Development of a Program Evaluation Model
for Selected Children’s Mental Health Services
In Six Simcoe County Community Schools

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I. Executive Summary

A project was undertaken to develop and pilot a plan using the paper and pencil Brief Child and Family Phone Interview Teacher Form for program evaluation of mental health services delivered by the COMPASS program in community schools in Simcoe County. The services were part of a county wide collaboration among service organizations and boards of education to bring community resources to bear on children’s mental health problems. Two different small group programs were involved in the pilot project – SNAP, an evidence based program that teaches children how to control angry feelings and aggressive behaviour and Social Skills groups based on a variety of resources and staff experience. Teachers completed questionnaires before the groups began and again within a week of the end of the programs.

The average scores for SNAP participants improved on nine out of 10 subscales and remained the same on the tenth. The amount of the change cannot be considered significant on the basis of this pilot study but holds promise to be confirmed by a larger study with advance preparation. The small number of Social Skills participants presented a diverse BCFPI profile at the beginning of the program. The average scores for the Social Skills participants improved on six subscales and deteriorated on four.

The study was complicated by lack of clarity on issues around information sharing and responsibility for data collection and data entry arising from the collaborative model. Interpretation of the data was confounded by a high incidence of missing or ambiguous responses that could not be scored. Recommendations to address these issues and a plan for a full-scale evaluation of current and future small group programs including a data analysis tool and instructions were developed.

The primary objectives of the project:
- to establish the feasibility of using the BCFPI as a before and after measure for evaluating the programs;
- to develop a plan for conducting a full scale evaluation;
- and to enhance the capacity of the lead agency to analyze program evaluation data were accomplished.
II. Project Summary

A. Purpose of the Evaluation Pilot Project

Goals:
1) To promote consistency in program delivery and program evaluation across sectors/agencies delivering children’s mental health programs within the COMPASS Community-School Team initiative.

2) To enhance the capacity of the sponsoring organization to comply with requirements for periodic submission of data such as the evaluation requirements associated with programs funded through the MCYS Mental Health fund.

3) To enhance capacity to use the hardware and software purchased through previous Program Evaluation Grants to do in house analysis of data relating information gathered through standardized instruments and information gathered in the agency’s client information system.

Objectives:
1) To conceptualize, set up and document an evaluation plan using the BCFPI teacher report as a tool to measure change for group mental health programs delivered in the schools and for complex supports for high needs situations developed through the Navigation Team process.

2) To assess the feasibility of implementing the plan widely across the COMPASS initiative through a short-term pilot project that includes an analysis of associated time and other costs.

B. Description of the Program

This pilot project and evaluation plan focuses on small group programs for identified students offered as part of the COMPASS program described below. (See Goal # 2 and Service #3 on page 5.) Students are referred by school staff. Two types of programs were offered in the period available for study -- SNAP and Social Skills. SNAP™ (Stop Now and Plan) is a cognitive behavioural strategy developed at Child Development Institute in Ontario. SNAP™ groups have been shown to be effective as stand alone interventions offered as withdrawal groups in schools. For the Social Skills groups, COMPASS staff drew upon their training, experience and a variety of resources to develop the program for each group.
COMPASS (Community Partners with Schools) Simcoe County is a large-scale community initiative sponsored by the Simcoe County Child, Youth and Family Services Coalition and funded through the MCYS Mental Health fund to develop and support cross-sector collaboration to bring all of the community’s resources to bear on issues of children’s mental health.

As part of the COMPASS initiative, community partners work together to address the needs of children and families by establishing Community School Teams to link elementary and secondary schools with providers of community supports and services across Simcoe County. COMPASS provides specialized mental health expertise to each Community School Team. COMPASS staff consist of community schools’ consultants, with a masters’ degree in social work or related discipline, and child and youth workers who consult with school personnel to enhance healthy child development, reduce mental health and other barriers to learning, and support families by improving access to community services.

