

# **Finding Gold: Results from National Outcome Measures for Healthy Transition Initiative**



## **Presenters**

*Nancy Koroloff  
Gwen White  
Diane Sondheimer  
Kirstin Painter*

## **Discussants**


*Brianne Masselli  
Steve Reeder*





# HEALTHY TRANSITIONS INITIATIVE

*State / Community Pioneering Partnerships*

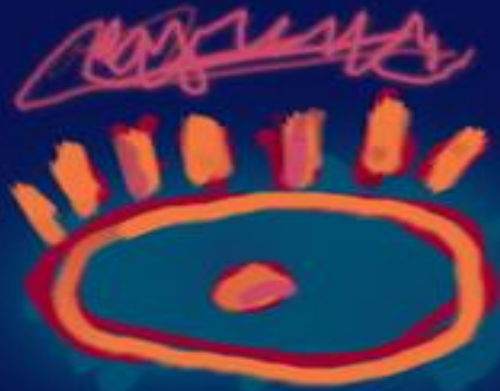


**Funded and Administered by:  
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*HEALTHY TRANSITIONS INITIATIVE*

# Presentation #1

## *Overview of HTI*





# Healthy Transitions Initiative

***PURPOSE: To create developmentally-appropriate and effective local systems of care that (will) assist youth of transition age in becoming healthy, confident, capable and empowered adults.***



# Healthy Transitions Initiative

***GOAL: To improve outcomes for youth and young adults with serious mental health conditions in areas such as education, employment, housing, mental health and co-occurring disorders, and decrease contacts with the juvenile and criminal justice systems.***



# Healthy Transitions Initiative

Cooperative agreements to integrate services and supports for youth and young adults 16 - 25 with serious mental health conditions and their families.

- *State level policy change*
- *Local service delivery change leading to state wide processes*





# Healthy Transitions Initiative

- Georgia
- Maine
- Maryland
- Missouri
- Oklahoma
- Utah
- Wisconsin



# Language

**Grantee or State:** Refers to state entity that received the grant.

**Local:** Refers to local community within the state where practice change took place.



# Healthy Transitions Initiative - Impact

## Young Adult Involvement and Engagement

- **Increased visibility and awareness:**
  - Attention to unique needs
  - Community recognition and commitment
  - Understanding of youth culture
  - Social Marketing for outreach and stigma reduction
  - Paid staff and staff who are age appropriate
  - Importance of young adult organizations



# Healthy Transitions Initiative - Impact

## Young Adult Involvement and Engagement

- **Impact on Young Adult Organizations:**
  - Structured roles to address development of youth voice activities.
  - Organizational partnerships with adult advocacy groups and or Youth MOVE Chapters.
  - Development of young adult drop in centers



# Healthy Transitions Initiative - Impact

## Young Adult Involvement and Engagement

- **Impact on Young Adult Organizations:**
  - Exploration and development of young adult peer to peer support programs.
    - Peer relationship, peer supports, friendships and mentors are vital
    - Certification for Peer Specialists
  - Opportunities for youth-directed leadership and advocacy
    - Policy development



# Healthy Transitions Initiative - Impact

**Policy Change to support better outcomes:**

- **Formal Partner MOUs.**
- **Engagement of non-traditional partners.**
- **Guiding principles integrated into policy and practice contracts.**
- **Administrative Structures**
- **Financing**



# Healthy Transitions Initiative - Impact

Practice Change to support better outcomes:

- Services and supports for families and other adult allies.
- Develop a clear practice model
- Services from both the child and adult mental health system.
- Address critical needs in all domains



# Healthy Transitions Initiative: Additional Information

HTI Tool Kit: <http://pathwaysrtc.pdx.edu/HTItoolkit/>

Issue Briefs 1 & 2:

