

# School-Based SIG Evaluation Questionnaire

**State:** \_\_\_\_\_

**Demonstration Site:** \_\_\_\_\_

## PROCESS/IMPLEMENTATION OUTCOMES

**Outcome 1:**

Development of a manual for a school-based mental health program that can be used to facilitate program replication.

**Description:** The program manual should include all written policies and procedures necessary for the identification of program participants (youths) and appropriate referral of participants to case management and other services provided by the program and by external affiliate programs.

<p>a) <i>Was a manual developed?</i></p> <p><i>If you answered "NO", please provide an explanation as to why no manual was developed in the space provided.</i></p>	<p>YES                  NO</p>
<p>b) <i>In your opinion, does the manual contain sufficient information to support the activities of the program and contain all of the necessary documentation to enable school-based staff to accomplish the goals of the program?</i></p> <p><i>If you answered "NO", please indicate why you answered this way in the space provided.</i></p>	<p>YES                  NO</p>
<p>c) <i>What specific sections or components does the program manual contain? Check all that apply.</i></p>	<p><input type="checkbox"/> Mission Statement</p> <p><input type="checkbox"/> Description of Program</p> <p><input type="checkbox"/> Eligibility Criteria for the Program</p> <p><input type="checkbox"/> Referral and Acceptance Process</p> <p><input type="checkbox"/> Screening and Assessment Procedures</p> <p><input type="checkbox"/> Description of Available Services</p> <p><input type="checkbox"/> Description of case management process</p> <p><input type="checkbox"/> Program database(s) and outcome monitoring procedures</p>
<p>d) <i>Are there any other components to the manual that are not listed above?</i></p> <p><i>If you answered "YES", please list and briefly describe.</i></p>	<p>YES                  NO</p>

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<b>Outcome 2:</b> Increased collaboration as a result of the development of the necessary agreements and linkages among the agencies/systems that are involved in the program.																
<b>Description:</b> Formal and/or informal inter-agency agreements will be developed at a minimum among the participating schools, mental health service providers and other key stakeholders to ensure that critical collaborative relationships are in place.																
a) <i>Are any agreements in place?</i>  <i>If you answered "NO", please provide an explanation as to why no agreements were entered into in the space provided, then skip to Outcome #3.</i>	YES                      NO															
b) <i>Do formal Memorandums of Understanding (MOUs) exist among agencies or are there less formal Inter-Agency Agreements in place?</i>	<table style="width: 100%; border: none;"> <tr> <td style="border: none;"><u>MOUs:</u></td> <td style="border: none; text-align: center;">YES</td> <td style="border: none; text-align: center;">NO</td> </tr> <tr> <td style="border: none;"><u>IAs:</u></td> <td style="border: none; text-align: center;">YES</td> <td style="border: none; text-align: center;">NO</td> </tr> <tr> <td style="border: none;">Others (specify):</td> <td colspan="2" style="border: none;">_____</td> </tr> <tr> <td style="border: none;"></td> <td colspan="2" style="border: none;">_____</td> </tr> <tr> <td style="border: none;"></td> <td colspan="2" style="border: none;">_____</td> </tr> </table>	<u>MOUs:</u>	YES	NO	<u>IAs:</u>	YES	NO	Others (specify):	_____			_____			_____	
<u>MOUs:</u>	YES	NO														
<u>IAs:</u>	YES	NO														
Others (specify):	_____															
	_____															
	_____															
c) <i>Which of the following types of agencies or partners are included in the agreements? Check all that apply.</i>	<input type="checkbox"/> local mental health agency <input type="checkbox"/> local mental health treatment provider <input type="checkbox"/> state mental health agency <input type="checkbox"/> local substance abuse agency <input type="checkbox"/> local substance abuse treatment provider <input type="checkbox"/> state substance abuse agency <input type="checkbox"/> school district <input type="checkbox"/> law enforcement <input type="checkbox"/> probation <input type="checkbox"/> social services agency <input type="checkbox"/> judiciary															
d) <i>To what types of services or activities do the agreements provide linkage? Check all that apply.</i>	<input type="checkbox"/> crisis services <input type="checkbox"/> mental health treatment <input type="checkbox"/> substance abuse treatment <input type="checkbox"/> integrated treatment for youth with co-occurring disorders <input type="checkbox"/> trauma treatment <input type="checkbox"/> family counseling/services <input type="checkbox"/> educational/vocational services <input type="checkbox"/> parental support programs/services <input type="checkbox"/> anger management <input type="checkbox"/> social welfare services <input type="checkbox"/> Medicaid <input type="checkbox"/> financial support services															

