

# MHSA Outpatient Outcomes

- Early Intervention Outpatient
- Clinic-Based Outpatient Mental Health
- Integrated Outpatient Care
- Intensive Outpatient
- Outpatient Recovery
- Inter-Agency Collaborations

from the FY 2018-19 Annual Plan

---

Sharon Ishikawa, Ph.D.

MHSA Coordinator

October 15, 2018



---

## Outpatient Services Overview

---

- Largest service function
- Provide clinical interventions and other services in a non-hospital/non-residential setting
- Serve individuals of all ages who are experiencing mental health symptoms that can range in severity from mild to serious and persistent.
- Many provide services and supports for family members.
- Orange County devotes a considerable proportion of its MHSA allocation to funding a full array of outpatient programs
  - i.e., early intervention, integrated care, intensive outpatient, recovery outpatient, etc.

## ***Outpatient Services: Early Intervention***

---

**What?** Outpatient programs aimed at preventing symptoms of mental illness from becoming severe and disabling. Most specialize in serving a traditionally underserved group.

**Who?** Individuals of all ages experiencing mild to moderate mental health symptoms.

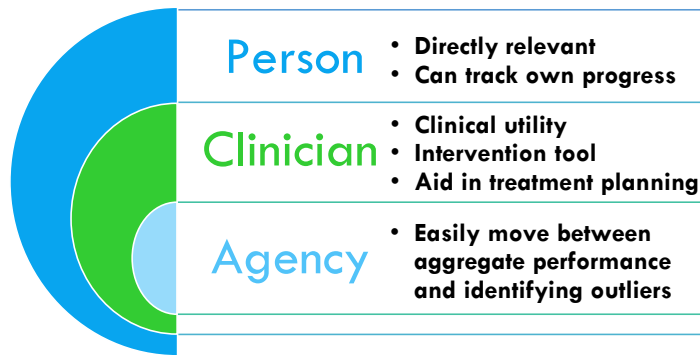
## **Early Intervention Outpatient**

---

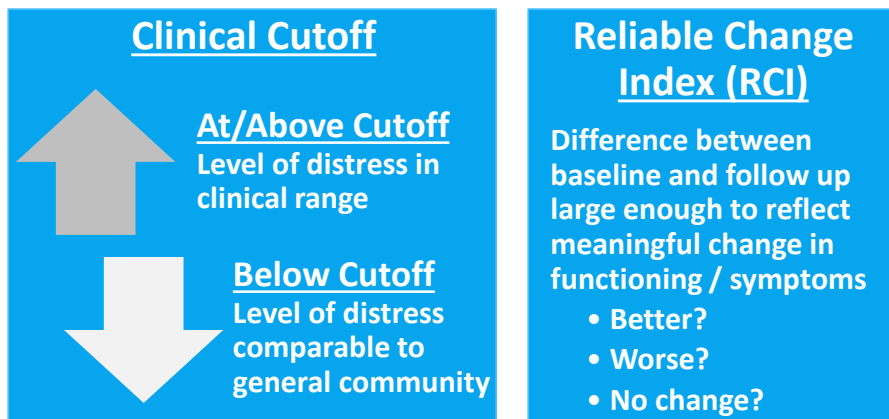
<b>Program</b>	<b>Children</b>	<b>TAY / Adult</b>	<b>Older Adults</b>	<b>Total</b>
<b>Community Counseling and Supportive Services</b> (pg 92)	34	417	16	467
<b>OC Parent Wellness</b> (pg 110)	n = 76 youth; n = 541 adults			617
<b>OC ACCEPT</b> (pg 103)	20	101		121
<b>OC4Vets</b> (pg 99)				172
<b>College Veterans</b> (pg 97)		27		27

# Outpatient OQ<sup>®</sup> Reporting

Why Use a Measure with Clinical/Client-Focused Metrics?



