

TSIG Evaluation



**New Day Ohio Update
November 2006**

TSIG Evaluation

The Office of Program Evaluation and Research (OPER) at ODMH is evaluating the activities of the Transformation State Incentive Grant (TSIG) for the state and the Substance Abuse Mental Health Services Administration (SAMHSA). The main purpose of the evaluation is to assess Ohio's progress in meeting the goals specified in both the TSIG proposal and the state's Comprehensive Mental Health Plan (CMHP).

This section of the newsletter will communicate the progress of the evaluation, as well as important findings that may help the Content Work Groups in their continued efforts to improve mental health services to persons with mental illness in Ohio.

How can you learn more about "A New Day"?

Visit www.anewdayohio.org for a number of materials to help consumers of mental health services, their families, advocates, mental health professionals and others learn more about transforming Ohio's mental health system.

Evaluation overview

The main purpose of the evaluation is to assess Ohio's progress in meeting the goals specified in both the TSIG proposal and the state's Comprehensive Mental Health Plan (CMHP). To do this, SAMHSA has developed two sets performance measures. One set is based upon the Government Performance Results Act (GPRA) and the other on the National Outcomes Measures (NOMs). Ohio is required to track and report changes in the following GPRAs and NOMs:

The GPRAs

1. Percentage of policy changes completed as a consequence of the CMHP
2. Number of persons in the mental health care and related workforce who have been trained in service improvements recommended by the CMHP
3. Percentage of financing policy changes completed as a consequence of the CMHP
4. Percentage of organizational changes completed as a consequence of the CMHP (includes interagency agreements)
5. Number of organizations that regularly obtain and analyze data relevant to the goals of the CMHP
6. Number of consumers and family members who are members of State-wide consumer- and family-run networks
7. Number of programs that are implementing practices consistent with the CMHP

The NOMs

1. Decreased mental illness symptomatology/increased level of functioning
2. Increased or retained employment and school enrollment/school attendance
3. Decreased involvement with the criminal justice system
4. Increased stability in family and living conditions
5. Increased access to services/number of persons served by age, gender, race and ethnicity
6. Decreased utilization of psychiatric inpatient beds/readmission to a State psychiatric hospital at 30 and 180 days
7. Increased social support/social connectedness
8. Increased positive reporting by clients about outcomes
9. Increased cost effectiveness
10. Increased use of evidence-based practices

Progress on the goals and strategies of the CMHP will be monitored by each CWG. Additionally, Ohio has some existing data systems that will help answer some of the GPRAs and NOMs (e.g., The Ohio Mental Health Consumer Outcomes

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System and MACSIS). OPER is also conducting two major studies: one that assesses the process and outcomes of change in the System of Services over the grant period; and another that evaluates the training of consumers, family members, and case managers in the use of Consumer Outcomes data to make treatment planning decisions (see below for descriptions of each study). Taken together, these indicators will help the TSIG Evaluation Team obtain a full picture of the changes that are occurring in the state, along with how and why these transformations are taking place.

System evaluation

As many of you know, we have begun conducting the TSIG System-level Evaluation. The purpose of this evaluation research is to assess the overall effectiveness of the state's efforts to transform Ohio's system of services to persons with mental illness and the processes by which this occurs.

Measures: We plan to interview and survey selected members of each Work Group every six months over the four remaining years of the grant. **The interview** covers issues surrounding systemic facilitators and barriers to change, leadership, sustainability, infrastructure changes, work group activities, and perceived impact of change. The **survey instrument** addresses level of collaboration, work group networking, work group climate, readiness for change, organizational decision-making, and system capacity.

Dissemination of Results: Information from the evaluation will be fed back to the Work Groups through this newsletter and other means to improve their ability to meet their goals. We are confident that this evaluation will provide valuable information about the factors that facilitate and/or deter cross-system infrastructure change within and across communities and agencies in Ohio's state-wide service system.

If you have any questions about the System-Level Evaluation, please contact Kraig Knudsen (614-728-2527 or KnudsenK@mh.state.oh.us).

Thank you!

Many of you have already been contacted by Kraig Knudsen and have taken part in the first round of interviews and surveys. At press time, we have conducted over 75 interviews! The TSIG Evaluation Team really appreciates your participation. Without your input we could not adequately

evaluate the efforts that are currently underway in the Work Groups. So, remember, if you get a call, while it may take some time (approximately 30-45 minutes), your input is vital. Your contribution helps us better understand what activities the Work Groups are engaging in to improve the system of services for persons with mental illness in Ohio. If we have not contacted you, we look forward to meeting with you and getting some additional feedback through our survey.