Overall goals of this program are:
1) To establish and maintain multi-sector community school teams to improve service coordination and build community capacity.
2) To improve access to community supports and services for children and families
3) To provide specific mental health supports in schools.
4) To increase use of evidence-based practices.
5) To increase capacity to recognize, respond to and appropriately refer children with mental health needs.

The full range of COMPASS services include:
1) Consultation to schools regarding specific students or general social/emotional or behavioural issues
2) Group programs with a skill development focus for identified students
3) Classroom wide pro-social skill development programs
4) Brief Individual support and counselling
5) Brief Triple P Parenting Program
6) Presentations/workshops to schools or community groups on children’s mental health issues to increase knowledge and build capacity.
7) Referrals and service co-ordination to appropriate community services.

COMPASS staff members are employed by New Path Youth & Family Services or Kinark Child and Family Services. New Path receives the funding from, and as the lead organization is accountable to, the Ontario Ministry of Children and Youth Services for the delivery of COMPASS services in Simcoe County.

Mental Health Navigation Teams provide an additional level of expertise and can be consulted when children’s mental health issues are complex and difficult to resolve. They are comprised of COMPASS staff, representatives of children’s
mental health agencies and multi-disciplinary professionals from both school boards (psychologists, school counselors, consultants).

C. Target Population and Stakeholders

The target population for the program is children with mental health needs attending community schools in Simcoe County and their families.

In addition to the children and their families, stakeholders include program and school staff and many community partner organizations. A cross-sector county wide COMPASS Co-ordinated Management Committee is responsible for overseeing planning and implementation of COMPASS. This committee reports to the Simcoe County Child, Youth and Family Services Coalition. The COMPASS Community School Teams are broad multi-agency, cross-sector teams. Community partners include elementary and secondary representatives from both the Simcoe County District School Board and the Simcoe Muskoka Catholic District School Board as well as representatives from child welfare, children’s mental health, youth justice, health, aboriginal services, recreation and other services. In addition to the New Path and Kinark staff directly involved in the delivery and management of the program, the individuals responsible for data integrity of the BCFPI database for each agency are potential stakeholders.

III. Methodology

A. Design of Evaluation

Six small groups were conducted between October 31, 2006 and April 25, 2007 at six different schools. A total of 33 students participated in the groups. Teachers were asked to complete the paper and pencil version of the BCFPI, an evidence based, standardized intake interview, for each participant before the program began and again at the end of the program. (The BCFPI labels these as “Before” and “After” stage forms). The initial evaluation design for the group programs also included the collection of data on attendance at group sessions but this aspect of the design was not implemented.

The teacher BCFPI was selected for the pilot for two reasons:

- The BCFPI is mandated to be used at intake by all children’s mental health program funded by the Ontario Ministry of Children and Youth Services.
- The purpose of the programs is to address problems identified and manifested in the school.

The Navigation Team process was in a state of development that took longer than anticipated and therefore no clients could be selected for this pilot project.
B. Methods of data collection
Group leaders distributed copies of the Brief Child and Family Phone Interview (BCFPI) Teacher Form Teacher Administered Version (2003) for each participant before the program began and again at the end of the program with the exception of one group of teachers that received the 2001 version both times. The same form was used both before and at the end of the program – the BCFPI Teacher Follow Up Survey was not used. Forms were returned to the group leaders.

C. Sources of information and data
The BCFPI Teacher Form was the only source of data implemented. Program managers provided information about the groups.

D. Evaluation limitations
A number of preconditions for evaluation thought to be in place before the pilot project was undertaken had to be negotiated and revisited throughout the term of the pilot project. There was a belief that data was available to be shared for program evaluation purposes. Although work had been done on this at the supervisory/management level prior to initiating the pilot project for program evaluation, it turned out those involved in the program from the two agencies providing the mental health services for COMPASS did not have a common understanding of what client information could or would be shared between them. Teachers were already being asked to complete BCFPI forms prior to the beginning of the pilot evaluation project but no plan was in place for entering them into BCFPI software.

