

LOCAL EVALUATION OF A PEI PROJECT

Form No. 7

County: Paradise/Medium**Date: 02/29/08**

- Check this box if this is a “very small county” (see glossary for definition) and the county is electing the option to waive the requirement to conduct a local evaluation of a PEI project. Very small counties electing this option do not need to complete the remainder of this form.

PEI Project Name:

1. a. Identify the programs (from Form No. 3 PEI Project Summary), the county will evaluate and report on to the State.

The county will evaluate the School-Family Connections Project.

1. b. Explain how this PEI project and its programs were selected for local evaluation.

This Project was selected for the following reasons:

- It will receive a significant portion of the PEI funds and the funding is targeted to one geographical area – both of which increase the likelihood of there being a measurable outcome
- It had one of the highest priority ratings in the stakeholder process, i.e. it is important to stakeholders.
- It consists of two clearly defined programs so that fidelity to the model can be assessed.
- It contains a mix of universal prevention and selected early intervention.

2. What are the expected person/family-level and program/system-level outcomes for each program?

Signs of Suicide (SOS)

- Person-level outcomes
 - Increase in student knowledge about depression and suicide
 - Improved student attitudes about depression and suicide
 - Decreased suicide attempts (based on the one controlled study reported by the SAMHSA National Registry of Evidence-based Programs and Practices those receiving the intervention would have 13 suicide attempts in a 3-month period compared to 19 for those without an intervention)
- Program/system level
 - Increase in referrals for mental health assessment
 - Increase in students receiving mental health treatment for depression and other at-risk conditions

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Reconnecting Youth

- Person level outcomes
 - Reduced use of substances
 - Reduction in harmful impacts from substance use
 - Improved grades
 - Reduced suspensions/expulsions
 - Reduced drop-outs
 - Increased resilience and feelings of self efficacy
 - Increased support from families
- Program/System-level outcomes
 - Each school will identify and enroll indicated numbers of students and families
 - Each school will identify and train a teacher to conduct the classes

Student and Family Assistance Center

- Person level outcomes – none the first year
 - Program/System level outcomes
 - Creation of new programs: parenting classes (40 participants); screening days (300 screens); trainings of general public (200 persons)
 - Student assessments completed on 180 students
3. Describe the numbers and demographics of individuals participating in this intervention. Indicate the proposed number of individuals under each priority population to be served by race, ethnicity and age groups. Since some individuals may be counted in multiple categories, the numbers of persons on the chart may be a duplicated count. For “other,” provide numbers of individuals served for whom a category is not provided (i.e., underserved cultural populations; e.g., gay, lesbian, bisexual, transgender, questioning; hearing impaired, etc.). Please indicate at the bottom of the form an estimate of the total *unduplicated* count of individuals to be served. If the focus of the intervention is families, count each person in the family.

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- a) Given the characteristics of the district all 360 of the students who will be receiving the SOS intervention are deemed to be “at risk for school failure.” The estimate by ethnicity is based on the distribution of the school district for the particular age group that will have the classes. Because the program has a specific emphasis on suicide prevention we have estimated the number of students at special risk for suicide at 10%.

SOS

POPULATION DEMOGRAPHICS	PRIORITY POPULATIONS						
	TRAUMA	FIRST ONSET	CHILD/YOUTH STRESSED FAMILIES	CHILD/YOUTH SCHOOL FAILURE	CHILD/YOUTH JUV. JUSTICE	SUICIDE PREVENTION	STIGMA/DISCRIMINATION
<u>ETHNICITY/ CULTURE</u>							
African American				36		4	
Asian Pacific Islander				90		9	
Latino				162		16	
Native American							
Caucasian				54		5	
Other (Indicate if possible)				18		2	
<u>AGE GROUPS</u>							
Children & Youth (0-17)				360		36	
Transition Age Youth (16-25)							
Adult (18-59)							
Older Adult (>60)							
TOTAL							
Total PEI project estimated <i>unduplicated</i> count of individuals to be served						360	

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- b) The table presented below is for the Reconnecting Youth program. The estimate by ethnicity is based on the distribution of the school district for the particular age group that will have the classes. This assumes that students will be identified and enroll in this special program in proportion to their presence in the district

