

# FY 2021-2024 Final Report

## The Healing Project Kern County MHSA Innovations



# TABLE OF CONTENTS

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- Table of Contents .....
- Overview .....
- Program Description .....
- Program Goals.....
- Methodology.....
- Evaluation Design .....
- Outcome Surveys Collected by Survey Type .....
- The Healing Project .....
- Demographics .....
- The Healing Project .....
- Self-Report Survey Outcomes .....
- Summary .....
- Program’s Future & Dissemination of Results.....

# OVERVIEW

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## Program Description

The Healing Project is a Recovery Station in Bakersfield that operates 24 hours per day, 7 days per week. Services are voluntary and provided in a safe, sobering environment for individuals to reduce intoxication. The Recovery Station is staffed by clinicians, substance use specialists, and peers with lived experience who seek to provide adults currently experiencing substance use or alcohol-related crises with access and linkage to appropriate mental health and substance use care. Individuals receive substance use screening, brief clinical interventions and resources, and are connected to ongoing services in the community. Guests may also have co-occurring behavioral health disorders. Individuals may be referred or transported by law enforcement or other designated community partners. The typical length of stay is 4 to 10 hours.

## Program Goals

The Healing Project will continue to reduce arrests and admissions to the Psychiatric Crisis Centers. At the Recovery Station, 75% of clients will be satisfied with the services they receive, where client feedback is tracked using Satisfaction Surveys. The Recovery Station will also offer clients linkage to substance use disorder (SUD) and/or mental health (MH) services. Additionally, 25% of clients will follow up with SUD/MH treatment. The project will serve 1,600 consumers annually.

# METHODOLOGY

## Evaluation Design

To fulfill the reporting requirements of the Mental Health Services Act (MHSA), Kern County Behavioral Health and Recovery Services (KernBHRS) contracted with EVALCORP to gather and analyze data from Innovations (INN) programs. The evaluation tools in use for Innovation programs were originally developed by separate contractors working with programs. For The Healing Project, these tools included 1) a demographics questionnaire and 2) an outcomes questionnaire. The results of these tools are included in the present report.



**Stakeholder engagement.** Stakeholders were engaged in the evaluation process throughout the duration of the project. KernBHRS staff and Healing Project staff reviewed data collection tools and revisions were made based on their feedback. All yearly reports were reviewed by the primary intended users (KernBHRS staff and Healing Project staff) to obtain their input and perspectives. All feedback was incorporated, and the final and interim reports were provided to the stakeholders.

**Cultural competency of evaluation.** This process included ensuring that data collection and the respective tools were culturally appropriate and used inclusive language. More specifically, this entailed reviewing questions and survey response options, language needs, and working with staff to reduce respondent burdens in completing evaluation surveys. This was done by developing a tailored questionnaire that allowed participants to confidentially answer questions about their experiences, then hand the questionnaire back to the staff, who input additional information about the participant.

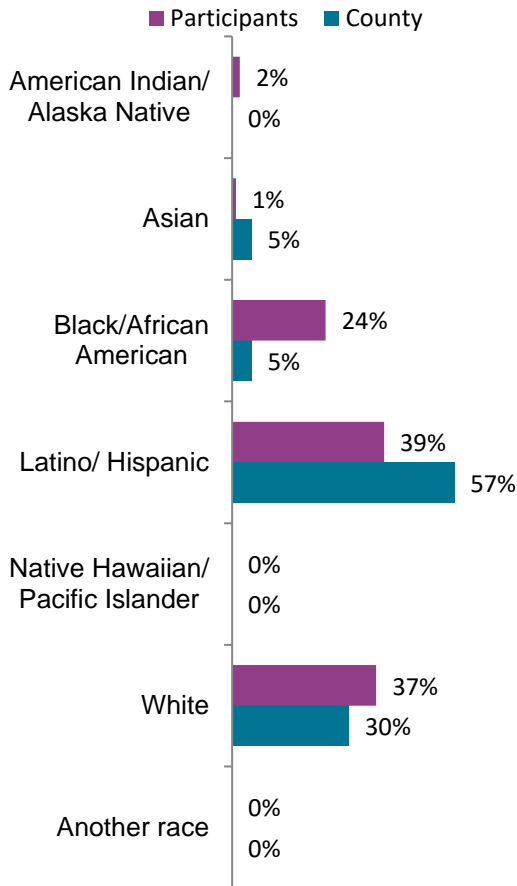
## Outcome Surveys Collected by Survey Type

Survey results from The Healing Project (n = 1295) are presented in this report. Many of these participants are likely to be duplicates, a consequence of the anonymized data collection strategy.

