

LOCAL EVALUATION OF A PEI PROJECT

Enclosure 3

Form No. 7

County: Rural

Date: 6-17-08

- Check this box if this is a “very small county” (see glossary for definition) and the county is electing the option to waive the requirement to conduct a local evaluation of a PEI project. Very small counties electing this option do not need to complete the remainder of this form.

PEI Project Name:

Home Delivered Meals Prevention and Early Intervention Program

1. a. Identify the programs (from Form No. 3 PEI Project Summary), the county will evaluate and report on to the State.

- The county will evaluate the Home Delivered Meals Prevention and Early Intervention Program

1. b. Explain how this PEI project and its programs were selected for local evaluation.

- Because older adults are at a higher risk of committing suicide than any other age group (according to the National Institute of Mental Health), our county determined that the older adult PEI program should be evaluated.
- This program is modeled after the Meals on Wheels Mental Health Outreach Program administered by the Redwood Coast Seniors, Inc. in Mendocino County which has outcome data that can be used to guide the program evaluation design for this PEI program.
- The home delivered meals program has an existing infrastructure, reporting and data collection system that can be used for program evaluation purposes.
- The number of unduplicated clients already served in the county home delivered meals program is a sufficient number to produce significant/measurable outcomes (361).

2. What are the expected person/family-level and program/system-level outcomes for each program?

PEI Project Name: Home Delivered Meals Prevention and Early Intervention Program

Client and Family Caregiver Outcomes

1. No suicide attempts or completions.
2. Reduction or elimination of depression or depressive symptoms for clients identified as being depressed/having depressive symptoms.
3. Reduction or elimination of feelings of isolation and loneliness.
4. Increase in feelings of support.
5. Improvement of nutritional status for clients/caregivers who are identified as being depressed.
6. Successful referral to and linkage with treatment services for clients/family caregivers identified as being depressed.
7. Reduction or elimination of stigma regarding depression/mental health issues and utilizing mental health services.
8. Satisfaction with mental health prevention and brief intervention services by clients/caregivers, including whether services were provided with ethnic/cultural sensitivity and competency.

Program/System Level Outcomes

1. All clients and family caregivers will receive information about mental health issues including depression and suicide along with information about health and wellness.
2. All clients and family caregivers will be screened for depression at least once each year.
3. All clients and family caregivers who screen positively for depression will receive ongoing depression screening.
4. Number of Native American, Hispanic, African American and Asian/Pacific Islander clients served in our program will increase by ten percent.
5. Number of male clients will increase by five percent.
6. All program staff, drivers and volunteers will receive mental health training, including information about the mental health and service needs of the racially, ethnically and culturally diverse populations.

7. Drivers and volunteers will feel prepared to perform their “mental health observation and intervention” services.
 8. Cross referrals between the home delivered meals program and mental health providers will increase.
 9. Cross referrals between the home delivered meals program and primary care physicians will increase.
- 3. Describe the numbers and demographics of individuals participating in this intervention. Indicate the proposed number of individuals under each priority population to be served by race, ethnicity and age groups. Since some individuals may be counted in multiple categories, the numbers of persons on the chart may be a duplicated count. For “other”, provide numbers of individuals served for whom a category is not provided (i.e., underserved cultural populations; e.g., gay, lesbian, bisexual, transgender, questioning; hearing impaired, etc.). Please indicate at the bottom of the form an estimate of the total *unduplicated* count of individuals to be served. If the focus of the intervention is families, count each person in the family.**

Data Sources: The demographic and unduplicated client count data in the chart below are provided by the home delivered meals program provider in our county. These are the clients currently receiving home delivered meals by race and ethnicity. The PEI estimates are based on outcome data provided by the Redwood Coast Seniors, Inc. Meals on Wheels Mental Health Outreach Program.

Data Summary:

- The county home delivered meals program served 361 unduplicated clients during Fiscal Year 06/07. (Next year’s goal for unduplicated clients is 400, a ten percent increase.)
- All of these 361 home delivered meals clients and 133 family caregivers are considered “at risk” for depression and suicide and therefore would need prevention services. Some of these clients and family caregivers may be considered "trauma exposed." According to the definition in the PEI Guidelines (page 10): "Trauma-exposed means those who are exposed to traumatic events or prolonged traumatic conditions, including grief, loss, and isolation, including those who are unlikely to seek help from any traditional mental health service." Home delivered meals clients are required to be homebound by reason of illness, incapacity, disability, or are isolated. Family caregivers may be experiencing prolonged grief or loss associated with caring for a family member who is ill, incapacitated, or disabled.

