

Evaluation 101

The main goal of program evaluation is to systematically gather and assess information that provides useful feedback about a program or some aspect of a program. In health care and mental health systems, stakeholders want to know what aspects of the programs they are funding or implementing are working well and which aspects need to be changed.

Program evaluation can include many different types of evaluation. The two most important types are formative evaluations (examining the delivery or implementation of a program) and summative evaluations (examining the effects or outcomes of a program). Within these categories, evaluators have a choice of many methods within numeric-based quantitative and non-numerical qualitative approaches. Effective evaluation designs are often dynamic and multi-faceted. That is, they provide real-time programmatic feedback using multiple methodologies gathered from many different perspectives.

Evaluation is a key part of deciding what works. In addition to evaluating the impact of our own projects, the Vermont Child Health Improvement Program (VCHIP) has been asked to serve as an independent evaluator for a number of state-wide projects, including the Vermont Blueprint for Health, the Department of Mental Health's SAMHSA Youth in Transition grant, and the Department of Health's MCHB State Implementation Grant for Children with Special Health Care Needs. Program evaluation provides the opportunity to ask – and answer – critical research questions in a systematic and coherent way.

EVALUATION: A PROJECT EXAMPLE

Suicide is the second leading cause of death among Vermont's youth aged 15-24 and the third leading cause of death for youth aged 10-14.¹ Responding to this important public health problem, VCHIP is evaluating the impact of a statewide suicide prevention program. This program, implemented by the Center for Health and Learning in Brattleboro, Vermont, focuses on school and community collaboration.² Specifically, VCHIP is evaluating the effectiveness of four components of the program:

1. Statewide trainings of mental health professionals, law enforcement and first responders, social service and youth-serving professionals, primary care professionals and faith leaders to become suicide prevention gatekeepers;
2. Use of the *Connect* model to conduct intensive training and follow-up in Vermont communities with high suicide rates;
3. Trainings for schools and institutions of higher learning in protocols for responding to identified mental health risks and their needs around suicide prevention training; and
4. A media campaign, *UMatter*, targeted at the general public to raise awareness of suicide risks, warning signs, and how to get help if necessary.

This evaluation design has used both quantitative and qualitative methods. It has obtained de-identified quantitative



“ We turn to VCHIP for their evaluation experience and because they really understand Vermont. VCHIP combines technical expertise with local knowledge to really make a difference in our work to improve the mental health system of care for Vermonters.”

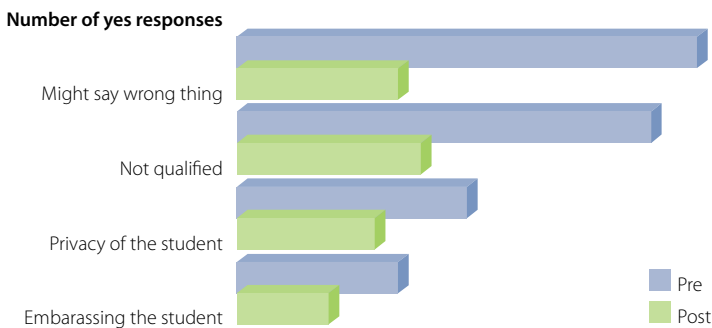
CHARLIE BISS, MSW, Director, Child, Adolescent and Family Division, Department of Mental Health

data from schools on mental health risks and incidents and data from pre- and post-training surveys. It also has collected qualitative data, including information from focus groups conducted after *Connect* trainings, interviews with academic leaders at institutions of higher learning, and electronic surveys of parents of school-aged children in communities where the media campaign is active.

RESULTS AND IMPACT

Evaluation programs provide valuable information about program implementation and effectiveness. The VCHIP evaluation showed that school and community personnel who participated in *UMatter* and *Connect* trainings changed their suicide-related knowledge and attitudes as well as their protocols for identifying children at risk. Training across a wide variety of professionals involved in school health yielded significant gains in knowledge, positive attitudes, and intervention skills for preventing suicide.

Decreasing Barriers to Trainees Comfort with Engaging Students Who Might be at Risk for Suicide



LEARNING STRATEGIES

This project illustrates some key strategies for successful evaluation projects:

- Build a good relationship with partner programs and agencies;
- Understand the political and social environment of the program;
- Provide feedback that is practical given the system strengths and constraints; and
- Ensure that all relevant perspectives and data sources are represented.

1.Children's Safety Network-National Injury Violence Prevention Resource Center-Vermont Fact Sheet 2010. 18 January 2011.

www.childrensafetynetwork.org/publications_resources/PDF/factsheets/VT.pdf

2.Additional project partners include the United States Substance Abuse and Mental Health Services Administration.