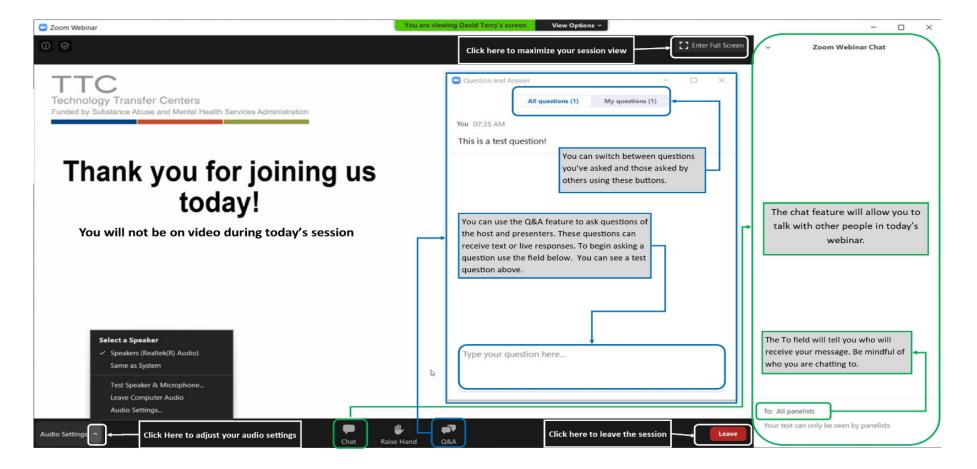
## **The Zoom Interface**



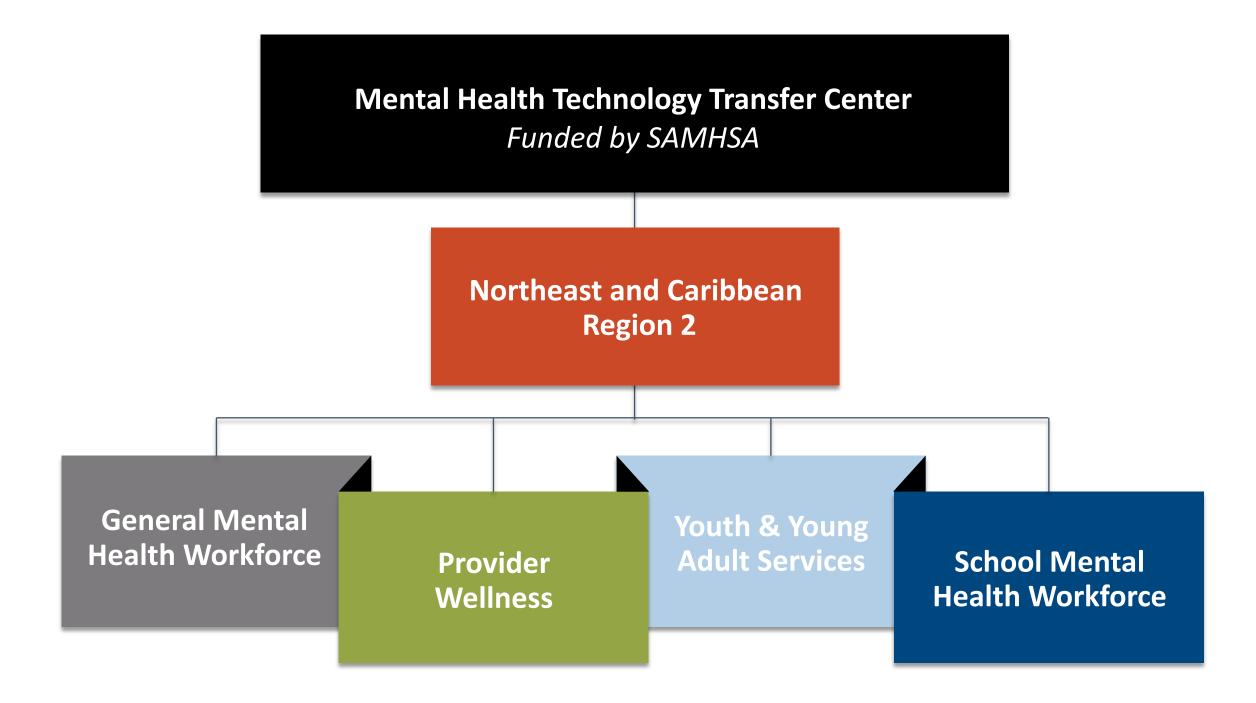
# Program Implementation and Evaluation, Session 3: Evaluation

