

Evaluating Orange County's Prevention & Early Intervention Programs

Presentation to MHSA PEI Subcommittee, 12/3/12

Prepared by Resource Development Associates & Kimari Phillips



Health Care Agency
Behavioral Health Services (BHS)



Agenda

- Review purpose of evaluation
- Overview of the PEI evaluation process
 - Planning, implementing, sustaining evaluation
 - Where we've been
 - Where we are
 - Where we're going

prepared by Kimari Phillips

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

prepared by Resource Development Associates
& Kimari Phillips

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

prepared by Resource Development Associates & Kimari Phillips

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?

prepared by Resource Development Associates & Kimari Phillips

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

prepared by Resource Development Associates
& Kimari Phillips

PEI Program Evaluation

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

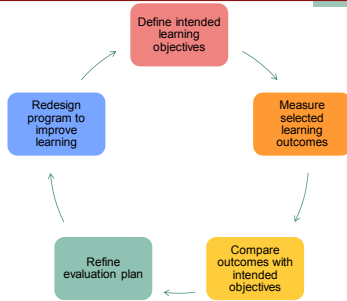
prepared by Kimari Phillips

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

prepared by Resource Development Associates & Kimari Phillips

Assessment Learning Cycle



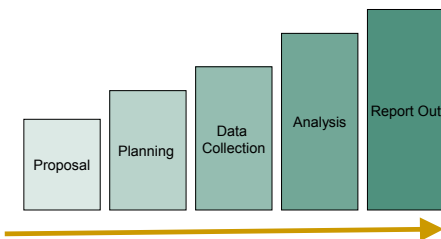
prepared by Resource Development Associates & Kimari Phillips

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

prepared by Resource Development Associates & Kimari Phillips

Stages of Evaluation



prepared by Resource Development Associates

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.

prepared by Resource Development Associates
& Kimari Phillips

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.

prepared by Resource Development Associates
& Kimari Phillips

Focus Area	Resources	Activity	Output	Outcome	Measures	Impact
List most important things program will accomplish	Resources that will support the program activities	Describe & define the program activities	Demonstrate services have been delivered	What changes you expect each activity to effect	Ways outcomes will be measured	Describe the impact that the community will feel in 5-10 years
◆ Increase family protective factors ◆ Decrease family risk factors ◆ Improve overall mental health, well-being, quality of life	◆ Parent education and support ◆ Youth education and support ◆ Referrals & linkages to outside services	◆ 12 weekly group sessions ◆ Follow-up booster session 6-12 months after program completion	◆ # of group sessions for parents and youth ◆ # of participants ◆ #/type of referrals & linkages	◆ Changed attitudes about effective parenting ◆ Improved family functioning ◆ Decreased problem behaviors	◆ Parent Survey (pre-post) ◆ Youth Survey (pre-post) ◆ Program satisfaction surveys (parent & youth)	◆ Healthy, supported youth and families ◆ Fewer families with multiple children involved in the justice system

prepared by Resource Development Associates & Kimari Phillips

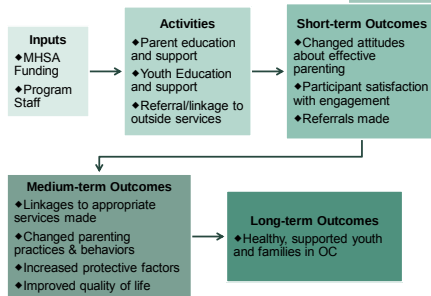
Evaluation Clusters

Crisis & Referral	Early Intervention	Outreach & Engagement	Parenting & Family Support	School-Based	Screening & Assessment
• Warmline Network Services • Crisis Prevention Hotline Services • Survivor Support Services	• Stress Free Families • OC Post-Partum Wellness • Re-Connect: Socialization Collaborative • OC Center for Resiliency, Education & Wellness	• REACH: Outreach & Engagement Team • Outreach & Engagement Collaborative	• Connect the Dots • Children's Support & Parenting Program • Community Outreach – Promotora Model • Family Support Services • Parent2Parent • Stop the Cycle • Youth As Parents	• Behavioral Health Intervention & Support • College Veteran's Program • Transitions • Violence Prevention	• Veterans Services: Domestic Violence Family Court • Veterans Services: Combat Court

prepared by Resource Development Associates & Kimari Phillips

Program Cluster Logic Model

Example: *Parenting & Family Support Services*



prepared by Resource Development Associates & Kimari Phillips

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.

