

Mental Health Services Act Steering Committee Meeting

Monday, May 6, 2013



Health Care Agency
Behavioral Health Services (BHS)



STATE OF CALIFORNIA

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



R D A

7



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

R D A

8



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

R D A

9



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...

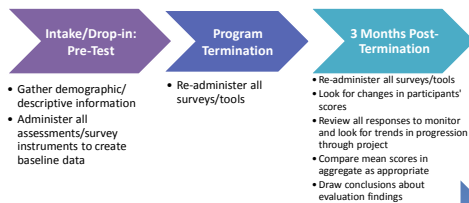


10



Evaluation Plan Design

Example: OC Community Cares



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



11



Purpose of Evaluation

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



12



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

R D A

13



To be effective, an evaluation must:

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

R D A

14



You can't change what you can't measure

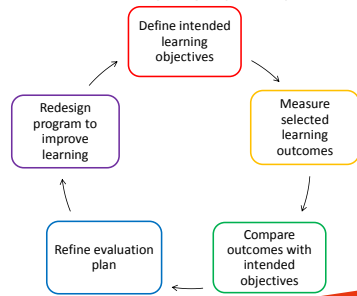
- Outcomes must be measurable
- Some goals and objectives require a long time to see change
- Dosage is important to track
 - e.g., what is the ideal frequency & duration of service?
- Compare apples to apples:
 - Common measures are needed to share practices and examine outcomes across programs

R D A

15



Evaluation is an ongoing, cyclical process:



R D A

16



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

R D A

17



PEI Programs

R D A

18



From Department of Mental Health:

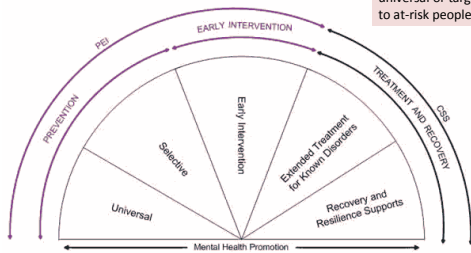
“Prevention and Early Intervention approaches in and of themselves are transformational in the way they restructure the mental health system to a “help-first” approach. Prevention programs bring mental health awareness into the lives of all members of the community through public education initiatives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

R D A

19



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



R D A

20



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)

R D A

21



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

R D A

22



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

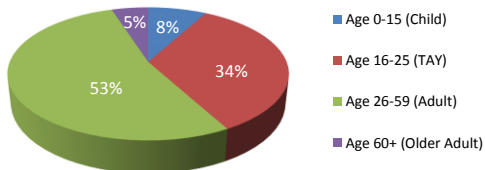
R D A

23



Didi Hirsch Suicide Prevention Hotline

Age (n=1,734)



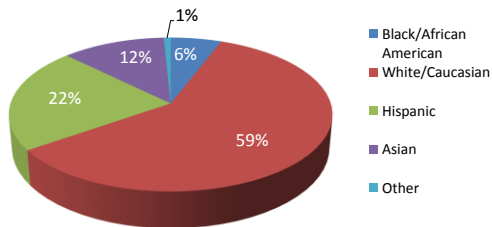
R D A

24



Didi Hirsch Suicide Prevention Hotline

Race/Ethnicity (n=1,146)



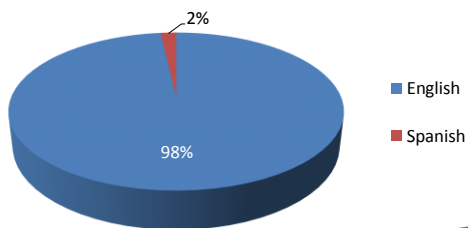
R D A

25



Didi Hirsch Suicide Prevention Hotline

Language of Service Provided (n=3,081)



R D A

26



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

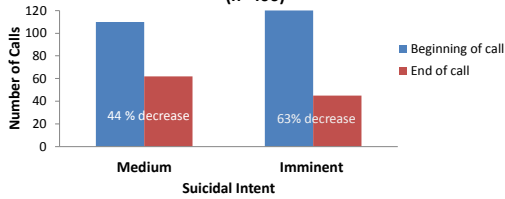
27



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



28



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.



