Santa Fe PEI Plan

CC: Prudad

Form 7: Local Evaluation

1) The Early Identification and Support Project (EISP) was selected for the Local Evaluation because of its importance and relevance to the overall purpose of the MHSA—to reduce the incidence and impacts of serious mental illness. Additionally, stakeholders expressed considerable interest in assessing the effectiveness of the individual programs within this Project – particularly the Portland Identification and Early Referral Program (PIER). This will be a relatively expensive part of our PEI effort and we will want to be assured of its effectiveness before moving to any wider implementation of the model.

2) The individual person outcomes that will be included for each of the programs are:

- ☑ Science of Mental Illness:
  - An increase in knowledge about mental illness
  - An improved attitude toward individuals with mental illness, resulting in decreased tendency to stigmatize and discriminate
  - An increased awareness of the warning signs or triggers for suicide, in themselves and in others
- ☑ Leadership and Resiliency Program:
  - Increased school attendance/reduced school truancy
  - Improved academic performance
  - Reduced school behavioral incidents
  - Reduced incidents of violence
  - Reduced substance abuse
  - Improved self esteem and feelings of efficacy
- ☑ PIER
  - Improved clinical status
  - Improved school attendance
  - Improved academic performance
  - Reduced school behavioral incidents
  - Improved quality of life

The program/system level outcomes will include the:

- ☑ Science of Mental Illness
  - Successful completion of training of staff (teachers, nurses, counselors) to provide the classroom presentations
  - Satisfactory ratings by students of staff presenters of the curriculum
  - Process developed for ongoing implementation of the program including review of performance of staff doing the presentations

- ☑ Leadership and Resiliency Program
  - Successful initial engagement of referred students: at least 80% of referrals deemed appropriate result in student beginning the program
  - Successful engagement in the program:

- At least 75% of students who attend at least one session remain with the program for one year
- Staff rate the level of participation of at least 60% of the students as "active"
- Consistent use of the CA Healthy Kids Survey modules

- Partnerships with at least three community organizations in providing after-school community activities

☑ PIER

- Number of referrals to Paragon Community Mental Health Services: Since one of the goals of the Program is to encourage referrals for assessments one measure of success will be the number of youth who are referred from both the school-based programs and from other community organizations with which the PIER program makes contacts. We would expect that the number of referrals per month will increase over time as the program becomes better known in the community.
- Number of completed assessments by Paragon Community Mental Health Services: If the program is successful it will be able to engage the families of the youth who are referred in order to complete a full assessment. This requires addressing whatever stigma issues might surround a referral and providing sufficient education to the youth and family to ensure that a full assessment is completed.
- Number of youth actively participating in Paragon Community Mental Health Services treatment services: The third process outcome will be the success of the program in engaging youth in whatever treatment services are recommended as a result of the assessment.

3) Estimated numbers to be served

For each of the first two programs ("The Science of Mental Illness" and "Leadership and Resiliency Program") we plan to make two presentations per month (and one per month for two months during the summer). For both programs combined, we expect to reach about 120 students per month for 9 months (60 per month x 2 months in the summer), or 1,120 students over 12 months (total will be closer to 1,000, factoring in absences). From this total will come the smaller number of individuals served by the third program, the "Portland Identification and Early Referral Model Program". See table on following page.

(Estimated numbers to be served, cont.)

The Early Identification and Support Project	Proposed number of students through PEI expansion to be served through June 2009 by type	
	Prevention	Early Intervention
The Science of Mental Illness Target: Middle school students, teachers, school staff; estimate 500 students at four middle schools	Individual Students: 500 (approx. 125/school x four schools)	Individual Students (screened & assessed): 60; (approx. 15/school x four schools)
Leadership and Resiliency Program Target: HS Students*, Teachers, Staff Estimate 500 students at 4 high schools	Individual students: 500 (approx. 125/school x four schools)	Individual students (screened & assessed): 60; (approx. 15/school x four schools)
Portland Identification and Early Referral Model Program Target: Individuals with serious psychiatric illness under the age of 25.		Individuals Assessed: 120; of the 120 assessed, estimate 50 - 100 will be referred for further service
Total PEI Projected Estimated Unduplicated Count	Individual Students: 1,000	Individual Students 50

* High school students may include TAY still in HS or who were in HS upon entering the program.

