H.O.P.E.
HELPING OUR PEERS EMERGE
FROM HOSPITALIZATION TO HEALTHY COMMUNITY INTEGRATION

Heart & Soul Inc.
LIVE & LEARN
HSRI

PROGRAM EVALUATION BY LIVE AND LEARN, INC.

What is HOPE?

HOPE (Helping Our Peers Emerge) is a peer-run program in San Mateo, California. HOPE supports Peer Participants in transition from psychiatric hospitalization to community integration through Peer Mentoring, Family Partnership, and Supportive Employment Coordination.

HOPE is a collaborative of San Mateo County Behavioral Health and Recovery, Heart & Soul Inc., California Clubhouse, and National Alliance on Mental Illness-San Mateo County. It was created as a Whole Person Pilot program under California's Medicaid Section 1115 waiver. The program takes an alternative approach to mental health recovery by providing evidence-based wellness tools and practices, such as Wellness Recovery Action Plan (WRAP®), Intentional Peer Support, and Motivational Interviewing.

With this support, Peer Participants develop a self-directed plan for mental health and/or substance use recovery and wellness maintenance.

HOPE PROGRAM PARTICIPANTS:

- An adult (18+) receiving Medi-Cal and/or a member of the Health Plan of San Mateo
- Being discharged shortly from San Mateo Medical Center, Ward 3AB
- Meeting Whole Person Care criteria
- Identified for HOPE services by San Mateo Medical Center staff

HOPE PROGRAM COMPONENTS:

- One-on-one Peer Support and recovery coaching
- Accompanying Peers to appointments and advocating, when requested, on their behalf
- Providing support to family members and supportive individuals
- Providing linkage to community resources such as housing, food, employment, and support groups

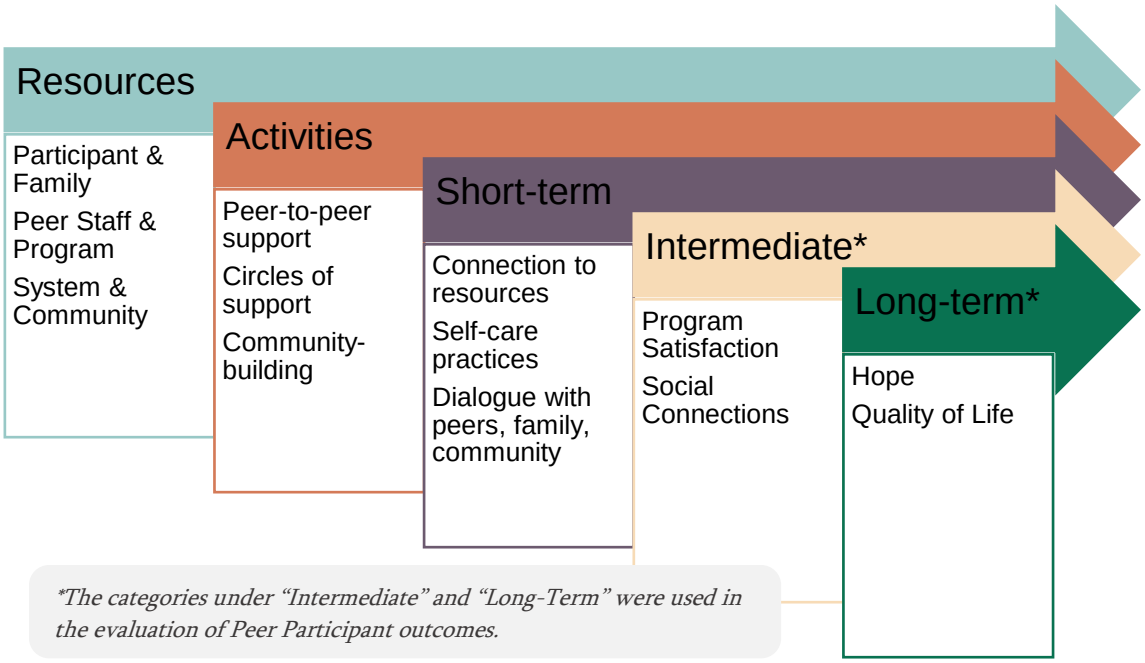
Through HOPE, participants have the opportunity to become empowered to integrate into and remain in the community, rather than returning to inpatient settings.

Peer Participants receive support over a period of six months, beginning with the first meeting with a Peer Mentor. When desired, HOPE is also able to provide education and support to family members and the participant's social support network to enhance participant wellness and recovery.

