



Mental Health System Transformation through Participatory Evaluation: Peer Informed Access



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BACKGROUND

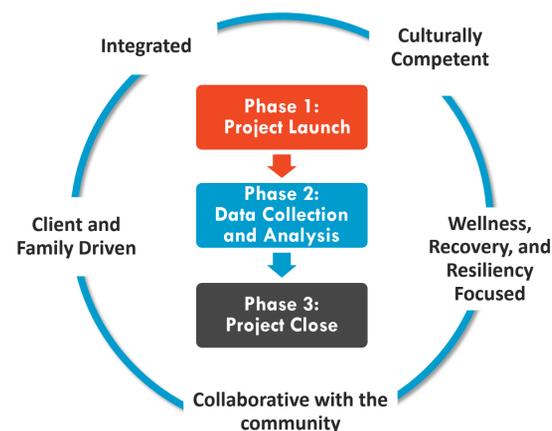
In 2012, Lake County Behavioral Health (LCBH) Department began the implementation of its Mental Health Services Act (MHSA) Innovation project to recruit and train a diverse committee that would assist LCBH to improve its mental health and behavioral health service facilities. Committee members, reflective of Lake County demographics and inclusive of mental health consumers and family members, participated in this improvement process by evaluating behavioral health service sites and providing recommendations on how to reduce barriers and increase access to mental health services. The evaluation project sought to answer the following research question:

How well does this facility promote an environment that is: Accessible, welcoming, engaging, culturally competent, and integrated?

Designing and conducting a peer-led evaluation involved engaging the Steering Committee in an iterative process of gathering, interpreting, and analyzing data on Lake County's behavioral health clinics and Wellness Centers. The committee participated in key knowledge and skill-building trainings that were used to increase the Committee's capacity for consensus decision-making, assertive communication, and in addressing the stigma of mental illness within themselves and other underserved groups.

WHY PARTICIPATORY EVALUATION?

In the context of mental health and social rehabilitation, participatory evaluation is an approach to program evaluation that is driven by community members/consumers at every phase and results in a measurable impact on the mental health system.



All phases of this project integrate the principles and practices of social rehabilitation vis-à-vis the philosophy behind the Mental Health Services Act (MHSA) to transform the mental health system through programs that are wellness, recovery, and resiliency focused; culturally competent; client and family driven; integrated; and, collaborative with the community and other stakeholders.

PROJECT PHASES

- **Outreach and Recruitment:** LCBH and RDA identified community leaders or staff persons who work within diverse communities. Members were then recruited through a “snow-ball” technique.
- **Steering Committee:** The outreach and recruitment process yielded a diverse committee of 16 members with representation communities identified in the Innovation Plan as underserved groups.
- **Training, Knowledge and Skill Building:** Monthly trainings designed to provide the Steering Committee with the information and skills needed to engage in a peer-led evaluation including:
 - Evaluation design
 - Survey design,
 - Qualitative and Quantitative data analysis.
- **Monthly learning communities on:**
 - Cultural competency
 - Stigma
 - Motivational interviewing

Project Launch

Data Collection and Analysis

- **Evaluation Design and Tool Development:** Collaborative development of site visits assessment and consumer perception survey tools through monthly work sessions.
- **Data Collection:** Over the course of 12 months, the steering committee evaluated five mental health service sites. Steering Committee members conducted **site visit assessments** at different times during business hours.
- **Data Analysis:** Paper-based assessment tools were submitted to RDA and analyzed in preparation for the Committee work sessions following each site assessment. Committee members participated in discussion of the data analysis and interpreted findings.
- **Ongoing Technical Assistance:** RDA provided ongoing TA to support the Steering Committee's monthly work sessions.

Project Close

- **Recommendations:** The steering committee issued recommendations for each site based on site visit assessment results, as well as consolidated recommendations for overall system improvements. These later recommendations were intended to benefit sites evaluated at the beginning of this project from the lessons learned by the end of the evaluation period.
- **Check-list:** The committee collaboratively created a check-list of promising practices to reduce barriers and increase access to mental health services at MHSA-funded facilities.
- **County Response:** Concurrent to the evaluation process, LCBH began implementing the Committee's recommendations to make improvements to the Department's clinics and Wellness Centers.
- **Group Process Close:** The committee envisioned future actions and reflected on key learnings and project impact. LCBH reflected on lessons learned.

EVALUATION TOOLS AND MEASUREMENTS

The **site visit assessment tool** allows surveyors to indicate the presence of certain elements/amenities, answer a series of Likert scale questions about surveyor perception of the clinic atmosphere, and record their experiences interacting with front desk staff.

Assessment Area	Location(s) Observed	Tool Element	Measures
Accessibility	Exterior	Checklist	• Transportation, Maintenance, Exterior Amenities, Geography
	Waiting Area		
Welcoming Environment	Reception Desk	Checklist Rating Observation	• Ambiance, Amenities, Resources, Waiting room environment • Area is welcoming, accessible from front door, well-utilized, comfortable, accommodating, accommodating to children and families • Presence of staff and consumers, staff behavior
	Reception Desk		
Engagement	Reception	Survey	• Service variety, Adequate staffing, referral procedures

ACKNOWLEDGEMENTS

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OVERALL RESULTS

The consolidated recommendations reflect the committee's synthesis of findings across sites. The recommendations provide context on how the committee envisions a facility's environment that promotes accessibility to mental health services. Overall, the committee recommends that Counties should consider the total or “collective” experience of the clinic or wellness center setting and design, including specific elements that may promote or detract from a warm and welcoming environment devoid of other factors or context, including:

- **Exterior Environment:** Important features to consider include signage, the pedestrian environment leading to the facility, lighting, outdoor seating, and maintenance of the building's surrounding landscape.
- **Interior Environment:** Overall, the interior environment of a mental health service site should communicate to consumers and family members that their comfort was considered in the design.
- **Clinic and Wellness Center Staff:** Mental health service staff must promote a culture that welcomes all consumers and actively create a space that feels neutral where all people can be treated equally.

KEY LEARNINGS

Outreach and Engagement

- Identify the desired participants and group affiliations.
- Ensure that invitations are personal and culturally relevant.
- Request a written commitment from participants.
- Consider scholarships or stipends for participants.
- Build a shared vision.
- Provide relevant content-based training.
- Provide experiences to develop soft skills.
- Develop group cohesion.

Facilitation Techniques

- Build evaluation readiness and skills over time. Familiarity and agility with interpretation of data grows with additional experience.
- Be prepared to supportively challenge and encourage stakeholders throughout the process. This is integral for when issues related to stigma arise.
- Communicate with stakeholders directly and indirectly about the process, listen to their concerns, and actively troubleshoot or problem solve.
- Co-create meeting presentations and handouts with the facilitators.

Training and Technical Assistance

- Consider a variety of training and technical assistance modules.
- Training and TA on evaluation and research build stakeholder capacity as a research partner and collaborator.
- Training and TA about policy issues, trends in the mental health field, and diversity issues support stakeholder capacity to consider new perspectives.
- Training and TA regarding soft skills increase stakeholder capacity to participate meaningfully throughout the mental health system.