# THE HEALING PROJECT

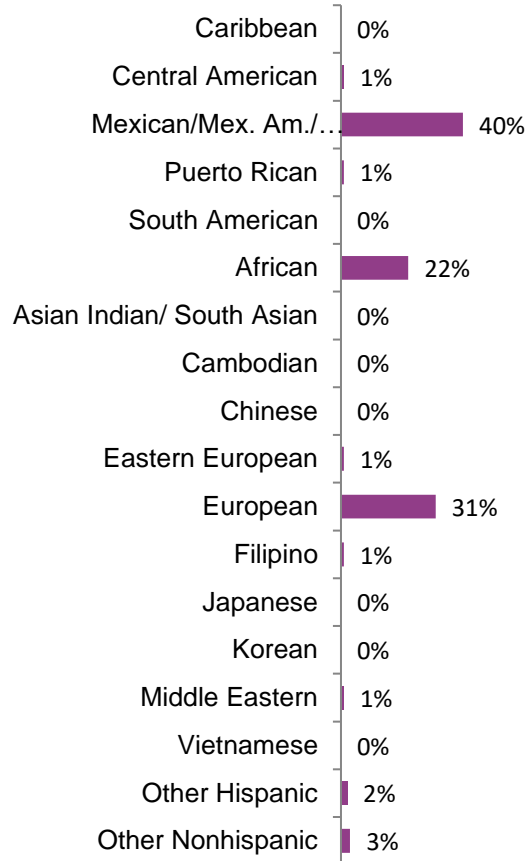
## Demographics

**Race (n = 1282)**



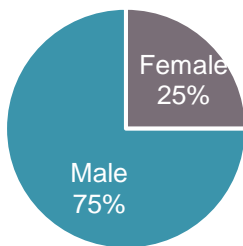
Note: 19 participants declined. County demographics are derived from the 2022 American Community Survey.

**Ethnicity (n = 1064)**



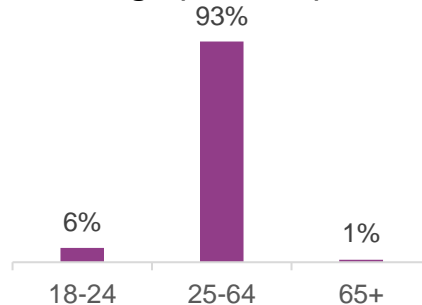
Note: 237 participants declined.

**Gender (n = 1295)**



Note: 6 participants declined. Less than 1% of participants indicated another gender.

**Age (n = 1269)**



Note: 32 participants declined.

**Language (n = 1293)**

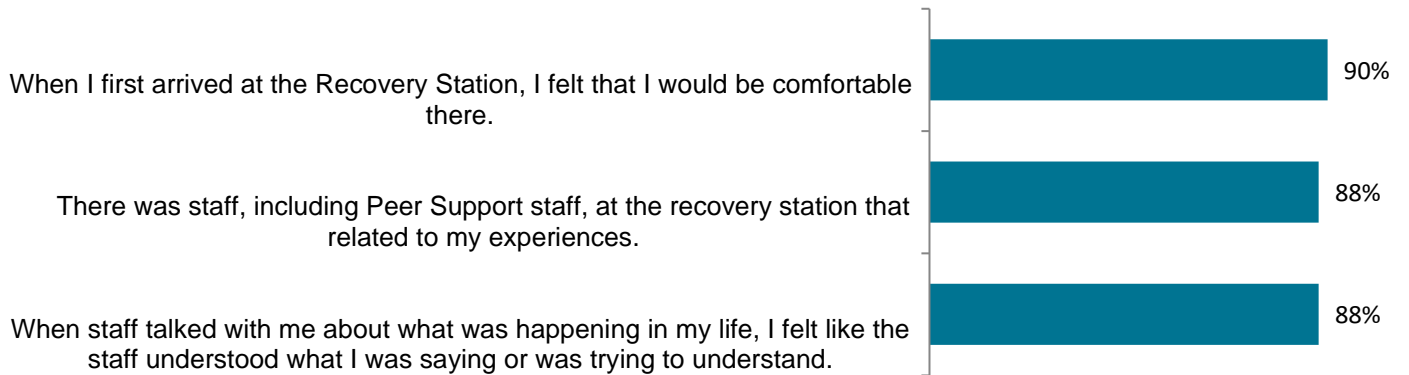
English	98%
Spanish	1%
Both English & Spanish	1%
Other	0%

Note: 8 participants declined. Less than 1% of participants indicated other.

