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A Program Evaluation of BHC Alhambra Hospital Outpatient Services

Emily Rose House
ehouse@students.llu.edu

LOMA LINDA UNIVERSITY
School of Behavioral Health
in conjunction with the
Faculty of Graduate Studies

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A Program Evaluation of BHC Alhambra Hospital Outpatient Services

by

Emily Rose House

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A Project submitted in partial satisfaction of
the requirements for the degree
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Each person whose signature appears below certifies that this dissertation in his/her opinion is adequate, in scope and quality, as a dissertation for the degree of Doctor of Marital and Family Therapy.

_____, Chairperson
Lena Lopez Bradley, Assistant Professor, Loma Linda University

_____
Jacqueline Williams-Reade, Associate Professor, Loma Linda University

_____
Winetta Oloo, Associate Professor, Loma Linda University

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CONTENT

FIGURES

Figures Page

ABSTRACT OF THE DOCTORAL PROJECT

A Program Evaluation of BHC Alhambra Hospital Outpatient Services

By

Emily Rose House

Doctor of Marital and Family Therapy,
Department of Counseling and Family Sciences
Loma Linda University, December 2022
Dr. Lena Lopez Bradley, Chairperson

A program evaluation of the Behavioral Health Care (BHC) Alhambra Hospital's Outpatient Service program was conducted. The purpose was to evaluate the program implementation, assess the program results, and highlight methods of program improvement. The evaluator conducted focus groups with administrative and clinical program staff and evaluated data utilizing thematic analysis. Three themes, education, programmatic operations, and team highlighted areas of program effectiveness and areas of program improvement. Administrative staff and clinical staff highlighted the importance of training and improved communication between program staff and board and care staff. Recommendations include the administrative staff creating a plan to account for program interruptions, creating a comprehensive training manual for clinical staff, and improving communication between administrative staff and board and care facility staff to better support program implementation.

EXECUTIVE SUMMARY

Behavioral Health Care (BHC) Alhambra Hospital's Outpatient Services program was the program that was evaluated. This is the first program evaluation that looks at how clinical staff and administrative staff are trained and educated to work with dual diagnosis patients that are living in board and care facilities. There is a large gap in the current literature and research in general within this population. The purpose of this evaluation was to evaluate the program implementation, assess the program results, and highlight methods of program improvement. The theory that was utilized in the program evaluation is Bronfenbrenner's Social-Ecological Theory. The methodology was qualitative and focus groups were conducted.. Thematic analysis was utilized to identify the major themes in the data. The major themes that were found in the interviews were that Coronavirus 2019 (COVID-19) changed the implementation and programmatic operations of the outpatient program. This evaluation is the beginning stage of addressing the gap.

CHAPTER ONE

PROJECT PURPOSE

Introduction

Behavioral Health Care (BHC) Alhambra Hospital's Outpatient Services program was the program that was evaluated. This program started serving dual diagnosis patients that were living in board and care facilities in 1992. The administrative and clinical staff play a vital role in the dual diagnosis patients' lives and function not only as care providers but also as support systems. The purpose of the program evaluation is to assess the program implementation, assess the program results, and highlight methods of improvement.

Summary of the Existing Program

Behavioral Health Care (BHC) Alhambra Hospital's Outpatient Services program is considered a step-down from inpatient services on the level of care spectrum. After discharging patients from inpatient services at BHC Alhambra Hospital, they are referred to the outpatient program. There are incidences where patients receive inpatient services from another hospital and are referred to the outpatient program at BHC Alhambra Hospital.

History of the Program

BHC Alhambra Hospital's Outpatient Services program started in 1992. When the program first started, it only contained a Partial Hospitalization Program (PHP). After implementing the Partial Hospitalization Program, it soon began to dissolve due to the amount of required time that Partial Hospitalization Program patients would need to remain

in the program. The Intensive Outpatient Program (IOP) was implemented a couple of years after the Partial Hospitalization Program dissolved. At the implementation of the program, BHC Alhambra Hospital also had a Chemical Dependency Intensive Outpatient Program (IOP). This allowed for an exclusive focus on issues regarding chemical dependency at the Intensive Outpatient Program level of care.

The Population It Serves

The population that BHC Alhambra Hospital's Outpatient Services program serves are adults that range in age from eighteen to seventy-five that are stepping down from inpatient services and require additional support. However, they do not require an inpatient level of care. Following the step-down, patients might return home to living with family members, board and care facilities, independent living, or alone depending on their level of functioning.

There is a vast array of the type of dual diagnoses at BHC Alhambra Hospital's Outpatient Services program. The population has at least one medical diagnosis that accompanies at least one psychiatric illness. Psychiatric illnesses can be categorized as the following: Destructive Behaviors, Mood Disturbance/Depressed, Mood Disturbance/Mania, Thought Disorder, Anxiety Disorder, Psychological Trauma, Chemical Dependence, Noncompliance with Treatment or Medication, Impaired Socialization, Impaired Family Functioning, Discharge Planning, Impaired School Performance, Self-Care Deficit, Alteration in Nutrition/Hydration, and Alteration in Physical Functioning.

Key Stakeholders and their Roles

The role of the program director is to collaborate with inpatient services, make decisions regarding admissions and discharges, collaborate and communicate with the board and care facilities, independent living facilities, and family members that are housing patients in the outpatient program, assesses patients before admission, and troubleshoots issues that are occurring within the outpatient program. The program director oversees troubleshooting issues that are beyond the clinical coordinator.

The role of the clinical coordinator is to collaborate and communicate with board and care facilities, independent living facilities, and family members that are housing patients in the outpatient program. The clinical coordinator creates a schedule for the drivers that pick patients up from their housing. The drivers then report to the clinical coordinator regarding which patients they have picked up, any refusals for treatment, or if anyone is sick and cannot attend the program for that treatment day. The clinical coordinator is responsible for the program therapist staff, practicum students, and interns. The clinical coordinator creates and provides a schedule for group therapy services. The schedule is a visual representation of what groups therapists and interns will run for that given treatment day, the treatment room where services will be provided, and the list of patients that are assigned to each group. The clinical coordinator serves as the gatekeeper regarding therapists and interns completing documentation such as treatment plans and notes. The clinical coordinator creates a packet of all the patients' treatment goals that have been developed so that they can be inputted into the group therapy note and provides them to the therapists and interns. The clinical coordinator facilitates staff meetings with the therapists and interns. The clinical coordinator communicates with the supervisor of the

program therapists and interns regarding onboarding new interns and practicum students, monitoring the progress of interns, new procedures that are being placed into the program, and reporting any issues that are occurring within the program therapists and interns.

The case manager collaborates with the program director and clinical coordinator regarding admissions and discharges. The case manager is responsible for managed care patients. Managed care patients have insurance that is outside of the Medicare and Medi-Cal networks. Managed care patients are required to attend two of the three group therapy sessions on each day that they are scheduled for treatment. Unlike the program director and clinical coordinator, the case manager is responsible for completing managed care patients' treatment plans. The case manager handles patient referrals to other providers. The case manager conducts concurrent reviews for dual diagnosis patients. The case manager communicates with insurance companies if there is a need for more treatment days for managed care and Medicare and Medi-Cal patients.

The step-down navigator handles all the referrals that come from inpatient services that are both from BHC Alhambra Hospital and other neighboring behavioral health hospitals. The step-down navigator collaborates and communicates with both the outpatient and inpatient program directors and managers. The step-down navigator collaborates with other case managers throughout the hospital. The role of the step-down navigator is to allow for a seamless transition for patients that were previously receiving inpatient services into the outpatient services program.

The role of the board and care liaison is working to communicate between the board and care facilities, independent living facilities, and BHC Alhambra Hospital. The board and care liaison is responsible for obtaining housing for patients that are receiving group

therapy services in the outpatient program. The board and care liaison is in charge of patient activities such as the holiday parties for patients at the outpatient program. The board and care liaison is in charge of the “Tap-store”, which occurs two days a week and provides patients with the opportunity to obtain hygiene necessities and snacks that they take home to utilize. The “Tap-store” utilizes a point system in which patients must have a certain number of points to make “purchases”.

There are four Outpatient Services Program Therapists at BHC Alhambra Hospital. An outpatient services program therapist is an individual that has a master's degree or a higher level of education in the field of marriage and family therapy, social work, or psychology. An outpatient services program therapist facilities group therapy sessions five days a week. Outpatient Services Program Therapists create and maintain treatment plans for patients that have been assigned by the clinical coordinator. The outpatient program therapists are responsible for completing group therapy notes. The outpatient program therapists rotate and oversee collecting the census. The outpatient program therapists collect the census by making sure that the group therapy notes match the billing packet and that all therapists and interns have billed for each patient to whom they provided services. Once the program therapist has completed their count of the census, they ask another program therapist to complete a double count to ensure that the numbers match. After the double count, the program therapist that oversees billing will ask the clinical coordinator to look over the census and gain a third count. Once all three counts match, the program therapist reports to the registered nurse, who then does the final count of the census. After matching all the numbers, the billing is then considered “good” thus ending the treatment day. The program therapist that oversees billing will then report to the therapists and interns

that “billing is good”. This allows therapists and interns permission to leave for the day. The program therapist that is in charge of billing makes a copy of the billing packet, one is for the billing office, and one is for the outpatient services record. The program therapist that oversees the billing hand delivers a copy of the billing packet to the billing office. The second copy of the billing packet goes into a binder that remains in a locked staff room.

Emily Rose House is conducting the program evaluation and recognizes inherent biases with this evaluation. As the program evaluator is not only an evaluator but also a current outpatient program therapist, the evaluator created boundaries with the administrative and clinical staff at BHC Alhambra Hospital’s Outpatient Services program to complete the duties that each role has and the impact it has on patient care. The program evaluator remained objective during the duration of the program evaluation so that they could understand the experiences that clinical and administrative staff has had at BHC Alhambra Hospital and not have previous knowledge of the program that could impact the responses.

Interns and practicum students are a part of the outpatient program. Each set of interns and practicum students is contracted for one year to gain experience at BHC Alhambra Hospital’s Outpatient Services program. Practicum students and interns are currently in a Doctor of Psychology (Psy.D.) program. The supervisor that supervises the outpatient services program therapists also supervises the interns and practicum students. The supervisor obtains and refers the interns and practicum students to gain experience at BHC Alhambra Hospital’s Outpatient Services program. The practicum students and interns report to both the clinical coordinator and supervisor. The practicum students and interns provide group therapy services to patients. Practicum students and interns’

complete treatment plans that are assigned by the clinical coordinator. Practicum students and interns complete group therapy notes.