The incidence of missing and/or ambiguous responses on the BCFPI was very high. Some forms lacked basic information such as date of birth or gender and many lacked a date the form was completed. The Brief Child and Family Phone Interview (BCFPI) Teacher Form Teacher Administered Version itself includes no introduction and only minimal instructions. It does not include information that it is a standardized instrument and that teachers’ responses will be entered into computer software.

The Brief Child and Family Follow-Up Survey for Teachers was not used. The Brief Child and Family Phone Interview (BCFPI) Teacher Form Teacher Administered Version is intended to be used at intake. As such it includes some questions that do not need to be answered again and does not include questions about satisfaction with the service provided that are on the Follow Up Survey. Teachers’ comments on some of the After stage forms indicated the teacher did not understand why they were being asked to complete the same form twice.

The evaluation design takes into account only the teachers’ perceptions of the students’ behaviour.
Teachers had very little opportunity to observe the client’s behaviour after the program was over before completing the second questionnaire. Most post-program questionnaires that have the date completed on them indicate the form was completed less than a week after the last group session. In at least one school, the second questionnaire was distributed to the teachers on the day of the second last session with a request to return them on the day of the last session. An additional later follow-up survey is beyond the scope of this study except as a recommendation for a full-scale study.

IV. Results

A. Description of the Sample

Thirty-three students participated in six groups at six different schools. Group size ranged from three to nine participants with the average group size being 5.5.

Before stage forms for 26 participants were entered into the BCFPI software for analysis. The sample included 18 males and eight females. Twenty-three clients were between the ages of six and 13 years old. Three were over 13. (Figure 1a)

<table>
<thead>
<tr>
<th>All Clients with Before Forms</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td># of Clients</td>
<td>26</td>
<td>18</td>
<td>23</td>
</tr>
<tr>
<td>Gender</td>
<td>Male</td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>Age Groups</td>
<td>&gt;=6 and &lt;13</td>
<td>&gt;= 13</td>
<td></td>
</tr>
</tbody>
</table>

(Figure 1a)

Four SNAP groups were conducted. Fifteen students (12 males and three females) between the ages of six and 13 years old participated. (Figure 1b)

<table>
<thead>
<tr>
<th>All SNAP Group Clients with Before Forms</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td># of Clients</td>
<td>15</td>
<td>12</td>
<td>9</td>
</tr>
<tr>
<td>Gender</td>
<td>Male</td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>Age Groups</td>
<td>&gt;=6 and &lt;13</td>
<td>&gt;= 13</td>
<td></td>
</tr>
</tbody>
</table>

(Figure 1b)

The remaining 11 students participated in one of two Social Skills groups. Six were male and five were female. Eight were between the ages of six and 13 years old and three were over 13. (Figure 1c)

<table>
<thead>
<tr>
<th>All Social Skills Group Clients with Before Forms</th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td># of Clients</td>
<td>11</td>
<td>6</td>
<td>11</td>
</tr>
<tr>
<td>Gender</td>
<td>Male</td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>Age Groups</td>
<td>&gt;=6 and &lt;13</td>
<td>&gt;= 13</td>
<td></td>
</tr>
</tbody>
</table>

(Figure 1c)
**B. Findings**

1. **Before Stage**

BCFPI subscales scores are not computed by the software if any of the questions that make up the subscale are not answered, therefore it is important to note that more than half of the Before stage forms were missing data for three or more subscales. Only 11 of the 26 Before stage forms could be rated on all 10 subscales included in the Teacher Report. *(Figure 2a)*

<table>
<thead>
<tr>
<th># Subscales Rated</th>
<th># Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>6</td>
<td>1</td>
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<td>7</td>
<td>6</td>
</tr>
<tr>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>10</td>
<td>11</td>
</tr>
</tbody>
</table>

**Figure 2a**

The BCFPI Prevalence Report shows the percentage of clients scoring over the threshold of 70 on each subscale. *(Figures 2b & 3)* In a random sample of school age children in Ontario, 98% would be expected to score below 70. “The number of BCFPI mental health subscales that are elevated (t-scores above 70) is a good predictor of longer term mental health problems… The number of child … functional impairment subscales that are elevated (t-scores above 70) is an important predictor of longer term impairments in child … functioning.”