Sean Karyczak Northeast and Caribbean MHTTC September 19, 2023





Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration





Northeast and Caribbean (HHS Region 2)

TCMental Health Technology Transfer Center NetworkFunded by Substance Abuse and Mental Health Services Administration

<b>EPBs</b> for serious mental health conditions	Wellness & Recovery for Providers and people with mental health conditions
School Mental Health Comprehensive, multi- tiered services & supports	Hispanic and Latiné mental health education

### **Online Education Courses**

Wellness Matters, IMR, Functional Thinking & more

### **Services Available**

No-cost training, technical assistance, and resources



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### We Want Your Feedback

Our funding comes from the Substance Abuse and Mental Health Services Administration (SAMHSA), which requires us to evaluate our services. We appreciate your honest, ANONYMOUS feedback about this event, which will provide information to SAMHSA, AND assist us in planning future meetings and programs.

Feedback about this training will assist us in developing future trainings that are relevant to your professional needs. Therefore, your feedback counts!

Northeast and Caribbean (HHS Region 2

Mental Health Technology Transfer Center Network Funded by Substance Abuse and Mental Health Services Administration

### **Video Recording Information**

### Please Note:

We will be recording this webinar and posting it to our website along with the presentation slides and any relevant resources.

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At the time of this presentation, Miriam Delphin-Rittmon served as Assistant Secretary for Mental Health and Substance Use at SAMHSA. The opinions expressed herein are the views of the speakers, and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

This work is supported by grant H79SM081783 from the DHHS, SAMHSA.

### **Your Interactions With Us**

### **Question and Answers**

- Q & A will occur at the end of the call.
- Type your questions in the Q & A feature in Zoom located on the task bar (hover over task bar).
- Note: your question may be visible to other participants.

### **Chat and Polls**

- Throughout the webinar, we will be asking for your input.
- Use the Chat or Poll features in Zoom located on the task bar.
- You can control who can see your chat comments.

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

# STRENGTHS-BASED AND HOPEFUL

INCLUSIVE AND ACCEPTING OF DIVERSE CULTURES, GENDERS, PERSPECTIVES, AND EXPERIENCES

### NON-JUDGMENTAL AND AVOIDING ASSUMPTIONS

INVITING TO INDIVIDUALS

PARTICIPATING IN THEIR

**OWN JOURNEYS** 

PERSON-FIRST AND

FREE OF LABELS

RESPECTFUL, CLEAR AND UNDERSTANDABLE

### HEALING-CENTERED AND TRAUMA-RESPONSIVE

CONSISTENT WITH OUR ACTIONS, POLICIES, AND PRODUCTS

Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide\_2019ed\_v1\_20190809-Web.pdf

## 988 SUICIDE & CRISIS LIFELINE

### For people experiencing:

- Suicide, mental health, substance use crisis
- Emotional distress
- People concerned about someone in crisis

### **Meet Today's Presenter**



Northeast and Caribbean MHTTC Rutgers University Assistant Research Coordinator

## **Recap of The Previous Stages**

- Planning Stage
- Implementing Stage
  - Data collection and outcome tools
  - Putting our plan into action
  - Setting up for success
  - On-the-fly adaptations
  - Common barriers

### **TODAYS AGENDA – EVALUATION STAGE**



What does it mean to evaluate our program



When do we do our evaluation



What do we evaluate



Disseminate our findings



### Implementation and Evaluation Frameworks

- Many different models
  - RE-AIM
  - PDSA
  - ERIC
  - EPIS
  - NIANTx

**NOTE:** PDSA Cycles are entered on pg-2 of the *Change Project Form*.

### MODEL FOR IMPROVEMENT<sup>1</sup>

What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will

result in an improvement?

