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Early Detection and Intervention for the Prevention of Psychosis. Outreach Evaluation Report: Year 1 Annual Report

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EARLY DETECTION AND INTERVENTION FOR THE PREVENTION OF PSYCHOSIS

Outreach Evaluation Report: Year 3

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Annual Progress Report

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Executive Summary

Background

The Robert Wood Johnson Foundation contracted with the University of Southern Maine's Muskie School to evaluate the community outreach and training efforts of the Early Detection and Intervention for the Prevention of Psychosis Program (EDIPPP). This report provides a brief description of program, the evaluation methodology, and preliminary results from the first three years of the evaluation.

Evaluation Focus Areas and Methods

The evaluation includes an assessment of: 1) implementation efforts across five demonstration sites, 2) contextual factors that may influence outreach efforts, and 3) specific outcomes related to the education and outreach activities. In an effort to evaluate these three elements, a number of data collection tools were used, including quantitative and qualitative methods.

Evaluation Findings

Implementation of Outreach Activities Remained Fairly Robust and Focused

- Outreach efforts maintained momentum during the past year
- Sites continued to deliver core messages in the training sessions
- Sites tended to focus on the priority groups, thus reaching the intended audiences

Overall, grantees implemented outreach efforts in their respective catchment areas as intended. The evaluation findings suggest that momentum for outreach efforts remained relatively steady until the second half of the year based on anticipation of the end of recruitment for the EDIPPP program. Outreach presentations continued to consistently cover the EDIPPP outreach core messages identified by the NPO.

Grantees made significant progress in reaching audiences throughout their respective catchment area. To date, over 23,000 community members have participated in either formal or informal outreach activities. A review of specific audiences and organizations targeted for training revealed that nearly three-quarters (73%) of formal outreach activities took place at priority organizations including schools (35%), mental health agencies (25%), and health care settings (13%). While there has been a strong emphasis on reaching the three priority groups, there was evidence that some sites had begun to target additional groups such as law enforcement and the business community.

Several Major Lesson about Outreach Have Become Apparent

- Having full- time dedicated outreach staff is a major facilitating factor
- Providing periodic trainings sessions to sites on outreach may have enhanced efforts
- Communicating about the importance of outreach is essential at all levels
- Opportunities for reaching diverse communities should be explored
- Features of a catchment area tend to impact outreach

Our findings revealed several important lessons. First, outreach coordinators played a critical role is planning, providing and tracking training efforts and other activities designed to increase program awareness and generate referrals. The selection of an outreach coordinator is critical to success as is having staff time dedicated to these responsibilities.

Second, outreach training was introduced early in the grant cycle and occurred while staff members were also trained on the clinical component and grant requirements. Based on feedback provided by the NPO, a mid-grant outreach training session would have likely been useful as well as ongoing communication with PIs about the value of outreach and their sites progress.

Third, as discussed in prior reports, we captured information about the barriers in reaching minority, non-English speakers through the EDIPPP program. Sites outreach staff and NPO officials perceived this as a missed opportunity and suggested that it might have been worthwhile to have explicitly funded a site or sites to adapt outreach materials and the EDIPPP program to these audiences.

Finally, we learned that the size of a catchment area and the number organizations in a "priority group" per catchment area impact the spread of outreach efforts. For example, sites with only one or two school districts were able to reach schools more efficiently when compared to sites having to deal with multiple districts.

Consistent Findings about Referrers and Referral Patterns Have Emerged

- Referrers tend to be highly educated women
- Referrers heard about EDIPPP primarily through a training, staff member or provider
- The referrer's relationship with the client varies
- Significant differences exist between professional and non-professional referrers
- The number of referrers making multiple referrals increased
- Overall referral patterns often mirrored outreach efforts

The data available indicate that referrers tended to be highly educated professional women. The two largest groups of referrers were mental health professionals and parents. Typically, parents *first* learned about EDIPPP indirectly (*e.g.,* through a provider) whereas mental health professionals typically *first* learned about the program through a training or EDIPPP staff member. In general, and not surprisingly, referrers either had known the client they were referring for more than five years (e.g., a parent) or less than one month (e.g., a mental health professional).