## OQ<sup>®</sup> Clinical Scoring

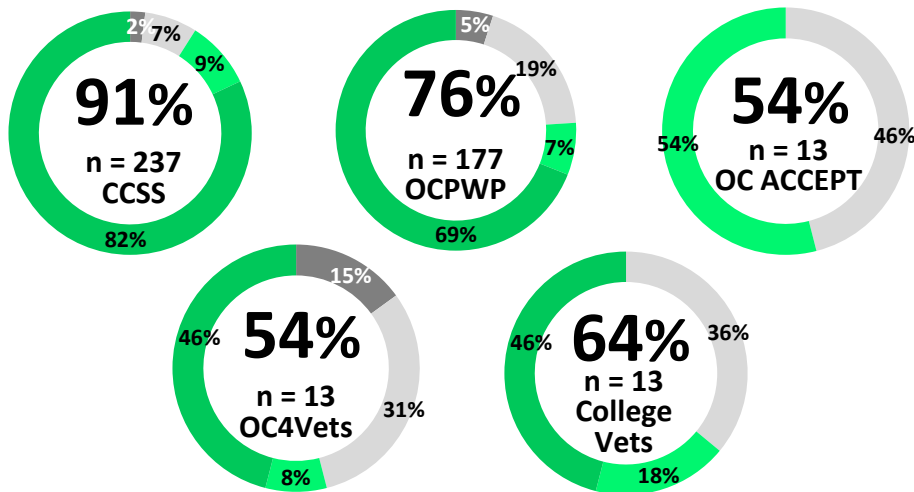


# Overview: Outpatient Services

Healthy (Non-distressed)	Reliably Improved	Stably Distressed	Reliably Worsened
<ul style="list-style-type: none"> <li>Below cutoff at baseline &amp; follow up <b>OR</b></li> <li>Score ended below cutoff &amp; decreased reliably (by 10+ points)</li> </ul>	<ul style="list-style-type: none"> <li>Ended above cutoff <b>AND</b> score decreased reliably (by 10+ points)</li> </ul>	<ul style="list-style-type: none"> <li>Score did <b>not</b> reliably change <b>AND</b> did not meet "Healthy" Criteria</li> </ul>	<ul style="list-style-type: none"> <li>Ended above cutoff <b>AND</b> score reliably increased (by 10+ points)</li> </ul>



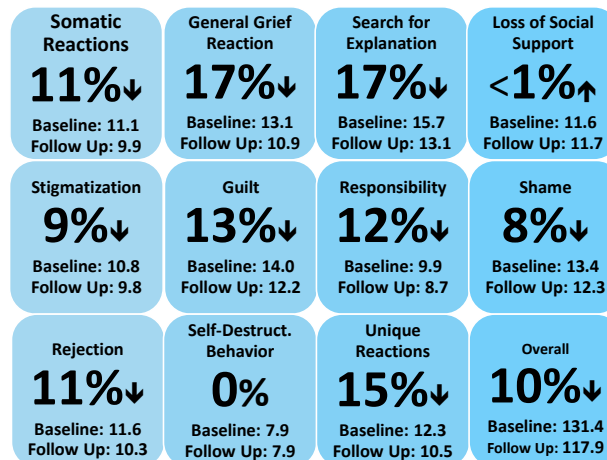
## % Healthy/Improved on OQ at Follow Up Early Intervention Outpatient Programs FY 2016-17



## Early Intervention Outpatient

Program	Children	TAY / Adult	Older Adults	Total
Survivor Support Services (pg 94)	closed groups = 94; open groups = 59 individual counseling services = 511			
SFSC: BHS for Military Families (pg 101)	families served = 277 referrals = 217, linkages = 106			
1 <sup>st</sup> Onset Psychiatric Illness (pg 105)	n = 82 youth n = 336 family			418
Early Intervention Services for Older Adults (pg 108)			536	536
School-Based BHIS – Early Intervention (pg 112)	24			24
School-Based MHS – Early Intervention (pg 114)	623			623