The registered nurse often checks in with patients to make sure that they have received their prescriptions. The registered nurse serves as a liaison between the patient and the psychiatrist. The registered nurse completes the last count of the census and billing process.

Program Goals

The program goal of BHC Alhambra Hospital's Outpatient Services program is to sustain patient symptomology at the lower level of care. A patient that is at a lower level of care does not require inpatient hospitalization.

The key stakeholders' goals of the program evaluation would be to uncover any outstanding issues that can be viewed from an external lens. Furthermore, the key stakeholders have a goal and aim of learning about program challenges and program effectiveness as a result of the program evaluation. Learning about the program's challenges and effectiveness will allow stakeholders to train clinical and administrative staff so that they can provide quality care to dual diagnosis patients that are living in board and care facilities. An example of an outstanding issue could be training staff to be able to work with dual diagnosis patients that become elevated and are resistant when attending group therapy sessions.

Statement of the Problem

There are incidences of the problem regarding a psychiatric outpatient program that works in conjunction with board and care facilities. For example, members of the treatment team may not have a lot of knowledge regarding how to address the needs of the population. There are members of the treatment team that work at different locations thus limiting the amount of time that they spend with patients that are assigned to their caseload.

The current program has a lot of moving parts thus creating challenges of providing training consistently over time to administrative and clinical staff. These include but are not limited to: multiple disciplines and scopes of practice between administrative and clinical staff, experience working with dual diagnosis patients that are living in board and care facilities, administrative and clinical staff leaving the program or training to hold a different job description, utilizing the outcome measures, and formal training on how to work with dual diagnosis patients that are living in board and care facilities.

At BHC Alhambra Hospital's Outpatient Services, administrative and clinical staff work from a large range of clinical experience and knowledge. Administrative and clinical staff are individuals who have training in psychology, marriage and family therapy, social work, or a clinical-related mental health field. Thus, the knowledge and training level of staff varies. Administrative and clinical staff might have difficulty keeping up to date with various treatment modalities and evidence-based models.

A second challenge is that BHC Alhambra Hospital's Outpatient Services program cannot train or provide supervision for the staff at the board and care facilities. There is a lack of communication between the administrative and clinical staff at BHC

Alhambra Hospital's Outpatient Services program and the board and care facility staff. For example, there is a lack of communication between BHC Alhambra Hospital's Outpatient Services program and the multiple board and care facilities regarding interruptions to the treatment process. Examples of interruptions can include COVID-19 testing or the doctor coming to the dual diagnosis patients board and care facilities. The administrative staff, specifically the program director, the clinical coordinator, the registered nurse, and the board and care liaison will communicate with each other regarding this issue. The administrative staff is trained in how to communicate with the board and care facility staff. The program director will communicate with the multiple board and care facility operators if there is a large issue that occurs during the treatment day. An example of a large issue could be when a dual diagnosis patient leaves the psychiatric outpatient program during the treatment day and does not return.

Identification of Needs Associated with The Problem

The identified need associated with the problem has different components that would be addressed. First, the program evaluation would look at how effective the staff implementation of care is at BHC Alhambra Hospital's Outpatient Services program. There is a lack of formal training for administrative and clinical staff on how to effectively work with dual diagnosis patients that are living in board and care facilities. The administrative staff might have challenges communicating information with the clinical staff. The administrative staff might have challenges in training clinical staff over time. There are a lot of moving parts in the current program, and it can be challenging for the staff to keep up with the various therapeutic evidence-based modalities. BHC Alhambra Hospital's

Outpatient Services might also have challenges when clinical and/or administrative staff leave the program. Lastly, it can be challenging for staff to utilize the outcome measures that are being used.

The second need is that administrative and clinical staff need to have consistent training over time. The administrative staff needs to have the resources readily available for clinical staff to utilize and learn how to effectively work with dual diagnosis patients who are living in board and care facilities. For example, handouts, organizational charts, or training manuals. The administrative and clinical staff also needs to have a consistent evaluation process to know how to be effective. The administrative staff needs to be able to provide feedback to the clinical staff. The clinical staff needs to be able to communicate back to the administrative staff what is working well and what is not working well. The BHC Alhambra Hospital's Outpatient Services staff are evaluated annually by the program director. The evaluation is completed at the time of the employee's working start date anniversary. An evaluation form is filled out by the program director, and they go over what is working well and what is not working well with each staff member.

The third need would address the relationship that BHC Alhambra Hospital's Outpatient Services administrative and clinical staff has with the multiple board and care facilities. The administrative and clinical staff must navigate the complexity of the multiple board and care facilities for their patients. There is a lack of communication between the multiple board and care facilities and BHC Alhambra Hospital's Outpatient Services.

Gaps in Programmatic Monitoring

There must be clear programmatic operations, training, supervision oversight, and clear communication among administrative and clinical staff for programs to be effective. Staff meetings can be an appropriate time to gather feedback from the administrative and clinical staff to understand the effectiveness of the program interventions. Staff meetings are utilized to improve program implementation by discussing BHC Alhambra Hospital's Outpatient Services programmatic operations and how administrative and clinical staff can provide more effective care to dual diagnosis patients that are living in board and care facilities. Evaluation measures can also be a helpful tool for clinical and administrative staff to understand the effectiveness of the program implementation. Administrative staff at BHC Alhambra Hospital's Outpatient Services program are provided with the tools and resources required to effectively implement interventions. The clinical staff is provided hands-on training by experience. Members of the clinical staff often are advised to provide training to new clinical staff. For example, when a new clinical staff member starts providing therapeutic services at BHC Alhambra Hospital, they will observe the way another clinical staff member completes the billing process.

Purpose of the Program Evaluation

The purpose of the program evaluation at BHC Alhambra Hospital's Outpatient Services is to assess the program implementation, assess the program results, and highlight methods of program improvement. The value of conducting an evaluation of this program is to highlight the gaps in the current program and detail recommendations for program improvement. It was also important to interview the staff because it allowed

them to discuss their own experiences working with the population and the program's implementation. This program is embedded into a larger system. The evaluation covered outpatient services and only administrative and clinical staff. The program evaluation is trying to understand the effectiveness of the current program. An evaluation of this program has not occurred yet. This evaluation can be the beginning stages of what is occurring and what can be changed or improved.

Assess Program Implementation

There are a few processes that patients must go through when starting treatment in the Outpatient Services program at BHC Alhambra Hospital. When patients first come to the program, they will have a Point of Contact (POC) assessment completed by the program director. The POC is a biopsychosocial assessment that is completed and placed in the patient's chart. The purpose of the POC is to gain an understanding of why the patient has come to treatment, make diagnoses, and identify specific stressors that have exacerbated symptoms. After the POC has been completed, the registered nurse will complete a nursing assessment to identify medical symptomology. Following the POC and nursing assessment, the patient will take a BASIS-32 assessment. The BASIS-32 is an assessment that measures the change in self-reported symptomology and problem areas. The BASIS-32 looks at a large range of symptomology that can occur in specific diagnoses (e-BASIS, 2021). The BASIS-32 is given at admission. Within this range, the BASIS-32 is updated every sixty days so that the treatment focus remains current. After all the assessments have been completed, the program director, clinical coordinator, step-down navigator, and case manager will determine the appropriate amount of treatment

days that the patient attends. This decision is primarily based on the type of insurance that the patient currently has. Once the decision of the number of treatment days per week that the patient will attend the program, the patient will start attending group therapy sessions. If housing is needed, the program director will refer the patient to the board and care liaison so that board and care facility arrangements can be made. A patient can discharge from the program by going to an inpatient facility, failing to attend group therapy sessions, or not having any more treatment days that insurance will authorize.

Outpatient Program Working in Conjunction with Board and Care Facilities

A key feature of BHC Alhambra Hospital's Outpatient Services is the relationship that the program has with the board and care facilities that house the dual diagnosis patients that attend. If there are issues at the board and care facility with a specific patient that attends the program, the program director, the clinical coordinator, and the board and care liaison will communicate with the specific board and care facility so that they can gain a better understanding of the issue at hand. This can allow the treatment team to tailor treatment so that the patient that is currently facing hardship can feel supported.

Program Protocol

The BHC Alhambra Hospital Outpatient Services program evaluation protocol is to stabilize, maintain stabilization, and support patients as they increase and sustain their therapeutic gains. A patient can stay in BHC Alhambra Hospital's Outpatient Services program indefinitely. However, for insurance purposes, the patient might be discharged at a point and then readmitted later when they have more treatment days that are allotted by

their specific insurance company. This pattern can occur multiple times. This is problematic when dual diagnosis patients are in crisis and do not have support from their family or friends. BHC Alhambra Hospital's Outpatient Services utilize BASIS-32 as its assessment tool. BASIS-32 is a thirty-two-item self-report measure that assesses mental health treatment outcomes (eBasis, 2022). The BASIS-32 is conducted every sixty days and the assessment is provided to dual diagnosis patients by the step-down navigator.

Assess Program Results

The evaluation that was completed provided information to determine how well it provided information to determine the extent that outpatient services program therapist implemented the program services with patients. It determined to what extent do outpatient services program therapists receiving training and supervision adequately deliver services. Lastly, to what extent do the outpatient services program therapists think program interventions assist patients in achieving stability?

Methods of Program Improvement

The method of program improvement that will be utilized will be the themes that are collected through participant interviews and focus groups. Based on the data that is collected, the program evaluator will assess how well the program evaluation implementation is working.

Research Design

The program evaluation utilized a qualitative research design. An interview guide will be created based on different types of topics that relate to psychiatric outpatient programs and how they work in conjunction with board and care facilities. The interview guide will consist of twenty questions. See appendix A for the interview guide. After each interview with the participants, the interview were transcribed utilizing the Transcribe application. A codebook was created. See appendix B for the codebook. The researcher coded each interview line-by-line. Once the interviews were coded, the researcher utilized thematic analysis, a method for identifying, interpreting, and reporting the themes within the data (Braun &Clarke, 2006: 79). It also provides skills to researchers for conducting many other types of qualitative analysis (Vaismoradi, Turunen, & Bondas, 2013).

