

Good Shepherd Centres Youth Services

Community Mental Health Liaison: Program Evaluation

A Report to:

Children's Hospital of Eastern Ontario

Submitted by:

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PROGRAM DESCRIPTION - CONTEXT

According to the report *Addressing the Needs of Street-Involved and Homeless Youth in Hamilton*¹ (October, 2005) there are at least 600 street-involved youth in Hamilton. These youth face higher than average rates of mental health issues and substance abuse. In addition, the current mental health service system for street-involved youth in the region of Hamilton is not adequate and does not served these youth effectively. A recommendation of the report was to develop appropriate mental health services for street-involved youth, which are youth-driven and address the unique needs of this population.

The community mental health liaison program (CMHLP) is an outreach program that was initiated by two well established community-based organizations - Good Shepherd Centres and Wesley Urban Ministries, both of whom serve street involved and homeless youth. The program currently has the support of a community based planning and coordinating body known as the Street Involved Youth Network² and in particular, its subcommittee, the Street Involved Youth Managers group (SIYM). The SIYM is represented by four organizations, all of whom serve street involved and homeless youth. These are Living Rock Ministries, Good Shepherd Centres, Alternatives for Youth, and Wesley Urban Ministries.

The CMHLP provides early mental health intervention, including, counseling and advocacy to street involved youth. This program is unique as it is integrated within existing youth services in the downtown core and acts to bridge the gap in services for this vulnerable population. Through referrals from staff at youth agencies, a mental health nurse provides a basic triage assessment to help identify and respond to youth's mental health needs. The nurse conducts a holistic assessment before providing services and linkages to meet the needs of the youth. This assessment is done through an informal process over a period of time as the relationship builds. In addition, the

¹ Addressing the Needs of Street-Involved and Homeless Youth in Hamilton was a collaborative report between Social Planning and Research Council of Hamilton and the Street-Involved Youth Managers

² SIYN reps include: Adolescent Community Care Program, Living Rock, CONTACT Hamilton, Youth Net, Social Planning and Research Council, Hamilton Public Library, Housing Help Centre, Youth Anti-Abuse Project, Wesley Urban Ministries, , Ontario Works, Hamilton Aids Network, Salvation Army, Good Shepherd Centres

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nurse provides education and training of staff in ways that support effective engagement of youth. Fundamental aspects of the nurse's role are to be creative, non-judgmental, flexible, committed, realistic, possess street-sense, and provide culturally competent care.

The target population for this program include youth within the Hamilton community between the ages of 16-21 who are street involved (hard to reach, homeless, living in shelters) and dealing with mental health issues (i.e. depression, anxiety, self harm).

It is important to note that for the purposes of this evaluation project it was necessary to narrow the scope and focus on broad based **outcome development**, concentrating on solely the first two elements of an OE program, identification of program outcomes and indicators - the first two steps in developing a comprehensive program. It is believed that this process will greatly help to deepen understanding of the outcome development process, illuminate issues, identify important benchmarks of quality programming, guide and inform planning, help ensure a comprehensive and viable set of outcomes for the program in question, increase the likelihood that these systems will achieve the desired outcomes.

Summary of Activities and Deliverables

We believe that the long term result of using outcomes evaluation will be quality programs attaining identifiable outcomes, along with greater understanding of, more support to, and better decisions about, what we do well, and how to improve what we could do better (Pritchard, 1994). Outcomes Evaluation can serve to:

- inform program planning and service delivery
- evaluate the impact of services and treatment
- evaluate the progress of a client
- evaluate the effectiveness of a program
- allow for information feedback at the client level

With this in mind, funding from the Children's Hospital of Eastern Ontario (CHEO) was pursued to begin to develop a broad based outcome evaluation program for the Community Mental Health Liaison Program, a program of Good Shepherd Centres, Hamilton. United Way of Canada's "Measuring Program Outcomes: A Practical Approach" (1996) was used to guide the development of a program logic model, which included developing key short, medium, and long term outcomes, as well as corresponding key indicators. A consultant was retained to work with the sponsor and various stakeholders. Early meetings between the sponsor and consultant finalized details of the project, a detailed timeline and work plan, and clarified plans and methods for data collection.