## Survivor Support Services

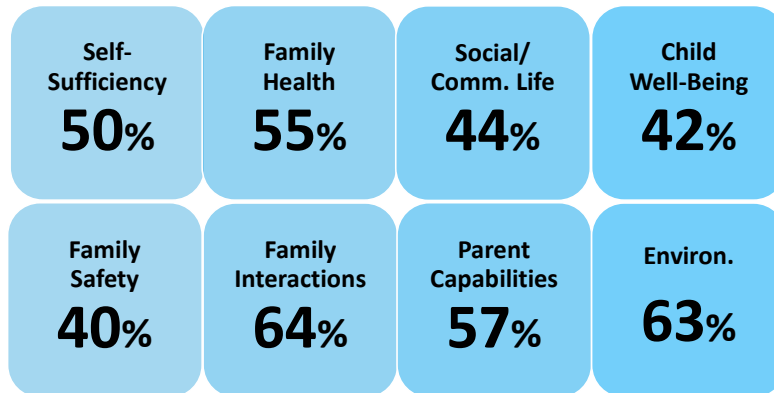


Grief Experience Questionnaire

FY 2016-17

## SFSC - BHS for Military Families

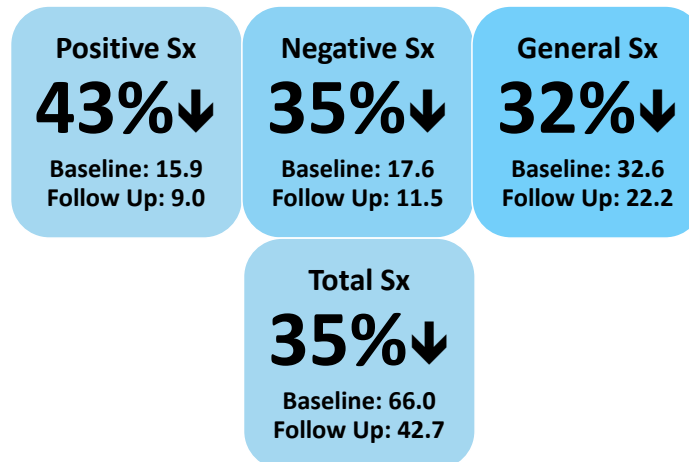
% Clear Strength, Mild Strength or Improved



North Carolina Family Assessment Scale

FY 2016-17

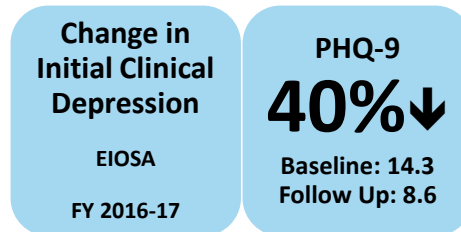
## First Onset of Psychiatric Illness (OC CREW)