Theoretical Framework

The theoretical framework that was utilized in this program evaluation was formulated using Bronfenbrenner's Ecological Theory. This framework was chosen because of the different ecological levels that BHC Alhambra Hospital serves dual diagnosis patients that are living in board and care facilities.

Assumptions, Limitations, and Scope

Access to current literature and research is a limitation of the program evaluation. The literature and research date to the 1960s and 1970s. A second limitation was the number of participants. BHC Alhambra Hospital's Outpatient Services have a small

administrative and clinical staff. This resulted in a narrow range of variability in the data that was collected.

Definition of Terms

Board and Care Facilities

A board and care facility is a residential care organization that has developed outside of the mental health system that has been given large economic incentives provided to providers through insurance programs such as Medicare, Medicaid, Supplemental Security Income, and Social Security Disability Insurance (Nagy, et. Al, 1988).

Psychiatric Outpatient Program

A psychiatric intensive outpatient program (IOP) IOP serves patients that require a higher level of care than traditional outpatient services. (McCarty et. Al, 2014).

Board and Care Operator

A board and care operator maintains a facility that is viewed as a sub-hospital, where residents receive medical care regarding their psychiatric and physical illnesses. Board and care operators run these facilities as a supplemental source of income in addition to their duties (Trute, 2009).

Summary

Chapter one of this program evaluation gives a brief overview of the program evaluation that was conducted and analyzed. Chapter two of the program evaluation will be a literature review that outlines the gaps of the presenting issues in psychiatric outpatient programs that work in conjunction with board and care facilities.

CHAPTER TWO

LITERATURE REVIEW

Introduction

Board and care facilities are community-based facilities that can vary in size and house patients that are diagnosed with psychiatric and medical diagnoses. These facilities are separate entities in which patients that attend group therapy at the Intensive Outpatient level of care reside. The literature that was found was dated in the 1960s and 1970s. Thus creating a large gap and a lack of current literature.

Literature Focused on Population

In this section of chapter two, current literature will be presented that focuses on the population and ranges from low-income, dual diagnoses, independent living, and board and care facilities.

The Nature of the Situation or Condition

Board and care facilities are homes in which patients that have both psychiatric and medical diagnoses live. Many patients have deep-rooted systemic issues with family members that may have resulted in emotional cut-offs. These emotional cut-offs can result in the patient's illness symptomology increasing and promote illness activity. Some patients do have systemic support as they navigate through the course of their illness but the relationship that they once had with the members of their family of origin might change because of their diagnoses (Marsh and Johnson, 1997). Some psychiatric facilities have the

goal of trying to heal patients to the average level of functioning. However, some facilities do not have the same goal as others. Some facilities have a medical component that is attached to the way that the board and care operator runs the facility in addition to trying to house patients with dual diagnoses. Some board and care facilities can vary in the freedom that they give the patients that reside there, the number of people that live in a board and care, and the different types of illnesses that make up the population (Segal & Moyles, 1988). There is a general motive at the board and care facilities that try and prepare patients for living outside of the assisted living type of facility that they are currently living in. However, depending on the board and care, this might not be a measurable goal (Segal & Moyles, 1979, pg. 159).

How Widely the Condition is Recognized

Most of the research that was found was from twenty years or more ago. Due to the large gap in the literature, there is a lack of education and training for mental health professionals that work with dual diagnosis patients that are living in board and care facilities. There is also a gap in the relationship that psychiatric outpatient programs have with board and care facilities. There is a lack of communication between the psychiatric outpatient program and the board and care facilities. Trute (2009) discusses in their article how the board and care operators that oversee the facility have used the facility as a place to make a supplemental source of income. It has developed into figuring out new business ventures for the homes and less on the care of the patients that are severely and mentally ill.

Who Supports and Opposes this Condition as a Problem?

A few are opposing this condition as a problem. Nicholas et. al (2017) discusses that there are fewer opportunities for patients to receive services in a hospital setting. The population that this affects the most are severely mentally ill and dual diagnosis patients. There is a lack of services in the community for patients that require services that meet this need (National Research Council, 2014). Nicholas et. al (2017) additionally discusses how collaborative approaches between health and social services have started to occur (Raghavan & Patel, 2008). The United Kingdom has offered dual diagnoses patients access to different types of medical services or a combination of medical and mental health services (Rose, Kent, & Rose, 2012).

The Etiology of the Problem

The etiology of the problem consists of the lack of reviewing and evaluating housing approaches and evidence in the board and care facilities and how it can impact the treatment process for dual diagnosis patients who are receiving intensive outpatient program (IOP) level of care. Durbin et. al (2004) discusses how housing became a concern decades ago when looking at individuals that have been discharged but have no place to live or any type of support after being released from the psychiatric hospital (Lamb 1984). When these events occurred, there was an increase of individuals living in boarding homes because it was a form of safe and secure housing for members of the community but there were not a lot of opportunities to grow within the community (Randolph et. al, 1991; Trainor et. al, 1993). Durbin et. al (2004) also discusses how there is more evidence being seen regarding deinstitutionalizing patients that have schizophrenia spectrum diagnoses.

The patients that have these types of diagnoses are placed into housing facilities like community residences and independent living. It was discovered that high-support interventions can help patients that are ill and that cannot function independently (Mueser et. al, 1998). Support is a large piece of how patients can be successful in the treatment that they are receiving at their respective outpatient therapy programs.

Factors That Help the Problem

Several factors have helped promote the problem that is occurring within board and care facilities. Nelson and Fowler (1987) discussed how there was little research has been done regarding the relationship between other residents and client treatment outcomes. There are findings within the study that show that there is a strategic method when placing patients into these facilities that are based on the level of functioning amongst the population (Nelson & Fowler, 1987). There have also been concerns regarding the organizational structure of these facilities. Goffman and Raynes (1968) created an assessment that measures how the routine of the board and care facilities functions and whether it is a program that promotes health-related quality of life for patients with dual diagnoses (Nelson & Fowler, 1987). This assessment did not receive accolades because of the up-and-down progression of the patients that it served and the trend of symptomology that was present at the time of the study.

A third factor that has helped promote the problem that is occurring is the lack of relationship that the psychiatric outpatient program has with the multiple board and care facilities. . All the patients that are living in the board and care facilities have some type of psychiatric and medical illnesses. The illness activity that the patients experience

sometimes can not only affect the patients themselves but the patients that live around them as well. The board and care operators are also part of this problem. Beatty and Seeley (1980) and Putten and Spar (1979) concluded that the board and care operators have more responsibility and expectations than other individuals that must provide care for patients. The sole purpose of having a board and care operator is to provide good, shelter, and support for residents as they undergo intensive outpatient therapy treatment at a psychiatric hospital (Nelson & Fowler, 1987). Some board and care facilities are taken care of very well by the board and care operator. But some are not.

Recovery is another factor that promotes the issue that is occurring in the board and care facilities. Recovery has been known to be a personal process that changes a person's attitudes, values, feelings, goals, skills, and roles that they once had before seeking treatment. Patients often go back and forth with this because it is a recovery process that they are trying to get well. In this recovery process, a patient might find adaptive coping skills, a new strength that they did not know they could use, and a place in society that makes them feel less isolated and alone. It is also a way to gain new types of support through patients at the board and care and the multidisciplinary team that they work with daily (Vanderplasschen, et. al, 2013). Recovery in mental health populations is still being researched and the ways that can make treatment for patients more effective. There have been many different concepts that have been a steppingstone to recovery as research is still being recorded. These stepping stones can include patients continuing to have a level of hope, support, advocacy, and health-related quality of life. Treatment providers, board and care operators, and individuals that play an influential role in a patient's life need to be

evaluating how they are promoting their services because these services can act as a secure attachment for some patients (Vanderplasschen, et. al, 2013).

Positive Results in Intensive Outpatient Programs

There are positive results that can be viewed within Intensive Outpatient Programs. The programs aim to facilitate care while preserving resources for patients that are of high acuity and have lack of financial means (Breland et al, 2016). A cost-neutral intensive outpatient program for high-acuity patients would allow an advanced aspect of primary care that addresses continuity of care, access to services, coordination, and patient engagement. These aspects could also be viewed in the context of a board and care facility. Having a system that is structured could allow for there to be a higher likelihood that patients would see a primary care physician when needed (Wu et. Al, 2018).

Research on IOP Program Evaluations

There is limited literature related to treatment outcomes for dual diagnosis disorders (Drake et al., 2008; Granholm, Anthenelli, Monteiro, Sevcik, & Stoler, 2003; Hesse, 2009; SAMHSA, 2005; Tiet & Mausbach, 2007; Wise, 2010). Monitoring outcomes and clinical decision support tools can be challenging in Intensive Outpatient Programs (Goodman, McKay, & DePhilippis, 2013). Lambert et. Al's work has discussed the application of outcome feedback and learning how to identify patients that are at risk for regression. These efforts have shown improved patient outcomes and prevented regression (Lambert & Shimokawa, 2011; Shimokawa, Lambert, & Smart, 2010).

Review of Program Literature that Informs Us of How Other Programs Have Attempted to Impact the Problem and How Effective They Have Been

Different pieces of the program literature inform us of how other programs have attempted to impact the problem and how ineffective they have been. Tsemberis et. al (2004) discusses how other programs that treat patients that are severely mentally ill or have dual diagnoses have rules and regulations that patients need to follow to stay in that specific board and care. These rules are but are not limited to consuming alcohol, relapsing, taking their drug of choice, etc. The facilities that patients are placed in are supposed to be equipped and understand how to treat and enforce these regulations. However, it can be challenging at times. The patient's illness symptomology goes hand in hand with how they function in the board and care homes. The board and care operator and staff need to be aware of what is always going on in these facilities.

A program that tried to facilitate change for patients with dual diagnoses is called the Housing First Model. This program was developed to meet the needs of patients that needed housing and the operators felt that it was a right that this population was required to have. A unique feature of the program was that it looked at the patients as the experts of where they wanted to be staying. Some patients are considered dependents and need a guide to make decisions such as housing, medical care, etc. (Tsemberis et. al, 2004).