### PDSA Cycle explained<sup>2</sup>

### Plan

- · Plan a change or test, aimed at improvement.
- Include how you will collect data.
- What is your prediction for the test?

### Do

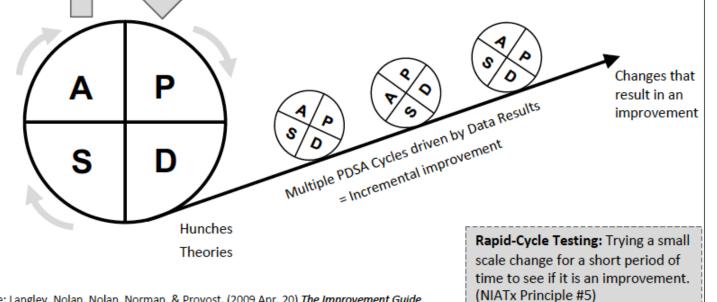
- Carry out the change or test, preferably on a small scale.
- Document your observations.
- Record data.

#### Study

- · Study the results. Was your prediction correct?
- What worked and what went wrong.
- Summarize what was learned.

### Act

- Adopt the change (or) abandon the change (or) adapt the change and run another cycle.
- · Move on to next cycle.



<sup>1</sup>Source: Langley, Nolan, Nolan, Norman, & Provost. (2009 Apr. 20) *The Improvement Guide*. <sup>1</sup>Adapted from: Moen R. (2009 Sep. 17) *Foundation and History of the PDSA Cycle*.

## What is Evaluation

- More than just checking the boxes
- Looking at our programs critically
- The goal of increasing effectiveness and making improvements

### Looking at Information about our Program

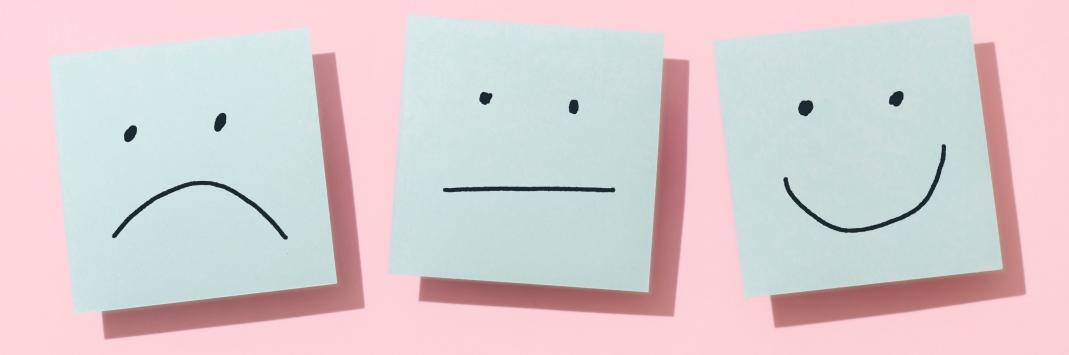
- Outcomes
- Characteristics
- Activities



# When Do We Evaluate?

- End of the project
- During the project
- More frequently for new programs





### **Questions and Check In**

## **Considerations for Evaluations**

- Done in a repeatable way
  - Similar data
  - Similar intervals
- Multiple people know the information
  - What
  - Where

## What Do We Evaluate?

- Data Evaluation
- Impact Evaluation

### **Evaluation of** Data

- Collected data
- Leaning on our planning stage
- Matching to our outcomes

Goa incre nun wom S incl OU su long rec

oals	Objectives	Method of Measurement			
	Objective 1.1: Recruit, hire, and train a project team qualified to provide and expand recovery support services.	Advertisements through appropriate channels, offer letters, timesheets, payroll registers/records, training attendance			
	Objective 1.2: 100% of participants without a primary care provider (PCP) will be referred to a PCP.	Case notes			
	Objective 1.3: 100% of women who are pregnant will be connected with prenatal medical care.	Case notes			
al 1: To rease the mber of men with SUD, cluding UD who sustain mg-term covery.	Objective 1.4: 100% of homeless participants will be referred to safe, temporary or permanent housing.	Homeless Management Information System (HMIS)			
	Objective 1.5: 70% of participants will be employed, volunteer, or be enrolled in a vocational or training program.	Employment offer letter or employer verification, attendance sheet, acceptance letters, self-reports			
	Objective 1.6: 100% of participants who are eligible for some form of public assistance will complete the appropriate application.	Case notes, public assistance application			
	Objective 1.7: 80% of women will participate in gender-specific support groups.	Attendance sheets			