HOPE Program Evaluation designed to measure substantive changes

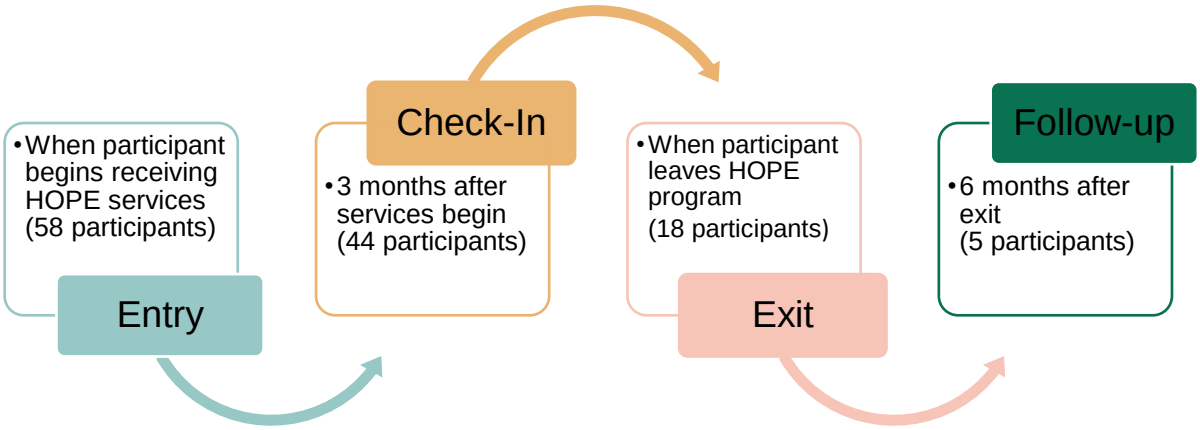
Two research companies, Live & Learn Inc. and Human Services Research Institute, worked with HOPE staff to conduct an evaluation to understand and report the impact of the HOPE program on participants, in addition to Whole Person Pilot-required data.

First, a logic model was created to understand the HOPE program's ideas of how its services help Peer Participants, as shown in the figure below. This is an abbreviated overview of the logic model, and you can find the complete version in the Appendix.



Next, HOPE program staff chose questions for the surveys that reflect the logic model's ideas. You can see a description of the measures here.

Finally, HOPE staff were trained to explain the survey, gain informed consent from participants, and interview them four times as shown in the figure below.



Results of the Evaluation

HOPE program provides valuable support

Participant outcomes on the three measures were used – Hope, Quality of Life, and Social Connectedness – significantly improved during engagement with the HOPE program. Additionally, participants' satisfaction with the support they received from HOPE suggests the program resources were used well and that staff provided a valuable service.

Participants' hopefulness increased significantly

Hope - a positive motivational state with two components:

Agency - an individual's belief in their capacity to initiate and sustain actions that lead to attaining goals.

Pathways - an individual's ability to generate routes by which goals may be reached.

When looking at the data from all participants from program entry to exit, there were positive and statistically significant changes in participants' agency, pathways, and overall hope.

Using the Hope Scale, the evaluation measured participants' perceived ability to overcome challenges (**agency**) and their ability to plan routes to goal attainment (**pathways**). It also looked at **overall hopefulness**, which is associated with well-being.

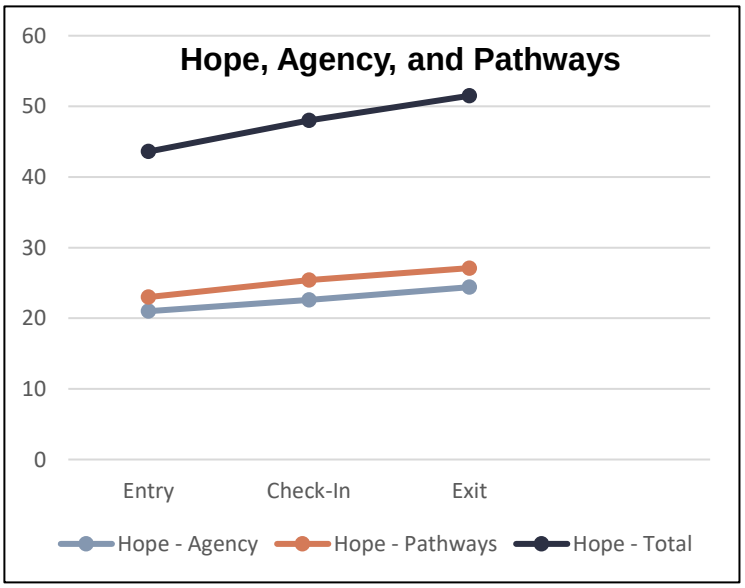


Figure 1. Participants' Hope Scale Data Over Time

Participants' quality of life improved in physical, mental, social, and environmental health categories

The World Health Organization's Quality of Life Index was used to measure changes in Physical Health, Psychological Health, Social Relationships, and Environment. There were statistically significant positive improvements for participants in all four domains between program entry and exit, revealing improvement in overall quality of life.