Research

In order to develop a program logic model it was important to define a set of outcomes that tracked the benefits participants (including youth, staff and community) experienced during and after the program. The outcomes were developed from a variety of sources, both within and outside the program. The following methods were used to gain ideas regarding outcomes:

- program materials, background papers, research were reviewed
- focus groups and key informant interviews were held with key stakeholders including service users (consumers), front line staff, management, key individuals and community groups

Focus Group and Key Informant Interviews

Focus groups and key informant interviewees were selected in consultation with the sponsor. Efforts were made to ensure representation of key stakeholders. In total

- Focus groups were held with 2 key community based planning committees (SIYM; SIYN) whose focus is on the needs of street involved and homeless youth
- Interviews were conducted with 24 staff from youth serving agencies
- Interviews were conducted with 17 youth (consumers)

Table 1 provides a list of participating agencies.

Program Logic Model

A program logic model was developed (see Appendix A) with input from the program's mental health liaison nurse and the data collected re: outcomes from the interviews and focus groups. The most effective way of depicting the activities and outcomes of this particular program was to use four outcome tracks, one each for youth, staff, community, and the program. This made it easier to track how this program has benefits for multiple groups of individuals, even though there is one ultimate goal or outcome – that youth are self sufficient and as adults are productive contributing members of society. The outcomes are divided into three time groupings: short, medium and long term. For the purpose of this logic model the short term outcomes were immediate benefits/results of the program, medium term were 3-6 months into the program and the long term outcomes were up to and beyond a year into the program. Once the logic model was developed it was circulated, in draft, to the sponsor's project steering committee for feedback.

It is important to stress that the identified outcomes will require a process of refining and then prioritizing. This will be one of the next steps in the process of developing an outcome evaluation program.

Indicator Development

As soon as the outcomes in the logic model were agreed upon, the steering committee began to develop key indicators for each of the outcomes (See Appendix B). Indicator development is useful for the program to decide what information will indicate how well the program is doing regarding a specific outcome by outlining what type of information

needs to be collected. Indicators were chosen that were observable and measurable (United Way, 1996). In addition, data already being collected, as well as data that would take minimal resources to collect, were used, wherever possible.

The extent to which indicators could be developed was restricted by the scope of the project. Currently, and subsequent to this project, the list of indicators will continue to be developed and refined as the outcomes are refined. Data sources will then be developed for the indicators and data collection methods will be defined. These data will be collected, analyzed and disseminated for feedback.

How Data Will Be Used

Project findings will be used in various ways, including

- to improve the current program (change, revise, create new programs)
- to improve systems/processes
- to improve case management services
- to provide direction for staff
- to identify staff training needs
- to support long-range planning
- to support outcome targets
- to advocate for system changes with the support of our community partners

Findings will be communicated to youth serving agency partners to facilitate their planning activities as well as to facilitate broader community planning and coordination of services for street involved and homeless youth.

Table 1. Interviews and Focus Groups Conducted

Program	Position
Brennan House ³	3 Staff – Case Manager’s
Brennan House	Staff – Program Coordinator
Brennan House	3 Youth
Community	Street Involved Youth Network
Community	Hamilton Health Sciences Emergency Room – Social Worker
Community	Hamilton Social and Community Services (Municipal)– Street Outreach Worker
Community	Street Involved Youth Managers
Community	Probation Officer
Living Rock ⁴	Staff – Breakfast Coordinator
Living Rock	Staff – Rock Resources
Living Rock	Staff – Tri Rock Program
Living Rock	Staff – Program Coordinator
Living Rock	Staff – Case Manager
Living Rock	8 Youth
St. Martin’s Manor ⁵	Staff – Street Outreach Worker
St. Martin’s Manor	Staff – Case Manager
Notre Dame ⁶	Staff – Program Coordinator
Notre Dame	4 Youth
Notre Dame	2 Staff – Case Manager’s
Notre Dame	Staff – Ontario Works
Notre Dame – School	Teacher
Notre Dame – School	Teacher
Notre Dame – School	Child and Youth Staff Liaison Worker (between Shelter/School and Section 20 School Educational Assistant
Notre Dame – School	2 Youth
Salvation Army and Transitional Youth ⁷	Staff – Youth Bridge Worker