A second program that tried to facilitate change for patients with dual diagnoses was held in a Veteran Affairs (VA) facility. The program was focused on serving patients that needed alcohol, drug, and psychiatric services utilizing cost-effective treatment (Chen et. al, 2006). There must be services that meet the needs of patients that are amongst this population. However, this program did not meet the need because the level of services that

they conducted was the same amount as when they started the program. This program did not make an impact on patients' symptomology or health-related quality of life.

A third program that tried to facilitate change for patients with dual diagnoses was created by different bureaus of mental health, drug addiction, and alcoholism. The program did not have a name. The program was designed to meet the need of clients in all phases of their illness recovery. It was also designed to include interventions for these patients to make these changes and find stability in their life as they work toward health. The program was primarily for patients with dual diagnoses; however, it focuses heavily on substance abuse. This is where the gap lies in the program (Sciacca, 1996).

Conclusion

The research that was found regarding the project topic is limited. The research that was conducted was done more than twenty years ago. There have been programs that have tried to attempt to fix the issues that will be discussed in the literature review; however, the results indicate that they would be no change whether they added a new part of a program to make conditions better for the patients that have these diagnoses. The research that was found means that a lot of work needs to be done regarding filling the gaps.

The psychiatric outpatient program and the board and care facilities need to have a relationship in order to serve dual diagnosis patients that are living in board and care facilities. There needs to be more communication in the board and care facilities and psychiatric outpatient program in terms of interruptions to the treatment process. This can help support the work that administrative and clinical staff at BHC Alhambra Hospital are doing for dual diagnosis patients that are living in board and care facilities. This

multidisciplinary team approach will help with the continuity of care for dual diagnosis patients that are living in board and care facilities.

CHAPTER THREE

CONCEPTUAL FRAMEWORK

Introduction

Bronfenbrenner's Ecological Theory is utilized as a framework for understanding how board and care facilities work at various levels of social engagement to provide treatment to patients. While Bronfenbrenner's theory focused on child development specifically, it may also be helpful to understand how adults with chronic mental illness continue to operate in the micro, meso, and exo systems for continued physical, mental, and emotional care as they navigate the life cycle (Christensen, 2016). Patients with chronic mental illness frequently struggle to navigate exosystems such as social services and health care, for example. Each of the five interrelated systems identified within Ecological theory are identified as they relate to patients with chronic mental illness. Possible implications, such as communication challenges within and between systems, are addressed.

Background of Ecological Theory

Bronfenbrenner's Ecological Theory focuses on human development and how individuals are constantly viewed as influencing the environment and being influenced by the environment. The family system plays a role in the development of the personal characteristics of all members of the family. The system also plays a role in the interactions among family members and the engagement with others (Rosa & Tudge, 2013). The bioecological theory, which is previously known as the ecological model, discusses how researchers should study settings where a developing individual spends

time and interacts with others in the same environment. The model also examines the characteristics of the individual as they develop and age. How development is driven is also examined in this model (Rosa & Tudge, 2013).

Vulnerability is also a topic that is discussed within Bronfenbrenner's ecological model. Vulnerability within populations and healthcare practices are validated and updated as time passes and as society evolves. Conflicts and issues are often at their peak when conditions of vulnerability are of concern (Pedroso & Motta, 2013). In the program evaluation, dual diagnosis patients that are living in board and care facilities can be categorized as a vulnerable population. The focus of the program evaluation will be to work with BHC Alhambra Hospital administrative and clinical staff in identifying the gaps that the current program has so that the needs of the dual diagnosis patients that are living in board and care facilities are addressed.

Ecological Theory Concepts

Bronfenbrenner discusses several concepts within his ecological theory that pertain to human development. In the theory, Bronfenbrenner discusses several different ecological levels that the clinical and administrative staff at BHC Alhambra Hospital's Outpatient Services can be a part of when working with dual diagnosis patients that are living in board and care facilities. The ecological levels are the following: microsystem, mesosystem, exosystem, and macrosystem. Addressing issues that are occurring within these ecological levels can allow for first and second-order change to occur.

Microsystem

Bronfenbrenner describes the microsystem as a pattern of activities, roles, and interpersonal relationships a human can be engaged in within a setting that has specific physical and material attributes (Bronfenbrenner, 1979). The participants of the program evaluation are BHC Alhambra Hospital's Outpatient Services administrative and clinical staff and are actively working to create a safe environment for patients to engage in. Therapists that facilitate group therapy sessions promote socialization for patients that are currently in the program to help maintain stabilization. The board and care facilities provide stabilization in terms of living arrangements and support in finding stabilized housing.

Mesosystem

The mesosystem is a system of microsystems (Bronfenbrenner, 1979). The mesosystem is made up of two or more settings that allow the BHC Alhambra Hospital administrative and clinical staff to participate. The settings are BHC Alhambra Hospital and the board and care facilities. In the mesosystem, a concept that is utilized is multi-setting participation. Bronfenbrenner describes multi-setting participation as the connection between two settings. This participation occurs when an individual engages in activities in more than one setting (Bronfenbrenner, 1979). In the current program evaluation, the board and care liaison, the program director, and the clinical coordinator at BHC Alhambra Hospital engage in multi-setting participation by communicating not only with staff at the hospital but also with the multiple board and care facilities that house dual diagnosis patients that are currently attending the outpatient program.

Exosystem

The exosystem is when a developing person is not an active participant in the current system (Bronfenbrenner, 1979). The exosystem in the program evaluation is the hospitals that are outside of BHC Alhambra Hospital that Universal Health Service (UHS) serves. A second piece of the exosystem is the board and care facilities that are outside of Los Angeles County. Kohn (1977) discusses how the higher an individual's social class position, the more likely it is that the individual will value self-direction. The lower an individual's social class position, the likelihood will be greater that they will value conformity to external authority (Bronfenbrenner, 1979).

Macrosystem

The macrosystem is when there are consistencies that exist in the microsystem, mesosystem, and exosystem. The consistencies can also exist in the subculture or culture of the systems. The belief systems could also contain consistencies (Bronfenbrenner, 1979). The macrosystem of BHC Alhambra Hospital's Outpatient Services is the idea of how to facilitate care for dual diagnosis patients that are living in board and care facilities. There are several hospitals under the Universal Health Service (UHS) system that contain dual diagnosis patients that are living in several different board and care facilities.

Implications

The implications of the theory for the appropriate research method to address the research question would consider the level of vulnerability that administrative and clinical staff is willing to engage in while gaining information through externalization. Some

individuals might not feel comfortable externalizing how they feel regarding the hospital system. A second possible implication could be the pushback from different ecological levels that dual diagnosis patients engage with. A third implication would be to consider the different ecological levels in a dual diagnosis patient's life and how they all work together within an outpatient program. It is not typical for a board and care liaison to be a part of the treatment team. The treatment team usually consists of staff such as therapists, psychiatrists, clinical coordinators, and case managers. However, in the program evaluation, there is a need for the expansion of the treatment team.

Conclusion

Theory drives the course of therapy when working with patients. Bronfenbrenner's Ecological Theory will allow administrative and clinical staff to see the impact of support that is provided to dual diagnosis patients that are living in board and care facilities across multiple ecological levels. Various concepts will be utilized to aid in the program evaluation. Three chapters will follow and go more in-depth into the program evaluation and the research methods that will be chosen to conduct the program evaluation.

CHAPTER FOUR

METHODOLOGY

Introduction

A qualitative research method, specifically the interview method, was used when conducting the program evaluation. Turner III and Hagstrom-Schmidt (2022) discuss how interviews provide rich information relating to participants' experiences and views of a topic or issue. Interviews are used in addition to other types of data collection methods so that the researchers are provided with a wide range of information for data analysis (Turner III & Schmidt 2022). For the current program evaluation, an interview guide was created for the focus groups that were conducted. Thematic analysis was utilized to identify the major themes in the data Focus groups vary in size. The interactive format can allow the participants to disclose information that might not be gathered from a single participant (Agar & MacDonald, 1995; Albrecht, Johnson, & Walther, 1993; Greenbaum, 2003; Kaplowitz & Hoehn, 2001; Kidd & Parshall, 2000).

Target Population

The target population for the doctoral project was specific to the location of BHC Alhambra Hospital. The program evaluator is currently working as an Outpatient Services Program Therapist at BHC Alhambra Hospital, which is in Rosemead, CA. The program evaluator utilized the administrative and clinical staff that work with patients that have a dual diagnosis and are currently living in a board and care facility. The patients that the administrative and clinical staff are serving are currently receiving Intensive Outpatient

and Partial Hospitalization levels of care. The program evaluator chose to interview the administrative and clinical staff instead of the dual diagnosis patients because of the severity of the illness symptomology that they presented.

Inclusionary and Exclusionary Criteria

There is a list of inclusionary criteria that participants must have had to be eligible to participate in the program evaluation. A participant must be an employee, doctoral psychology intern, or doctoral psychology practicum student that facilitates outpatient group therapy services or is involved in administrative operations at BHC Alhambra Hospital. The employee, doctoral psychology intern, or doctoral psychology practicum student must work in the adult outpatient program.

There is a list of exclusionary criteria for the program evaluation. The participants could not have been working at a psychiatric hospital outside of BHC Alhambra Hospital. The participants could not have been currently enrolled in a master's program that is focused on psychology, nursing, social work, or marriage and family therapy. The participants could not have been patients that receive group therapy services at BHC Alhambra Hospital.

Theory of Change

The theory that was used is Bronfenbrenner's ecological theory. This theory was utilized because many ecological levels make up a patient's reality. The theory was embedded into the program evaluation so that the issues within the macrosystem would be present. The

macrosystem “refers to institutional patterns of culture, such as the economy, customs, and bodies of knowledge” (Bronfenbrenner, 1994, pg. 37). The microsystem, “which refers to the relationship between a developing person and the immediate environment, such as school and family” (Bronfenbrenner, 1994, pg. 37), was also a vital ecological level that was utilized in the program evaluation. Lastly, Bronfenbrenner's theory shows any overlap in the different settings that the patients are a part of through the mesosystem. The mesosystem is “the linkages and processes taking place between two or more settings containing the developing person (e.g., the relations between home and school, school and workplace, etc.)” (Bronfenbrenner, 1994, pg. 40).