Seventeen COMPASS small group participants scored at or above the threshold on two or more subscales. Three scored at or above the threshold on nine subscales. Of the 12 clients who could be scored on the TMHP subscale – a total of five mental health domains, eight scored at or above the threshold and two more scored in the borderline range of 65 to 69. Of the 19 clients who could be scored on the ChFp – Global Functioning scale, 11 were rated at or above the threshold with two more scoring in the borderline range.
Figure 3

Note: Although the standard BCFPI Prevalence Report displays a single count of forms representing the total number of forms included in the report, each column displays the percentage of clients scoring above threshold *out of the number of clients for which that subscale could be computed*. In a sample such as this one where the number of forms represented in the computation varies widely from one subscale to another it must be kept in mind that it is possible for example for 80% on one subscale to represent fewer clients than 60% on a subscale where the data was complete enough to compute scores for more clients. The bar charts in this report have been modified from the standard BCFPI reports to show the form count for the individual subscale after the subscale name below the column for that subscale.

a) SNAP Groups (Figure 4)

Six of the fifteen Before stage forms for SNAP participants were missing data required to calculate three or more subscales. Eight participants’ forms showed results for all 10 subscales. All fifteen participants were scored on the COp (Cooperativeness) subscale while the completion rate on the other individual subscales ranged from 11 to 14 and the composite TMHP scale could only be computed for nine.

Twelve participants scored over the threshold on two or more subscales. Three subscales: Cooperativeness, Managing Mood and Quality of Relationships, as well as the two composite scales Total Mental Health and Global Functioning were computed to be over the threshold for two thirds of the SNAP participants.
scored. As well, Regulating Attention, Impulsivity and Attention Level was scored above threshold for 35.7% and borderline (65 –69) for an additional 50%.

Figure 4

b) Social Skills Groups (Figure 5)
For the Social Skills groups, eight out of 11 Before stage forms were missing data required to compute three or more subscales. Three participants’ forms showed results for all 10 subscales. Five out of 11 participants scored above the threshold on two or more subscales. Five out of eight clients with Mood Management scores were rated above the threshold on that subscale.
c) Feasibility of Using BCFPI for future Project Evaluation

The data entry time associated with entering the responses from the After stage questionnaires was approximately five minutes per form.

2. Outcomes

The BCFPI Paired Comparison Report was used to look at the outcomes for each group program. The Paired Comparison Report includes only those clients where both a Before and an After form were found for the client. The report generates average before and after scores for each subscale. A change of 10 points is considered potentially significant as it is equivalent to one standard deviation in the reference population for the BCFPI.

Note: The standard BCFPI Paired Comparison Report includes in the averages scores for which there is no match (i.e. the client must have a Before and an After form but all the responses required to compute a particular subscale score may have been completed one form but not on the other). For the purposes of this study unmatched subscale scores were removed from the data set as they have the potential to skew the results. (An Evaluation Report spreadsheet that removes the unmatched data was developed and is one of the deliverables for this project).
Additional outcome measures were computed using the BCFPI Paired Comparison data set modified as noted above.

a) SNAP Groups

Eleven pairs of Before and After forms for SNAP group participants were received in time for inclusion in this study. (One SNAP group is not represented in the outcome data). Seventy-three percent of the potential subscale scores were present in the data set. Conduct was the only subscale where all 11 pairs had scores.

As illustrated by Figure 6, the BCFPI Paired Comparison Report shows a decrease of less than 10 points in the average scores on all subscales except Cooperativeness where the average score was the same at the Before and After stages. While none of these differences was greater than or equal to 10 points, the averages for three subscales – Mood Management, Quality of Relationships and Global Functioning moved from above the clinical threshold to below the threshold.