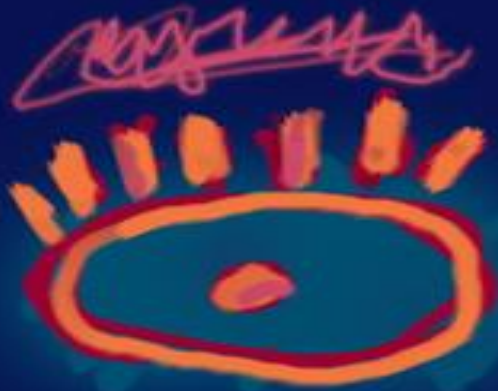
<http://gucchdtacenter.georgetown.edu/Resources/HTIIssueBrief1>

<http://gucchdtacenter.georgetown.edu/Resources/HTIIssueBrief2>



# Presentation #2

## *Description of HTI participants*





# Source of Data

- Client level data for the Health Transitions program is collected using the CMHS National Outcomes Measures (NOMs) Adult Client-level Measures for Discretionary Programs Providing Direct Services.
- The client level data encompasses eight domain areas comprised from 75 questions.
- The NOMs measurement tool was administered at baseline, at six-month reassessments for as long as the person remained in treatment, and at discharge.
- This study reports on change across time for four key domain areas: daily functioning, overall health, social connectedness, and mental health symptoms



# Data Collection

- Data collection procedures varied slightly by grantee
- Most often, data collected by transition facilitator
- In some states, data were collected by transition facilitator at baseline and research interviewer at follow-up
- In one site, all data were collected by a research interviewer



# Data Cleaning

- Excluded follow-up if data collected administratively
- Excluded youth under age of 15 (n= 9)
  - *Included 5 youth who were 15 at baseline*



# Numbers in Each Wave of Data

Wave 1,	Baseline	1542
Wave 2,	6 months	666
Wave 3,	12 months	384



# Number of Young Adults Served (unduplicated count)

Grantee /state	NOMS #	% of Total	Goal
1	193	13	178
2	160	10	135
3	185	12	160
4	306	20	235
5	276	18	400
6	264	17	260
7	158	10	265
Total	1,542	100	1,633



# Gender at Baseline

	Frequency	Percent
Male	751	49%
Female	779	51%
Transgender	5	0.3
Missing	7	0.5
Total	1542	100



# Ages at Baseline

	Frequency	Percent
15-17	259	17
18-20	735	48
21-23	395	26
24-26	107	7
missing	46	3
Total	1542	100





# Ethnicity/Race at Baseline

	Frequency	Percent
Hispanic/Latino (yes)	123	8%
Hispanic/Latino (no)	1373	92%
<b>Total</b>	<b>1496</b>	<b>100%</b>
Black	511	31
American Indian	175	11
Alaskan Native	16	3
White	837	53
Asian	32	2
Native Hawaiian	16	1
<b>Total Responses*</b>	<b>1587</b>	<b>100%*</b>

\* individual could mark more than one race



# Sexual Identity at Baseline

	Frequency	Percent
Heterosexual	242	16
Gay or Lesbian	14	1
Bisexual	16	1
missing	1270	82
Total	1542	100



# Incident in Last 30 Days

Indicator	N (%)	% based on
Physically Hurt (% Never)	537 (91)	590
Violence or Trauma (% no)	119 (25)	471
Intake Homeless (% None)	953 (90)	1057
Intake Homeless (21 + days)	48 (4.5)	1057
Intake Detox (% None)	1056 (99.6)	1060
Intake Jail (% None)	1018 (96)	1063
Intake ER (% None)	1023 (96)	1061
Intake Hospital (% None)	1008 (95)	1062



# Substance Use at Baseline, n=1070

## Number (percent)

	Cocaine	Meth	Rx Opiod	Cannabis	Tobacco	Alcohol
Never	1043(97%) )	1057 (97%)	1036 (97%)	837 (78%)	591 (55%)	740 (69%)
1 or 2 times	11	7	18	109	99	262
Weekly	2	0	3	43	47	42
Daily	4	2	3	62	324	10



