Status Report on CalMHSA Program PEI Statewide Project Evaluation Efforts

Mental Health Services Oversight & Accountability Commission Evaluation Committee
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California Mental Health Services Authority (CalMHSA)

Presentation Goals

• Status Report on:
  – PEI Statewide Projects Evaluation Background/Approach
  – Initial Evaluation Progress and Findings in Stigma Reduction, Suicide Prevention, and Student Mental Health
  – Evaluation/ Performance Monitoring Timelines
  – TTACB
  – Next Steps and Q and A
Through Evaluation Contractor, RAND Corporation, conduct thorough program evaluations:

1. Each of the 3 Initiatives (SP, SDR, and SMH)
2. Individual programs (within the 3 initiatives)
   - "There are 25 Program Partners"
3. Overall CalMHSA effort, statewide

Tasks:
1. Establish baselines and community indicators
2. Promote continuous quality improvement efforts
3. Identify innovative programs for replication
4. Coordination and leveraging across PEI initiatives and programs
5. Work with Program Partners on their own evaluation & quality improvement activities

What are We Trying to Accomplish?
Evaluation Framework

Where is it going?

<table>
<thead>
<tr>
<th>STRUCTURE</th>
<th>PROCESS</th>
<th>SHORT TERM OUTCOMES</th>
<th>KEY OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>What PEI capacities &amp; resources are Program Partners developing and implementing?</td>
<td>What intervention activities are delivered, and to whom?</td>
<td>What are immediate targets of change?</td>
<td>What negative outcomes are reduced?</td>
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</table>
| • Networks  
• Needs assessment  
• Service expansion  
• Outreach  
• Training & technical assistance  
• Screening  
• Educational resources  
• Marketing campaigns  
• Cross-system collaboration  
• Policies & protocols | • Participation in training & education  
• Exposure to outreach  
• Exposure to media  
• Access to and use of services  
• Quality and cultural appropriateness of services | • Knowledge  
• Attitudes  
• Normative behavior  
• Mental & emotional well-being  
• Help-seeking | • Suicide  
• Discrimination  
• Social Isolation  
• Student failure/disengagement |

What is it doing?

Did it increase other community supports and resources?

Does it make a difference?

Are there public health benefits?

Initiatives SP, SDR, and SMH
Outcomes at Each Level of Change

Multi Level Interventions are thought to be most Effective

<table>
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<tr>
<th>Policies, Protocols, Procedures</th>
<th>Networking and Collaboration</th>
<th>Informational Resources</th>
<th>Training and Education</th>
<th>Media Campaigns</th>
<th>Hotline/Warmline Operations</th>
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Change in laws, policies, and practices
Policy/Practice Change
Individual Change
Social Change
Shifts in community discussions, media portrayals, and norms

Statewide Evaluation Expert (SEE) Team

- Provide research and evaluation guidance and consultation to CalMHSA programs and RAND
- Evaluation Principles:
  - Methods appropriate to the intervention model being used
  - Include measures of both process outcomes (implementation) and behavioral/health status outcomes (changes in participants)
  - A vehicle for program improvement and accountability and provide information for the potential replication
  - Findings contribute to the existing knowledge base on what works in the field of minority health
  - Practices aligned with best and promising practices

Interim Evaluation Progress Report

- Baseline assessments of population risk factors and outcomes
  - Suicide rates in California
  - Statewide survey of general population
  - Higher education surveys (in progress)
- Early data on reach of activities
- Key documents available at: www.calmhsa.org/programs/evaluation

Baseline Assessment: Suicide Rates in California

2008-2010:
Highest risk of suicide noted for less dense, Superior Region of CA

Highest numbers of suicides in more population dense counties:
- Los Angeles (2,358 suicides)
- San Diego (1,072 suicides)
- Orange (809 suicides)
- San Bernardino (649 suicides)
- Riverside (611 suicides)
Baseline Assessment: Statewide Survey of General Population

- Goals:
  - Primary: Serve as a baseline measure of general population risk factors
  - Secondary: Early measure of exposure to CalMHSA PEI efforts.
- Where possible, survey items were based on other large, population-based surveys.
- Survey Respondents:
  - 2,001 California adults
  - Sample closely matches general population on sex, age, race, ethnicity, education, income, and employment

Baseline Assessment: Statewide General Population Results

- Awareness
  - 73% agree that “people with mental illness experience high levels of prejudice and discrimination”
- Social Distance
  - 34% report being “unwilling to move next door” to someone with serious mental illness
  - 29% report being “unwilling to work closely on a job” with someone with a serious mental illness
- Disclosure
  - 42% report probably or definitely concealing a mental health problem from coworkers or classmates
- Perceived Dangerousness
  - 1 in 5 reported that violence towards others was somewhat or very likely for people with depression or PTSD, while nearly half thought so for people with schizophrenia
**Baseline Assessment: Statewide General Population Results**

- **Suicide Knowledge**
  - About two-thirds of Californians surveyed believed that suicide is usually preventable.
  - 17% of respondents believed, incorrectly, that talking about suicide can cause suicide.
    - An additional 29% said they did not know.
  - Most respondents did not know men are at greater risk of dying by suicide than women.
    - One-third of respondents thought women were at greater risk.
    - Almost half of the respondents said they did not know.