- An estimated 54 percent of these clients (195) will be identified through screening as being depressed or having symptoms of depression requiring brief intervention services. Some of these clients will benefit from the brief intervention services and not necessarily require a referral to a mental health provider or primary care physician for mental health assessment and treatment services.
- An estimated 40 percent of the 195 clients who screened positively for depression will require assessment and treatment services for their depression (78 clients). These would be considered having “first onset” of a serious mental illness and these clients would be referred to a mental health provider or primary care physician.

| POPULATION DEMOGRAPHICS | PRIORITY POPULATIONS | | | | | | |
|----------------------------------|----------------------|-------------|-------------------------------|----------------------------|--------------------------|--------------------|------------------------|
| | TRAUMA | FIRST ONSET | CHILD/YOUTH STRESSED FAMILIES | CHILD/YOUTH SCHOOL FAILURE | CHILD/YOUTH JUV. JUSTICE | SUICIDE PREVENTION | STIGMA/ DISCRIMINATION |
| <u>ETHNICITY/ CULTURE</u> | | | | | | | |
| African American | 0 | 0 | | | | 0 | 0 |
| Asian Pacific Islander | 1 | 1 | | | | 1 | 1 |
| Latino | 9 | 2 | | | | 9 | 9 |
| Native American | 52 | 11 | | | | 52 | 52 |
| Caucasian | 270 | 58 | | | | 270 | 270 |
| Other (Indicate if possible) | 29 | 6 | | | | 29 | 29 |
| <u>AGE GROUPS</u> | | | | | | | |
| Children & Youth (0-17) | | | | | | | |
| Transition Age Youth (16-25) | | | | | | | |
| Adult (18-59) | 133 | 66 | | | | 133 | |
| Older Adult (>60) | 361 | 78 | | | | 361 | 361 |
| TOTAL | 361 | 78 | | | | 361 | 361 |

Total PEI project estimated ***unduplicated*** count of individuals to be served: **361 Home Delivered Meals Clients** *(120 Males; 241 Females); **133 Family Caregivers**
 As reflected on Form 3, an estimated 133 family caregivers will receive prevention services and 45 of these will receive brief

**4. How will achievement of the outcomes and objectives be measured?
What outcome measurements will be used and when will they be measured?**

Client and Family Caregiver Outcomes

1. No suicide attempts or completions.
 - a. How measured: Verbal report from client's family member or emergency contact person
 - b. What: Reason for the meal service being discontinued either temporarily or permanently
 - c. When: At time of notification to temporarily or permanently discontinue service
2. Reduction or elimination of depression or depressive symptoms for clients identified as being depressed/having depressive symptoms.
 - a. How measured: Depression screening tool and observations of driver/volunteer, program supervisor/clinician
 - b. What: Objective measure of screening tool and assessment by program staff
 - c. When: Quarterly and annual depression screening
3. Reduction or elimination of feelings of isolation and loneliness
 - a. How measured: Client eligibility assessment
 - b. What: Response to question about isolation and loneliness
 - c. When: Initial, quarterly, and annual assessment
4. Increase in feelings of support.
 - a. How measured: Client eligibility assessment
 - b. What: Response to question about support
 - c. When: Initial, quarterly, and annual assessment
5. Improvement of nutritional status for clients and family caregivers who are identified as being depressed
 - a. How measured: Nutritional risk assessment by program staff
 - b. What: Objective measurement on Nutrition Risk Assessment Form
 - c. When: Initial, quarterly and annual evaluation/assessment of nutritional risk
6. Successful referral to and linkage with treatment services for clients and family caregivers identified as being depressed.
 - a. How measured: Client and family caregiver response to recommendation for referral for assessment and treatment by mental health provider or primary care physician
 - b. What: Verbal response to referral recommendation
 - c. When: Supervisor/clinician interview with client/caregiver

7. Reduction or elimination of stigma regarding depression/mental health issues and utilizing mental health services.
 - a. How measured: Questionnaire to measure attitudes about depression, mental health issues and willingness to accept treatment
 - b. What: Response to questionnaire
 - c. When: Initial eligibility assessment, annual assessment, and time of recommendation for brief intervention services and referral to assessment/treatment services
8. Satisfaction with mental health prevention and brief intervention services by clients/caregivers, including whether services were provided with ethnic/cultural sensitivity and competency
 - a. How measured: Client Survey
 - b. What: Survey response
 - c. When: Annual assessment

Program/System Level Outcomes

1. All clients and family caregivers will receive information about mental health issues including depression and suicide during the initial assessment by program staff. (This information will be included with other information provided to clients and family caregivers about health and wellness.)
 - a. How measured: Documentation by program staff
 - b. What: Receptivity to information by client
 - c. When: Initial eligibility assessment by program staff
2. All clients and family caregivers will be screened for depression at least once each year
 - a. How measured: Documentation that depression screening was done
 - b. What: Depression screening score
 - c. When: Initial eligibility assessment and annual assessment
3. All clients who screen positively for depression will receive ongoing depression screening (at least quarterly) to monitor the effects of brief intervention and assessment/treatment services
 - a. How measured: Depression screening tool
 - b. What: Depression screening score
 - c. When: Initial, quarterly and annual assessment and as recommended by program supervisor/clinician
4. Number of Native American, Hispanic, African American and Asian/Pacific Islander clients served in our program will increase by ten percent.
 - a. How measured: Demographic data reports
 - b. What: Numbers of racial and ethnic populations utilizing services
 - c. When: Annual and quarterly data reports