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<p>e) <i>From your perspective, do these agreements provide linkages to appropriate services and activities based on the program design and target population?</i></p> <p><i>If you answered "NO", please indicate why you answered this way in the space provided.</i></p>	<p>YES                      NO</p>
<p><b>Outcome 3:</b> Increased understanding of program components and available services through the provision of training to key school-based staff, and other staff involved with the new program as necessary.</p>	
<p><b>Description:</b> The training should review all policies and procedures necessary for the identification of program participants (youth) and appropriate referral of participants to case management and other services provided by the program and by external affiliate programs.</p>	
<p>a) <i>Was training provided?</i></p> <p><i>If you answered "NO", please provide an explanation as to why no training occurred in the space provided, then skip to Outcome #5.</i></p>	<p>YES                      NO</p>
<p>b) <i>How many individuals participated in the training?</i></p>	
<p>c) <i>What agencies or entities were represented at the training? Check all that apply.</i></p>	<p><input type="checkbox"/> local mental health agency  <input type="checkbox"/> local mental health treatment provider  <input type="checkbox"/> state mental health agency  <input type="checkbox"/> local substance abuse agency  <input type="checkbox"/> local substance abuse treatment provider  <input type="checkbox"/> state substance abuse agency  <input type="checkbox"/> school district  <input type="checkbox"/> law enforcement  <input type="checkbox"/> probation  <input type="checkbox"/> social services agency  <input type="checkbox"/> judiciary</p>
<p>d) <i>From your perspective, did the training adequately cover all aspects of the new program (e.g. referral procedures)?</i></p> <p><i>If you answered "NO", please indicate why you answered this way in the space provided.</i></p>	<p>YES                      NO</p>
<p>e) <i>In your opinion, was the training sufficient to increase participant knowledge about the program components and services available for youth?</i></p> <p><i>If you answered "NO", please indicate why you answered this way in the space provided.</i></p>	<p>YES                      NO</p>

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<b>Outcome 4:</b> Implementation of the school-based mental health response program in identified pilot sites.		
<b>Description:</b> The school-based mental health response program will be fully implemented in selected pilot sites.		
a) <i>Was a pilot site selected?</i>  <i>If you answered "NO", please provide an explanation as to why no pilot site was selected in the space provided, then skip to the "Overall Impressions" section.</i>	YES	NO
b) <i>Was a behavioral specialized mental health unit established with designated staff identified to serve as staff in the new unit?</i>  <i>If you answered "NO", please discuss why this did not occur in the space provided.</i>	YES	NO
c) <i>Was the program implemented?</i>  <i>If you answered "NO", please provide an explanation as to why the program was not implemented in the space provided, then skip to the "Overall Impressions" section.</i>	YES	NO
d) <i>Were any modifications necessary before/during implementation?</i>  <i>If you answered "YES", please describe the necessary modifications in the space provided.</i>	YES	NO

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Overall Impressions of Program Implementation/Process	
<p>a) <i>From your perspective, what have been the major benefits of the program so far?</i></p>	
<p>b) <i>Were there any issues or barriers encountered during program development or implementation?</i></p> <p><i><u>If you answered "YES", please describe the issues/barriers encountered in the space provided.</u></i></p>	<p>YES                  NO</p>
<p>c) <i>What steps were taken to address the issues or eliminate the barriers mentioned above?</i></p>	
<p>d) <i>Is there anything else you would like to tell us or you feel is important to note regarding the overall program implementation and/or program process?</i></p> <p><i><u>If you answered "YES", please describe in the space provided.</u></i></p>	<p>YES                  NO</p>