PANSS

FY 2016-17

## Early Intervention Services for Older Adults (EISOA)

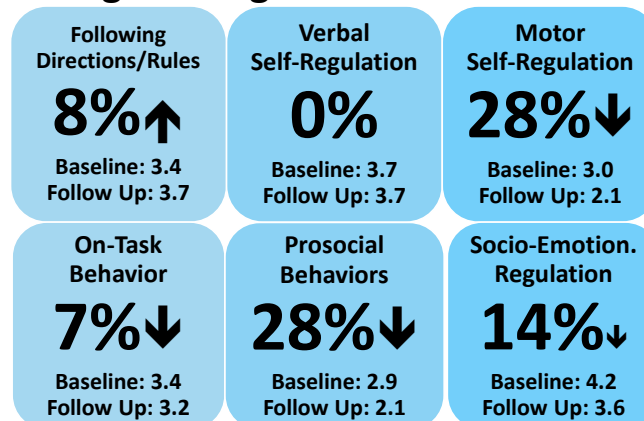


PANSS

FY 2016-17

## SB BHIS – Early Intervention

### Change in Target Behavior Problems

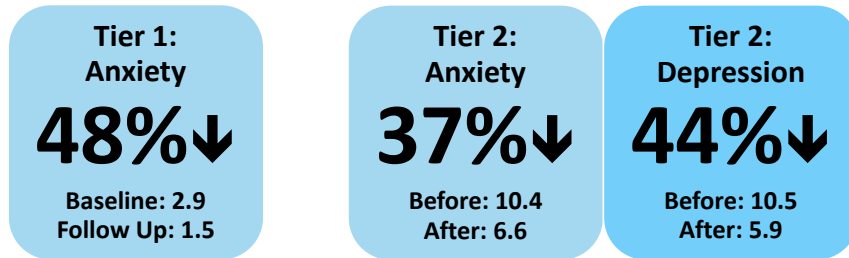


Change in Target Behavior Severity

FY 2016-17

## SB MHS – Early Intervention

### Change in Symptoms



FY 2016-17

### *Outpatient Services:* **Clinic-Based MH**

**What?** Comprehensive outpatient services for individuals living with SED/SMI

**Who?** Older Adults



## Clinic-Based Outpatient MH

---

Program	Children	TAY / Adult	Older Adults	Total
Older Adult Services (pg 116)	NA	NA	398	398

## Older Adult Services

---

### Nursing Assessments Older Adult Services - FY 2016-17



■ Total Older Adults Active in FY ■ Nursing Assessments

## ***Outpatient Services: Integrated Care***

---

**What?** Programs for individuals who have co-occurring chronic physical health conditions and SED/SMI.

**Who?** Youth, Adults/Older Adults

## **Integrated Outpatient Care**

---

<b>Program</b>	<b>Children</b>	<b>TAY</b>	<b>Adults/ Older Adults</b>	<b>Total</b>
<b>CYBH Co-Occurring Medical &amp; MH Clinic</b> (pg 119)	<b>218</b>	<b>131</b>	<b>-</b>	<b>349</b>
<b>Integrated Community Services</b> (pg 122)		<b>467</b>		<b>467</b>

## Integrated Community Services

**Symptom Change**  
(if Clinical Range at Baseline)

PHQ-9

**28%↓**

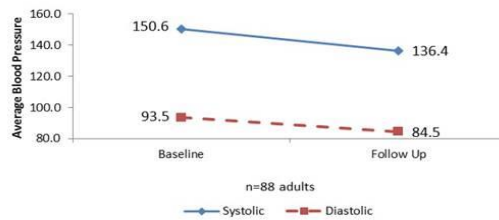
Baseline: 18.0  
Follow Up: 13.0

GAD-7

**26%↓**

Baseline: 16.0  
Follow Up: 11.9

**BP Change**  
(if Hypertensive at Baseline)



FY 2016-17

## *Outpatient Services:* **Intensive Outpatient**

**What?** Comprehensive and intensive field-based services for individuals living with SED or SMI.

**Who?** Individuals of all ages who have the highest level of need among those served in BHS outpatient programs.

## Intensive Outpatient

Program	Children	TAY	Adults	Older Adults	Total
FSP (pg)	339	759	1,156	223	2,477
PACT (pg)	1	141	928	103	1,173
Youth Core Services (pg 142)					380 total since March 2016

