

Evaluation Overview						
Type of Program	System Change Efforts	Outreach and Public Awareness Campaign	Gatekeeper Education and Training	Screening and Referral	Counseling and Support	Early Intervention Clinical Services
Examples of programs	<ul style="list-style-type: none"> Developing resources for changing policies or promoting best practices Building capacity of organizations (e.g., training and technical assistance) Integrating primary care with mental health and AOD Building collaborative networks for referral and coordination of services 	<ul style="list-style-type: none"> Social marketing/multimedia campaigns Development and dissemination of informational resources Website Health fairs Speakers' bureau 	<ul style="list-style-type: none"> Training gatekeepers (e.g., first responders, educators, healthcare professionals, warm line and hotline staff) to identify, intervene, and/or refer at-risk individuals for further assessments and treatment Training speakers who make presentations to community audiences 	<ul style="list-style-type: none"> Mobile screening programs/health fair screenings Promotoras and peer advocate programs Integrated primary care/mental health/AOD screening programs SBIRT—screening, brief intervention, and referral to AOD treatment 	<ul style="list-style-type: none"> Community Wellness Centers / Family Resource Centers Parenting programs / Home visiting programs / Family preservation programs Crisis hotlines / warm lines School-based bullying and violence prevention programs Positive youth development programs Peer-to-peer support / senior advocates and socialization programs 	<ul style="list-style-type: none"> Early intervention clinical services for depression, anxiety, trauma, early onset psychosis, etc. Early childhood mental health consultation (to provide services for serious emotional/behavioral problems)
Sample short-term outcomes and benchmarks	<ul style="list-style-type: none"> Improved service coordination Enhanced cultural competence of services Increased service capacity and quality Increased access to services Improved policies and protocols for system coordination 	<ul style="list-style-type: none"> Increased knowledge and more supportive attitudes about mental illness and mental health recovery Increased help seeking among persons with MH issues 	<ul style="list-style-type: none"> Increased knowledge and more supportive attitudes about mental illness and mental health recovery Increased identification and referrals of at-risk individuals 	<ul style="list-style-type: none"> Increased provider knowledge and skills Increased early detection/identification and linkages to services Increased help-seeking and utilization of services Reduced symptoms / improved recovery 	<ul style="list-style-type: none"> Decreased risk behaviors and distress Increased protective factors, coping skills, resiliency, social support Improved functioning (at home, work, school) Enhanced campus climate; reduced campus violence/bullying Decreased school expulsions, dropouts; disciplinary referrals Reduced out-of-home placements/enhanced parenting skills Increased help-seeking/referrals to appropriate services 	<ul style="list-style-type: none"> Improved functioning (home/family, school, and work) Increased well-being, resiliency Decreased distress/symptoms; improved recovery (prevention of relapse) Reduced crisis escalation

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Key evaluation questions	Program implementation questions: <ul style="list-style-type: none"> What new policies and procedures were developed and implemented? What new collaborations or referral networks exist? <ul style="list-style-type: none"> What organizations participate and to what degree? How often are referrals made between systems? Do providers implement evidence-based practices with fidelity? 	Program implementation questions: <ul style="list-style-type: none"> How are resources disseminated? How often and by whom were resources accessed? 	Program implementation questions: <ul style="list-style-type: none"> How many training/education programs were held? Did the training and education reach the intended audience? Is the training high quality and evidence-based? To what degree is training conducted with fidelity? 	Program implementation questions: <ul style="list-style-type: none"> Who is being reached by the program? How closely do participants match the intended audience? How many and which patients were referred for additional services? 	Program implementation questions: <ul style="list-style-type: none"> Who is being reached by the program? How closely do participants match the intended audience? How many sessions are being delivered and how frequently? Is program consistent with best practices? Are participants linked to other needed services? 	Program implementation questions: <ul style="list-style-type: none"> Who is being reached by the program? How closely do participants match the intended audience? How many sessions are being delivered and how frequently? What is program retention and/or completion rate? How satisfied are participants with the program?
	Outcome evaluation questions: <ul style="list-style-type: none"> To what degree has collaboration enhanced the sharing of resources? To what degree did TA improve the accessibility and quality of services? What proportion of providers and consumers increased their awareness of available community resources? What proportion of consumers experienced the new system as more culturally responsive and accessible? Do improvements in outcomes meet your county benchmark goals? 	Outcome evaluation questions: <ul style="list-style-type: none"> What proportion of individuals exposed to the materials and messages have improved knowledge, attitudes and skills? To what degree did materials increase help seeking? What proportion of consumers (individuals with mental health issues) experience reduced stigma? Do improvements in outcomes meet your county benchmark goals? 	Outcome evaluation questions: <ul style="list-style-type: none"> What proportion of trainees increased their knowledge and skills? What proportion of trainees improved their attitudes? What proportion of trainees increased their referrals of at-risk individuals to appropriate services? Do improvements in outcomes meet your county benchmark goals? 	Outcome evaluation questions: <ul style="list-style-type: none"> What proportion of providers increased their knowledge about early screening and referral procedures? What proportion of patients access and engage in appropriate services as a result of the screening and referral program? What proportion of participants experience reduced symptoms / improved recovery? Do improvements in outcomes meet your county benchmark goals? 	Outcome evaluation questions: <ul style="list-style-type: none"> For what proportion of clients are risk factors and distress reduced? What proportion of clients increases their protective factors? For what proportion of clients is functioning improving? To what degree are social supports enhanced? Do improvements in outcomes meet your county benchmark goals? 	Outcome evaluation questions: <ul style="list-style-type: none"> What proportion of clients experience reduced symptoms and distress? What proportion of clients increases their well-being and resiliency? For what proportion of clients is functioning improving? To what degree has there been a reduction in the number of crisis events? Do improvements in outcomes meet your county benchmark goals?
Potential data sources	<ul style="list-style-type: none"> Administrative data: number and demographics of 	<ul style="list-style-type: none"> Metrics for exposure to resources or media (e.g., 	<ul style="list-style-type: none"> Review of training materials/curriculum 	<ul style="list-style-type: none"> Administrative data: number of individuals screened, 	<ul style="list-style-type: none"> Participant attendance and demographic records 	<ul style="list-style-type: none"> Participant attendance and demographic records