RECONNECTING YOUTH

PERSONS TO RECEIVE INTERVENTION

POPULATION DEMOGRAPHICS	PRIORITY POPULATIONS						
	TRAUMA	FIRST ONSET	CHILD/YOUTH STRESSED FAMILIES	CHILD/YOUTH SCHOOL FAILURE	CHILD/YOUTH JUV. JUSTICE	SUICIDE PREVENTION	STIGMA/DISCRIMINATION
ETHNICITY/ CULTURE							
African American				10			
Asian Pacific Islander				24			
Latino				43			
Native American							
Caucasian				14			
Other (Indicate if possible)				5			
AGE GROUPS							
Children & Youth (0-17)				96			
Transition Age Youth (16-25)							
Adult (18-59)							
Older Adult (>60)							
TOTAL							
Total PEI project estimated <i>unduplicated</i> count of individuals to be served						<u>96</u>	

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- c) All of the persons to be served are listed under the School Failure priority population as all of the interventions are directed at students and their families with the hope of reducing risk factors and increasing resilience with the goal of assisting students to complete and be successful in their school careers. The estimate by ethnicity is based on the ethnic distribution of the school district.

STUDENT AND FAMILY RESOURCE CENTER

POPULATION DEMOGRAPHICS	PRIORITY POPULATIONS							
	TRAUMA	FIRST ONSET	CHILD/YOUTH STRESSED FAMILIES	CHILD/YOUTH SCHOOL FAILURE	CHILD/YOUTH JUV. JUSTICE	SUICIDE PREVENTION	STIGMA/DISCRIMINATION	
<u>ETHNICITY/ CULTURE</u>								
African American				72				
Asian Pacific Islander				180				
Latino				324				
Native American								
Caucasian				108				
Other (Indicate if possible)				36				
<u>AGE GROUPS</u>								
Children & Youth (0-17)				480				
Transition Age Youth (16-25)								
Adult (18-59)				240				
Older Adult (>60)								
TOTAL				720				
Total PEI project estimated <i>unduplicated</i> count of individuals to be served							720	

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The **TOTAL Student and Family Connection Project** estimated *unduplicated* count is **1,040**. This assumes that

- The 96 students in Reconnecting Youth are also enrolled in SOS
- 40 of the students receiving services at the Student and Family Center will also be enrolled in SOS.

4. How will achievement of the outcomes and objectives be measured? What outcome measurements will be used and when will they be measured?

SOS

- Person level outcomes
 - Knowledge and attitudes
- When: measured pre and post intervention, preferably one-month pre and two-months post intervention
- What: scales used in research study by Aseltine & DeMartini
 - Suicide attempts
- A question on whether the student has attempted suicide in the last 6 months will be added to the CHKS. (All references in this evaluation proposal to additions or changes to the CHKS will ideally be accomplished through special arrangements with the official survey process. If this is not possible the district will create its own versions and timing for administration.)
- Program/system level
 - Increase in referrals: Referrals made by teachers pre (beginning of school year until intervention) and post intervention (intervention until end of school year) will be compared
 - Increase in students receiving mental health services: Numbers receiving services pre (beginning of school year until intervention) and post intervention (intervention until end of school year) will be compared

Reconnecting Youth

- Person level outcomes
 - Questions from the CHKS relative to the following will be administered prior to the beginning of the class; at the end of the semester; and 6 months after the end of the semester
- Substance use
- Negative impacts from substance use
- Resilience and feelings of self-efficacy – Module B
 - From school administrative data: attendance, drop-outs, suspensions, expulsions:
- Program/system level outcomes
 - Numbers of students identified as potential participants and % of these who agree to participate
 - Number of parents with adequate participation
 - Numbers of students who start the program who complete it
 - Number of teachers trained and conducting programs

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Student and Family Assistance Center

- Program/system level outcomes
 - Counts of numbers of persons participating in the various activities at the Center
 - Ethnicity of participants in Center activities
 - Satisfaction with classes and services received
 - Number of screenings and referrals for assessments
 - Number of individuals receiving intervention services at the center and numbers of referrals to other possible programs for such services such as primary care providers, public or private mental health service providers.

5. How will data be collected and analyzed?

The paragraphs below indicate who will be responsible for collecting the data and the basic data analysis methods that will be used. The actual data analysis will be conducted by the county Department of Mental Health in collaboration with the Westside School District “title of person identified by Westside.”