³ Brennan House – a long term residential facility for youth (a program of Good Shepherd Centres)

⁴ Living Rock – recreational drop-in and outreach program for youth

⁵ St. Martin’s Manor – Young Parent Resource Centre (a program of Catholic Family Services)

⁶ Notre Dame – ER shelter for youth (a program of Good Shepherd Centres)

⁷ Transitional Youth – youth drop in (a program of Wesley Urban Ministries)

Knowledge Exchange to Date

Local Information Sharing

To date information about this project has been shared through a few mediums. These include

- staff team meetings at 3 youth-serving agencies so that staff are aware and can engage in the evaluation process
- the Street-Involved Youth Network
- the Street Involved Youth Managers group

Research Partnerships

This project has also been used to initiate partnerships with researchers from McMaster University.

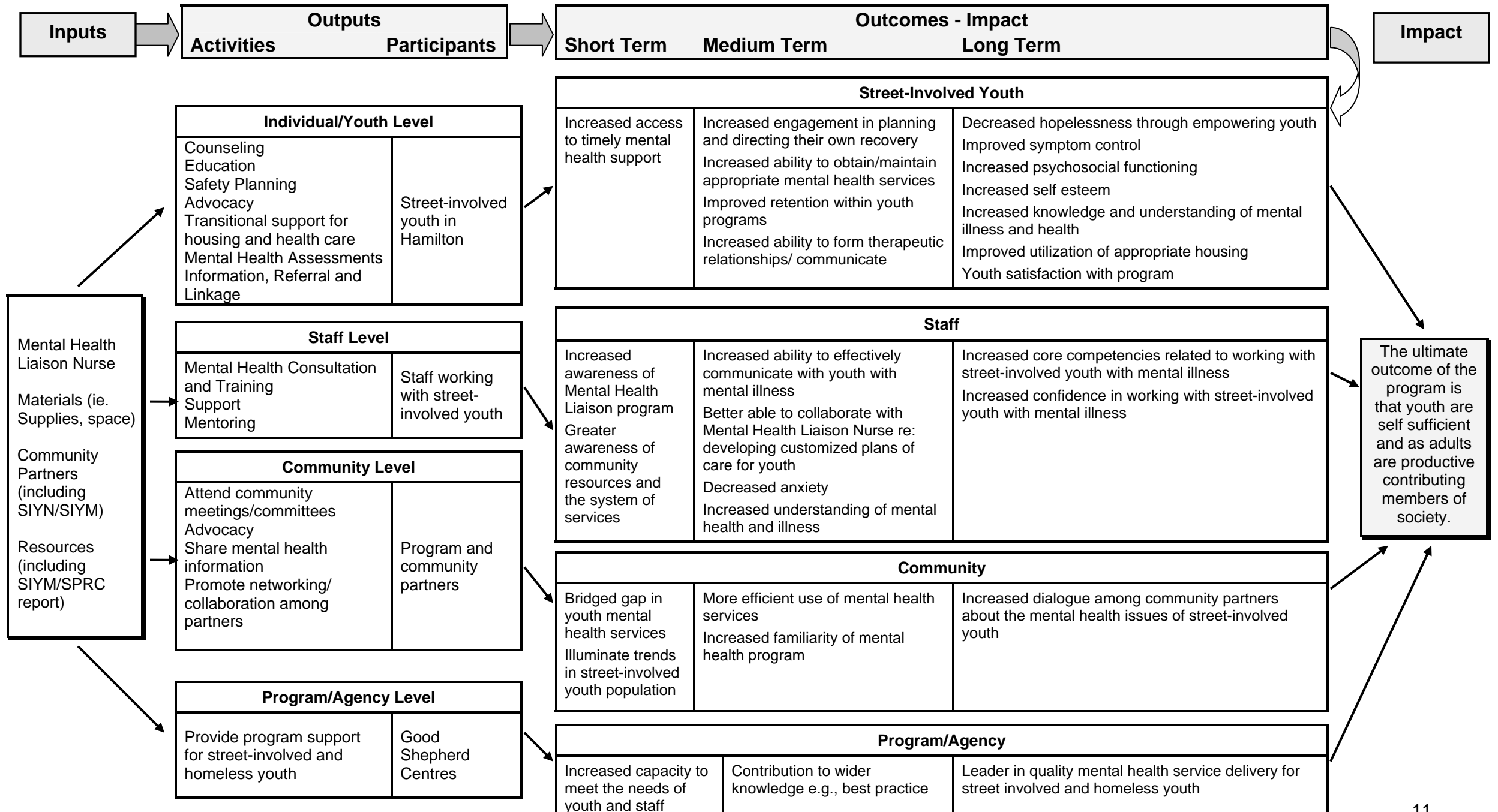
Conferences

An abstract on the project has been submitted to the *Making Gains Conference* which is being hosted by the Centre for Addiction and Mental Health, Toronto, in Fall 2006. This conference will allow the dissemination of the project outcomes to other agencies providing services to street-involved youth with mental health issues.

An abstract is being developed for submission to McMaster University, Nursing Research Day, planned for October, 2006.

Web Based Communication

The project final report will be available on Good Shepherd Centres' website. Design changes will be made on the web site to accommodate this.



Appendix B

**Outcomes and Indicators for the
Community Mental Health Liaison Program**

Youth

Goal: To provide community mental health services and support to street involved and homeless youth.

Outcomes	Indicators
Increased access to timely mental health support	Length of time to initial contact with mental health services
Increased engagement in planning and directing their own recovery	Percent of outreach referrals that subsequently become program clients Percent of clients that engage in programs or services; follow through on agreed plan of care