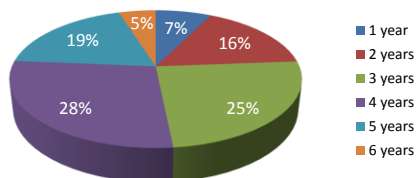
29



Connect the Tots

(July – Dec, 2012)

Age (n=122)



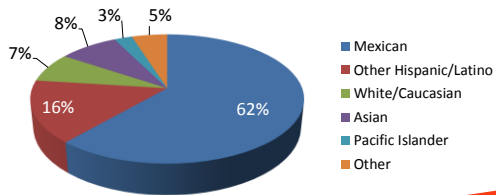
30



Connect the Tots

(July – Dec, 2012)

Race/Ethnicity (n=122)



R D A

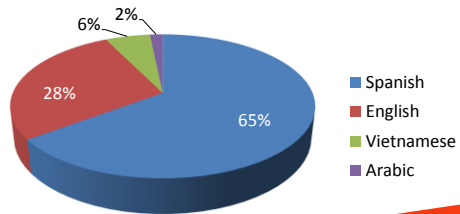
31



Connect the Tots

(July – Dec, 2012)

Primary Language Spoken (n=122)



R D A

32

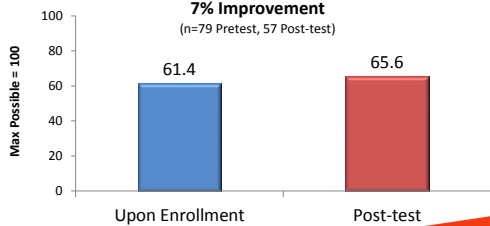


Connect the Tots

(July – Dec, 2012)

WHO-5 Average Well-being Scores 7% Improvement

(n=79 Pretest, 57 Post-test)



R D A

33



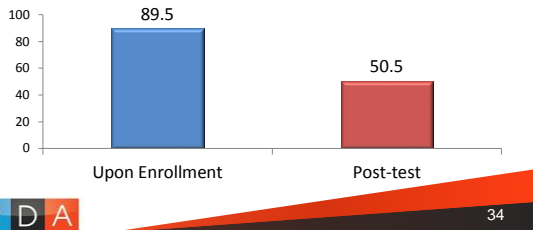
Connect the Tots

Children age 0-5 years

ASQ:SE Average Problem Behavior Scores

44% Improvement

(n=206 Pretest, 86 Post-test)



R D A

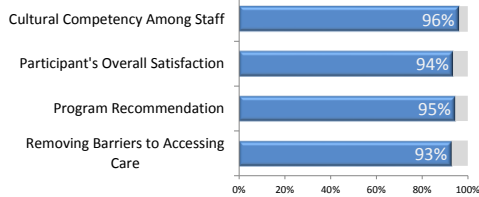


Connect the Tots

(July – Dec, 2012)

Family Participant Ratings

(n=58)



R D A

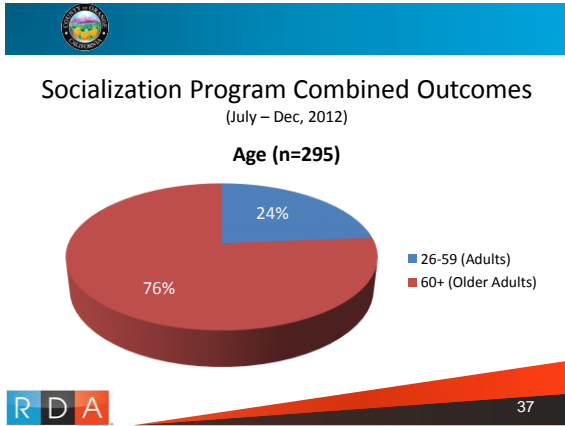


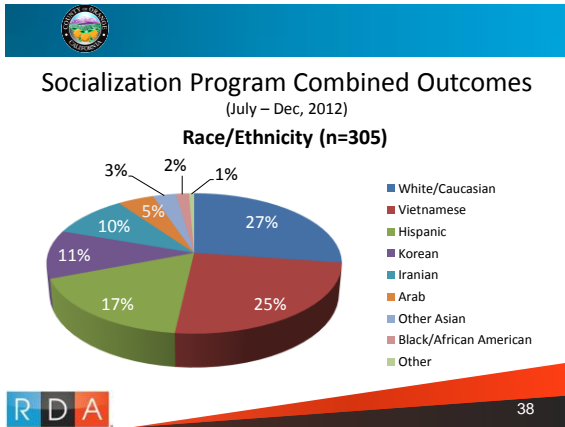
Socialization Program for Adults and Older Adults