# Employment Status at Baseline?

Grantee	Employed full time N= (%)	Employed part time n(%)	Unemployed, other n (%)	Missing	Total
1	11 (6)	25 (13)	109 (56)	48(25)	193
2	10 (4)	44 (17)	120 (45)	90 (34)	264
3	8 (4)	19 (10)	113 (61)	45 (24)	185
4	6 (2)	22 (7)	148 (48)	130 (42)	306
5	8 (5)	16 (10)	72 (45)	64 (40)	160
6	23 (8)	24 (9)	147 (53)	82 (30)	276
7	3(2)	25 (16)	104 (66)	26 (16)	158



# Presentation #3

*Client Level  
Outcomes from HTI*



# Outcome Measures

- Client level data for the Healthy Transitions Initiative was collected using the CMHS National Outcomes Measures (NOMs) Adult Client-level Measures for Discretionary Programs Providing Direct Services.
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- This study reports on change across time for four key domain areas: daily functioning, social connectedness, and mental health symptoms, and overall health.



# Analyses

- **Mixed Model Repeated Measures** was utilized to test **Mental Health Symptoms, Overall Health, Daily Functioning, and Social Connectedness** from intake, to 6-months, and to 12-months, controlling for covariates.
  - *Fixed Factor*
    - Time
    - Gender
    - Race/Ethnicity
  - *Covariates*
    - Age
    - Educational Level





# Covariate Analysis

- Inclusion of race/ethnicity and educational level resulted in insignificant associations with all outcome variables and were removed for final analysis.
- Inclusion of age and gender resulted in significant associations with the outcome variables Mental Health Symptoms and Overall Health and insignificant associations on Social Connectedness and Functioning.
- The significant associations of age and gender on Mental Health Symptoms and Overall Health did not have an effect on the outcome and the models were less parsimonious.
- We are reporting on the final models which includes only time as a fixed factor.



