

Individual Exercise 2

Introduction to Program Evaluation

There are a variety of mental health programs at the Johns Hopkins Hospital (JHH), each designed to meet different patient needs. One is COSTAR (Community Support, Treatment, and Rehabilitation), which is funded from patient revenues (60% of whom are insured by Medicaid), by a large grant from a foundation, and directly out of the hospital budget.

The COSTAR program is designed to treat and maintain severely mentally ill people in the community. It is resource-intensive, with a staff to patient ratio of 1:10. COSTAR staff deliver care wherever the patient is most comfortable, the office, the home, or other neighborhood locations. In addition to providing mental health therapy, the COSTAR staff work as case managers, assisting patients to obtain social services benefits such as Medicaid coverage, food stamps, etc. They also help patients learn community-living skills such as activities of daily living and employment skills. (Insurers frequently do not reimburse these expanded services.) The COSTAR staff believe that patients in their program have fewer exacerbations of their illness (e.g., hospitalizations) and function better in the community than severely mentally ill people enrolled in other programs.

Researchers from JHU have obtained funding (from NIMH and the foundation supporting COSTAR) to evaluate the program. The evaluation team consists of clinicians and researchers from the School of Public Health. A major emphasis for the evaluation will be a comparison of patients enrolled in COSTAR to a similar cohort enrolled in a traditional outpatient mental health clinic at JHH.

1. Where does this project fit on the HSR&E continuum?
 - a. Health services research, no policy implications
 - b. Health program evaluation, no policy implications
 - c. Health program evaluation with health services research elements but no policy implications
 - d. Health program evaluation with health services research elements and some policy implications
2. Which of these is **NOT** a program goal that could serve as a focus for the evaluation?
 - a. Continued residence in the community
 - b. Demonstrating that COSTAR is more effective than the JHH outpatient clinic
 - c. Improving community living skills
 - d. Reducing acute symptoms of disease
3. Besides goals, what other evaluative approaches might be used?
4. What decisions might be made on the basis of the evaluation's findings?
5. Match up the people and organizations that might have a stake in the evaluation's results with what their perspectives might be (some stakeholders may have more than one perspective):

Stakeholders

- A. Patient and family
- B. JHH administration
- C. COSTAR staff
- D. JHH Department of Psychiatry staff
- E. Medicaid administration
- F. NIMH
- G. Foundation funding COSTAR
- H. JHSPH researchers

Perspectives

1. Finding a program that works
2. Reducing costs
3. Contribution to science
4. Maintaining the status quo
5. Professional reputation

ANSWERS

1. **D:** The project will evaluate the impact of the COSTAR program, so the study is primarily program evaluation. COSTAR is an experimental program, so the evaluation would be expected to contribute to the science base concerning the kinds of treatment settings that are effective for people with

severe mental illnesses, hence there is a health services research component. The policy implications relate to funding choices that must be made by public and private payers.

2. **B** is an objective of the evaluation, not the program. The others are stated objectives that the program expects to address, and any (or all) could be used in the evaluation.
3. Cost Benefit Analysis and Case Study
4. Expand the program at JHH, Start similar programs elsewhere in the state or region, Study the program in more detail
5. a = 1; b = 2; c = 1, 5; d = 4,5; e = 2; f = 1,2,3,5; g = 1,2,3,5; h = 1,3,5