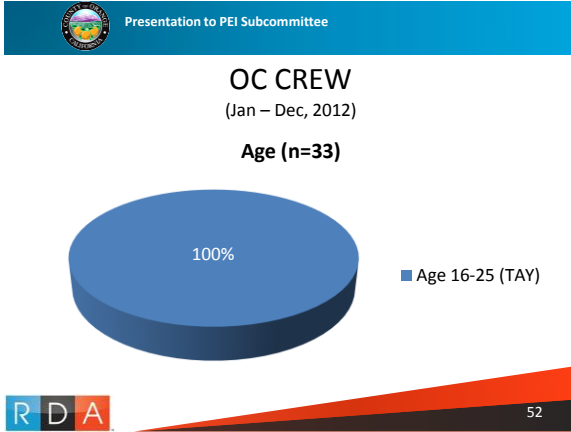


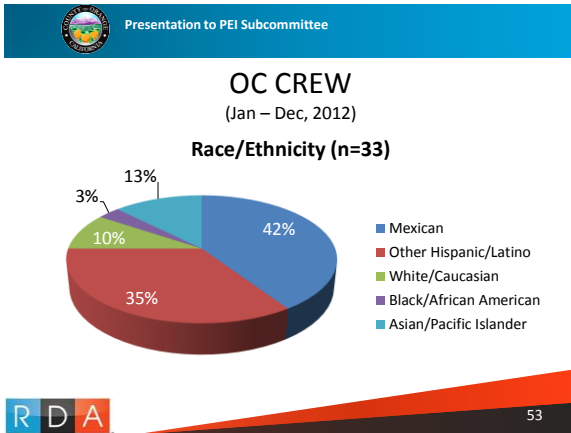
OC Center for Resiliency, Education & Wellness (OC CREW)

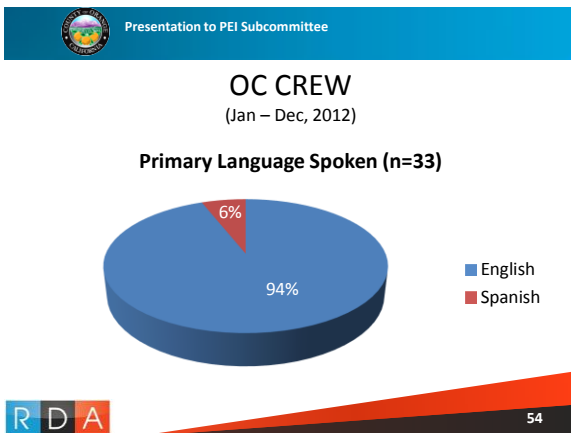
- Serves young persons ages 14-25 who have experienced a first episode of psychosis in the last 12 months.
- Services include:
 - Medication monitoring & assessment
 - Individual and/or family counseling
 - Multi-family groups
 - Psychiatric services
 - Vocational and educational assistance
 - Wellness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



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Presentation to PEI Subcommittee

OC CREW

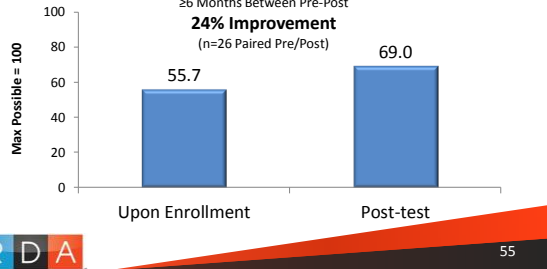
(Jan – Dec, 2012)

WHO-5 Average Well-being Scores

≥ 6 Months Between Pre-Post

24% Improvement

(n=26 Paired Pre/Post)



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OC CREW

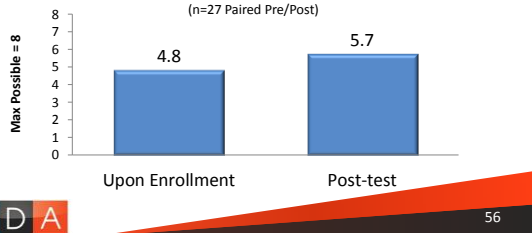
(Jan – Dec, 2012)

MORS Average Scores

≥ 6 Months Between Pre-Post

34% Improvement

(n=27 Paired Pre/Post)



Presentation to PEI Subcommittee

OC CREW

(Sept – Dec, 2012)

Family Participant Ratings

(n = 37)





Presentation to PEI Subcommittee

Participant Story-OC CREW

- **Background:** Upon intake, a young woman was unable to talk, beyond a few words and had no emotional expression. Before her psychotic break, she was very popular, worked as a restaurant hostess and loved being around people.
- **Issues:** Repeatedly tried to harm herself, leading to hospitalization. In the hospital, she seemed to forget where she was going while walking and refused all medication (she said nobody explained what it was for).
- **Interventions:** Multifamily group helped her family understand her illness, and helped her learn coping strategies from other participants. She loved the wellness activities, especially hiking. The Personal Service Coordinator working with her and family was patient, kind, and helped her set goals.
- **Outcomes:** MORS score at enrollment was 3 (high risk but engaged with a mental health provider). After several months in program, MORS score is 7 (early recovery), and she is actively participating in treatment, back in school, no longer using drugs, and has not been re-hospitalized. Wants to help new OC CREW participants and organize wellness activities.

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Presentation to PEI Subcommittee

Recommended Next Steps

- OC PEI 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

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Presentation to PEI Subcommittee

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
- Now is the chance to implement cross-program evaluation measures

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Questions?

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