

California Mental Health Services Authority
(CalMHSA)

**Update on Evaluation of Statewide Prevention
and Early Intervention (PEI) Projects**

May 23, 2012
Presented by:
Stephanie Welch, MSW, Program Manager, CalMHSA

Compassion. Action. Change.



**PEI Statewide Projects Evaluation
*Goals***

To evaluate to what extent and how the strategies of
PEI Statewide Projects are effective in:

- * Preventing Suicides
- * Improving Student Mental Health
- * Reducing Mental Health Stigma and Discrimination

Compassion. Action. Change.



**Statewide PEI Projects Evaluation
*Objectives***

Key objectives of PEI Statewide Evaluation:

- * Establish baselines and community indicators
- * Conduct thorough program evaluations
- * Identify innovative programs for replication
- * Promote continuous quality improvement efforts

Compassion. Action. Change.



**PEI Statewide Projects Evaluation
*Process***

- * CalMHSA developed a Request for Qualifications
- * Statements of Qualifications reviewed by a team of experts that selected the RAND team
- * CalMHSA and RAND team negotiated a Statement of Work
- * RAND team develops an Evaluation Strategic Plan for discussion with CalMHSA and the Statewide Evaluation Expert (SEE) Team
- * Statewide evaluation implementation and reporting

Compassion. Action. Change.



**CalMHSA's Statewide Evaluation
Expert (SEE) TEAM**

Statewide Evaluation Experts (SEE):

- * Launched in March 2012
- * Represents 20 experts that support and guide PEI Statewide Projects Evaluation effort
 - * Made up of CalMHSA partners (such as MHSOAC) and community members (such as parents, consumers and providers)
- * SEE members will liaison with CalMHSA program partners, as needed, to support success in evaluation and advise to strengthen quality improvement efforts

Compassion. Action. Change.



**The SEE Team's Role
with RAND**

- * Provide advice/guidance in the development of the Statewide Evaluation Strategic Plan:
 - * Evaluation questions and priorities
 - * Completeness of background literature
 - * Evaluation approaches and methods
 - * Data sources and measures
- * Advise on development of Statewide PEI Evaluation Framework
- * Review results and assist with interpretation of data
- * Advise on framing of communication of results and implications

Compassion. Action. Change.



PEI Statewide Projects Evaluation *Components*

- * Goal-based, process-based, and outcomes-based evaluations
- * Evaluation design conducted at three levels:
 - * Individual programs
 - * Each of three initiatives
 - * Overall CalMHSA effort statewide
- * Coordination and leveraging across PEI initiatives and programs
- * Work with Program Partners on their own evaluation and quality improvement activities

Compassion. Action. Change.



Completed First Steps in PEI Statewide Projects Evaluation

- * Compile information from Statements of Work (SOW) to learn about Program Partners
 - * Contact information, schedules, resources
 - * Goals, elements of programs, target populations
- * Completed "get-to-know-you" visits with each Program Partner
 - * Clarify and update plans, understand logic models
 - * Review evaluation plans, including data collection
 - * Discuss technical assistance needs and options

Compassion. Action. Change.

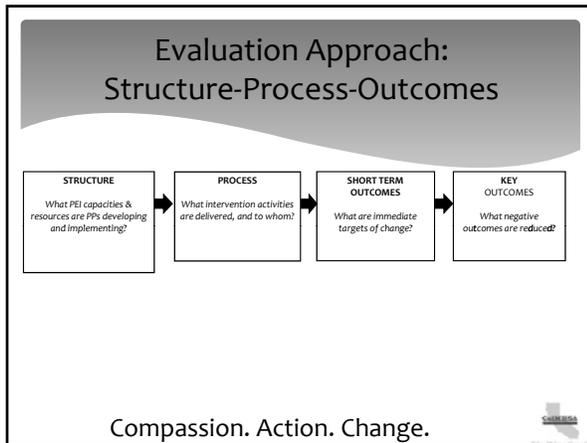


Development of the Evaluation Strategic Plan

- * Collaborate and coordinate with Program Partners, understand Program Partner plans for collecting baseline data and existing program evaluation plans
- * Develop evaluation strategies at the program, initiative, and statewide levels
 - * Based on goals, activities and outcomes at each level
 - * Includes data collection and analysis plans
- * Assess Program Partner interest and need for technical assistance for their evaluations and statewide evaluation and develop plans for providing it
- * Seek guidance from the SEE, CalMHSA, Program Partners, Counties and other stakeholders

Compassion. Action. Change.





Evaluation Approach

- * Formative Evaluation
 - * Provide early feedback on measures of process and short-term outcomes
 - * Feedback can inform program partners implementation efforts, and suggest changes in structure of PEI initiatives
- * Summative Evaluation
 - * Assess short-term and key outcomes to evaluate overall impact
 - * Examine relationships between process and short-term outcomes to understand what had impact
 - * Examine relationships between short-term and key outcomes to test social change assumptions

Compassion. Action. Change.

Evaluation Approach

- * Methods should be appropriate to intervention model
- * Measures two outcomes
 - * Process outcomes (implementation)
 - * Behavioral/health status outcomes (changes in participants)
- * Seen as a vehicle for program improvement (internal) and program accountability (external)

Compassion. Action. Change.

Evaluation Approach: Data

- * May include use of data collected by individual programs, existing data, and data RAND collects
- * RAND will:
 - * Work with Program Partners to develop specifications for data to be provided
 - * Provide templates and secure methods for providing data
 - * Provide reports on data completeness and quality
- * Goal is to avoid duplication and excessive burden

Compassion. Action. Change. 