Increased ability to obtain appropriate mental health services	Percent of youth demonstrating increased decision making capacity related to treatment options
Increased ability to maintain appropriate mental health services	Percent of youth demonstrating increased decision making capacity related to treatment options
Improved retention within youth programs	Percent of clients that drop out of the program Percent of clients that re-engage in program after dropping out Duration of time clients spend in program
Increased ability to form therapeutic relationships/ communicate	Youth communicate with staff and peers Staff observe improved communication by youth
Decreased hopelessness through empowering youth	Youth report increased hopefulness (i.e. express goals for the future) Improvement in negative attitudes about the future (Beck Hopelessness Scale ⁸)
Increased symptom control	Clients self-report improvements Staff report positive changes in client functioning
Increased psychosocial functioning	Percent of youth that report improved psychosocial state (i.e. increased hope, increased involvement in activities)
Improved utilization of appropriate housing	Percent of youth that live in appropriate housing Correlation between case manager recommended living situation and youth living situation Length of time youth maintains housing
Increased self esteem	Change in Rosenberg self-esteem rating scale ⁹ Staff report of youths interaction with peers
Increased knowledge and understanding of mental illness and health	Youth able to describe symptoms of mental illness Youth able to describe the impact of their mental illness Youth able to describe interactions between mental illness and substance use Youth able to detect early warning signs (early intervention)
Youth satisfaction with program	Youth report of satisfaction (criteria to be developed) Length of time youth in the program

⁸ Beck Hopelessness Scale (1974) is a 20-item self-report scale for measuring negative attitudes about the future. This instrument can be administered in less than 5 minutes.