We need your help!!

While we have conducted a lot of interviews, we are still waiting to receive a large number of the surveys. If you have received a survey, please complete the survey and return it to Kraig Knudsen in the self-addressed, stamped envelope provided. If you have misplaced your survey or envelope, please contact Kraig to request a new survey.

Demonstration Projects

Ohio will be developing and evaluating two intervention programs – one for adult consumers and their case managers, and the other for family members of youth consumers and their case managers. The programs will train consumers and case managers on how to use Consumer Outcomes data to make mental health care and treatment planning a more person-centered, collaborative, empowering and recovery-oriented process.

The Climbing into the Driver's Seat training program will be part of the adult intervention. It is offered by adult consumers for adult consumers and teaches about the Consumer Outcomes survey, and how consumers can talk to their case managers about their survey results. A similar training, which is being updated, exists for family members of youth consumers.

Prior to the development of the intervention, focus groups will be conducted with consumers and family members of youth consumers to identify how they experienced the treatment process in the past, what treatment planning would be like if it were "truly" collaborative, and what questions should be studied. Their responses will help revise case manager training packages and clarify research questions about the program's effectiveness.

Look for more information in future newsletters about these intervention and evaluation projects, or contact Lara Belliston (614-728-2519 or BellistonL@mh.state.oh.us).

Survey of consumers and families at NAMI conference

One evaluation activity that has already occurred was the survey of consumers and family members at the NAMI New Day Conference in May 2006. In order to include consumers' and family members' perspectives in the TSIG Needs Assessment and Resource Inventory, OPER conducted a survey with attendees at the conference. The results of this survey have informed work on Ohio's Comprehensive Mental Health Plan.

The survey was completed by 102 consumers and 88 family members of consumers. Full results of the survey can be found on the New Day Web site at: <http://www.anewdayohio.org/publications.htm>. Some key findings include:

- Consumers and family members indicated a need for public education about mental illness in order to overcome stigma. Approximately three-quarters of consumers and family members indicated that they had experienced stigma related to mental illness.
- Consumers indicated a need for more choices, more coordination of services and more service providers.

Specifically they wanted more family and consumer input in planning, more peer-run services, better coordination of related services such as vocational and housing assistance, more case managers, and decreased waiting time to see psychiatrists.

- Consumers and family members indicated a need for a recovery focus in the mental health system and that current providers need training about recovery.
- Disparities in mental health services exist across the life-span and particularly in rural areas. Additionally, cultural competence includes not only a person's ethnic culture, but also disabilities such as sight or hearing impairments.
- Consumers and family members indicated a need for increased dissemination of information and training on available evidence-based practices, and training on trauma-informed mental health treatment. They also indicated a need for funding to support implementing evidence-based practices.

Meet the evaluator: Kraig Knudsen, Ph.D.



Kraig Knudsen, Ph.D.

Kraig Knudsen, Ph.D., joined OPER in March 2006 as a Mental Health Program Evaluator/Researcher for the Transformation State Incentive Grant (TSIG). He holds an undergraduate degree in psychology, a Master in Public Health (MPH) in health services administration and planning, and a Master of Social Work (MSW) from the University of Hawaii at Manoa. He received his Ph.D. in mental health services

research and evaluation from the University of Pittsburgh in 2003, and subsequently received a two-year National Institute of Mental Health (NIMH) postdoctoral fellowship at Washington University in St. Louis in Mental Health Services Research. In addition to being involved in the Transformation evaluation, Kraig's other research efforts

include quality improvement in community mental health, issues of access to and mental health care in non-mental-health service sectors, and implementation and dissemination of evidence-based practices (EBPs).

On the practice side, Dr. Knudsen is a licensed social worker and has provided and administered mental health services to adults with severe mental illness and children with severe emotional disturbances for over 11 years in a range of settings, including: group homes, community mental health centers, in-patient acute psychiatric units, state psychiatric hospitals, mobile crisis teams, outpatient therapy, homeless shelters, and jail diversion programs. Dr. Knudsen participated in starting the first Assertive Community Treatment (ACT) programs outside the contiguous United States, which were also among the first to be accredited by the Commission on Accreditation for Rehabilitation Facilities (CARF).