![Average Paired Before and After Scores - COMPASS SNAP Groups](chart)

Focusing on the 41 instances where a client was rated above the threshold on the Before form, clients either remained within 10 points of their score on the Before form or their score decreased more than 10 points. The table in Figure 7 shows the number of clients rated above threshold on the Before form, the
number at each level of change and the number that were rated above threshold on the Before form and Below threshold on the After form for each subscale. Of the five clients in the paired sample who were rated above the threshold in Global Functioning at the Before stage, three scored below threshold on the After form.

<table>
<thead>
<tr>
<th>Outcomes for SNAP Clients Scoring Above Threshold on Before Forms</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Change &lt;= -10</td>
</tr>
<tr>
<td>&gt; -10 and &lt; 10</td>
</tr>
<tr>
<td>Change &gt;= 10</td>
</tr>
<tr>
<td>Change from &gt;</td>
</tr>
<tr>
<td>= 70 to &lt; 70</td>
</tr>
<tr>
<td>Total &gt;= 70</td>
</tr>
</tbody>
</table>

Note: Positive change score = improvement

Figure 7

b) Social Skills Groups

Eleven pairs of Before and After forms were received. Sixty percent of the potential subscale scores were present in the data set. Regulation of Attention, Impulsivity and Activity was the only subscale where all 11 pairs had scores.

The BCFPI Paired Comparison Report (Figure 8) shows average scores decreased on six subscales and increased on four. For the five clients with paired scores for Quality of Relationships the average rating increased by more than 10 points from below the problem threshold to above.
Average Paired Before and After Scores - COMPASS Social Skills Groups

![Bar chart showing average paired before and after scores for COMPASS Social Skills Groups.](chart)

Note: Subscale title is followed by form count for individual subscale.

Figure 8

Looking at the 17 instances where a client was rated above threshold on the Before form, we see that in all situations the client either remained within 10 points of their score on the Before form or their score decreased more than 10 points (Figure 9).

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Change &lt;= -10</th>
<th>&gt;= -10 and &lt; 10</th>
<th>Change &gt;= 10</th>
<th>Change from &gt;= 70 to &lt; 70</th>
<th>Total &gt;=70</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total &lt;=70</td>
<td>0</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Total &gt;70</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>4</td>
</tr>
</tbody>
</table>

Note: Positive change score = improvement

Figure 9

Further investigation into the subscales that showed increases in the average score reveals that those four scores increased or remained the same with the exception of one rating on the Conduct subscale for one client. Four individual subscale ratings moved from below the threshold to above. Six individual subscale ratings increased by more than 10 points. In all, nine of the 11 participants were rated higher on at least one subscale such that they moved into the borderline or problem range and/or increased that score by more than 10 points.
V. Conclusions, Recommendations/Next Steps

A. Discussion and Interpretation

The primary purpose of this study was to establish the feasibility of using the BCFPI as a program evaluation tool for the small group programs offered by COMPASS. Both the small size of the sample and the uneven rate of completion of the forms must be kept in mind when considering interpretation of the results. In effect, a different if overlapping group of clients was rated on each subscale rendering any comparison between subscale results less meaningful. The small numbers mean that individual variation can have a much stronger effect on the aggregate results.

The SNAP group clients presented a similar profile with two thirds of those rated scoring above the problem threshold on a constellation of five subscales. Average scores improved slightly or remained the same on all subscales. Outcome data represented three groups at three different schools.

The Social Skills data is more difficult to interpret. These group clients presented diverse BCFPI profiles. The occurrence of incomplete forms was higher than for the SNAP groups. Only two groups were represented in this sample with eight of the 11 participants being in the same group. Just under two thirds of those rated on Mood Management scored over the problem threshold on the Before forms but that number still represented less than half of the participants with Before and After forms. While just under half the sample scored above threshold on two or more scales, average scores for this sample were not above the problem threshold on the Before forms in the paired comparison.

Data entry for the Before stage BCFPIs was done as part of the pilot project after procedural questions were resolved by the collaborating organizations. When Before stage BCFPIs have already been entered as is required by the Ministry of Children and Youth Services, the additional time required to enter the After stage forms is minimal.