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	<p>individuals served, number of referrals made, and number of service engagements</p> <ul style="list-style-type: none"> Log of training events and TA services Materials review (e.g., policies, protocols, MOUs, training curriculum) Provider and participant surveys Key informant interviews Observation of services 	<p>Google Analytics)</p> <ul style="list-style-type: none"> Focus group of audience(s) Key informant interviews Surveys of audiences 	<ul style="list-style-type: none"> Training attendance records (including demographics of trainees) Administrative data: number of individuals screened, number of referrals Key informant interviews Surveys of trainees Observations of trainings 	<p>number of referrals made, and number of service engagements</p> <ul style="list-style-type: none"> Participant surveys Provider surveys and referral forms Key informant interviews/focus groups Standardized screening tools 	<ul style="list-style-type: none"> School and employment records (behavioral incidences, attendance) Focus group or key informant interviews Participant surveys Standardized assessments 	<ul style="list-style-type: none"> Referral and service engagement rates School records (behavioral incidences, attendance) Focus group or key informant interviews Participant surveys Standardized assessments
Sample measures	<ul style="list-style-type: none"> Sample collaboration surveys: First 5 Program and Participant Surveys, CalMHSAs Collaboration Survey (for statewide SMH and SP initiatives) Spreadsheets to track and describe quantitative data from different sources (e.g., training events, TA logs) 	<ul style="list-style-type: none"> Sample surveys: CalMHSAs SDR Knowledge and Attitudes Surveys (for statewide SDR initiatives) Lubben Social Network Scale (LSNS-6) Spreadsheets to track quantitative data from different sources (e.g., audience numbers and demographics attending outreach events, tracking of dissemination/reach) Google Analytics/website traffic metrics 	<ul style="list-style-type: none"> Sample surveys: CalMHSAs Training Surveys (for statewide SMH, SDR, and SP initiatives) Spreadsheets to track quantitative data from different sources (e.g., audience numbers and demographics attending training events, screening and referrals) 	<ul style="list-style-type: none"> Screening and referral tools (examples): Screening Referral form, External Services form, Child Health Screening form Screening measures (for specific issues): <ul style="list-style-type: none"> AOD: Alcohol Use Disorders Identification Test (AUDIT), Drug Abuse Screen Test (DAST-10) General health and well-being: Columbia Impairment Scale (CIS), Duke Health Profile Psychological distress/depression: Kessler 6, Patient Health Questionnaire (PHQ-9), Geriatric Depression Scale (GDS) Trauma: Primary Care PTSD Screen (PC-PTSD) 	<ul style="list-style-type: none"> Protective factors (coping, resiliency, social support): Devereux Adult Resiliency Scale, Devereux Student Strengths Assessment (DESSA-mini), Family Quality of Life Survey, Lubben Social Network Scale (LSNS), Mental Health Continuum-Short Form (MHC-SF) Psychological distress: Kessler 6/10 Comprehensive assessment (i.e., functioning, strengths, needs, risks): Adult Needs and Strengths (ANS), Child and Adolescent Needs and Strengths (CANS) Other specific risk: <ul style="list-style-type: none"> Behavior (youth): Strengths and Difficulties Questionnaire (SDQ), Massachusetts Youth Screening Instrument (MAYSI) Suicide risk: Columbia 	<ul style="list-style-type: none"> Screening measures (for clinical treatment/services): Global Appraisal of Individual Needs (GAIN), Healthy Living Questionnaire Global assessment of functioning: Global Assessment of Functioning (GAF), Children's Global Assessment Scale (CGAS) Comprehensive assessment (i.e., functioning, strengths, needs, risks): Adult Needs and Strengths (ANS), Child and Adolescent Needs and Strengths (CANS), Strengths and Difficulties Questionnaire (SDQ), Youth Outcome Questionnaire (YOQ) Psychological distress: Kessler 6 or 10 Well-being: Mental Health Continuum-Short Form (MHC-SF) Anxiety: Beck Anxiety