4) How/who/when will outcomes be assessed

Science of Mental Illness

Individual Student Outcome: A paper and pencil test of the items of knowledge covered in the curriculum will be designed. It will be administered to the students receiving the curriculum before the presentation and one week after the presentation. The test will be administered by the classroom teacher.

Program/System Outcome:

- ☑ The number of presenters who are trained and the number of those trained who make presentations will be tabulated for a year-end report.
- ☑ The performance of the presenters will be rated by the students (in a paper and pencil form to be created) at the end of the presentation.
- ☑ The year-end report will contain plans for the continuation of the program for the upcoming year.

Leadership and Resiliency Program

Individual Student Outcomes:

- ☑ The school related outcomes (attendance, academic performance, behavioral incidents, violent incidents) will come from routine school data and will be compiled by the participating schools
- ☑ Substance abuse will be assessed using a to-be determined self-assessment measure and by ratings from the leaders of the program
- ☑ Measures of enhanced self esteem and efficacy will be measured using instruments used in other evaluation studies of the model

Program/System Outcomes:

- ☑ Initial engagement: The program will keep a log which will note each referral and indicate whether or not the referral led to an initial contact with the student and family and the result of that contact
- ☑ Program engagement:
  - The program will track the attendance of all the students enrolled in the program
  - The staff will rate the students on their level of participation (on a five point scale) quarterly
- ☑ The program will describe all the after-school activities undertaken with the students and what parts other organizations played in these activities

PIER

Individual Person Outcomes:

- ☑ Clinical status and quality of life: Youth receiving treatment services by Paragon Community Mental Health Services will be reassessed on the set of clinical scales used for the assessment and changes over time will be measured. The actual set of measures will be developed in conjunction with the PIER developers in Portland, Maine. Possibilities include Structured Interview for Prodromal Symptoms (SIPS), Heinrichs Quality of Life Scale, and Global Assessment of Functioning: Social
- ☑ School attendance and performance: will be recorded by school personnel from their routinely collected information

Program/System Outcomes

- ☑ The program will track each referral: who made the referral; result of first contact with family; whether and when assessment is completed; result of the assessment
- ☑ The program will summarize the recommended treatment interventions for those who are referred for mental health services
- ☑ The program will track attendance at recommended mental health services and staff will rate how actively youth (and their families) participate in services
- ☑ Participation of Project staff and other health and mental health providers in training on this intervention for ARMS and First Onset.

5) Data collection and analysis

The descriptions above speak to who and where the data will be collected. The EISP program director will be responsible for monitoring all the data collection. She will meet weekly during the first few months of each program with the various partners and sites to ensure that data collection activity is commenced when the programs begin and that questions about data collection are answered as they arise. Once the programs are underway she will meet monthly with all the people responsible for data collection for each of the three programs to maintain the quality of the data collection.

Data will be analyzed by the Program Evaluation unit within the Department of Mental Health's Quality Improvement Section. The basic analysis measures for the individual outcomes will be pre- and post-measures. Information on the achievement of most of the program/system outcomes will be simple counting and calculation of percentages.

6) Cultural competence of evaluation

The evaluation design and the measurement instruments will be reviewed by the Department's Cultural Competence Committee. Input will be sought from the Committee about any special considerations which should inform the nature of the intended outcomes and the means of measuring the outcomes.

7) Fidelity

The budget for the EISP Project includes money for the use of consultant services from the program originators. This money will be used for a combination of telephone consultation, on-site visits, and review of materials and program results. Initial contacts have been established and more formal plans for this portion of the Project will be finalized as the planning for the programs continues.

8) A report will be written at the end of the first year documenting the progress of implementation and the results attained to date. The plans for year two of the project will be included along with any changes in the programs or the evaluation. The report will be presented to our PEI Work Group. After their review, it will be presented to the Mental Health Commission.