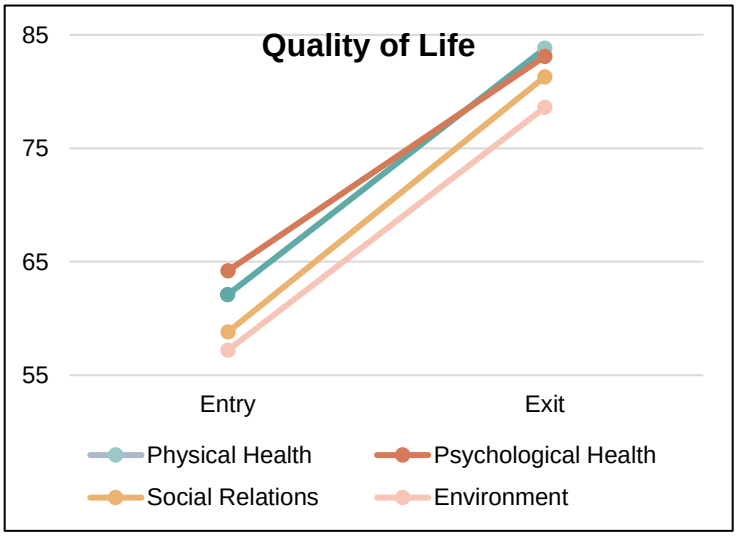


Figure 2. Participants' WHOQOL Data Over Time

QUALITY OF LIFE CATEGORIES ASSESSED

- **physical health** – energy and fatigue, pain and discomfort, and work capacity
- **psychological health** – positive feelings, self-esteem, thinking and concentration
- **social relationships** – personal relationships and social support
- **environment** – financial resources, transportation, recreation, and access to health and social care

Social network size, closeness, and contact were enhanced

Participants reported improved social network characteristics – including type, size, closeness, and frequency of contact – between program entry and exit. This was measured through the Social Network Index, a tool designed to assess participants' current social network and access to social support.

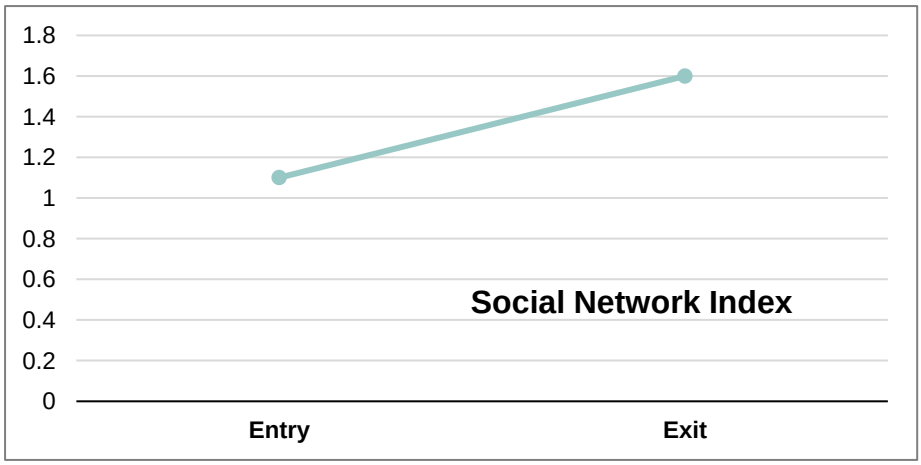


Figure 3. Participants' Social Network Index Data Over Time

Participant judgment of satisfaction with program services improved

Between check-in (mid-way through program) and program exit, participants reported higher satisfaction with program services. The surveys utilized The Mental Health Statistics Improvement Program (MHSIP) satisfaction measure, which asks about liking services,

preference for the HOPE program over others, and willingness to recommend the program to friends or family.

Over time, participants' satisfaction with the HOPE program went up significantly. They also felt their access to the program and its quality improved, but these effects were not statistically significant.