SOS

- Person-level outcomes
 - Knowledge and attitudes:
 - Surveys will be administered by classroom teachers
 - Simple pre-and post test mean scores will be compared
 - Suicide attempts
 - Results for the 360 students in the intervention will be requested separately on the CHKS
 - Program/system level
- Teachers will complete a referral form on each student referred – totals for pre and post intervention will be compared
- Mental health system will report on numbers of students receiving services pre and post intervention – comparison will be before and after intervention

Reconnecting Youth

- All data collection will be supervised by Program Coordinator
- Person level outcomes
 - Simple pre, post, and follow-up comparisons will be done for all the participants in the program
- Program/system level outcomes:
 - Teachers will rate the parents’ level of participation on a simple 5-point scale
 - Simple counts of the numbers of students identified, enrolled, and completing the program

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- Average ratings of parents participation and correlations of these with student outcome measures
- Count of number of teachers participating and total training hours

Student and Family Assistance Center

- Program/system level outcomes
- The administrator of the Center will have the primary responsibility for collecting the administrative data on numbers of activities, numbers of attendees (by ethnicity), referrals for assessment and treatment, interventions at the Center
- A satisfaction survey will be designed and administered to all participants in any of the Center classes or trainings

6. How will cultural competency be incorporated into the programs and the evaluation?

All the evaluation efforts will be overseen by a subcommittee of the MHSA PEI stakeholders group with strong participation by ethnically and culturally representative individuals.

SOS

- The National Registry of Evidence-based Programs and Practices' describes the characters portrayed in the DVD used in the SOS program as being "racially and culturally diverse."
- The two outcome studies cited by NREPP have ethnically diverse student samples: 35% and 43% Hispanic; 24% and 25% African American
- The screening tool for identifying those at risk of suicide is available in Spanish

Reconnecting Youth

- The program has been implemented with a variety of ethnic and cultural groups
- At least one of the programs will be run by a bilingual, bicultural Latino teacher

Student and Family Assistance Center

- A primary focus of this strategy is to engage Latinos so that all outcome measures will entail breakdowns by ethnicity
- Satisfaction questions will specifically address the cultural competence of the program activity

7. What procedure will be used to ensure fidelity in implementing the model and any adaptation(s)?

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The SOS has a standard curriculum. The Project Coordinator will observe at least one session at each school and review her observations with the teachers.

The Reconnecting Youth program has a training program which teachers will attend. A follow-up consultation with the program's originators is included in the training package. Any issues or questions regarding implementation and adherence to the model will be discussed during this follow-up.

8. How will the report on the evaluation be disseminated to interested local constituencies?

The progress of implementation will be very briefly summarized at six month intervals and presented to the PEI stakeholders. The outcome evaluation data will be summarized annually and presented to the PEI stakeholders.

The purpose of the local evaluation of the programs within a PEI project is to encourage counties to specify the expectations for what the programs are intended to accomplish, to assess how well they do that, to share that information with the state and with relevant local stakeholders, and to expand and/or revise the programs (and PEI project of which they are a part) in accord with the evaluation results.

For the local evaluation the county will select one of its PEI projects and the programs within that PEI project for the evaluation.

The state recognizes that counties vary substantially in their capacity to undertake rigorous evaluation activities. The state will review the local evaluation designs with this in mind. Counties do not need to propose complicated rigorous methodologies that are beyond their capacity to implement.

The state also recognizes that evaluation designs cannot be finalized until PEI projects are implemented. Again, the state will review the evaluation methodology with this in mind. The county should be as detailed as possible given the state of development of the PEI projects.

The state expects the county to conduct an evaluation which addresses both individual/family and program/system level outcomes. Inclusion of an assessment of long-term community outcomes is optional.

The county may conduct the evaluation itself or contract with an independent evaluator. If the latter approach is used the evaluator can select additional measurement and evaluation approaches but should at a minimum cover the items cited below.

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The county should address all the following items in its description of its evaluation design for one program.

1) Specify the PEI project to be evaluated and briefly describe how the selection was made.

The selection of the PEI project and programs to be evaluated should be an issue addressed by stakeholders in the planning process. It is recommended that the following be considered in this selection.

- The extent of resources devoted to the PEI project and programs. The greater the resources the more likely there will be a sizable impact which can be measured.
- The clarity of the outcomes. The clearer the goals and objectives of the programs the easier it will be to do the evaluation.
- The relevance and importance of the programs. The more importance the stakeholders place on the programs the greater the pressure on all involved to participate actively in the evaluation.
- The capacity of partner organizations to participate in the evaluation. The greater the capacity of the partner entities to collect data on a consistent fashion the greater the reliability of the results.