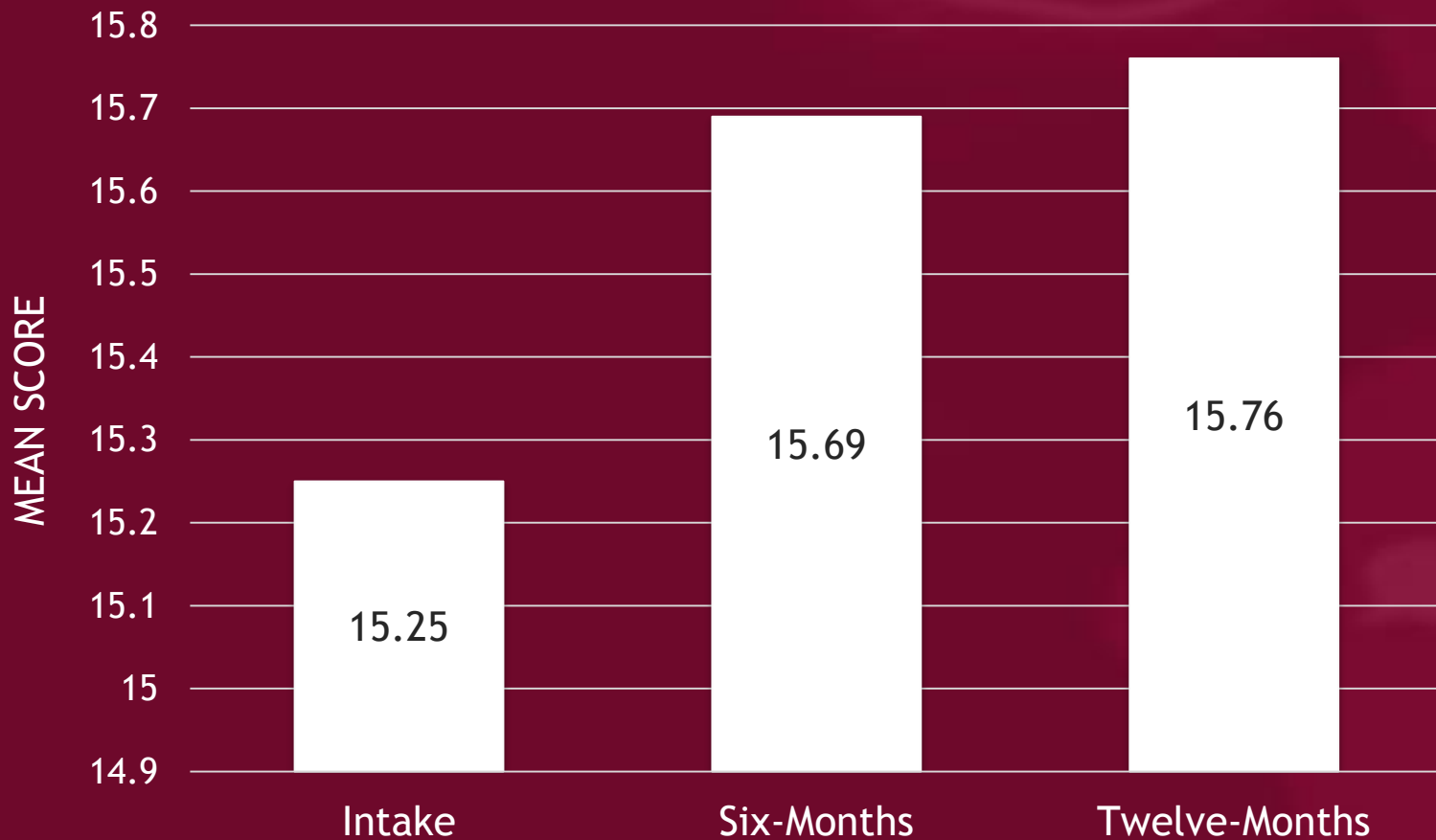
# Social Connectedness Scale

I am happy with the friendships I have.  
I have people with whom I can do enjoyable things.  
I feel I belong in my community.  
In a crisis, I would have the support I need from family or friends.

1 = Strongly Disagree  
2 = Disagree  
3 = Undecided  
4 = Agree  
5 = Strongly Agree

4 to 20; Higher scores mean greater social connectedness

# Social Connectedness Scale



$F = 7.92(2, 1099), p. < .001$

	P-Value	Mean Change
Intake to 6-Month	$p < .001$	0.44
Intake to 12-Month	$p < .001$	0.51



# Mental Health Symptoms Scale

During the past 30 days, about how often did you feel:

- Nervous
- Hopeless
- Restless or fidgety
- So depressed that nothing could cheer you up
- That everything was an effort
- Worthless