B. Conclusions

The present study cannot draw conclusions about the efficacy of the small group programs offered by COMPASS. Further investigation of the outcomes and the circumstances surrounding this year’s Social Skills groups is indicated. The SNAP group programs as implemented by COMPASS in the schools may be shown to be effective by a full scale evaluation based on the lessons learned from this pilot.
The low completion rate for individual questions on the Teacher Administered Version of the BCFPI needs to be addressed both for future program evaluation use and for the mandated submission to the Ministry of Children and Youth Services.

A full-scale program evaluation of the COMPASS small group programs using the BCFPI is quite feasible. A proposed evaluation plan including an additional tool and instructions for data analysis has been produced as part of this pilot project. Please refer to the Appendices.

C. Recommendations

1) Preparation for a full-scale program evaluation of the COMPASS small groups should be completed prior to the beginning of the school year in which the evaluation will be carried out and data should be collected for an entire school year with ongoing monitoring and coordination of the evaluation project by an identified coordinator.

2) Before stage BCFPI questionnaires should be reviewed for required information (name, date of birth and date form completed) when they are received and then submitted for data entry promptly so that any problems with completion rate can be addressed. Other recommendations for improving the rate of completion are incorporated into the attached evaluation plan.

3) Anyone interpreting BCFPI standard reports for program management or program evaluation purposes should be aware of whether missing data may be a factor in the data set and familiar with how those reports handle missing data.

4) Additional recommendations for preparation and execution of a full-scale evaluation of the COMPASS small groups programs using the BCFPI can be found in the attached document "Evaluation Plan for COMPASS Small Group Services", and the Excel data analysis worksheet “Evaluation Report” developed as part of the pilot project.

D. Lessons Learned

1. Evolution of collaborative projects

New collaborative ways of working together in the community challenge established concepts and protocols around client information for service organizations. These challenges need to be addressed at the level of the planning bodies that are developing collaborative programs and senior management of the collaborating organizations. Policy and procedures developed by participating organizations for collecting, handling and sharing client information should be consistent with this framework. It is necessary to clarify and confirm that the policies and procedures that will impact an
evaluation are in effect at the practical program level before undertaking that evaluation.

2. Developing a Culture of Evidence Based Practice

Program evaluation should be seen by both management and staff as an integral part of evidence based practice and continuously improving service to the client. With limited resources and the associated infrastructure necessary for program evaluation, planning for evaluation is likely to take a back seat to immediate service needs. Opportunities for evaluating data collected in the absence of an evaluation plan may be diminished or lost when fairly simple steps have not implemented along the way.

E. Impact on Clients, Staff and Organizations

The program evaluation pilot project brought some assumptions and unresolved procedural issues between the collaborating children’s mental health agencies into focus for senior management staff. While the project provided a forum for discussion and resolution of the differences, this was complicated by attempts to meet timelines for the Centre of Excellence Program Evaluation Grant project completion. In the end, it was agreed that the project had provided the impetus and opportunity to begin to address these issues.

F. Next Steps

Although a logic model had been developed for the broad range of COMPASS services, after reviewing the results of the pilot program evaluation, it was decided to develop a specific logic model for the children’s mental health services component of the COMPASS program. This would clarify priority groups and services and identify indicators of success before implementing a full scale evaluation.

There will be continued work on the development of the referral process and service response for complex situations through the Navigation Team. The logic model will need to address the different requirements for evaluation of this service component.

Recommendations for improving the completion rate on the paper and pencil BCFPIs will be discussed and a plan implemented for the coming school year.
VI. **Knowledge Exchange Plan**

**A. Overview**

Knowledge exchange activities will focus on the evaluation process, recommendations for a full-scale evaluation and lessons learned. This information will be shared by the management staff of the two children’s mental health organizations with the COMPASS staff, the COMPASS Community School Teams, the COMPASS Co-ordinated Management Committee and the Child Youth and Family Services Coalition of Simcoe County.

**B. Activities to Date**

The senior managers responsible for the children’s mental health services component of COMPASS met with the author of this study to discuss the findings, outcomes and recommendations and began to discuss next steps. The Knowledge Exchange & Dissemination plan included in the project application was reviewed. The only section that will not be implemented is the inclusion of the information in New Path’s annual Quality Assurance Report as the data was insufficient for that purpose.