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					Suicide Severity Rating Scale (C-SSRS), Suicide Behaviors Questionnaire (SBQ-R) <ul style="list-style-type: none"> ○ School climate: California Healthy Kids/School Climate Survey, DataQuest (data1.cde.ca.gov/dataquest/) (<i>Student Misconduct and Intervention data</i>) 	Inventory, General Anxiety Disorder Scale (GAD-7) <ul style="list-style-type: none"> ● Depression: PHQ-9, Center for Epidemiological Studies Depression Scale (CES-D) ● Trauma: Trauma Symptom Checklist
Relevant analysis methods	<ul style="list-style-type: none"> ● Basic descriptive statistics, including frequencies, means, and standard deviations of referrals, service encounters ● Examination of number and proportion provided referrals, and number and proportion engaged in services (by participant demographics) compared to benchmarks ● Narrative summary of system change efforts in place ● Qualitative analysis of the degree to which providers collaborate across systems and follow protocols/policies 	<ul style="list-style-type: none"> ● Basic descriptive statistics, including counts and demographics of individuals exposed to resources and campaigns ● Inferential statistics: comparison of outcomes (e.g., experience of stigma, knowledge and attitudes) across different groups (audiences vs. non-target audiences) or across points in time for the same individuals (pre-post exposure to messages) ● Examination of level and direction of change scores in comparison to benchmarks 	<ul style="list-style-type: none"> ● Basic descriptive statistics, including counts and demographics of trainees ● Inferential statistics: comparison of outcomes (e.g., knowledge, attitudes, and behaviors) across different groups (trainees vs. non-trainees) or across points in time for the same individuals (pre-post) ● Examination of level and direction of change scores in comparison to benchmarks ● Examination of implementation fidelity (e.g., degree to which trainers follow standard training protocols) 	<ul style="list-style-type: none"> ● Basic descriptive statistics, including frequencies, means, and standard deviations (e.g., patient demographics, referrals) ● Analysis of positive screening rates by socio-demographic characteristics ● Examination of number and proportion of individuals with positive screens, number and proportion provided referrals, and number and proportion engaged in services compared to benchmarks ● Examination of screening implementation fidelity (e.g., degree to which providers follow protocols, universal use of standardized instruments) 	<ul style="list-style-type: none"> ● Basic descriptive statistics, including frequencies, means, and standard deviations ● Inferential statistics: comparison of outcomes across different groups (participants vs. non-participants) or across points in time for the same individuals (pre-post) ● Examination of level and direction of changes scores in comparison to benchmarks ● Examination of implementation fidelity (e.g., sufficiency of dosage) 	<ul style="list-style-type: none"> ● Basic descriptive statistics, including frequencies, means, and standard deviations ● Inferential statistics: comparison of outcomes across different groups (participants vs. non-participants) or across points in time for the same individuals (pre-post) ● Examination of level and direction of changes scores in comparison to benchmarks ● Examination of implementation fidelity (e.g., sufficiency of dosage, proportion of clients retained in program)
Program improvement considerations	If not meeting benchmarks, consider degree of commitment and buy-in from program administrators, and adequacy of resources to support systems change (i.e., staffing, time, funding).	If not meeting benchmarks, consider further message testing, analysis of dissemination methods, and examination of how resources are accessed and used.	If not meeting benchmarks, consider whether training program is evidence-based, delivered with fidelity, and if dosage is sufficient.	If screening is not identifying expected numbers of individuals, consider sensitivity and specificity of tool and administration procedures. If referrals are not engaged,	If not meeting benchmarks, consider skill level of provider, evidence-base of protocol, fidelity of delivery, and appropriateness of program with population.	If not meeting benchmarks, consider skill level of provider, evidence-base of protocol, fidelity of delivery, and appropriateness of program with population.

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				consider examination of referral procedures from patient and provider perspectives.		