## Intensive Outpatient Reporting

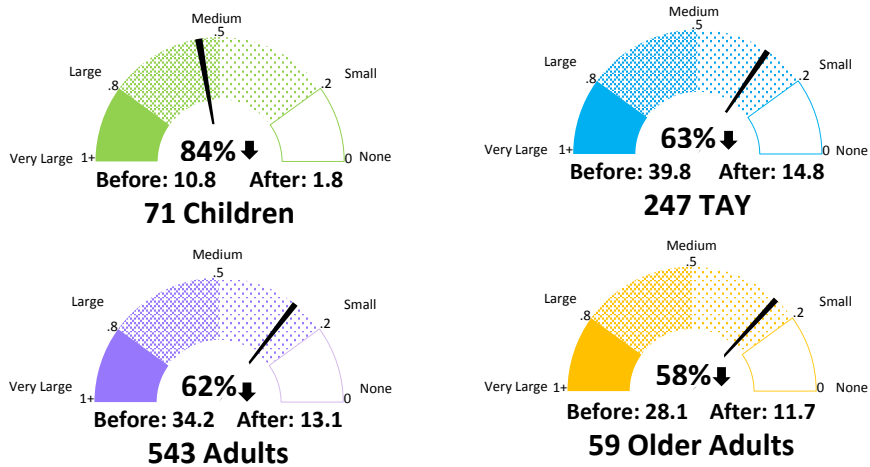
### How Do We Measure the Impact of FSP Services?

- Compare **Year Prior to Enrollment to Post-Enrollment**
- Focus on effect size (i.e., **quantified “impact”**)
- Effect size answers the question:

*‘How well did my intervention work?’*

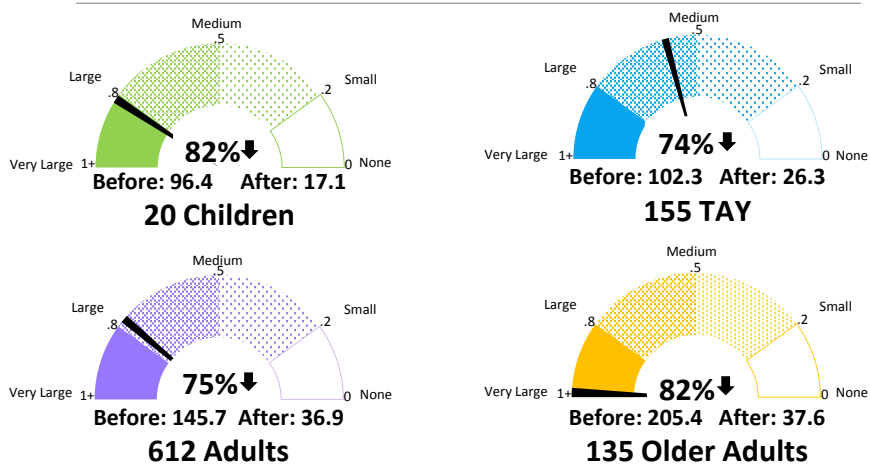
- **None** - no meaningful difference
- **Small** – can be observed through careful analysis
- **Medium** – change large enough to be seen by naked eye
- **Large** – grossly perceptible or really, really obvious change

## FSPs: Impact on Days Hospitalized Year Prior vs While Enrolled (FY 2016-17)



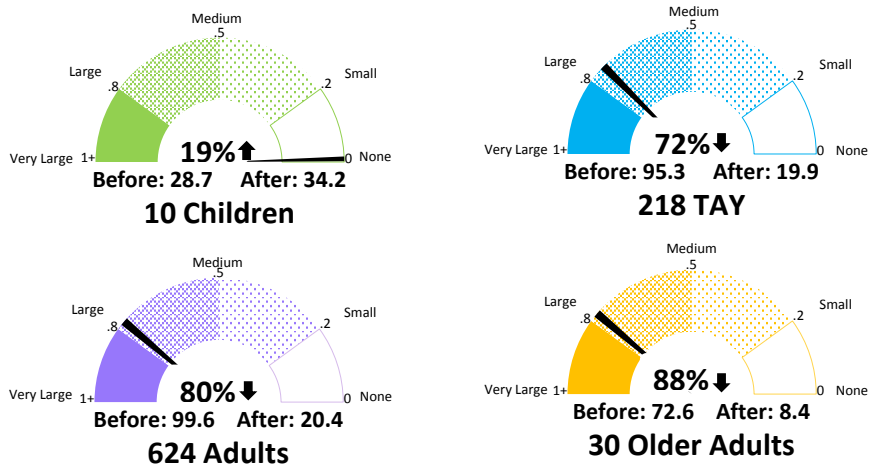
**Darker shade = greater impact**      *Impact measured by Cohen's d*