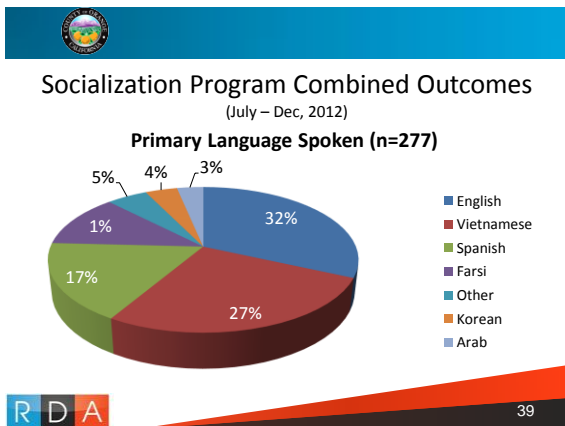
- Serves individuals who are at risk for developing behavioral health conditions due to social isolation.
- The goals are to: reduce isolation, increase social functioning, & improve psychological well-being
- Services include:
 - Screening and comprehensive in-home assessment
 - Individualized socialization 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

R D A

36







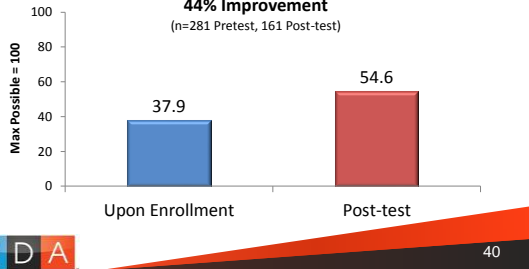


Socialization Program Combined Outcomes

(July – Dec, 2012)

WHO-5 Average Well-being Scores

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

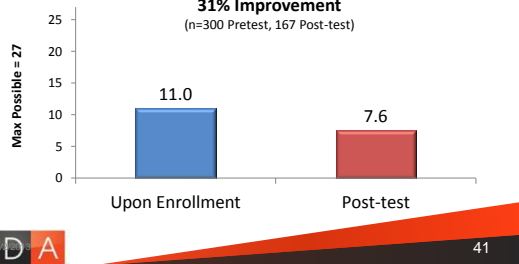


Socialization Program Combined Outcomes

(July – Dec, 2012)