4 = All of the Time

3 = Most of the Time

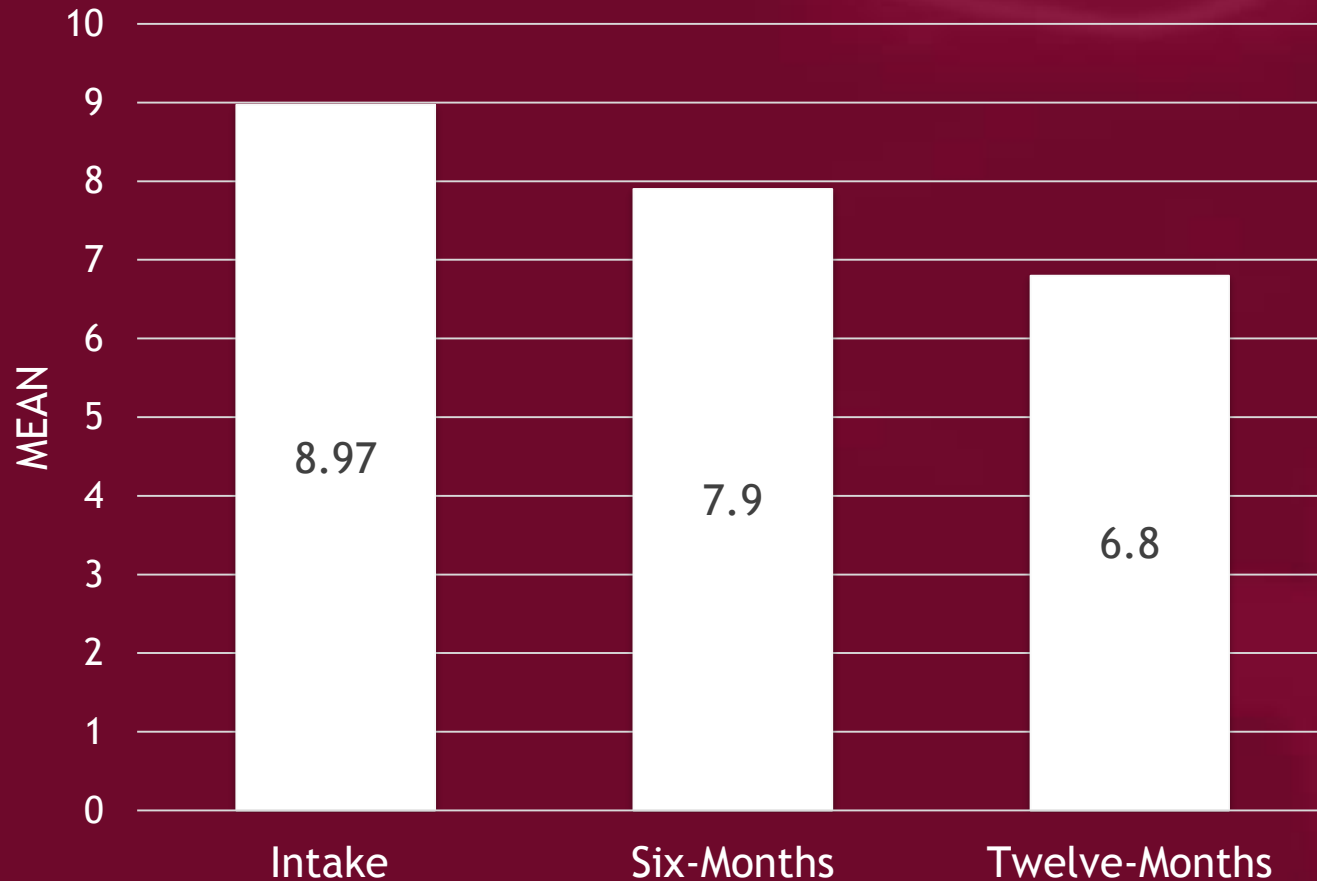
2 = Some of the Time

1 = A Little of the Time

0 = None of the Time

0 to 24; Lower scores mean less symptoms

# Significant Improvement in Mental Health



F = 35.68(2, 1025), p. < .001		
	P-Value	Mean Change
Intake to 6-Month	p < .001	1.024
Intake to 12-Month	p < .001	1.995



# Daily Functioning Scale:

I deal effectively with daily problems.

I am able to control my life.

I am able to deal with crisis.

I am getting along with my family.

I do well in social situations.

I do well in school and/or work.

My housing situation is satisfactory.