There were a few theory of change components that were utilized in the program evaluation.. Short-term outcomes showed how the administrative and clinical staff respond to issues encountered in delivering the program. Medium-term outcomes identified how well the administrative and clinical staff are educated and trained to work with dual diagnosis patients that are living in board and care facilities. It also was an opportunity to learn what outpatient program staff would need to make improvements. Long-term outcomes showed how well the outpatient program attends to the stabilization of patients. It also showed how well the outpatient staff implements care.

Structure of the Program

The structure of the program looked at the relationship between the board and care facilities and BHC Alhambra Hospital. This is important regarding patient care because of the lack of communication. The overall goal of the program evaluation was to identify the areas of improvement in the quality of patient care.

There were four focus groups in total. Two administrative and two clinical staff focus groups. The rationale behind this was to have free space to discuss the implementation of the program. It also was to allow for administrative staff to have a free space to discuss their roles as it pertains to having them together might have been problematic. The administrative staff focus group was conducted once a month for a total of two months. The clinical staff focus group was conducted once a month for a total of two months. The administrative focus groups were conducted in July and August 2022. The clinical staff focus groups were conducted in July and August 2022.

Data Type

The type of data that was collected was qualitative. This type of data was collected so that themes using qualitative interview methods could help detect the presenting issues to the key stakeholders. A codebook that lists codes was created to organize the data (See *Appendix B).*

Thematic Analysis

The methodology that was utilized in this program evaluation was thematic analysis. The evaluator asked the questions that were developed in the interview guide. After the focus groups had been conducted, the evaluator created codes and themes that were organized in a codebook. The evaluator was provided the opportunity to see the trends and themes of the interview data.

Instruments and Procedures

Standardized measures were utilized in the program evaluation. Focus groups were created and utilized when collecting data. The purpose of a focus group is to "understand how small, generally homogeneous groups view an issue or area of need" (Altschuld & Kumar, 2010, pg. 98). Focus groups created safety among the administrative and clinical staff that were participating in the program because of the group therapy services and staff meetings that are already occurring in the existing program. Staff was allowed to speak freely and without a filter in the focus group as opposed to a format that is unfamiliar to them. Examples of questions that were included in the focus group were the following: "What, if any, are the kinds of challenges in delivering the program?" , "What external factors to the treatment activities may influence its implementation?" and " Describe how well staff is trained or educated to implement the treatment program".

There are a few procedures that were conducted when collecting the data. A quick check-in with both administrative and clinical staff of BHC Alhambra Hospital's Outpatient Services was conducted to see how they were doing before starting the body of the focus group. The purpose of this was to make sure that all staff members were currently stable, and that they could participate in the focus group that day. The focus group focused on the experiences that administrative and clinical staff have had with working with dual diagnosis patients that are living in the board and care facilities. Each staff member was asked the same questions. Critical issues that are occurring within a board and care were processed and a plan of action on how to proceed with treatment occurred. After the session, the de-identified data was placed in an encrypted computer file on a password-protected laptop. The staff did not receive any incentive for participation in the focus group.

There were three participants in the first administrative staff focus group. In the second administrative staff focus group, there was only one participant. There was a total of eight participants in the first clinical staff focus group. In the second focus group, there were six participants.

Sample Methodology

A purposive sampling methodology was utilized in the program evaluation. This method was used because it allowed for "information-rich cases" (Markiewicz & Patrick, 2016). The outpatient program at BHC Alhambra Hospital is small, therefore, non-random sampling was utilized. Bamberger et. Al (2012) discuss how having a very small sample size and random sampling method would not be considered appropriate (Markiewicz & Patrick, 2016). The first piece to consider when putting together the program evaluation is the level of safety that the participants would have when attending. It is important for there to a zero tolerance for judgment based on the experiences that are shared within the group. Markiewicz & Patrick (2016) discuss that stakeholders must be informed about confidentiality and privacy regarding the data that is collected by the program evaluator.

Analyzing Data and Adjustments for Missing Participants

After the focus groups were conducted, data analysis began. The program evaluator created a separate document for each focus group. The evaluator looked at each document of data and read through it three times. After reading each document, the evaluator started to look for overarching themes and codes in the data. The evaluator started to code each focus group line by line while paying attention to themes in the data.

The codebook was created based on themes and codes that were found in the data. In the codebook, the program evaluator gave a definition of the code and example quotes that were found in the data. The program evaluator also labeled each quote with a specific participant number that correlated with each set of participants in the focus groups.

The identification of major themes was based on information that was given in the data. For example, a large portion of the data discussed Coronavirus 2019 (COVID-19) and how it impacted programmatic operations at BHC Alhambra Hospital's Outpatient Services program.

Time Frame of Collecting Data

Two administrative staff focus groups and two clinical staff focus groups were appropriate for this project. If the participant was absent from their regular group therapy sessions and was unable to attend the focus group, they were given more opportunities to be able to participate if they wanted.

Nine participants total were anticipated to participate in the focus groups. In the administrative staff focus group six participants were anticipated. In the clinical staff focus group three participants were anticipated. There were two administrative focus groups that were conducted. There were two clinical staff focus groups that were conducted. The administrative staff focus groups were conducted once a month for a total of two months. The clinical staff focus groups were conducted once a month for a total of two months.

Data Security

Data security is important when conducting any type of study or experiment. The data that has been collected was de-identified to ensure that it remains confidential.

The data that was collected was verbal responses. To reinforce the participants' rights to confidentiality, the focus groups were conducted in regular group therapy rooms and offices. These rooms will be utilized because when the regular group therapy sessions are over, there is a decrease in the number of patients, staff, psychiatrists, and nurses that are walking around that area of the hospital.

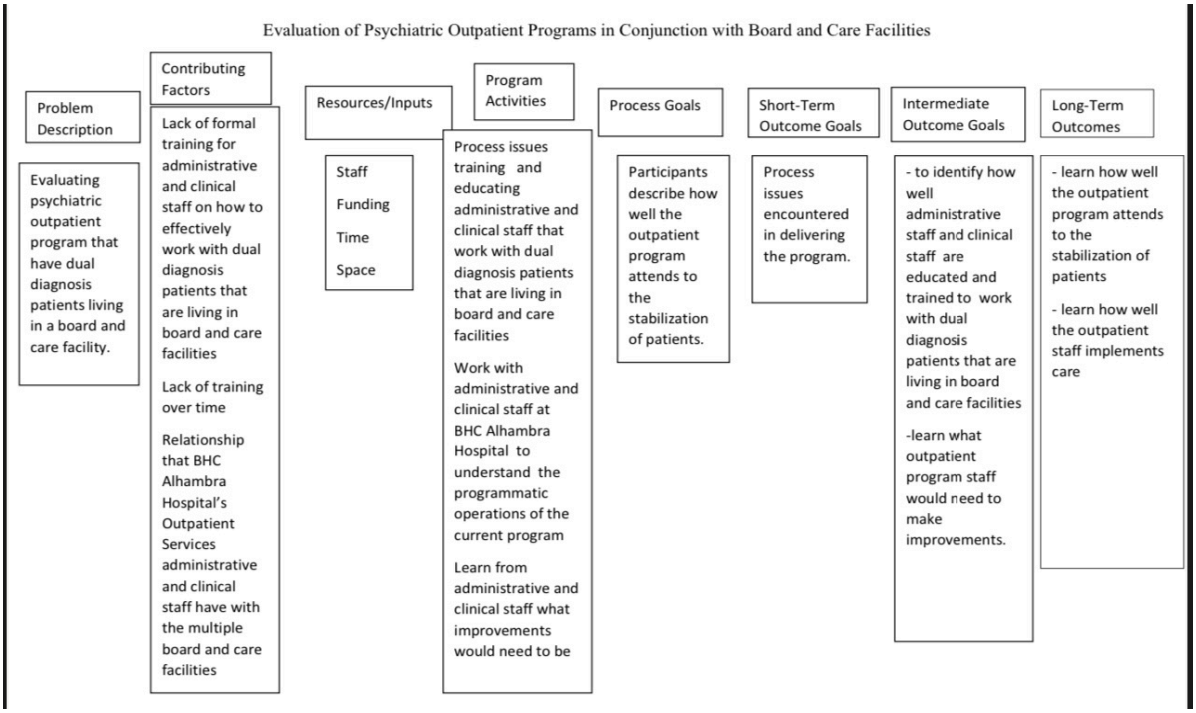

Figure 1. Logic Model Chart

Goals

Several goals were a part of the program evaluation. The process goal was that participants describe how well the outpatient program attends to the stabilization of patients. The short-term outcome goal was to process issues encountered in delivering the program.

There were a few intermediate goals of the program evaluation. The first goal was to identify how well administrative staff and clinical staff are educated and trained to work with dual diagnosis patients that are living in board and care facilities. The second short-term outcome goal is to learn what outpatient program staff would need to make improvements.

There were a few long-term goals of the program evaluation. The first goal was to learn how well the outpatient program attends to the stabilization of patients. The second goal was to learn how well the outpatient staff implements care.

Outcome Objectives

The first objective was to include the intended users of the evaluation information. For example, the outpatient program is part of a hospital. The CEO and CFO of the hospital may need the information regarding my program evaluation to see whether the interventions that were implemented fit the hospital.

The second objective was to clarify the intended program. To complete this objective, collaboration with the program director, clinical coordinator, and other staff members was needed to see if the program's intention and goals were clear.

The third objective was to look at how program evaluations were conducted at the hospital before the current one. The documentation of previous program evaluations was collected. This allowed for a comparison of the logic model that was created to the program's reality.

The fourth objective was to discuss what areas need improvement regarding the current healthcare system at BHC Alhambra Hospital's Outpatient Services program with the program director. Once the program director approved, the purpose of the program evaluation was discussed with the clinical coordinator. The communication cycle continued with therapists, case managers, psychiatrists, registered nurses, board and care operators, and liaisons.

The fifth objective was to explore alternative evaluation designs. The program director approved the idea of the program evaluation, design options were formulated and presented.

The sixth and final objective was to agree on the evaluation's priority and how the information was used. An agreement was made for evaluating the program. The agreement discussed the areas that will be evaluated and how the information would be used to refine the program.