## FSPs: Impact on Days Homeless Year Prior vs While Enrolled (FY 2016-17)



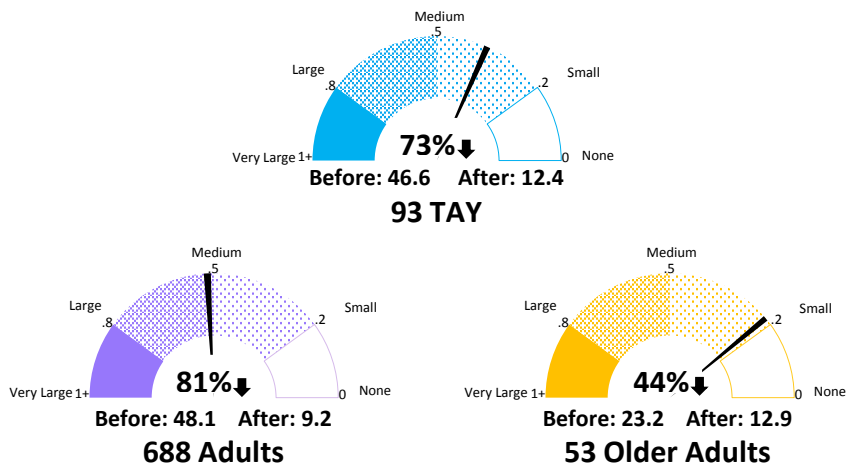
**Darker shade = greater impact**      *Impact measured by Cohen's d*

## FSPs: Impact on Days Incarcerated Year Prior vs While Enrolled (FY 2016-17)



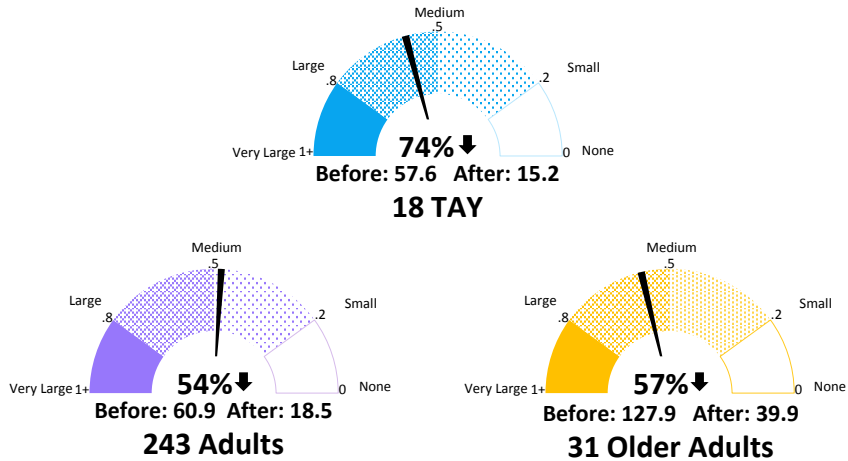
*Darker shade = greater impact*      *Impact measured by Cohen's d*