**C. Further plans**

The broad community school teams provide a ready platform for sharing this information across sectors in Simcoe County. (Some partner agencies, including CAS, have already requested COMPASS input into decision-making around effective, evidence-based programs and have expressed support for consistency in the delivery and evaluation of children’s mental health programs.) The results will help guide the expansion of COMPASS programs and services across communities and families of schools both by COMPASS staff and by the staff of partner agencies and organizations.

Information will also be shared with the Simcoe County Coalition for Child, Youth and Family Services and its sub-committees involved in COMPASS including the cross-sector COMPASS Co-Management Team and the Community Advisory Committee. Information will be specifically shared with both county Boards of Education in order to facilitate cross-sector collaboration and with the staff of the two children’s mental health agencies collaborating within the COMPASS initiative (Kinark Child and Family Services and New Path Youth and Family Services).
VII. Appendices

A. BCFPI Subscales

<table>
<thead>
<tr>
<th>Code</th>
<th>Question/Calculation</th>
</tr>
</thead>
<tbody>
<tr>
<td>RAIAp</td>
<td>Regulation of Attention, Impulsivity and Activity, population norm</td>
</tr>
<tr>
<td>COp</td>
<td>Cooperativeness - population norms</td>
</tr>
<tr>
<td>CDp</td>
<td>Conduct - population norms</td>
</tr>
<tr>
<td>EXp</td>
<td>Externalizing - population norms</td>
</tr>
<tr>
<td>SPP</td>
<td>Separation from parents - population norms</td>
</tr>
<tr>
<td>MAP</td>
<td>Managing Anxiety - population norms</td>
</tr>
<tr>
<td>MMp</td>
<td>Managing mood- 6 item population norms</td>
</tr>
<tr>
<td>SHp</td>
<td>6 mood + 3 self harm indicators, population norms</td>
</tr>
<tr>
<td>INp</td>
<td>Internalizing, population norms</td>
</tr>
<tr>
<td>TMHP</td>
<td>Total. 6 mental health domains (5 for Teacher form), Population norms.</td>
</tr>
<tr>
<td>SocPartP</td>
<td>Social participation - population norms</td>
</tr>
<tr>
<td>QRep</td>
<td>Quality of relationships - Population norms</td>
</tr>
<tr>
<td>SchoolP</td>
<td>School participation and achievement - population norms</td>
</tr>
<tr>
<td>ChFp</td>
<td>Global functioning... pop norms</td>
</tr>
<tr>
<td>FACIP</td>
<td>Family activities... pop norms</td>
</tr>
<tr>
<td>FcFp</td>
<td>Family comfort- population norms</td>
</tr>
<tr>
<td>GFSP</td>
<td>Global family situation - Population norms</td>
</tr>
<tr>
<td>PMMp</td>
<td>Informant - depression -population norms</td>
</tr>
<tr>
<td>FADP</td>
<td>FAD -population norms</td>
</tr>
</tbody>
</table>

**B. The Brief Child and Family Phone Interview (BCFPI) Teacher Form Teacher Administered Version**

BCFPI Teacher Intake Form.pdf

**C. Brief Child and Family Follow-Up Survey for Teachers**

BCFPI Teacher Followup Survey.pdf

**D. Evaluation Plan for Compass Small Group Services**

Evaluation Plan for Compass Small Group Services.doc

**E. Data Analysis Report Creation Instructions**

Create Evaluation Report Spreadsheet.doc

**F. Evaluation Report Creation Tool**

EvalReports.xls
i www.childdevelop.ca/public_html/research/research_snap.html

ii www.childdevelop.ca/public_html/research/research_snap.html

iii Cunningham, Charles E; Pettingill, Peter & Boyd, Michael; The Brief Child & Family Phone Interview (BCFPI-3) – A Computerized Intake and Outcome Assessment Tool, Interviewer’s Manual; October, 2006; p11.