Project Management Plan

The program evaluation was proposed on January 14, 2022, to the DMFT project committee at Loma Linda University. After passing the project proposal, the program evaluator submitted the Institutional Review Board (IRB) application and received the green light for data collection in June 2022 at BHC Alhambra Hospital's Outpatient

Services program. The program director, the clinical coordinator, the case manager, the Outpatient Services Program Therapists, doctoral practicum students, and doctoral interns were interviewed via focus groups. Focus groups were conducted once a month for two months and for forty-five minutes to ensure that there was a sufficient amount of data collected. The clinical staff focus group data was collected at BHC Alhambra Hospital at 3 PM and once billing has been considered "good". The administrative staff focus group data was collected at 8:30 AM. Data collection was completed during the second week of August 2022. After collecting the data, analysis of the data began the third week of August 2022 and ended the fourth week of August 2022. The final project defense was completed at the end of November 2022 via Zoom. After the necessary revisions have been approved, the outcomes of the program evaluation will be shared with the key stakeholders of BHC Alhambra Hospital's Outpatient Services program in the third week of December 2022.

Conclusion

In conclusion, the results of the current program evaluation assessed the program implementation, assessed the program results, and highlighted methods of program improvement. The value of conducting an evaluation of this program is to highlight the gaps in the current program and detail recommendations for program improvement. It was also important to interview the staff because it allowed them to discuss their own experiences working with the population and the program's implementation. The program evaluation allowed for in-depth discussions with administrative and clinical staff regarding the gaps within a psychiatric outpatient program that serves dual diagnosis patients that are living in board and care facilities.

CHAPTER FIVE

PROJECT OUTCOME

LOMA LINDA UNIVERSITY
School of Behavioral Health
in conjunction with the
Department of Counseling and Family Sciences

A Program Evaluation of BHC Alhambra Hospital Outpatient Services

by

Emily Rose House, MS, AMFT

A Project submitted in partial satisfaction of
the requirements for the degree
Doctor of Marital and Family Therapy

December 2022

CHAPTER 5: TABLE OF CONTENTS

Summary of Report

A summary of the Evaluation of a Psychiatric Outpatient Program in Conjunction with Board and Care Facilities will be described. The summary will include background information on the current existing program, the evaluation purpose, the methods that were used to complete the program evaluation, key findings, and recommendations. This program evaluation occurred during a unique time, Coronavirus 19 (COVID-19) pandemic.

Background

Behavioral Health Care (BHC) Alhambra Hospital's Outpatient Services program is considered a step-down from inpatient services on the level of care spectrum. The program goal of BHC Alhambra Hospital's Outpatient Services program is to sustain symptomology at a lower level of care. After discharging patients from inpatient services at BHC Alhambra Hospital, they are referred to the outpatient program. There are incidences where patients receive inpatient services from another hospital and are referred to the outpatient program at BHC Alhambra Hospital.

Evaluation Purpose

The purpose of the program evaluation at BHC Alhambra Hospital's Outpatient Services is to assess the program implementation, assess the program results, and highlight methods of program improvement. The value of conducting an evaluation of this program is to highlight the gaps in the current program and detail recommendations for program improvement. It was also important to interview the staff because it allows them to discuss their own experiences working with the population and the program's implementation. This program is embedded into a larger system. The evaluation covered outpatient services and only administrative and clinical staff. The program evaluation is

trying to understand the effectiveness of the current program. An evaluation of this program has not previously been done before. This evaluation may be the beginning stages of what is occurring and what can be changed or improved.

Methods

Evaluation Design

The structure of the program looked at the relationship between the board and care facilities and BHC Alhambra Hospital. This is important regarding patient care because of the lack of communication. The overall goal of the program evaluation is to identify the areas of improvement and the quality of patient care. The program evaluator developed an interview guide for the focus groups (See Appendix A). There were four focus groups in total. Two administrative and two clinical staff focus groups. The rationale behind this is to have a free space to discuss the implementation of the program. It also was to allow for administrative staff to have a free space to discuss their roles as well. The focus groups were approximately one hour in length each.

Data Collection

The type of data that was collected was qualitative. This type of data was collected so that themes using qualitative interview methods could help detect the presenting issues to the stakeholders. The interview guide that was created was divided into two sub-questions (See Appendix A). A codebook that lists the themes and codes was created to organize the data. Furthermore, all quotes utilized were transcribed verbatim and without modification.

Two administrative focus groups were conducted in July and August 2022. The administrative staff focus group was conducted once a month for a total of two months. In

the first administrative focus group, there were three participants. In the second administrative focus group, there was only one participant. This participant also attended the first focus group.

Two clinical staff focus groups were conducted in June and July 2022. The clinical staff focus group was conducted once a month for a total of two months. In the first clinical staff focus group, there were eight participants. In the second administrative focus group, the same six participants attended. The evaluator chose to utilize the time to ask if there was any additional information that was not included in the previous focus group. The administrative staff and clinical staff focus groups were collected at two different time points.

Target Population

The target population for this doctoral project is specific to the location of BHC Alhambra Hospital. The administrative and clinical staff interviewed for this evaluation are currently providing Intensive Outpatient and Partial Hospitalization levels of care to patients in the program. It was also important to interview the staff because it allowed them to discuss their own experiences working with the population and the program's implementation. The program evaluator utilized the administrative and clinical staff that work with dual diagnosis patients and currently live in a board and care facility.

The program evaluator recognized inherent biases and created boundaries when conducting the focus groups for both clinical and administrative staff. One such bias would be that the program evaluator is currently working as an Outpatient Services Program Therapist at BHC Alhambra Hospital which is in Rosemead, CA.

Data Analysis

The methodology that was utilized in this program evaluation was thematic analysis. Thematic analysis is a method of analyzing data that involves searching across the data to identify, analyze, and report any patterns (Braun and Clarke 2006). Thematic analysis is used to not only describe data but also to interpret the process of selecting codes and themes. A feature of thematic analysis is the ability to be used within a range of frameworks. Thematic analysis can also be used in a vast range of study questions, research designs, and sample sizes (Kiger & Vipor, 2020). The evaluator asked the questions that have been developed in the interview guide. After the focus groups were conducted, the evaluator created codes and themes that were organized in a codebook. The evaluator then provided the opportunity to see the trends and themes of the interview data.

Interpreting Findings

In this section, the key findings of the data will be interpreted.

This evaluation occurred during a unique time, the global pandemic, COVID-19. The overall research question was: How effective is the staff implementation of care? There were two sub questions under the overall research question. The first sub question was: to what extent are outpatient services program therapists receiving training and supervision to adequately deliver services? The second sub question was: to what extent do the outpatient services program therapists think program interventions assist patients in achieving stability? The themes that were found in the data were the following: Education, Programmatic Operations, and Team. Under the education theme, the codes that are associated are the following: training and knowledge. The programmatic operations theme had the following codes that were associated: interruptions,

communication, implementation, and outcomes. Lastly, the theme Team had the following codes that were associated: teamwork, complex symptomology, self-care, motivation, and support. The major themes of subquestion one for both administrative and clinical staff at BHC Alhambra Hospital's Outpatient Services were: programmatic operations and education. The major themes of subquestion two for both administrative and clinical staff at BHC Alhambra Hospital's Outpatient Services were: programmatic operations and team.

There were similarities in the data when discussing programmatic operations that were affected due to COVID-19. For example, administrative and clinical staff at BHC Alhambra Hospital discussed how COVID-19 testing at the multiple board and care facilities interrupted the treatment day by having dual diagnosis patients come to the outpatient program late or not at all. There were also similarities when both administrative and clinical staff discussed methods on how to motivate dual diagnosis patients that are living in board and care facilities. An example of this is when the program has "Tap-store", which is run by the board and care liaison twice a week. This is where dual diagnosis patients can obtain hygiene items and snacks to take home with them to their board and care facility. A difference in the data for both administrative and clinical staff was education and training. This was due to the fact that there were differences not only in their opinions but also in their training and knowledge.

Education

How administrative and clinical staff at BHC Alhambra Hospital are trained and have knowledge regarding the implementation of patient care was a theme in the data. The

first theme is education. Under the theme of education, there are two codes, Training, and Knowledge. The method in which administrative and clinical staff are trained to work with dual diagnosis patients that are living in board and care facilities was highlighted through the data.

Training

The first code under the theme of Education was Training. The code Training was defined in the data as any skill that has been learned or mastered throughout the duration of a participant's experience at BHC Alhambra Hospital. An example of Training was stated by Participant 1 (P1) in the administrative staff focus group. The excerpt reads: "I think upon hire, I do my best to train everybody as best as I can. And then, that's why we have our weekly meeting so we can kind of talk about other patients and talk about how to deal with more difficult patients. Because when staff comes on here often, they're very green whether we hire them on with a master's degree or we bring in our interns or prac students, they're very green. So, I feel like there's only so much Dadourian can do to train". Administrative staff discussed how the program trains the clinical staff to implement care through hands-on experience. This has provided clinical staff with hands-on knowledge and training in working with dual diagnosis patients that are living in board and care facilities. The Outpatient Services Program Therapists, doctoral interns, and practicum students receive supervision from a licensed mental health clinician who holds a marriage and family therapy, clinical social work, and clinical psychology license. The program also facilitates weekly staff meetings for clinical staff. The weekly staff meetings are held by the clinical coordinator of BHC Alhambra Hospital's Outpatient Services. The clinical and

administrative staff also have opportunities to debrief, learn, or provide insight to other members of the multidisciplinary team.

Knowledge

The second code under the theme of Education was Knowledge. Knowledge was defined as any previous learning based on hands-on experience or coursework. Administrative staff and clinical staff discussed the lack of knowledge that they personally had in working with dual diagnosis patients that are living in board and care facilities. Participant 4 (P4) from the second clinical staff focus group stated: "Well, I think there could be better training for us with the population we work with. Like some of us might have had a social work background, right? So, you might not know what a board and care is or know things about Social Security". The data that was collected reflected the code knowledge by having participants describe how they have been trained in graduate school, past jobs, or through hands-on experience.

Programmatic Operations

The data that was collected from BHC Alhambra Hospital's Outpatient Services administrative and clinical staff shows that Coronavirus Disease 2019, which is also popularly known as COVID-19, changed programmatic operations at BHC Alhambra Hospital's Outpatient Services. COVID-19 is an illness that was caused by a virus called SARS-CoV-2 and was discovered in 2019 (CDC, 2022). BHC Alhambra Hospital's Outpatient Services has had to restructure programmatic operations due to COVID-19. This can be seen as administrative and clinical staff focusing not only on dual diagnosis

patients' clinical issues but also on the ways that patients and staff interact due to the global pandemic.