Suicide Prevention: Opportunity and Challenge

- * CalMHSAs evaluation presents a significant opportunity to move the field forward because few suicide prevention initiatives have been evaluated

However

- * Suicide is rare, and it is difficult to show universal approaches reduce deaths by suicide
- * Evaluations often focus on short-term outcomes that are logically or empirically linked to suicide

Compassion. Action. Change. 

Varying Outcomes Used to Evaluate Suicide Prevention Programs

Outcome	Short Description	Strengths	Weaknesses
Suicide	Did an intervention lead to a reduction in deaths by suicide?	Key Outcome	- Rare/Power - Data Availability
Suicide Attempt	Did an intervention lead to a reduction in suicide attempts (objective reports or self-reported)?	Best predictor of suicide (5-15%)	Half of all suicides have no history of attempt
Suicide Ideation	Did an intervention lead to reductions in thinking about killing oneself?	Self-report suicidal thoughts	Relationship to suicide is unclear
Change in Functioning	Did an intervention lead to reductions in mental health functioning linked with suicide?	Self-reports of functioning thought to relate to suicide	Relationship to suicide is unclear
Referral	Did an intervention increase referrals or utilization of other, specific resources?	Often is the intended outcome	Relationship to receiving tx unclear
Knowledge and Attitudes	Did an intervention change the way people think about suicide, or how care professionals manage suicidal individuals?	May lead to increased referrals or use of services	Relationship to receiving tx unclear
Other Behavior Change	Did an intervention change functioning in other domains that may indirectly impact suicide (e.g., promote responsible drinking)?	May eventually lead to reductions in suicides	Predictive link with suicide is often weak

Compassion. Action. Change. 

Slide 15

- 1 note to SP build this slide First title, then add the first three rows, then add the rest of the rows
mary vaiana, 12/1/2011

**Suicide Prevention:
What are we evaluating?**

- Policies, protocols and best practices
- Hotline and warmline operations
- Networking and collaboration
- Training/ education
- Public awareness - social marketing efforts

Compassion. Action. Change. 

**SDR Evaluation:
Opportunities and Challenges**

- * Important opportunity to evaluate multi-component initiative in the U.S.
- * Key methodologic challenges
 - * A comparison region is needed to control for secular trends; choice of comparison is important
 - * Because media effects tend to be incremental and cumulative, may not be able to detect full impact in evaluation timeframe

Compassion. Action. Change. 

**Stigma and Discrimination Reduction (SDR) –
A Research Base to Build Upon**

- * Training for police, health care providers, in schools, and in workplaces
 - * Education only
 - * Video “contact”
 - * Direct/In-person contact
- * Media Interventions
 - * Deliberate communication/media campaigns
 - * Advocacy and education to affect media coverage
- * Policy and practice reviews/advocacy

Compassion. Action. Change. 

Stigma and Discrimination Reduction Training Intervention

- * Evaluations suggest trainings involving contact, education, or both are effective, with contact a priority
- * Some small studies of police and workplace trainings
- * More substantial literature on SDR trainings in college student and other school-based populations
- * Widely disseminated by NAMI, "In Our Own Voice" evaluated most carefully
- * The changes demonstrated are limited to short-term shifts in attitudes

Compassion. Action. Change.



Evaluating SDR Interventions at Three Levels



Multilevel approaches are thought to be important because each level reinforces and exploits change that occurs at the others. That is, each level influences the others in a reciprocal chain of events. A good example is changes in smoking in the U.S. over the last several decades. Very small changes in practice over the years (about 1% reduction in smoking rates each year) both were caused by shifts in policy and led to other shifts in policy, such as restrictions on advertising and bans on smoking in public; these developments shifted social norms and in turn reinforced changes in behavior, leading to further shifts in policy. The result was a major shift at all three levels.

Student Mental Health: What are we evaluating?

- * Staff and Faculty Training
 - * Core feature to address broad range of student emotional and behavioral issues
 - * Both targeted programs and general support
- * Suicide Prevention Programs
 - * Screening and referral
 - * Curricula to reduce stigma and risk
 - * Gatekeeper (staff, teacher) education
- * Peer-to-Peer Student Mental Health Programs
 - * Gaining popularity in higher education systems
 - * Can be tailored to variety of outcomes
 - * Employ students in variety of roles (educators, mentors, counselors)

Compassion. Action. Change.



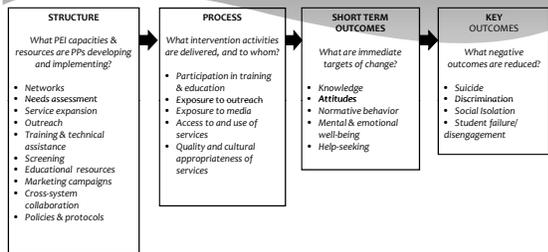
Evaluation of School Prevention and Early Intervention Programs

- * Evidence of effectiveness is stronger for targeted prevention programs (Fast Track, CBITS) than for primary prevention programs (PATHS)
- * Evidence of effectiveness is stronger for interventions with greater structure
- * Knowledge base is greater for programs developed for K-12 relative to those developed for higher education
- * Few studies have linked program intervention to school grades or school drop out
 - * These longer-term outcomes are methodologically challenging to evaluate because data are not easily accessed, school performance is cumulative, and program effects may be lagged

Compassion. Action. Change.



What can we learn from evaluating PEI Statewide Projects?



Compassion. Action. Change.



Q & A

Contact information:
Stephanie Welch, MSW
Program Manager, CalMHS
stephanie.welch@georgehills.com
(916) 859 – 4816

For more information:
<http://calmhsa.org/programs/evaluation/>