PHQ-9 Average Scores

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

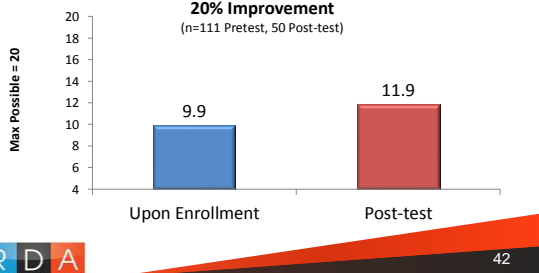


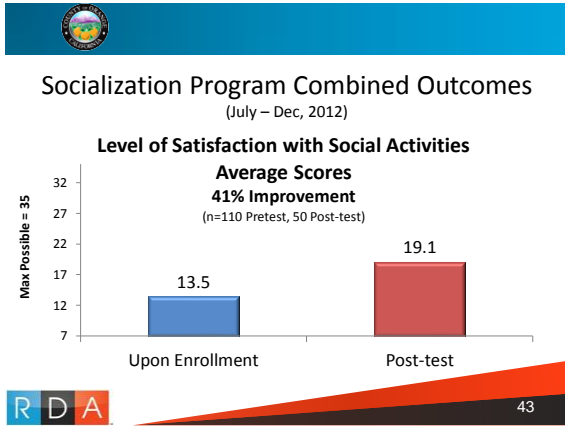
Socialization Program Combined Outcomes

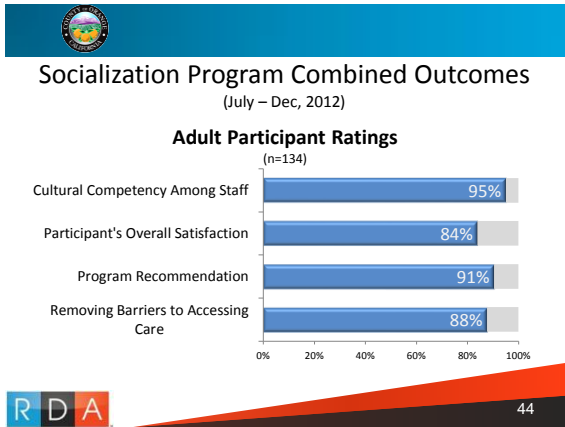
(July – Dec, 2012)

Level of Emotional Support Average Scores

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









SOCIALIZATION PROGRAM - PARTICIPANT STORY PRESENTED BY MARIA NIN-SWONK





Orange County Postpartum Wellness Program (OCPW)

- 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



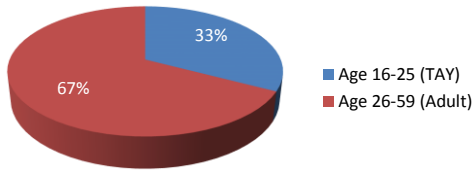
46



OC Postpartum Wellness

(July – Dec, 2012)

Age (n=156)



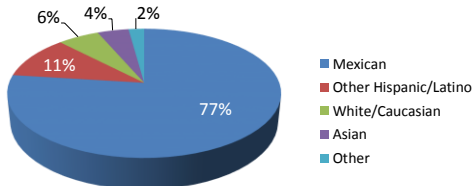
47



OC Postpartum Wellness

(July – Dec, 2012)

Race/Ethnicity (n=156)



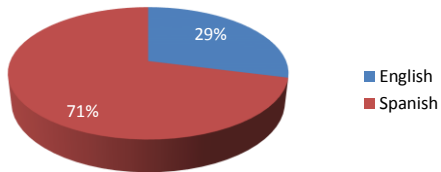
48



OC Postpartum Wellness

(July – Dec, 2012)

Primary Language Spoken (n=156)



R D A

49

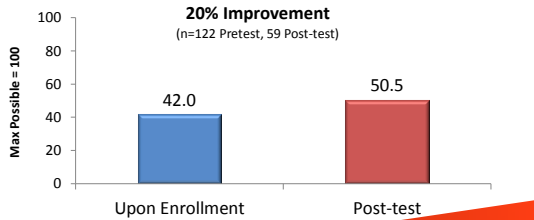


OC Postpartum Wellness

(July – Dec, 2012)

WHO-5 Average Well-being Scores

20% Improvement
(n=122 Pretest, 59 Post-test)



R D A

50

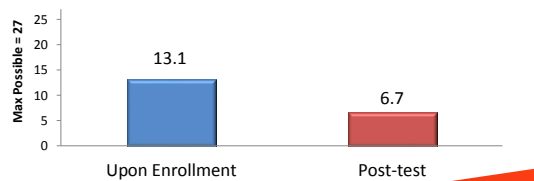


OC Postpartum Wellness

(July – Dec, 2012)

PHQ-9 Average Scores

49% Improvement
(n=143 Pretest, 98 Post-test)



R D A

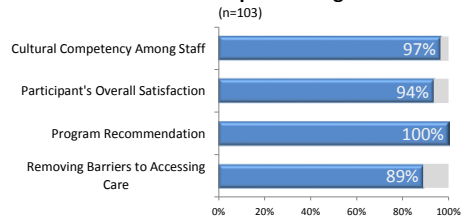
51



OC Postpartum Wellness

(Sept – Dec, 2012)

