Intake-Based SIG Evaluation Questionnaire

State: _____   **Demonstration Site:** _____

PROCESS/IMPLEMENTATION OUTCOMES	
Outcome 1: Development of a manual for an intake-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.	
a) *Was a manual developed?* *If you answered "NO", please provide an explanation as to why no manual was developed in the space provided.*	YES NO
b) *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 probation staff to accomplish the goals of the program?* *If you answered "NO", please indicate why you answered this way in the space provided.*	YES NO
c) *What specific sections or components does the program manual contain? Check all that apply.*	___ Mission Statement ___ Description of Program ___ Eligibility Criteria for the Program ___ Referral and Acceptance Process ___ Screening and Assessment Procedures ___ Description of Available Services ___ Description of case management process ___ Program database(s) and outcome monitoring procedures
d) *Are there any other components to the manual that are not listed above?* *If you answered "YES", please list and briefly describe.*	YES NO

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Outcome 2: Increased collaboration as a result of the development of the necessary agreements and linkages among the agencies/systems that are involved in the program.

Description: The program will develop formal and/or informal interagency agreements at a minimum among the county department of probation and local mental health service providers to ensure that critical collaborative relationships are in place.

a) *Are any agreements in place?* *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.*	YES NO
b) *Do formal Memorandums of Understanding (MOUs) exist among agencies or are there less formal Inter-Agency Agreements in place?*	<u>MOUs</u>: YES NO <u>IAAs</u>: YES NO Others (specify): _____ _____ _____
c) *Which of the following types of agencies or partners are included in the agreements? Check all that apply.*	___ local mental health agency ___ local mental health treatment provider ___ state mental health agency ___ local substance abuse agency ___ local substance abuse treatment provider ___ state substance abuse agency ___ school district ___ law enforcement ___ probation ___ social services agency ___ judiciary
d) *To what types of services or activities do the agreements provide linkage? Check all that apply.*	___ crisis services ___ mental health treatment ___ substance abuse treatment ___ integrated treatment for youth with co-occurring disorders ___ trauma treatment ___ family counseling/services ___ educational/vocational services ___ parental support programs/services ___ anger management ___ social welfare services ___ Medicaid ___ financial support services

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e) *From your perspective, do these agreements provide linkages to appropriate services and activities based on the program design and target population?* *If you answered "NO", please indicate why you answered this way in the space provided.*	YES NO

Outcome 3:
Increased understanding of adolescent mental health among key probation staff through the provision of training.

Description: The training component of the program will provide a comprehensive overview of adolescent mental health issues and associated risk factors, including substance use.

a) *Was training provided?* *If you answered "NO", please provide an explanation as to why no training occurred in the space provided, then skip to Outcome #4.*	YES NO
b) *How many individuals participated in the training?*	
c) *What agencies or entities were represented at the training? Check all that apply.*	___ local mental health agency ___ local mental health treatment provider ___ state mental health agency ___ local substance abuse agency ___ local substance abuse treatment provider ___ state substance abuse agency ___ school district ___ law enforcement ___ probation ___ social services agency ___ judiciary
d) *From your perspective, did the training adequately cover adolescent mental health issues?* *If you answered "NO", please indicate why you answered this way in the space provided.*	YES NO

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Outcome 4: Increased understanding of the intake-based program among key probation department staff and other key staff through the provision of training.

Description: The training component of the program will also review the policies and procedures for identifying program participants (youth), the new case management and practice standards for participating probation officers, and the appropriate referral procedures to refer youth to mental health and other services.

a) Was training provided? *If you answered "NO", please provide an explanation as to why no training occurred in the space provided, then skip to Outcome #5.*	YES NO
b) How many individuals participated in the training?	
c) What agencies or entities were represented at the training? Check all that apply.	___ local mental health agency ___ local mental health treatment provider ___ state mental health agency ___ local substance abuse agency ___ local substance abuse treatment provider ___ state substance abuse agency ___ school district ___ law enforcement ___ probation ___ social services agency ___ judiciary
d) From your perspective, did the training adequately cover all aspects of the new program (e.g. referral procedures)? *If you answered "NO", please indicate why you answered this way in the space provided.*	YES NO
e) In your opinion, was the training sufficient to increase participant knowledge about the program components and processes (e.g. case management standards)? *If you answered "NO", please indicate why you answered this way in the space provided.*	YES NO

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Outcome 5: Implementation of the intake-based mental health program in identified pilot counties	
Description: The intake-based mental health program will be fully implemented in selected pilot counties.	
a) *Was a pilot site selected?* *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.*	YES NO
b) *Was a behavioral health probation office unit established or were probation officers identified to serve as designated behavioral health probation officers?* *If you answered "NO", please discuss why this did not occur in the space provided.*	YES NO
c) *Was the program implemented?* *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.*	YES NO
d) *Were any modifications necessary before/during implementation?* *If you answered "YES", please describe the necessary modifications in the space provided.*	YES NO

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Overall Impressions of Program Implementation/Process	
a) *From your perspective, what have been the major benefits of the program so far?*	
b) *Were there any issues or barriers encountered during program development or implementation?* *If you answered "YES", please describe the issues/barriers encountered in the space provided.*	YES NO
c) *What steps were taken to address the issues or eliminate the barriers mentioned above?*	
d) *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?* *If you answered "YES", please describe in the space provided.*	YES NO

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