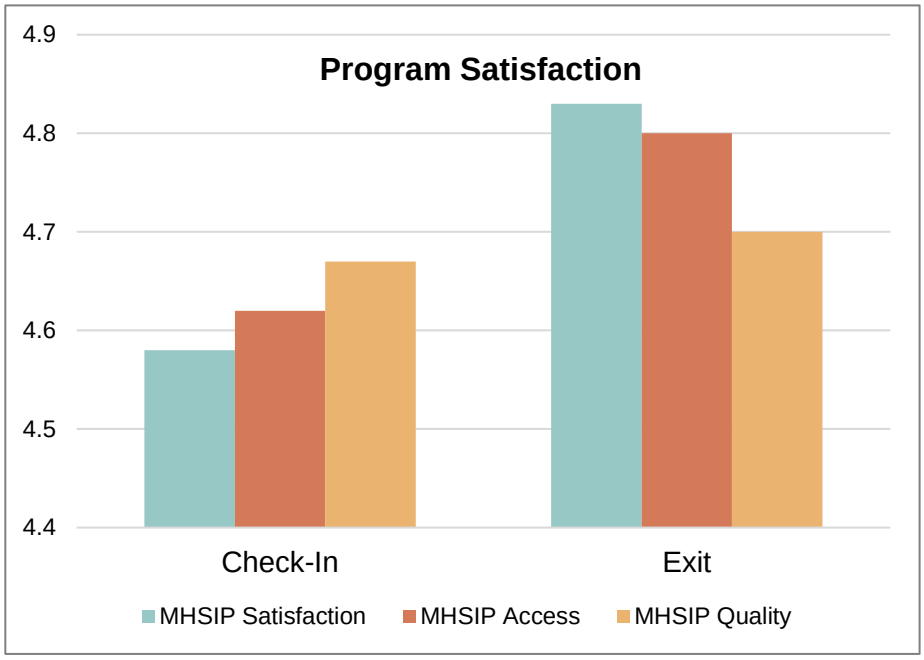


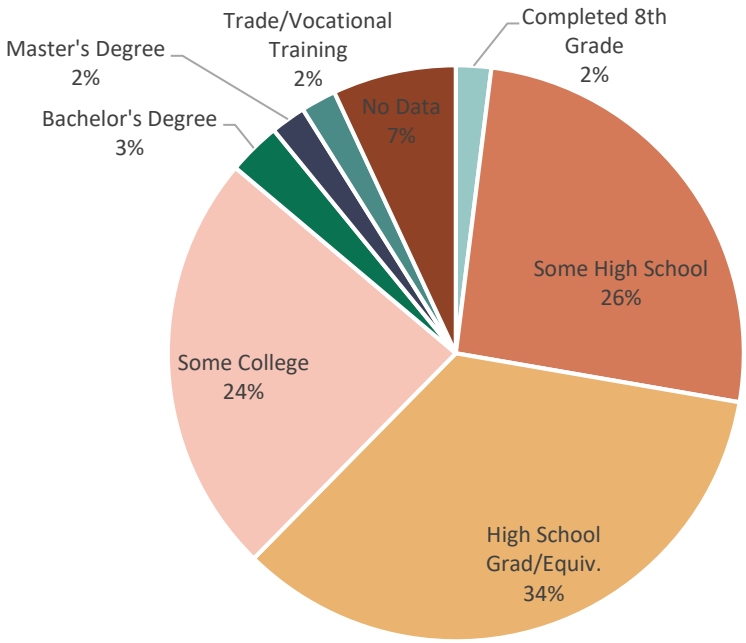
Figure 4. Participants' MHSIP Data Over Time

Who participated in the evaluation?

Demographic information was collected on the 58 completed Entry surveys. There was no statistical difference in the demographic characteristics of participants who completed the Check-In and Exit surveys compared to those who did not.

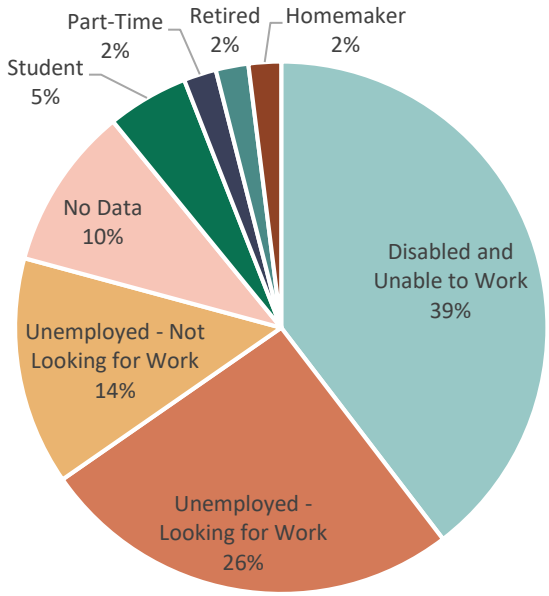
Education

28% of participants had less than a high school education, 35% had a high school diploma or equivalent, 24% had some college, and 14% had a college degree or more education.