Adult Participant Ratings



52



OC POSTPARTUM WELLNESS -

PARTICIPANT STORY PRESENTED BY AIDA VAZIN



53

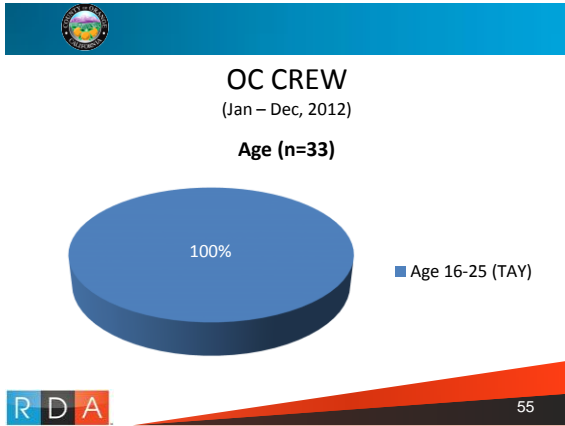


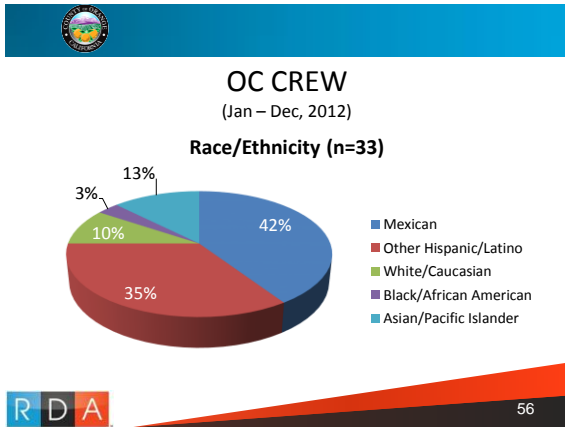
OC Center for Resiliency, Education & Wellness (OC CREW)

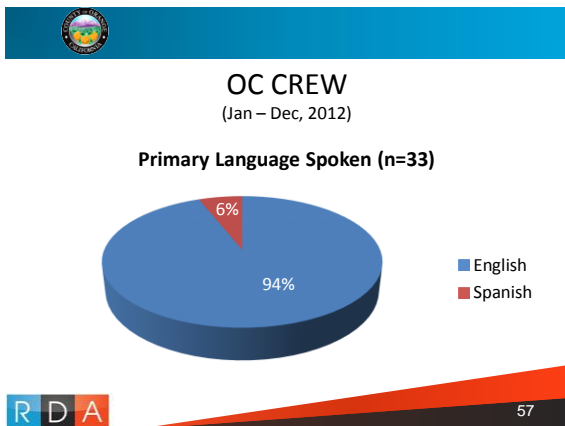
- Serves young persons ages 14-25 who have experienced a first episode of psychosis in the last 12 months.
- Services include:
 - Medication monitoring & assessment
 - Individual and/or family counseling
 - Multi-family groups
 - Psychiatric services
 - Vocational and educational assistance
 - Wellness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