5. Number of male clients will increase by five percent
 - a. How measured: Demographic data reports
 - b. What: Number of male clients utilizing services
 - c. When: Annual and quarterly data reports

6. All program staff, drivers and volunteers will receive mental health training, including mental health needs of racially, ethnically and culturally diverse populations.
 - a. How measured: Documentation of training attendance
 - b. What: Number and who attended
 - c. When: Information collected at time of training

7. Drivers and volunteers will feel prepared to perform their “mental health observation and intervention” services.
 - a. How measured: Driver/volunteer job questionnaire
 - b. What: Results of questionnaire
 - c. When: Completion of mental health training and annual job performance review

8. Cross referrals between the home delivered meals program and mental health providers will increase.
 - a. How measured: Referral reporting form
 - b. What: Numbers of referrals
 - c. When: Collected throughout the year for annual data report

9. Cross referrals between the home delivered meals program and primary care physicians will increase.
 - a. How measured: Referral reporting form
 - b. What: Numbers of referrals
 - c. When: Collected throughout the year for annual data report

5. How will data be collected and analyzed?

- County mental health will determine what data needs to be reported by the home delivered meals provider to meet the reporting requirements for MHSA PEI programs.

- Home delivered meals programs collect and report client demographic, utilization and assessment data to the Area Agency on Aging (AAA). The AAA reports program data to the California Department of Aging (CDA). The information collected and reported is available from the AAAs and CDA.

- Home delivered meals programs will collect, analyze and report mental health service utilization and outcome data to County Mental Health and the AAA. A

combination of the data collected for the AAA and County Mental Health will be used for PEI program evaluation purposes.

6. How will cultural competency be incorporated into the programs and the evaluation?

- All home delivered meals program staff, drivers and volunteers will receive training regarding the racial, ethnic and cultural issues relevant to the clients who are served by this program, particularly mental health issues. (Included in program outcomes.)
- Program staff will focus outreach efforts to racially and ethnically diverse populations to increase the numbers of diverse clients who are served.
- Drivers and volunteers will be recruited to reflect the diversity of the clients served by the home delivered meals population so that drivers/volunteers can serve clients with similar ethnicity, cultural, and linguistic backgrounds.
- Home delivered meal providers will be recruited from culturally diverse communities. This has already occurred successfully with the Native American population. Similar outreach efforts can be implemented for the Asian/Pacific Islander, Latino, and African American population. (Program outcome indicates goal of ten percent increase in diverse clients.)
- Client and family caregiver survey questions will ask if the meals and mental health services were provided with cultural sensitivity and cultural competence. Client feedback will be requested as to how to improve the services to meet client and family caregiver needs. (Included in program outcomes.)
- CDA and the AAA provide oversight to the home delivered meals program (and to other AAA administered home- and community-based aging and long term care programs funded through the Older Americans Act, Older Californians Act, and Medi-Cal) to ensure service quality. This oversight includes attention to the diversity of the populations to be served, and client satisfaction with these services.
- County Mental Health, including its Ethnic Services Manager, would provide additional oversight regarding the quality of service delivery to ethnically/culturally diverse populations served by this program.

7. What procedure will be used to ensure fidelity in implementing the model and any adaptation(s)?

The Home Delivered Meals Prevention and Early Intervention Program is modeled after the Meals on Wheels Mental Health Outreach Program that was

developed by Joe Curren, Executive Director, Redwood Coast Seniors, Inc., joe@rcsmendo.org; (707) 961-4317. Program design information, training materials, and outcome data from the Redwood Coast Seniors, Inc. program can be used along with the information in this PEI proposal to guide the development and implementation of the proposed program.

CDA and local AAAs have oversight responsibilities for the home delivered meals programs in California. They work together to ensure that home delivered meals programs throughout the state meet the standards established by the Older Americans Act. This oversight will ensure fidelity in the implementation of the home delivered meals program.

Oversight of the implementation of the mental health service component of the home delivered meals program can be provided by County Mental Health in collaboration and consultation with the local AAA, and CDA.

8. How will the report on the evaluation be disseminated to interested local constituencies?

County Mental Health will have primary responsibility for disseminating the results of this evaluation report to local stakeholders and constituencies, including the County MHSA PEI Older Adult Stakeholder Work Group and the County Mental Health Board. The County Older Adult System of Care Committee is another vehicle for distribution to interested MHSA stakeholders. In addition, the AAA can distribute the evaluation report to the aging and long term care providers in its service delivery network, including the AAA Advisory Council, and the County Commission on Aging which has advisory responsibilities to the Board of Supervisors similar to the County Mental Health Board.