2) Specify the outcomes for the programs.

Specify the outcomes for the programs. Outcomes should be specified at the individual/family and at the program/system-level. Person-level outcomes refer to expected changes for the specific persons who are the recipients of the program/activity. Counties should look first to find person-level outcomes which have been used in studies done about each program.

System level outcomes refer to kinds of things which will be done to implement the program. They can be as simple as the partner agency contributing some resources and implementing the program or as advanced as a change in attitudes of the staff in the partner agency or the improvement in the quality of the relationship between mental health and the partner agency.

The outcomes should be specific to each program. They may be the same or similar to those for the larger PEI project, but they should be things which will be affected by the particular program.

3) Specify the expected numbers and demographics of individuals to receive the intervention.

The number of persons who will be recipients of each program should be specified according to the following descriptors. The descriptors are intended

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to provide (1) a basic demographic picture and (2) an indication of the type of priority populations.

- Age
- Gender
- Race/Ethnicity
- Culture
 - If selecting “other” for Race/Ethnicity and Culture, identify to the extent possible.
- Priority population conditions/situations
 - Trauma Exposed
 - Onset of serious psychiatric illness
 - Children and youth in a stressed families
 - Children and youth at risk of school failure
 - Children and youth at risk of or experiencing juvenile justice involvement
 - At risk for suicide

It is understood that these will be only estimates.

The county should also make an estimate of the total unduplicated count of individuals that will be reached by the program. If the focus of the intervention is families, count each person in the family. The county should specify the methodology it intends to use to make this estimate.

4) Specify how the achievement of outcomes will be measured.

For each person-level and system-level outcome cited above the county should specify how it will measure its success at achieving the outcome. This entails the following steps.

- How will the outcome be measured? There are a variety of ways of measuring outcomes – some possibilities are suggested below:
 - Counting (e.g. percent of persons referred who receive a MH service, number of individuals/families from underserved communities served, number of prevention programs started in partner organizations)
 - Instruments to measure conditions (e.g., isolation; knowledge of social, emotional issues; mental health status)
 - Judgments made by evaluators (e.g., capacity of partner organizations to provide PEI services, quality of cooperative relationships, enhanced mental health promotion environment in partner organizations)
 - Data from other data sources (e.g., school records of drop-outs, expulsions, suspensions; school records of violent incidents; juvenile justice records of contacts)

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- Who and/or what will be measured? The county should specify which persons will be assessed for the person-level outcomes. This can be all or a sample of individuals who receive the program/activity.
 - When will outcomes be measured? The county needs to specify when and how often it will apply the measurement of the various outcomes.
 - Many person-level outcome measurements will lend themselves to a pre and post measurement design as the best way to document change (e.g., for changes in attitudes and knowledge or changes in mental status or changes in incidents of violence).
 - For some outcomes that involve the counting of occurrences of things the data is collected on an ongoing basis and summarized at the end of a particular time period, e.g., a year.
 - For some outcomes there will be a one-time measurement at the end of some time period, e.g., assessment of quality of partner organization relationships. This kind of measurement can be repeated at the end of a second time period after the program has been in operation longer.

5) Describe how data will be collected and analyzed.

The county should specify who will be responsible for collecting the data and where and when it will be collected. Because these activities/approaches/programs will often occur at non mental health sites it will be critical to have arrangements with the partner entities about the details of the data collection activity.

The county should specify who will be responsible for the analysis of the data. The county should also specify the basic analytic methods that will be used.

6) Describe how the programs and the evaluation will be culturally competent.

The county should specify how it will design or adapt the programs to be culturally appropriate and how it will approach and conduct the evaluation in a way which is sensitive to and respectful of racial/ethnic and cultural factors. This includes not only issues of bilingual bicultural persons involved in the evaluation and the use of language appropriate and culturally appropriate measurements, but also awareness that the most important outcomes for a particular culture are part of the evaluation.

7) What procedure will be used to ensure fidelity in implementing the programs and any adaptation(s)?

The county should specify what procedures, staff development, monitoring and other steps it will implement to ensure program fidelity.

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- 8) Describe how the report on the evaluation will be disseminated to interested local constituencies.

The county should specify how it will disseminate the evaluation results, beyond providing reports annual to the State.