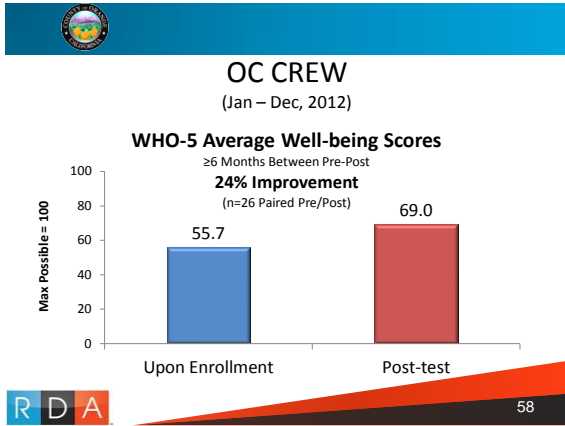


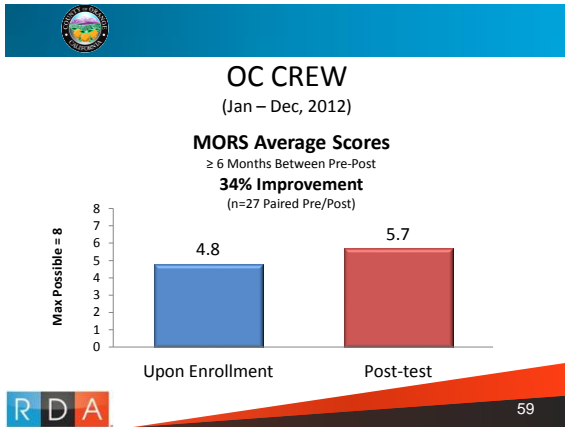
54

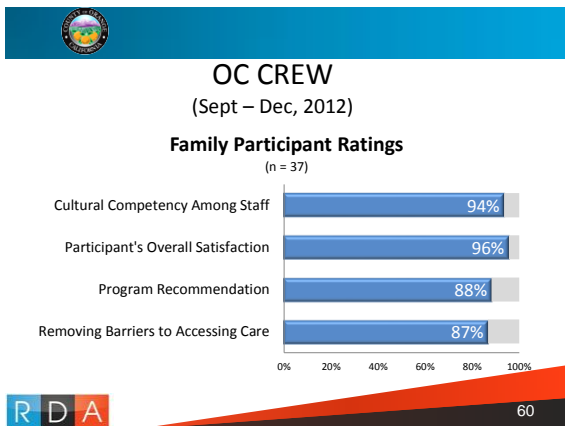














OC CREW - PARTICIPANT STORY

PRESENTED BY JOHN GAVINO

R D A

61



Innovation Projects

R D A

62



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

R D A

63



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**

R D A

64



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

R D A

65



Innovation Projects Presented:

- OC4VETS
- OC ACCEPT (OC Acceptance through Compassionate Care, Empowerment, and Positive Transformation)
- OC Community Cares Project

R D A

66



INN Outcome Measure Tools Used

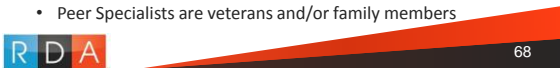
- Patient Health Questionnaire 9-item (PHQ-9)
- Generalized Anxiety Disorder 7-item (GAD-7)
- World Health Organization Quality of Life (WHOQOL-BREF)
- Satisfaction Surveys
- PTSD Checklist-Military Version (PCL-M)
- Linkages and Referrals





OC4VETS

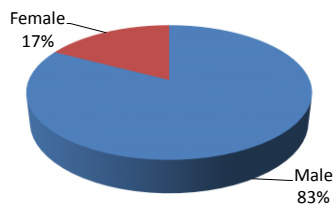
- OCHCA collaborative partnership with Orange County Community Resources Veterans Service Office (OCCR VSO)
- OC4VETS is a model project. It is the only project in the State to have Veterans' mental health services at VSO
- OCCR's Workforce Investment Board's staff provides job skill enhancement, job 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)

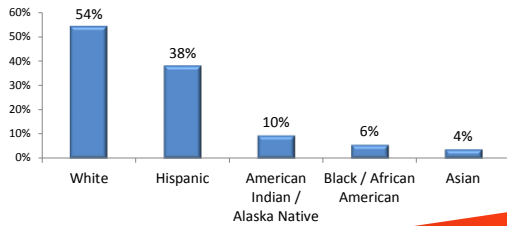




OC4VETS

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

Race/Ethnicity (n=105)



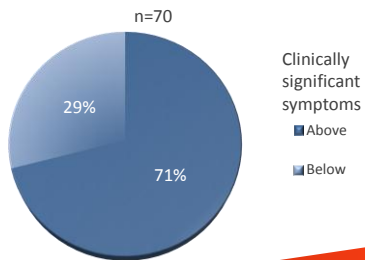
R D A

70



OC4VETS

Post-Traumatic Stress Disorder Symptoms (PCL-M)



R D A

71



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

R D A

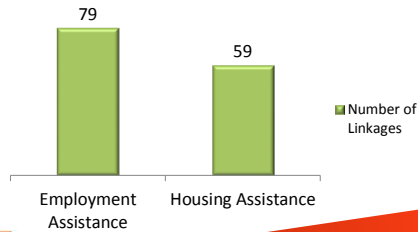
72



OC4VETS

(July, 2012 – Feb, 2013)

Linkages (n=103)