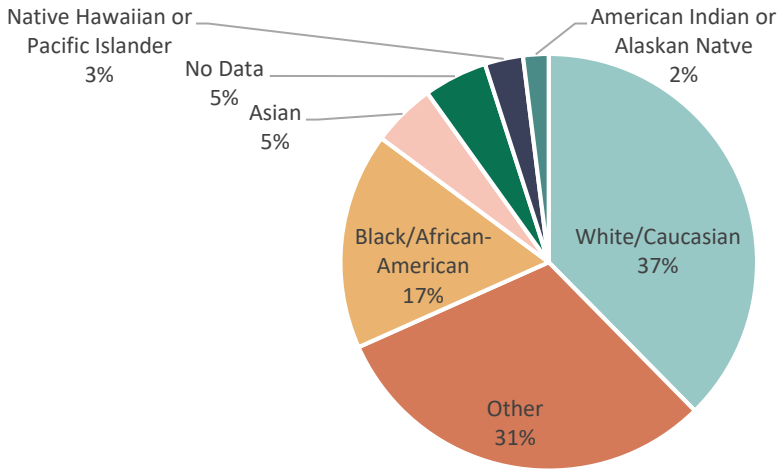
Employment

40% of participants indicated they were currently disabled and unable to work, 26% were unemployed and looking for work, and 14% were unemployed and not looking for work.



Race and Ethnicity

38% identified as White/Caucasian,17% as Black/African American, and 31% as Other. 26% identified as Hispanic/Latinx.



Other

Additionally, most respondents identified as single (62%) and heterosexual (90%). Full demographic information can be seen in Table 1.

Summary of Findings

The HOPE program was created to provide "whole person care" to people transitioning out of inpatient hospitalization settings in San Mateo County. According to the California Department of Health Care Services, the goal of "whole person care" is to efficiently coordinate person-centered health, behavioral health, and social services with the goal of improved physical health, mental health, and well-being. Based on the evaluation, the HOPE program appears to have been successful.

The data for this evaluation show that over time, HOPE program participants improved in important outcome domains such as their level of hope, quality of life, and social connections. The evaluation also showed that, overall, participants were very satisfied with services that they received from the HOPE staff.

There were challenges to collecting and analyzing data, but the results reported here suggest the HOPE program's peer support services are a valuable addition to the lives of service users in San Mateo County. While only 5 Follow-Up surveys were completed, the results we do have show improvements in participants' quality of life may continue after leaving the HOPE program.

Innovations and Challenges: Program and Evaluation Accomplishments

The HOPE program was a collaboration between three different stakeholder organizations in San Mateo County that came together to provide peer and family mentoring to participants in order to promote well-being, community integration, and recovery. Led by Heart & Soul Inc., a peer-run organization, the HOPE program benefited from this innovative partnership with California Clubhouse and a local family-run NAMI chapter. These collaborations between behavioral health service providers are precisely what the Whole Person Pilot program seeks to promote.

The evaluation itself was an experiment in empowering peer support program staff – all of whom are either people with lived experience or family members – to understand the impact of the services they provide on the people that they serve through "self-evaluation." Direct service providers are often required to collect, monitor, analyze, and report data on participant experiences and outcomes to compete for funding. Peer-run programs may be at a unique disadvantage compared to professionally-run programs in self-evaluation because programs run by professionals often have more resources including formal education, robust professional networks, or services that are a better 'fit' with traditional evaluation methods.

HOPE program staff worked with peer researchers from Live & Learn, Inc., and professional evaluators from HSRI, to learn skills such as creating a logic model, choosing survey measures, and research ethics and interview techniques. They also received help analyzing and reporting on the data they collected.

In a regulatory environment of fiscal conservancy and public accountability, it is essential that peer-run organizations have access to affordable tools to conduct evaluations of their programs so that these services maintain their quality and availability, and continue to benefit service users.

This report was authored by Live & Learn, Inc., 785 Quintana Road Suite C, Morro Bay California 93442, under contract with Heart & Soul, Inc.

Please email contact@LiveLearnInc.net with any questions about the evaluation.