Interruptions

The first code under the theme Programmatic Operations was Interruptions. Interruptions is defined as an obstruction in the programmatic process. An example excerpt of the code interruption is from the first clinical staff focus group and Participant 1 (P1). The excerpt is the following: "Another thing too is being tested for Covid. Sometimes, patients won't come in or their doctor is going to come to the board and care. If that happens, they won't come in or they will come in late. They may also have to leave mid group to see the doctor and they don't come back. It's like you didn't spend forty minutes seeing the doctor. Smoking a cigarette is another one or drinking their coffee ". Administrative and clinical staff discussed how dual diagnosis patients that are living in board and care facilities receive COVID-19 testing once a week at their specific board and care facilities. This interrupts the way that staff implements care because patients will come into group therapy sessions late or miss group therapy sessions due to testing. There have also been instances in which board and care facility operators have removed their dual diagnosis patients from receiving care at BHC Alhambra Hospital due to an increase in COVID-19 cases. Outside of COVID-19 being an interruption to the implementation of care for dual diagnosis patients, clinical staff discussed the scarcity of patients that are attending group therapy sessions. This is apparent at times due to a low census in the outpatient program.

Communication

The second code under the theme Programmatic Operations was Communication. Communication was defined as any verbal responses between BHC Alhambra administrative staff, clinical staff, board and care facilities, support staff, or patients. An example of the code communication was from Participant 1 (P1) in the administrative staff who stated, "If there was more, you know, communication between the program and board and care maybe we could find a more stable schedule for some of these patients". The data also reflected that there is a lack of communication between BHC Alhambra Hospital's Outpatient Services and board and care facilities that house dual diagnosis patients. This lack of communication also affected program outcomes. These outcomes are shown through BASIS-32 assessments and are given to dual diagnosis patients at admission and completed every sixty days by the step-down navigator, Robert Leyba.

Implementation

The third code under the theme Programmatic Operations was Implementation. Implementation was defined as interventions or programs that have been provided in addition to the current program. An example quote regarding implementation was from Participant 3 (P3) in the administrative staff focus group who stated: "Many years ago when I was more hands on with interns, I would say get close. But COVID reversed that for us. Our whole transportation model changed due to spacing, preemptive checks of temperatures, mask wearing, and handwashing. I mean, all those things came to the forefront suddenly. Yes, they were important but never like this. It's really changed our approach. Just an initial thing around spacing. What we used to do was if we had a driver

they go out and pick up ten patients a day. We had to not only change the way that the drivers picked the patients up with all the screening and the spacing, but we also had to change the number of routes that they made. They would have to make a trip and pick four patients up and then do the same thing again. Whether you got picked up in the first group or the second group determined if you made it to the program or not. So, there was a lot of programmatic adjustment based on COVID. I could take you back to a time when the riots hit LA and changed our program quite a bit, but I'll skip that. But COVID is a great example of external factors ". The way that COVID-19 changed the implementation of the outpatient program was highlighted in the administrative focus groups.

Outcomes

The last code under the theme Programmatic Operations was Outcomes. Outcomes are defined as any data that displays the results of the program's current success. An example quote of the code outcomes was from Participant 3 (P3) in the administrative staff focus group who stated: "Well we never delay improvement in a patient based on timing. To me, that sounds like one of those questions. Of course, the earlier the better if we can get progress, and, significant progress. One day, I think we build on that so of course, we must meet, you know, establish criteria, and justify, not only admission but continue to stay as well as discharge criteria. All those things need to be evaluated. I think those are important aspects of care from what my experience tells me, especially working with a specific population". The outcomes collected from the BASIS-32 assessments are provided to the clinical staff who are creating treatment plans for a specific patient. Every sixty days the BASIS-32 is updated so that the treatment

focus remains current. This allows dual diagnosis patients to describe their own life experiences based on the assessment criteria and is monitored over time.

Team

Although administrative and clinical staff at BHC Alhambra Hospital's Outpatient Services are two distinct entities, they work together to help dual diagnosis patients navigate the impact that complex symptomology has on their daily lives. Every member of the team works to create an environment for dual diagnosis patients to feel a sense of community when they come to the program for services.

Teamwork

Teamwork is the first code under the theme Team. Teamwork is defined as any information about working as a team, including but not limited to administrative staff, clinical staff, and other contracted forms of support. An example excerpt of the code teamwork is from the first clinical staff focus group and Participant 2 (P2). The excerpt is the following: "The psychiatrists are not even a part of our treatment team meetings. We have no interactions with the psychiatrists at all". The administrative and clinical staff at BHC Alhambra Hospital's Outpatient Services work together as a multidisciplinary team.

Complex Symptomology

Complex Symptomology is the second code under the theme Team. Complex Symptomology was defined as any psychiatric and/or medical diagnosis. An example excerpt from the first administrative focus group and Participant 3 (P3) is the following:

“The emphasis was placed on patient care and what was best for the patient. The other thing that we saw in the chronic population was with each episode of decompensation, the patients had a tendency of stabilizing over a period of time and improving their previous level of functioning”. The administrative and clinical staff at BHC Alhambra Hospital’s Outpatient Services program work with dual diagnosis patients that are living in board and care facilities. The dual diagnosis patients that administrative and clinical staff serve have complex symptomology.

Self Care

Self care is the third code under the theme Team. Self care was defined as interventions or treatment activities that administrative and/or clinical staff help facilitate for patient care. An example excerpt for the code self care is from the first administrative focus group and Participant 1 (P1) and it is the following: “Um, you know sometimes I cry. Honestly, that's because I don't do anything to control everything that's happening throughout the day, so I don't really know how to answer that question because, I'm not very good at implementing anything with myself to lower my anxiety sometimes about what's going on”. As a team, the administrative and clinical staff at BHC Alhambra Hospital’s Outpatient Services also engage in self-care. There are times when dual diagnosis patients have passed away. These instances greatly impact the administrative and clinical staff at BHC Alhambra Hospital’s Outpatient Services given the community-based care that is implemented. The clinical and administrative staff are informally notified about the loss of a patient.

Motivation

Motivation is the fourth code under the theme Team. Motivation is defined as the treatment activities that administrative, clinical, or other support staff facilitate for the patients to attend the program. An example of the code motivation that was taken from the first administrative focus group and Participant 1 (P1) is the following: “I think it helps a lot because for example, we have a patient right now that's homeless and he should be here five days a week, but he maybe shows up twice or three times a week and that's due to housing. Um, those places like we mentioned earlier who kind of push them to come and, get a meal at night. They get a good night sleep. They wake up in the morning and the employees are pushing to come to the program. Our drivers go and pick them up and bring them in, so I think that's a very big part of it as well. I think for the community that we're serving; it's not just therapy, it's not just medication, it’s not just where they live. It's again, it's everybody working together to make their lives a little bit more bearable”. There are ways that the administrative and clinical staff motivate dual diagnosis patients that are living in board and care facilities. Outpatient Services has the “Tap-store”, a store that is held by the board and care liaison. The Tap-store is a store that is held twice a week where dual diagnosis patients can receive hygiene items and snacks to take home to the board and care facilities. Dual diagnosis patients “pay” for items by a point system. Dual diagnosis patients gain points by coming to group therapy sessions. A second way that administrative and clinical staff motivate patients to come to the program is through pizza parties that occur on the Friday before a holiday.

Support

Support is the fifth code under the theme Team. Support was defined as any help that facilitates patient care. An example excerpt for the code support was taken from the first clinical staff focus group. The excerpt is the following: “I know that for me on my first day I was kind of thrown in blindly but yeah, I didn’t necessarily feel prepared with the resources. I felt more prepared with support knowing that my peers were in the same situation as I was. So, in that sense, I was not the only one that was going into unknown territories. To be completely honest, it was very intimidating. Essentially going in blindly, but I wouldn’t take that away because that helped in a lot of scenarios. That helped with this level of patients to not feel that sense of fear once you are kind of been in those types of situations”.

Significance of Findings

The findings of the program evaluation were significant. The findings increase understanding of how effective the staff implementation of care is at BHC Alhambra Hospital’s Outpatient Services. The findings show how the administrative and clinical staff have attempted to adapt to interruptions that occur in the treatment process, which then interrupt the way that the program is implemented.

The findings of the program evaluation answer the original research question by providing factors to which the implementation of the program is interrupted. This directly affects administrative and clinical staff which then cascades down to dual diagnosis patients that are living in board and care facilities.

These findings are useful in terms of contributing to theory-building, creating policy, informing clinical practice, and administrative processes. This can open opportunities for improvement and an assessment of how administrative and clinical staff at BHC Alhambra Hospital's Outpatient Services can implement therapeutic services for dual diagnosis patients that are living in board and care facilities. The effectiveness of the assessments that are done by administrative and clinical staff can be discussed further during weekly staff meetings.

Recommendations

There are a few recommendations that the program evaluator has developed based on the evaluation data and report. The program evaluator is currently an Outpatient Services Program Therapist at BHC Alhambra Hospital. As the program evaluator completed this project and developed recommendations for the current program evaluation, they recognized that they have pre-existing ideas about the areas of program improvement and writing recommendations. To attend to these biases, the program evaluator strictly focused on the data and utilized quotes from the participants.

Coronavirus (COVID-19) changed the way that BHC Alhambra Hospital's programmatic operations were implemented in the psychiatric outpatient program. The first recommendation for administrative and clinical staff at BHC Alhambra Hospital's Outpatient Services program is to develop a plan of action if the implementation of the program is interrupted. This plan is recommended to be put into place before dual diagnosis patients that are living in board and care facilities are brought to the program. Although it may be difficult to predict when interruptions to the program operations can

occur, it is recommended that administrative and clinical staff at BHC Alhambra Hospital are notified during weekly programmatic operations meetings. These meetings will be an addition to the current existing weekly staff meetings. However, the programmatic operations meetings will solely focus on program implementation and not on clinical issues. This plan will help to support administrative and clinical staff implement services for dual diagnosis patients that are living in board and care facilities.