# THE HEALING PROJECT

## Self-Report Survey Outcomes

### Program Satisfaction and Cultural Competency Percent of Participants Who Agree (n = 1257)



**92% of participants were “Very Pleased” or “Pleased” with services at The Healing Project.**



**The program achieved its target of 75% positive feedback on SUD/MH items (82% & 84%). There were no major differences in outcomes or satisfaction across gender, language, race, or age groupings.**

### Peer Support and Intentions to Enter Treatment (n = 1249)

	% Definitely or Probably
During your stay, was it helpful to receive recovery coaching and support from a staff member that has had experiences with drug and alcohol use and/or mental health challenges?	90%
I am likely to begin or continue treatment for alcohol and/or drug use after being at the Recovery Station.	82%
I am likely to begin or continue treatment for mental health challenges after being at the Recovery Station.	84%

# THE HEALING PROJECT

## Summary

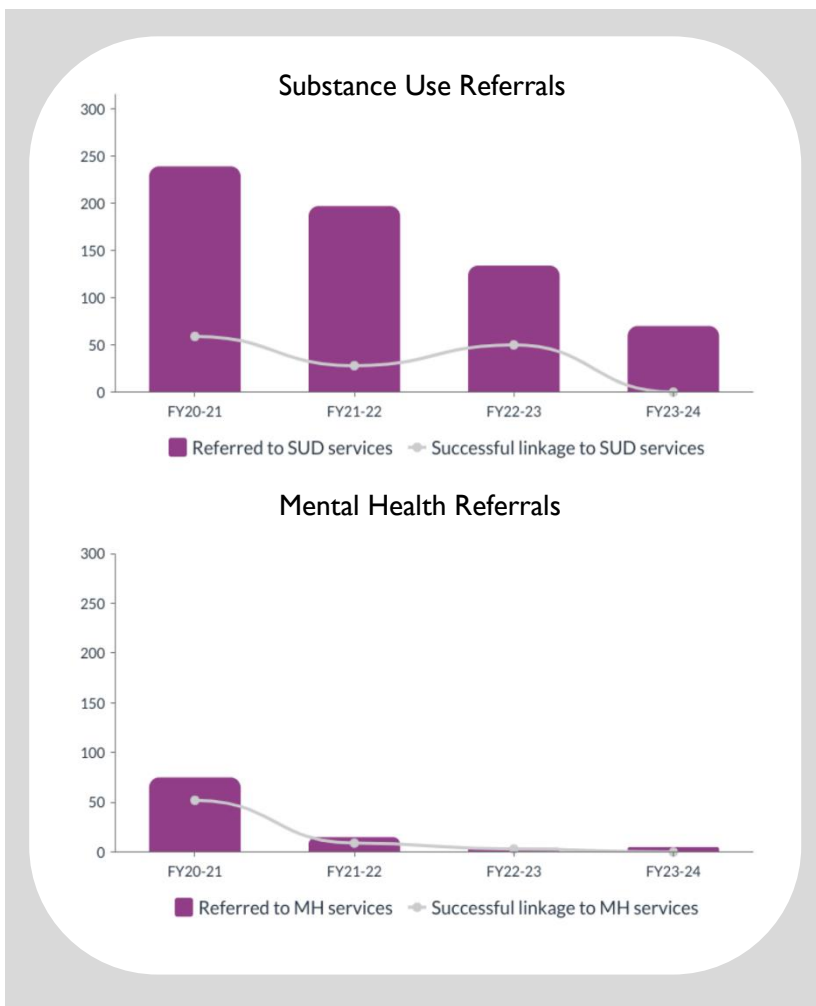
A statistical modelling process was implemented to assess which activities or elements of the Innovative Project contributed to successful outcomes.<sup>1</sup> The model tried to predict who would say that they were likely to attend to attend treatment after receiving services. We looked at four possibilities to determine which one was the most likely. One possibility was that this was simply random. Another possibility was that people who indicated they were more comfortable in the space would be more likely to say that they would seek treatment. A third possibility was the people who said it was helpful to have peer support would be more likely to seek treatment would be more likely to say that they would seek treatment. We also looked at the possibility that a combination of comfort and peer support would be the best predictor of whether people said they would seek treatment. We started from the assumption that all four of these possibilities were equally likely. However, once we allowed our model to learn from the data, we adjusted our beliefs to be more than 99% confident that the model with both peer support and comfort was the correct model. Moreover, both peer support and comfort were highly useful in predicting the outcome variable on their own and in combination with one another. Taken together, these results suggest that the innovative component of the program (Peer Support) is a valuable explanatory factor in whether participants choose to take part in further services, even after accounting for the extent to which participants feel comfortable in their experience. Comfort ( $\tau = .4$ ) and peer support ( $\tau = .43$ ) were also correlated with participant satisfaction.<sup>2</sup>



Model Comparison - Will Seek Any Treatment					
Models	P(M)	P(M data)	BF <sub>M</sub>	BF <sub>10</sub>	R <sup>2</sup>
Null model	0.25	2.14×10 <sup>-77</sup>	6.43×10 <sup>-77</sup>	1.00	0.00
Peer Helpful + Comfortable	0.25	0.99	4.79×10 <sup>+8</sup>	4.67×10 <sup>+76</sup>	0.27
Peer Helpful	0.25	6.27×10 <sup>-9</sup>	1.88×10 <sup>-8</sup>	2.93×10 <sup>+68</sup>	0.24
Comfortable	0.25	1.45×10 <sup>-51</sup>	4.34×10 <sup>-51</sup>	6.75×10 <sup>+25</sup>	0.09