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**Baseline Assessment: Early Exposure to Primary Campaign Activities**

<table>
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<tr>
<th>Survey Item</th>
<th>% of CalMHSA General Population Survey Respondents</th>
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<tbody>
<tr>
<td>Seen or heard an advertisement for ReachOut.com</td>
<td>8%</td>
</tr>
<tr>
<td>Seen or heard an advertisement that has the slogan &quot;Know the Signs&quot; or &quot;Pain Isn't Always Obvious&quot; or &quot;Suicide Is Preventable&quot;</td>
<td>39%</td>
</tr>
<tr>
<td>Seen or heard an advertisement for SuicideIsPreventable.org</td>
<td>9%</td>
</tr>
<tr>
<td>Seen or heard the slogan or catch phrase &quot;Each Mind Matters&quot;</td>
<td>11%</td>
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Baseline Assessment: Higher Education Surveys

• Goal: Serve as a baseline measure of:
  • Student mental health
  • School/campus environment as it relates to mental health
  • Student behavior and attitudes on mental health

• Respondents thus far are from 4 CCC and 4 UC campuses
  • University/college students (n = 6,309)
  • University/college faculty and staff (n = 3,025)

• 5-10 minute online survey, sent to all students, faculty, and staff at participating campuses

Baseline Assessment: Higher Education Surveys

• Students
  • 20% of students met threshold score for having a mental health problem.
  • 75% of students had not used student counseling services.

• Staff/Faculty
  • 46% had “never” talked with a student about mental health problems in the past 6 months
  • 13% had talked with a student “many times”
  • 58% agree they are able to help students in distress get connected to the services they need
Evaluation Conclusions to Date

- Program Partners have been highly productive in developing and building capacities
- Early information on reach is promising
- Short-term impacts cannot yet be determined
- Population-based surveys and suicide statistics provide baseline information for longer-term tracking
- Implementation of statewide, population-focused PEI strategy is challenging and ground-breaking
- Evaluation approaches and tools may be useful for county-level PEI efforts

What’s Available

- Key documents including Literature Reviews are available at: www.calmhsa.org/programs/evaluation
- RAND Interim Evaluation Publications
  - Suicide Prevention Fact Sheet
  - Suicide Rates in California Fact Sheet
  - Stigma and Discrimination Reduction Fact Sheet
  - Student Mental Health Fact Sheet
  - Executive Summary and Commentary
  - Suicide Prevention Summary
  - Stigma and Discrimination Reduction Summary
  - Student Mental Health Summary
- Coming Soon:
  - Baseline Survey Fact Sheet
  - Executive Summary and Commentary Fact Sheet
- Full Report and Appendices will be available upon request at stephanie.welch@calmhsa.org
1/31/2014

New/ Enhanced Evaluation Activities

1. Statewide General Population Survey –
   a. Oversampling for diverse racial and ethnic groups for diversity and disparities analysis
   b. Enhanced K-12 and Higher Ed Surveys

2. Program-Level Outcomes –
   a. Evaluate social marketing campaigns for cultural communities, and the culturally adapted NAMI In Our Own Voice (IOOV) program
   b. Live monitoring of suicide prevention hotline quality, and a hotline sustainability analysis
   c. Enhanced SDR training evaluation, including SDR youth training evaluation of NAMI’s Breaking the Silence (BTS) program for teens, The Walk in Our Shoes theater program for tweens, and possibly Disability Rights’ training for high school youth on laws and rights related to mental health stigma

Visit www.CalMHSA.org for up-to-date information and resources.

2. Program-Level Outcomes – (continued)
   d. Evaluation of SDR Mental Health First Aid (MHFA) trainings
   e. Evaluation of Interactive Video Simulation Training (IVST) of campus police officers
   f. Enhanced Student Mental Health Training Evaluation which includes evaluation of more training materials and support for more data collection

3. Technical Assistance - Increased to support additional data collection, usage and management

4. Maintaining Database – Increased to support for online data collection, RAND support for data entry and creating and formatting multiple versions of surveys

Visit www.CalMHSA.org for up-to-date information and resources.
New/Enhanced Evaluation Activities

5. Cultural Appropriateness of Interventions and Evaluation Instruments

a. Cultural satisfaction questionnaire
b. Translation of evaluation instruments
c. Specific Disparities Reporting with Expert consultation

Visit www.CalMHSA.org for up-to-date information and resources.

Evaluation Next Steps

- Very important studies of short-term outcomes (Summer 2014)
- Completion of baseline population studies
  - K-12 surveys
  - Mental health supplemental survey
- Ongoing evaluation of capacity development and reach
- Preliminary long-term outcomes assessed

Visit www.CalMHSA.org for up-to-date information and resources.
Training, TA, and Capacity Building

CalMHSA, participating counties and RAND are building upon lessons learned from the evaluation of Statewide PEI efforts to:

- Strengthen community capacity to formulate and conduct evaluations and to utilize appropriate data and analytic techniques to inform planning and resource allocation.
- Provide a forum for counties for peer to peer exchange, skill building, coordination and problem-solving.
- Establish baseline indicators and methods of tracking and analyzing community level indicators.
- Engage stakeholders in evaluation efforts and increase capacity to understand and utilize outcome data through focused group training, providing accessible resources, and consultation.
Training, TA, and Capacity Building

TTACB Resources:

- Through this program, evaluation resources and tools have been identified and/or developed. These resources are listed below, organized by topic.
- Cross-Program Evaluation Frameworks, Outcomes, and Reporting Workgroup
- Getting to Outcomes Introductory and Advanced Webinars
- Making the Value Case for PEI Funding Workgroup
- Describing County PEI Programs Webinar
- Questions? Please contact Sarah Brichler, Program Manager, at Sarah.brichler@calmhsa.org or (916) 859-4827

Evaluation: Foundation for Sustainability

Evaluation results will inform longer term investment in statewide prevention
Q & A

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