⁹ Rosenberg Self-Esteem Scale (1965) is a 10-item self-report measure of global self-esteem. This instrument can be administered in less than 5 minutes.

**Outcomes and Indicators for the
Community Mental Health Liaison Program**

Staff

Goal: To provide community mental health services and support to street involved and homeless youth.

Outcomes	Indicators
Increased awareness of Mental Health Liaison program	Number of referrals to mental health program
Greater awareness of community resources and the system of services	Number of referrals to mental health program Number of referrals to other agencies
Increased ability to effectively communicate with youth with mental illness	Number of Staff who report improved ability to communicate with youth Number of incidence reports completed by staff on youth involved in program
Better able to collaborate with Mental Health Liaison Nurse re: developing customized plans of care for youth	Percent of youth in mental health program Percent of youth that reach milestones identified in the plans of care
Decreased anxiety when working with youth with a mental illness	Greater staff direct involvement/intervention with youth
Increased understanding of mental health and illness	Staff able to describe and identify symptoms of mental illness; to describe and identify the impacts of mental illness; to describe interactions between mental illness and substance use
Increased core competencies related to working with street-involved youth with mental illness	Staff demonstrate an ability to work with youth with mental illness Staff better able to/more quickly can identify and refer youth with mental illness
Increased confidence in working with street-involved youth with mental illness	Staff report increased confidence working with youth Staff and mental health liaison nurse report decreased reliance on mental health liaison nurse

**Outcomes and Indicators for the
Community Mental Health Liaison Program**

Community

Goal: To provide community mental health services and support to street involved and homeless youth.

Outcomes	Indicators
Bridged gap in youth mental health services	Number of youth referrals to mental health program
Illuminate trends in street-involved youth population	Number (participation) of meetings/forums attended by mental health program staff
More efficient use of mental health services	Number of youth referrals to mental health program Number of youth referrals to other mental health services Greater number of requests for consultation from nurse
Increased familiarity of mental health program	Number of youth referrals to mental health program Percent of community agencies who report familiarity with program Requests for consultation and training
Increased dialogue among community partners about the mental health issues of street-involved youth	Number of community leaders/agencies that speak out on behalf of street-involved youth with mental health issues Percent of proposed services for street-involved youth with mental illness Research findings result in improved programming

**Outcomes and Indicators for the
Community Mental Health Liaison Program**

Program/Agency

Goal: To provide community mental health services and support to street involved and homeless youth.

Outcomes	Indicators
Increased capacity to meet the needs of youth and staff	Staff demonstrate core competencies
Contribution to wider knowledge	Dissemination of information through presentations, workshops, papers
Leader in quality mental health service delivery for this population	Requests from mental health professionals including hospital based, for training, consultation, education Acceptance of proposal submissions (e.g., conferences) Acceptance of article submissions (e.g., journals)

References

Pritchard, K. (1994). *Outcomes: A basic guide for programs receiving United Way funding*. Milwaukee, WI: United Way of Greater Milwaukee.

United Way of Canada (1996). *Measuring Program Outcomes: A Practical Approach*. United Way.

Vengris, J. (2005). *Addressing the Needs of Street-Involved and Homeless Youth in Hamilton*. Social Planning and Research Council of Hamilton.

ACCOUNTING SUMMARY OF EXPENSES

Eligible Budget Items	Cost per Item (\$)	Total Cost (\$)
Personnel Costs		
Consultation Costs	\$ 6,000.00	\$ 6,000.00
Computer Costs (hardware and software; Max. \$3,000)	\$2,651.09	\$ 2,651.09
Training Tools/Questionnaires		
Administrative Costs (details required; Max. \$1,000)	\$1,000.00	\$1,000.00
Office Supplies (Max. \$500)	348.91	348.91
Web-Design (Max. \$500)	0	0
Travel (for data collection only)		
Total Cost of All Expenses (Max. \$10,000)	\$ 10,000.00	\$ 10,000.00