■ Number of Linkages

R D A

73



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

R D A

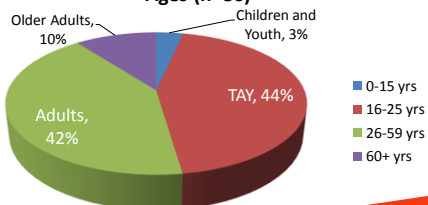
74



OC ACCEPT

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

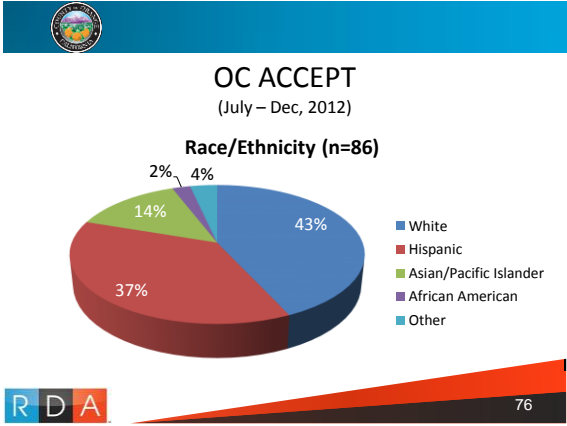
Ages (n=86)

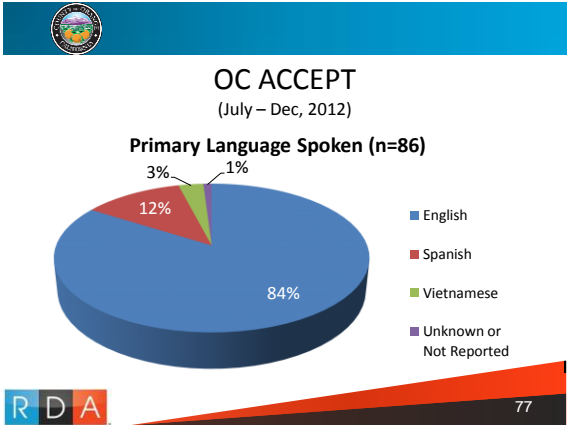


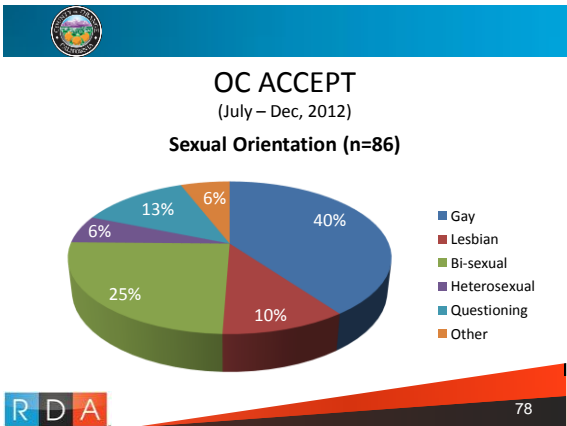
■ 0-15 yrs
■ 16-25 yrs
■ 26-59 yrs
■ 60+ yrs