1 = Strongly Disagree

2 = Disagree

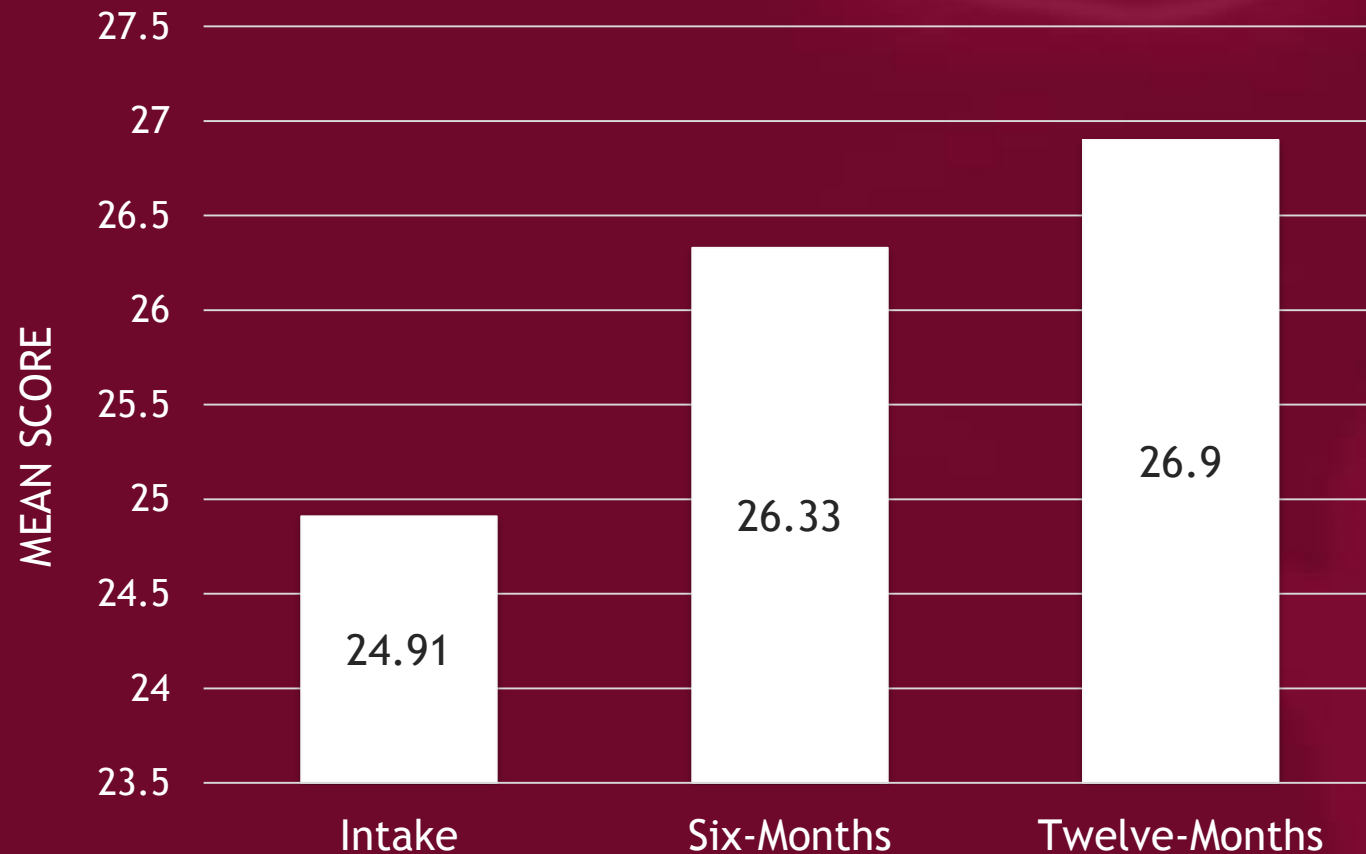
3 = Undecided

4 = Agree

5 = Strongly Agree

7 to 35; Higher scores mean better daily functioning.

# Significant Improvement In Daily Functioning



$F = 37.80(2,895), p. < .001$

	P-Value	Mean Change
Intake to 6-Month	$p < .001$	0.42
Intake to 12-Month	$p < .001$	1.99