# THE HEALING PROJECT

These comparisons provide a high level of evidence for the hypotheses that finding peers helpful is a good predictor of the intention to begin treatment and program satisfaction. That is, people who indicate that peers are helpful are very likely to indicate that they will begin treatment and that they are satisfied with the program. This is evidence that participants who notice and appreciate the peer support component of the program achieve better outcomes, however, it does not tell us the effect of peer support on these outcomes. To learn about the effect of peer support on these outcomes, a control or comparison group who did not receive peer support would be required. In future studies of this program and others like it, we recommend employing a randomized controlled design to investigate the effect of peer support. The results of the present evaluation are sufficient evidence to warrant further study of this type of intervention.



The program’s first outcome goal, to reduce arrests and admissions to the Psychiatric Crisis Centers, was achieved. All admissions to The Healing Project would otherwise have been to law enforcement or psychiatric facilities. Participants were not permitted to enter the facilities without a referral. Assuming that law enforcement personnel were no more likely to refer participants to The Healing Project than to admit them to a law enforcement or psychiatric facility, then all admissions to The Healing Project are diversions from higher levels of care and/or surveillance.

The program’s second outcome goal, that 75% of clients will be satisfied with the services they receive, was met. There were no major differences in outcomes or satisfaction across gender, language, race, or age groups, suggesting that program services were delivered in a socially equitable manner.

The program’s third outcome goal, that 25% of clients will follow up with SUD or MH treatment, was met. In two program years, the target was exceeded, while in two other years, the target was missed by a large margin. The sum total of successful linkages across all years crossed the threshold of the program’s goal at 27%. However, there are reasons to be wary of the reliability of the program to achieve

this result. In FY23-24, there were 75 referrals (70 to SUD treatment and 5 to MH treatment). No participants attended appointments at the program to which they were referred, a 0% success rate.

To integrate these findings into a summative judgment, while the program was effective in treating guests and in increasing participants’ self-report intentions to attend treatment, it was only sometimes effective as a pathway for referrals. Program staff have suggested that, due to the high number of repeat participants, it is probable that many participants have already attempted SUD treatment unsuccessfully. As the program develops in the future, EVALCORP recommends investigating this “treatment avoidance” hypothesis further and, if it is found to be substantiated, developing strategies to directly counter the discouragement effect on participants who have attempted treatment multiple times. From a cost-benefit perspective, repeat participants can be particularly costly for The Healing Project since they consume scarce program resources without experiencing long-term benefits of recovery.

Referrals					
	FY20-21	FY21-22	FY22-23	FY23-24	Total
Referred to SUD services	239	197	134	70	640
Referred to MH services	75	15	4	5	99
Successful linkage to SUD services	59	28	50	0	137
Successful linkage to MH services	52	9	3	0	64
Percentage of successful linkages	35%	17%	38%	0%	27%

## Program’s Future & Dissemination of Results

Funding for The Healing Project through MHSA Innovation funding ended on June 9, 2024. The project will continue to be funded through MHSA/BHSA Early Intervention (EI) and AB109 funds. Program results suggest that participants who are comfortable at the Recovery Station and have helpful interactions with Peer Support staff are more likely to self-report that they will seek treatment following their participation in the Recovery Station. However, despite these self-reports, participants in the program were no more likely to actually seek treatment when referred. This divergence between self-reported intentions to seek treatment and actual behavior poses a challenge for the program going forward.

The Healing Project results are detailed in reports publicly accessible via the KernBHRS website, specifically the MHSA Annual Reports (available by fiscal year) and MHSA Three-Year Plan. A draft of this report is available during the 30-day comment period each year. A final report is posted on the KernBHRS website following approval by the Board of Supervisors.

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<sup>1</sup> A Bayesian logistic regression was used to determine the extent to which features of the program served to explain the binary outcome of intention to take part in further mental health or substance abuse services. We constructed four candidate models using one outcome variable (choosing to take part in future services) and two predictors: comfort (an ordinal variable in which participants rated their comfort at the recovery station) and peer support (an ordinal variable on which participants rated the extent to which they found it helpful to have peer support). The models tested included two models with one predictor and one model with both predictors simultaneously. Using the conservative assumption that all models were equally likely at the outset (uniform priors), we found that the model including both peer support and comfort was the best predictor of whether participants would seek future services given our data.

<sup>2</sup> Correlations between comfort, peer support, and satisfaction were all measured using Bayesian Kendall’s Tau, yielding Bayes Factors with very high confidence,  $BF_{10} > 10,000$ .