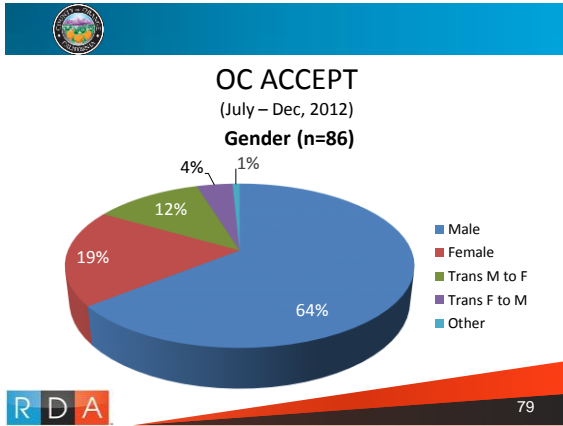
R D A

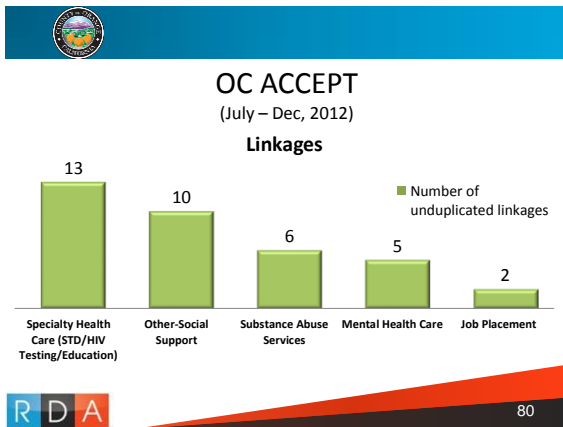
75

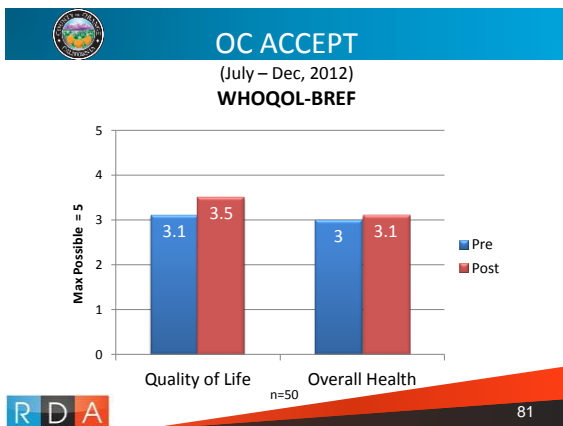


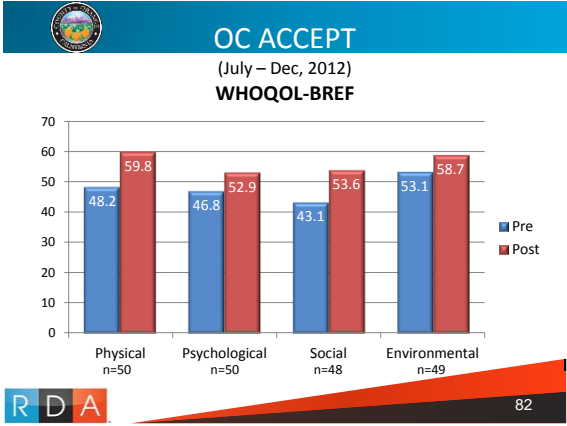


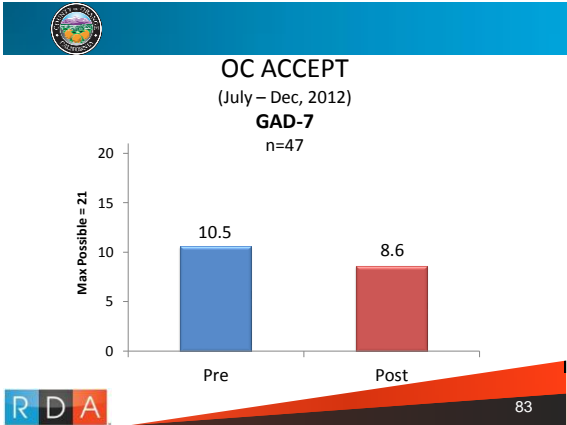


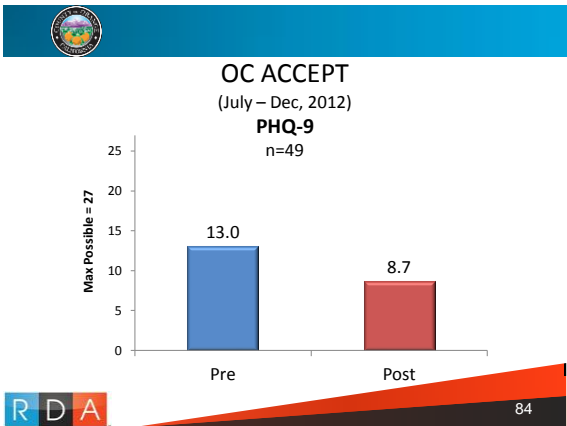














OC ACCEPT - PARTICIPANT STORY

R D A

85

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.

R D A

86

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

R D A

87



OC COMMUNITY CARES (CCP) - PARTICIPANT STORY

R D A

88

Where We Are Going...

Taking the Evaluation to the Next Level



R D A

89



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

R D A

90



Questions?

Dr. Patricia Marrone Bennett, President & CEO

pbennett@resourcedevelopment.net

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