There is a lack of communication between the board and care facilities and BHC Alhambra Hospital's Outpatient Services. The second recommendation is for BHC Alhambra Hospital Outpatient Services administrative staff is to be in consistent communication with the multiple board and care facilities that the program serves. This includes but is not limited to the reasoning of why dual diagnosis patients are absent from the program. This communication can help to notify staff when dual diagnosis patients will have medical testing particularly for COVID-19. This can also help to identify other options such as telehealth to adequately bring more consistent therapy services to dual diagnosis patients that are living in board and care facilities. Clear and effective communication would also consist of the board and care facility operators communicating with BHC Alhambra Hospital's administrative staff on the stability of the dual diagnosis patients that are living in board and care facilities. This could occur as a supplement to when the clinical coordinator communicates with the van drivers on whom they have picked up to bring to BHC Alhambra Hospital's Outpatient Services to accurately schedule them for that treatment day. A training manual that is developed by the program director and the program developer for administrative and clinical staff could

provide information on communicating with the multiple board and care facilities which could be helpful for the implementation of the program.

There is limited training and education for administrative and clinical staff before working with dual diagnosis patients that are living in board and care facilities. The third recommendation is for administrative and clinical staff to be trained and educated on the population the program serves prior to their working start date. This will allow administrative and clinical staff to feel confident and knowledgeable when providing services to dual diagnosis patients living in board and care facilities. As discussed in earlier recommendations, a training manual will be developed by the program director and the program developer. The training manual will include contact information for the multiple board and care facilities, a list of the board and care facility operators, information on programmatic operations at BHC Alhambra Hospital's Outpatient Services program, and a detailed plan of action if a program interruption occurs. This information could be helpful for administrative and clinical staff at BHC Alhambra Hospital's Outpatient Services Program so that every member of the treatment team is educated and trained on the daily programmatic operations of the program.

CHAPTER SIX

DISCUSSION AND APPLICATIONS

Summary of Project Outcomes

As stated earlier in this document, the program evaluation was conducted during a unique time, the Coronavirus 2019 (COVID-19) pandemic. The pandemic changed the way that BHC Alhambra Hospital implemented its outpatient services program. Due to the global pandemic, how the various board and care facilities communicate with BHC Alhambra Hospital's Outpatient Services has changed. Lastly, there is limited training and education for administrative and clinical staff before working with dual diagnosis patients that are living in board and care facilities.

Revisiting the Gap in Literature

There is a large gap in current literature and research on this topic . This evaluation is the beginning stage of addressing such a gap. This is the first program evaluation of its kind that looks at how clinical staff and administrative staff are trained and educated to work with dual diagnosis patients that are living in board and care facilities.

Limitations

Access to current literature and research is a limitation of the program evaluation. The present literature and research date back to the 1960s and 1970s. Due to the lack of current research and literature, administrative and clinical staff at BHC Alhambra Hospital's Outpatient Services are trained to work with the population by utilizing real-life

experiences that they have had with dual diagnosis patients that are living in board and care facilities. A second limitation is the number of participants. BHC Alhambra Hospital's Outpatient Services has a small administrative and clinical staff. This resulted in a narrow range of variability in the data that was collected.

Future Directions

Coronavirus (COVID-19) changed the implementation of BHC Alhambra Hospital's Outpatient Services program. There are a few future directions that could be taken with this program evaluation. Administrative staff implementing a training manual for new and existing clinical staff could provide education and training on how to effectively work with dual diagnosis patients that are living in board and care facilities during a global pandemic. This manual could include various ways in which BHC Alhambra Hospital's Outpatient Services administrative and clinical staff can provide information on programmatic operations, specifically, communication with the multiple board and care facilities that house dual diagnosis patients. For example, if there is a transportation issue for dual diagnosis patients that are living in board and care facilities, the van driver of that specific van or vans could communicate with the facility program director and clinical coordinator to inform them of the situation. After the program director and clinical coordinator are notified, communication with the multiple board and care facilities can occur and be remedied quickly and effectively. Once the interruption is handled, the van driver may communicate back to the program director and clinical coordinator to provide feedback on how the method that was implemented worked. If the plan was not successful, the program director and clinical coordinator may make changes

to this plan of action. This manual can include interruptions that may interfere with programmatic operations at BHC Alhambra Hospital's Outpatient Services. The manual could also include various training or education scenarios that further support administrative and clinical staff. This manual can be updated annually or as needed to support the existing program. Any new global issues and training on working with dual diagnosis patients living in board and care facilities should be included. This manual will utilize the program director to aid the program developer in creating the training manual. A follow-up program evaluation should be conducted within five years to identify any new gaps in the existing program.

Relevance and Applications to the Field

The evaluation of a psychiatric outpatient program in conjunction with board and care facilities is relevant to the field of marital and family therapy because it focuses on understanding how to effectively train and educate doctoral-level therapists in various clinical settings.

An evaluation of this scope is limited and there is no current research on the population. Marriage and Family Therapists are experts in analyzing effective and ineffective dynamics within systems, how these dynamics impact the actions of their members, the communication patterns that exist, and the outcomes that are produced. This project was an important endeavor because it displayed the gaps, dynamics, and patterns in the systems that are present within BHC Alhambra Hospital's Outpatient Services program. The identification of the gaps has allowed the program evaluator to make recommendations for changes in the current program which could impact the future of

BHC Alhambra Hospital's Outpatient Services and the way that it looks at systemic change.

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APPENDIX A

INTERVIEW GUIDE

Research Question: How effective is the staff implementation of care?

Sub Question 1: To what extent are outpatient services program therapists receiving training and supervision to adequately deliver services?

-What, if any, are the kinds of challenges encountered in delivering the program?
Probe: Were there enough resources from the beginning to do it well?
- Describe how well staff is trained or educated to implement the treatment program.
Probe: What skills are needed to facilitate the program processes from beginning to end?
- What external factors to the treatment activities may influence its implementation?
-What other organizations, if any, are the program collaborating with, including subcontractors?

Sub Question 2: To what extent do the outpatient services program therapists think program interventions assist patients in achieving stability?

-In your experience, describe how well the outpatient program attends to the stabilization of patients
-How well do treatment activities help patients gain or maintain independence? (i.e. Stabilized housing)
-What if any treatment interventions could be improved or added?
Probe: What would outpatient program therapist staff need to make these improvements?
-At what point in the treatment process would you want to see the improvements?
Probe: At intake, midpoint (60 days- BASIS-32 Assessment), or the end of treatment?
-What treatment interventions do you find most helpful?
Probe: Is there a particular intervention that you utilize?

APPENDIX B

CODE BOOK

Research Question: How effective is the staff implementation of care?

Category/Theme	Code	Definition	Illustrative Quote with Participant ID
Education	Training	Any skills that have learned or mastered throughout the duration of a participant's experience at BHC Alhambra Hospital	P1 (Admin staff)- ": I think upon hire I do my best to train everybody as best as I can and then that's why we have our weekly meeting so we can kind of talk about other patients and talk about how to deal with more difficult patients because when staff comes on here more often than not they're very green whether we hire them on with a masters degree or we bring in our interns or prac students they're very green so I feel like there's only so much Dadourian can do to train"
	Knowledge	Any previous learning based on hands-on experience or coursework	P4 (Clinical Staff)- ". You hear a lot of it in school. But building that relationship. The rapport. With a patient. That's the

			most meaningful. They get the best benefit from ordinarily and that gives you an entry way to whatever treatment is necessary, but that particular component is like at the core of everything I think”
Programmatic Operations	Interruptions	Obstruction in the programmatic process	P1 (Clinical Staff)- “Not enough drivers to bring in patients. I mean we just had a van blow up. With that some patients are coming in late to group
	Communication	Any verbal responses between BHC Alhambra administrative staff, clinical staff, board and care facilities, support staff, or patients	P1 (Admin Staff): “if there was more you know more communication between program and board and care maybe we could find a more stable schedule for some of these patients”
	Implementation	Interventions or programs that have been provided in addition to the current program	P3 (Admin Staff): “one of those situations where we should constantly be looking at what can we do next I am more than others and I know the deadline on my title is the program Director I still am a very kind of individualized out

			of the focus for me cultural places of Iindividual care are we doing right by Joe and Sally versus the whole program looking at these big pictures of course I have to do that. But again it really comes down to the world works for this guy”
	Outcomes	Any data that displays the results of the current success of the program	P3 (Admin Staff): “ I have some small stats around that for a observatory report for a monthly basis. But you know is that the best measure of efficacy at this level of care
Team	Teamwork	Any information pertaining to working as a team, which includes but is not limited to administrat ive staff, clinical staff, and other contracted forms of support	P1 (Clinical Staff)- “We encourage all the patients to advocate. Like go to the doctor. Or have you talked to the doctor today? The doctors here. Remember you said that you are not getting sleep. I feel that we all say that because we don’t have a triage team with the psychiatrists, so we have to encourage the patients to do that advocate for themselves “
	Complex Symptomology	Any psychiatric and/or medical	P1 (Admin Staff)- “ The boss takes

		diagnoses. This also includes medication compliance and those that support	them on because he knows that you know I don't want to say difficult because I feel like that's not the best word to use but they're intense patients and there you know they're struggling and sometimes other programs and places don't know how to better the patient or help the patient better themselves and I kind of love that about our program because we have such extreme patients somehow that we've been seeing for so long and there's such a big change because you know we're here for them and that's that not.
	Self-Care	Interventions or treatment activities that administrative and/or clinical staff help facilitate for patient care	P1 (Admin Staff): "Meditations not a bad one you know doing some deep breathing yourself. Retreating to your office if you have one for a little bit of quiet time to Just to process what's going on yourself"
	Motivation	The treatment activities that	P1 (Admin Staff)- "Board and cares

		administrative, clinical, or other support staff facilitate for the patients to attend program	that do push their Patients to come here and do encourage him to come here “
	Support	Any help that facilitates patient care	P1 (Clinical Staff): “I know that for me on my first day I was kind of thrown in blindly but yeah, I didn’t necessarily feel prepared with the resources. I felt more prepared with support knowing that my peers were in the same situation as I was. So, in that sense I was not the only one that was going into unknown territories. To be completely honest it was very intimidating. Essentially going in blindly but I wouldn’t take that away because that helped in a lot of scenarios that helped with this level of patients to not feel that sense of fear once you are kind of been in those types of situations”

APPENDIX C

FOCUS GROUP PARTICIPANTS

Table 1 Focus Group Participants

Clinical Staff Focus Groups	Administrative Staff Focus Groups
8	**3**
6	**1**
14	**4**