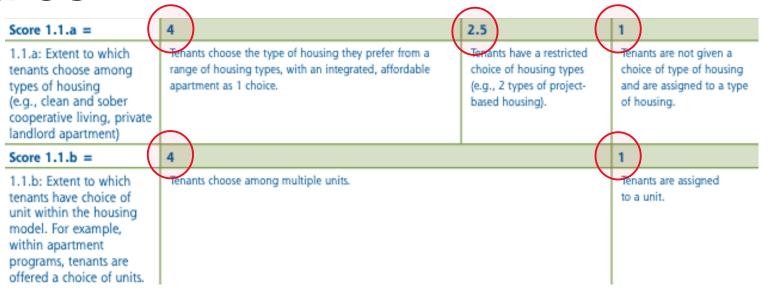
## **Evaluation of Impact**

- What is the impact on clients and the community?
- Can be informed by data
- Also informed by "other" information

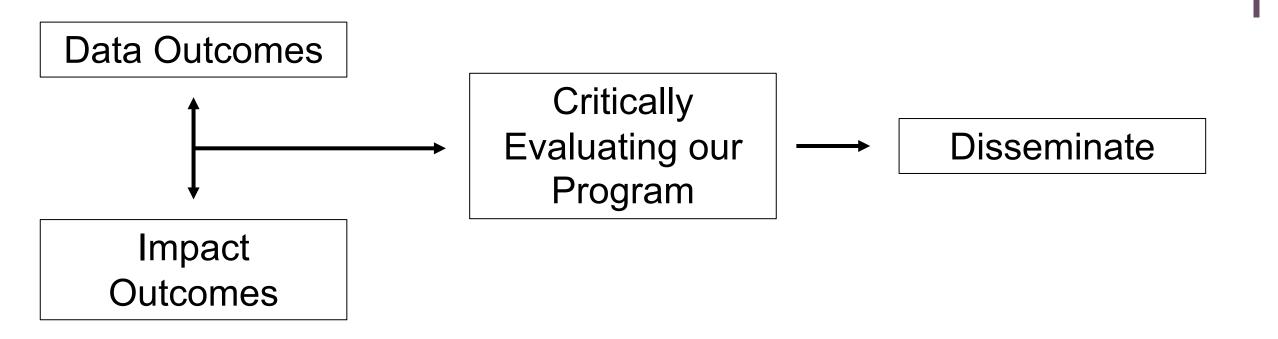
## **Fidelity Scales**

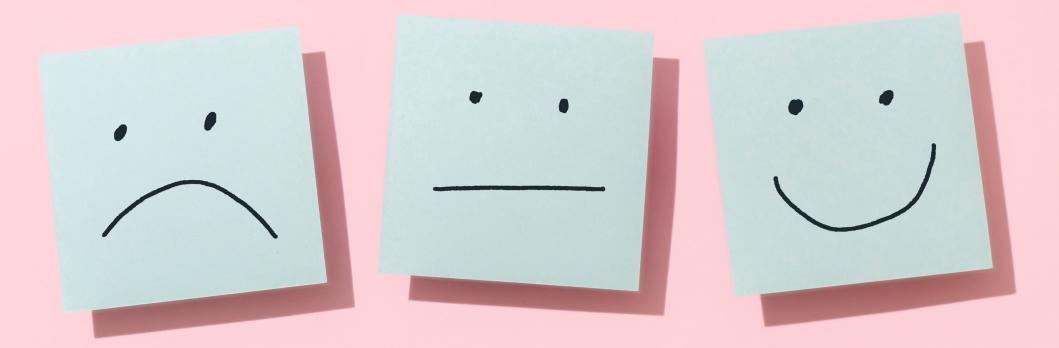
- Fidelity Assessment
  - Supported Housing Example