# Overall Health

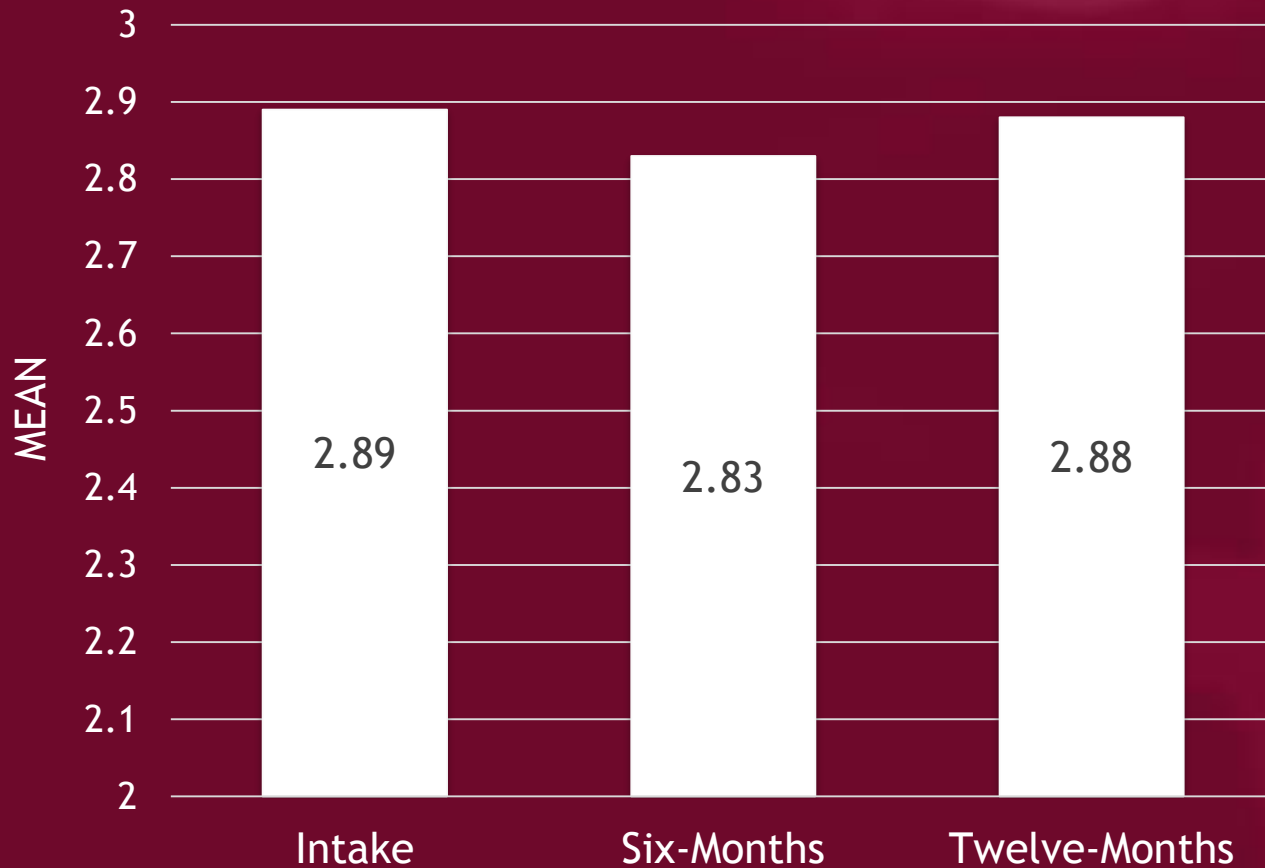
How would you rate your overall health right now?

- 1 = Excellent
- 2 = Very Good
- 3 = Good
- 4 = Fair
- 5 = Poor

1 to 5; Lower scores mean better overall health



# No Significant Improvement In Daily Overall Health



$F = 1.084(2, 1521), p. > .05$

	P-Value	Mean Change
Intake to 6-Month	$p > .05$	-0.06
Intake to 12-Month	$p > .05$	-0.01



# Findings

	Intake to 6-Month	Intake to 12-Month
Mental Health Scale	Significant	Significant
Overall Health	Not Significant	Not Significant
Daily Functioning	Significant	Significant
Social Connectedness	Significant	Significant



# Limitations

- High rate of attrition between baseline and 6 months, 12 months. Follow up data excluded if collected administratively.
- No data collected after young adult left program
- Data often collected by transition facilitator (may have resulted in less accurate responses)
- No data on frequency, duration or who provided services.



# Conclusions

- Reduction in mental health symptoms was significant from intake to 6-months and remained significant at 12-months. The scores went down, meaning peoples mental health improved.
- Overall health did not improve significantly at either 6-months or 12-months.
- Improvement in both daily functioning and social connectedness was significant from intake to 6-months and remained significant at 12-Months.



# Things To Consider

Ways to use these findings

Community use of the NOMS data

Data that has impact with funders

Take home message



# **Discussant**

**Brie Masselli,  
Youth M.O.V.E National**



# **Discussant**

**Steve Reeder,  
Department of Health and Mental Hygiene  
Maryland**



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