

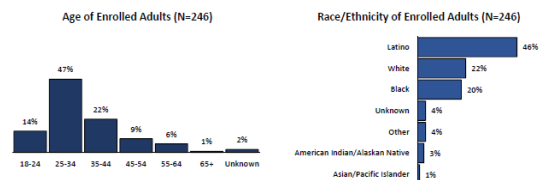
Making evaluation a priority in a residential treatment program for women: Using data to build evaluation capacity and facilitate staff engagement

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Program Description

Didi Hirsch Mental Health Services has a long history of providing mental health, substance use, integrated health, and suicide prevention services to individuals most at need in both outpatient and residential services. The Via Avanta Program (Via) is one of its most unique programs, a residential center that provides substance use and mental health services to at-risk women. Via is one of the few residential centers in the nation that allows mothers to remain with their children while receiving substance use and mental health treatment. In Fiscal Year 2019-2020 (FY 19-20), Via served **246 women**, including **17 children** who resided with their mother throughout treatment.

Enrolled Clients FY19-20



Methods and Data Collection

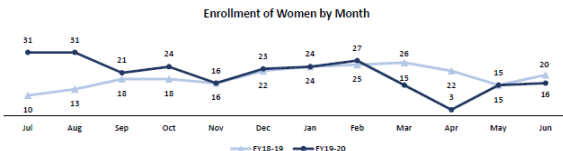
The Didi Hirsch Research and Evaluation department worked closely with program staff to develop and implement an evaluation for the Via program, which focuses on assessing the impact of the program and addresses stakeholder-driven evaluation questions. Data were obtained from:

- Our Electronic Health Record (EHR), including demographics and socio-economic information.
- The Outcome Questionnaire (OQ), a client-rated measure of mental health functioning and distress, administered at intake, monthly, and at discharge.
- Substance use frequency, collected at intake, discharge, and post-discharge follow-up (monthly for the first 3 months, then every 3 months for a year).

Evaluation Process and Results

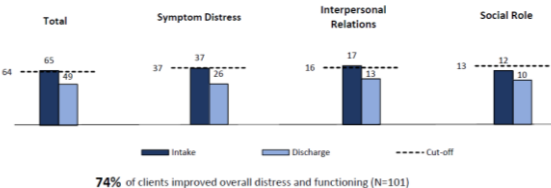
Quarterly Performance Monitoring Reports are sent to program staff, which detail the population served, the demographics and socio-economic status of clients, and display program outcomes. This allows staff to understand patterns in treatment and clients served. Quarterly meetings with staff are held to discuss the report findings which often times elicit on-going evaluation questions.

Performance Monitoring Reports

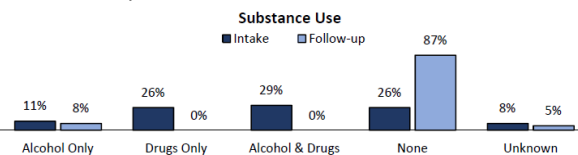


Monthly enrollment counts and demographics help staff monitor the flow of clients into the program. Of the 246 women served in FY 19-20, 48% of clients did not have any source of income at intake.

Outcomes Questionnaire (OQ)



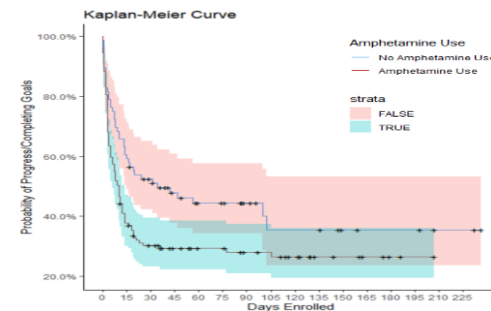
Client's overall mental health functioning (Total), Symptom Distress, Interpersonal Relations and Social Roles significantly improved from intake to discharge, as measured by the OQ.



87% of clients who were contacted for follow up had not used drugs in the last 6 months.

Stakeholder-Driven Analysis

Discussion of the report during a recent stakeholder meeting engendered interest in the risk of premature drop out for amphetamine users. We ran a logistic regression model and found a significant association between amphetamine use and dropout status after controlling for age and race/ethnicity ($Wald \chi^2 = 9.73, p < 0.01$). Amphetamine users had **148%** higher odds of dropout than non-amphetamine users. We also plotted a Kaplan-Meier survival curve and ran a Cox proportional hazards model to determine whether there was a significant difference in hazard of dropout between amphetamine users and non-amphetamine users after controlling for age and race/ethnicity. We found that amphetamine users dropped out of treatment at a **rate 1.87 times higher** than non-amphetamine users. Staff used this information to adjust intake processes to provided a higher level of support for amphetamine users.



Lessons Learned

It is important to involve program staff in all stages of the evaluation to create buy-in and increase utilization of the findings. By collaborating with them in developing evaluation questions and meeting on a regular basis to provide continual evaluation results, staff were much more engaged. Also, program staff provided valuable context and information to help interpret the findings which allow the evaluation to be more meaningful and utilized to continuously improve the program.