## PACT: Impact on Days Hospitalized Year Prior vs While Enrolled (FY 2016-17)



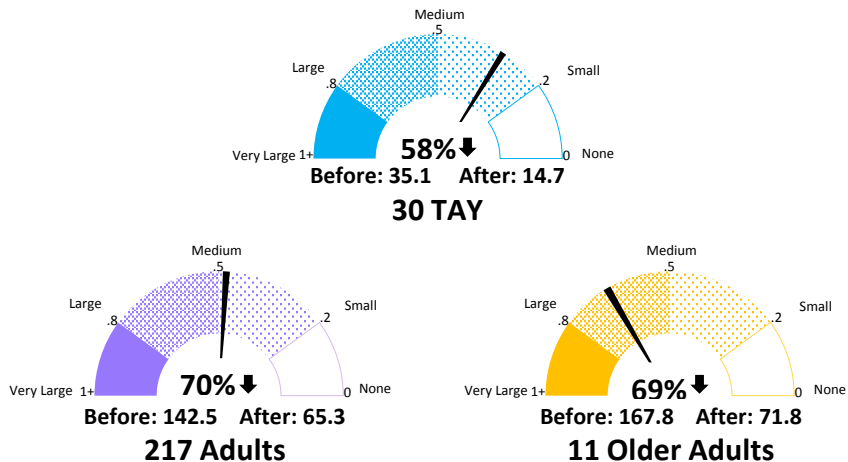
*Darker shade = greater impact*      *Impact measured by Cohen's d*

## PACT: Impact on Days Homeless Year Prior vs While Enrolled (FY 2016-17)



*Darker shade = greater impact*      *Impact measured by Cohen's d*

## PACT: Impact on Days Incarcerated Year Prior vs While Enrolled (FY 2016-17)



*Darker shade = greater impact*      *Impact measured by Cohen's d*

## ***Outpatient Services: Outpatient Recovery***

---

**What?** Programs for those with SMI and/or a co-occurring substance use disorder who have made significant progress on their behavioral health recovery.

**Who?** Adults who can benefit from ongoing support

## **Outpatient Recovery**

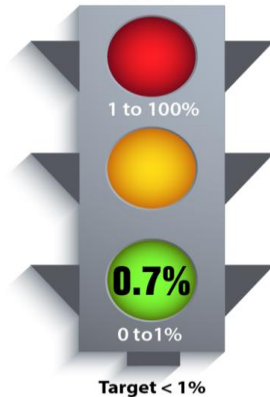
---

<b>Program</b>	<b>Children / TAY</b>	<b>Adult</b>	<b>Older Adults</b>	<b>Total</b>
<b>Recovery Centers &amp; Clinic Services</b> <small>(pg 144)</small>		2,146		2,146

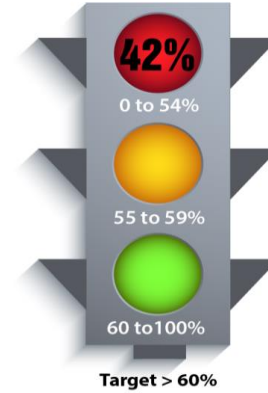


## Recovery Centers

**Hospitalization Rate During Enrollment**  
Recovery Centers  
FY 2016-17



**Discharges to Lower Level of Care**  
Recovery Centers  
FY 2016-17



n = 1,937

## *Outpatient Services: Inter-Agency Collaborations*

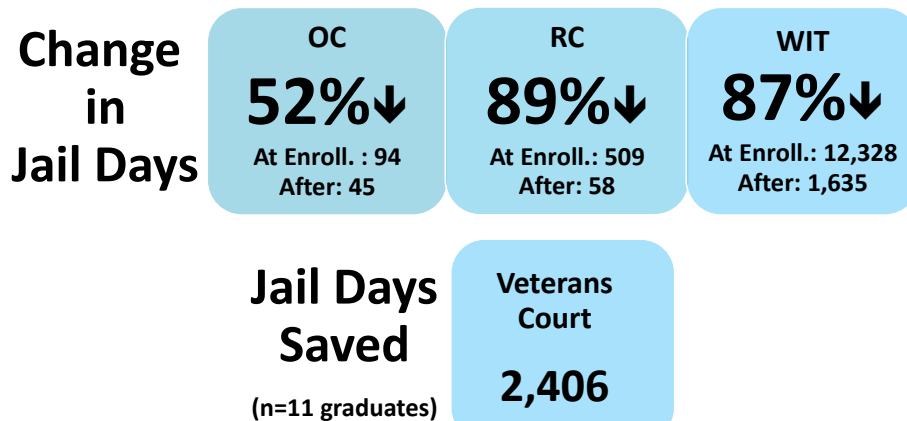
**What?** Programs for those living with mental health conditions and are receiving services across multiple agencies.