General Organizational Index



			$\frown$							
	1		2		3		4	)(	5	
G4. Assessment					Pervasive deficiencies in 1 of the following:		61 80% of consumers receive standardized, high-		More than 80% of consumers receive standardized, high-	
Full standardized assessment of all consumers who receive EBP	completely absent or completely non- standardized									
services. Assessment includes		■ St	andardization,	Standardization,		quality assessments at least annually		quality assessments, the information		
history and treatment of medical/ psychiatric/substance use disorders,			uality of ssessments,	Quality of	OR	is com		mprehensive s all assessment		
current stages of all existing disorders, vocational history, any		= Ti	imeliness,	Timeliness,		Information is		domains, and		
existing support network, and evaluation of biopsychosocial risk factors.			omprehenessive- ess		omprehenessive- ess			updated at least annually		





### **Questions and Check In**

# Disseminating Our Findings

- Staff and Agency
- Stakeholders
- Funders
- Publication



## Informing Staff and Stakeholders

- Staff and Agency
  - Celebrating wins
  - Feedback sandwich
- Community and Stakeholders
  - Keeping them engaged
  - Reducing stigma



## Informing Funders and Publications

- Funders
  - Sharing highlights
  - Being transparent of shortcomings
- Publications



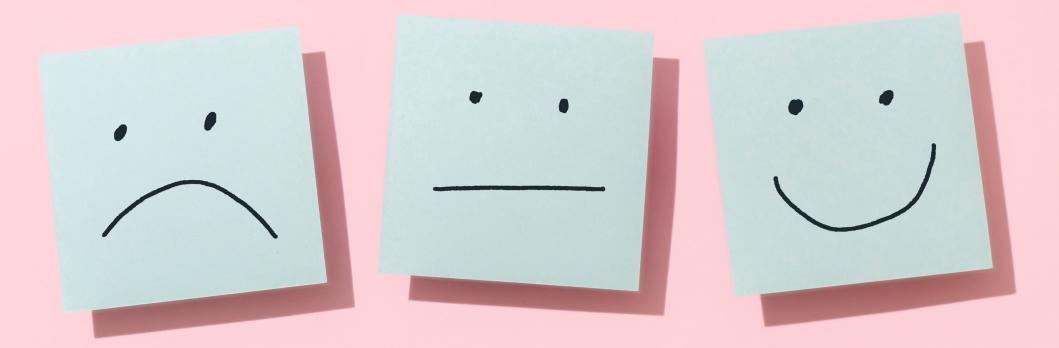
## So What Now?

- Creating a sustainability plan and next steps
- Potential Situations
  - 1 Continuing program
  - 2 Expiring grant
  - 3 Research projects

# Next Steps for All Programs

- Who will carry the torch?
- Being ready for new opportunities





### **Questions and Check In**

## **Review of Series**

- Importance of planning
- Importance of our team
- Way to collect our outcomes
- Critical evaluation of our programs
- Planning for next steps

## Series Wrap Up

- What are your impressions of the series
- What are ideas that stuck with you?

# **Question and Answer**



### **Evaluation Information**

The MHTTC Network is funded through SAMHSA to provide this training. As part of receiving this funding we are required to submit data related to the quality of this event.

At the end of today's training please take a moment to complete a **brief** survey about today's training.





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\*Please allow 14 business days for all recordings to be made available.

### Certificate of Completion

A Certificate of Completion will automatically be emailed to all online participants within 7 days of webinar broadcast.

# **Connect With Us**

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The purpose of the MHTTC Network is technology transfer - disseminating and implementing evidence-based practices for mental disorders into the field.

Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the MHTTC Network includes 10 Regional Centers, a National American Indian and Alaska Native Center, a National Hispanic and Latino Center, and a Network Coordinating Office.

Our collaborative network supports resource development and dissemination, training and technical assistance, and workforce development for the mental health field. We work with systems, organizations, and treatment practitioners involved in the delivery of mental health services to strengthen their capacity to deliver effective evidence-based practices to individuals. Our services cover the full continuum spanning mental illness prevention, treatment, and recovery support.

### CONNECT WITH US



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