prepared by Resource Development Associates & Kimari Phillips

PEI Program Evaluation

WHERE WE ARE

Sample Research Design

Continuously tracking activities, attendance, referrals and linkages.

Intake: Pre-Test

- ◆ Gather demographic/descriptive information about participants.
- ◆ Administer all surveys/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).

prepared by Resource Development Associates & Kimari Phillips

Evaluation Area	Indicators of Change	Qualitative Methods	Quantitative Methods
System <i>Are programs helping reduce barriers to receiving mental health services?</i>	- Convenience of service locations and times. - Degree to which participants report that program staff are sensitive to their cultural, ethnic, or linguistic background. - Degree to which participants believe they were respected by program staff.	Open-ended questions on participant surveys at completion of program	Closed-ended questions (e.g., scales) on participant surveys at completion of program
Program <i>Are the programs effectively reaching their goals?</i>	- Units of service provided. - Priority populations served. - Percentage of participants who began the program and completed the program. - Number of individuals successfully referred or linked with appropriate programs or services.	Interviews or focus groups with service providers	Program records of services provided and attendance, participant demographics, etc.
Participants <i>Are participants demonstrating changes in risk/protective factors?</i>	- Percentage improvement in well-being scores (WHO-5 Well-being Index). - Percentage improvement in protective factors (Protective Factors Survey) - Percentage improvement in behaviors (custom surveys)	- Open-ended questions on participant surveys (at completion of program) - Interviews or focus groups with participants after completing program	Closed-ended questions (e.g., scales) on participant surveys (pre-post)

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

prepared by Resource Development Associates
& Kimari Phillips

Data Collection Tools

EVALUATION OBJECTIVES	PEI DATA TRACKING (examples)
Priority Populations Served	Gender, Age, Race, Limited English Proficiency, Blind/Visually Impaired, Deaf/Hearing Impaired, Physical Disability, Foster System Involvement, U.S. Military/Veteran/Family Member, LGBTQI
Program Services Provided	Outreach Events, Publicity, Program Contacts, Group Sessions, Individual Sessions, Telephone Calls, Case Management, Transportation, School Climate Changes
Systems-Level Changes	Cultural and Linguistic Competency of Providers, Program Access, Participant Satisfaction (Youth, Adults & Families), Referrals and Linkages, Interagency Collaboration, School Climate Survey
Impacts on Participants and Family Members	Well-being (WHO-5), Depression (PHQ-9), PTSD (PCL-M), Anxiety (GAD-2), Protective Factors Survey, Child Behavioral Problems (e.g., ECBI & ASQ:SE), 40 Developmental Assets, Social Functioning, Profile of Mood States, Traumatic Grief, Suicidal Intent

prepared by Resource Development Associates & Kimari Phillips

Examples of Data Collection Tools

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

prepared by Kimari Phillips

Protective Factors Survey

<https://jfs.ohio.gov/OCTF/The%20Protective%20Factors%20Survey.pdf>

- 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

prepared by Kimari Phillips

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

prepared by Kimari Phillips

PHQ-9 Patient Health Questionnaire

<http://www.integration.samhsa.gov/images/res/PHQ%20-%20Questions.pdf>

- 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?

prepared by Resource Development Associates & Kimari Phillips

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

prepared by Kimari Phillips

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**.

prepared by Resource Development Associates & Kimari Phillips

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.**

prepared by Resource Development Associates & Kimari Phillips

Questions?

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