**Who?** Individuals and their families referred by collaborating agencies

## Inter-Agency Collaborations

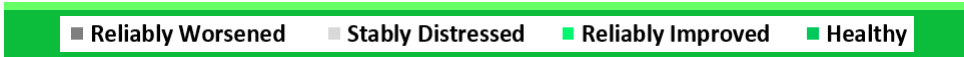
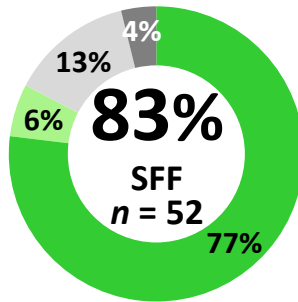
Program	Children/ TAY	Adult	Older Adults	Total
Mental Health Court – Probation Services (pg 146)		276		276
Stress Free Families (pg 149)	147	117		264

## Mental Health Collaborative Court – Probation Services



# Stress Free Families

% Healthy/Improved on OQ at Follow Up  
FY 2016-17



# Open Access:

- September 2018 Outcomes Follow Up

Sharon Ishikawa, Ph.D.

MHSA Coordinator

September 17, 2018



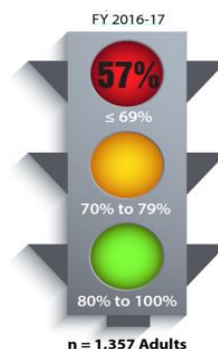
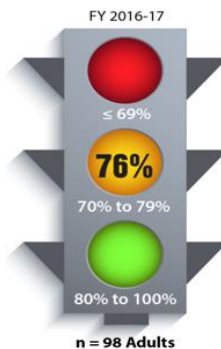
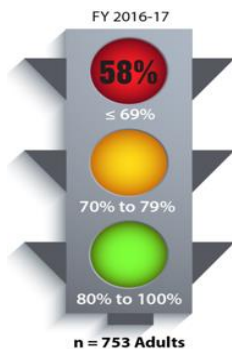
## Recovery Open Access

Linked to Medication Services  
within 3 Days of Discharge from:

Hospital

Jail

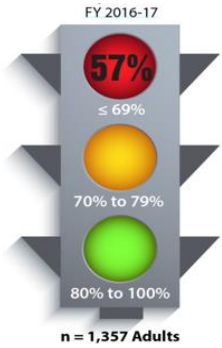
% Linked to On-Going Care  
within 30 Days



# Recovery Open Access

**% Linked to On-Going Care within 30 Days**

**Qs1-3 FY 2017-18:  
On target at  
83%**

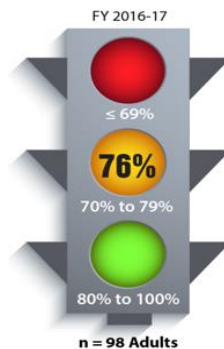


# Recovery Open Access

**Linked to Medication Services within 3 Days of Discharge from:**

**Jail**

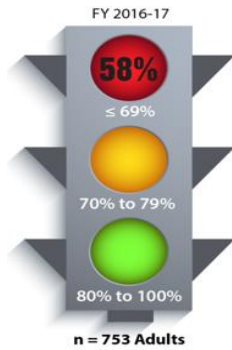
**Qs1-3 FY 2017-18:  
Near target at  
72%**



# Recovery Open Access

Linked to Medication Services  
within 3 Days of Discharge from:

Hospital



**Qs1-3 FY 2017-18:**  
**Off target at**  
**58%**

# Recovery Open Access

Linked to Medication Services  
within 3 Days of Discharge from:

Hospital