Professional referrers were significantly more likely than non-professional referrers to have: 1) made a referral in the past, 2) made an *appropriate* referral, and 3) known the client they referred for one month or less. In terms of referrer characteristics, professional referrers were more likely to be female and have a college degree.

Multiple program referrals (made by the same individual) continued to increase during the last year of outreach. As mentioned above, and as expected, professionals were more likely to refer multiple individuals. In all but one site, nearly one in four referrals was made by an individual who had previously referred someone to the program.

While the frequency of outreach efforts varied based on the site and time of year, the aggregate findings suggest a fair amount of synergy between the overall number of outreach activities and

program referrals. Our preliminary findings suggest that referrals often tended to increase as outreach efforts increased in six of the eight quarters or time periods for which data were assessed.

Training was Valuable and Served as a Critical Component of Outreach

- The characteristics of training participants tended to mirror referrer characteristics
- Training participants learned new information and were satisfied with the training
- The EDIPP program and staff are seen as credible and participants plan to refer
- Among training participants several factors that predict *intentions to refer* were revealed

Given the importance of training, this evaluation explored recipients' characteristics, satisfaction and intentions to refer to EDIPPP. Our findings suggest that most training participants were female and held a post graduate degree. This mirrors the referrer results. In addition to demographic characteristics, the results revealed that most training participants were *not* familiar with the early warning signs of psychosis, the EDIPPP referral process or the services provided by the program *prior* to their participation in the training.

Furthermore, our analyses continue to provide strong support that training enhances knowledge about the core elements of EDIPPP training: the early warning signs of psychosis, the referral process, and EDIPPP services. A large majority of training participants believed that staff members were highly trained and that making a referral would benefit a youth at risk. Furthermore, nearly 80% of training participants indicated that if they know a young person at risk, they would refer him or her to EDIPPP.

Based on our predictive models, those who frequently interact with people at greater risk of psychosis and those with greater confidence in their ability to identify at-risk youth were more likely to refer. The findings also revealed that training participants were more likely to refer if someone (whose opinion they value) encouraged them to do so. Additionally, a favorable opinion about the presenter and the presentation was positively associated with intentions to make a referral.

Introduction

The Robert Wood Johnson Foundation (RWJF) contracted with the University of Southern Maine's (USM) Muskie School from August 15, 2007 through August 30, 2011 to evaluate the community outreach and training efforts of the Early Detection and Intervention for the Prevention of Psychosis Program (EDIPPP). This program is a national demonstration project that seeks to prevent the onset of severe mental illness among adolescents and young adults. A key component of the program is educating communities about psychosis and informing community members how they can access EDIPPP services.

Our four year evaluation focuses on the community outreach and education activities and includes an assessment of the following elements:

1. Implementation efforts across demonstration sites
2. Contextual factors that may influence implementation
3. Specific outcomes related to outreach activities

This report provides a snapshot of the cumulative results from the first three years of the evaluation (approximately 8/15/07-8/15/10). For a brief description of EDIPPP, the participating sites, the planned outreach efforts and a detailed overview of our evaluation framework, methodology, major data collection tools and limitations, please refer to previous evaluation reports.[1-2]

EDIPPP Outreach Efforts

As reported previously, each of the following sites received $2 million to participate in the national EDIPPP demonstration project:

- Maine Medical Center (also the National Program Office), Portland, Maine
- Mid-Valley Behavioral Care Network, Salem, Oregon
- University of California, Davis, Sacramento, California
- Washtenaw Community Health Organization, Ypsilanti, Michigan
- Zucker Hillside Hospital, Queens, New York

All EDIPPP sites share two major outreach strategies. They include: 1) educating communities about the early warning signs of mental illness and 2) establishing a community-wide network for early detection and intervention of youth and young adults at-risk for prodromal psychosis.

EDIPPP grantees are expected to provide a number of outreach activities targeting professionals and the general public. These activities are often focused on presentations, trainings, and the distribution of educational materials.

[1] **Joly BM**, Pukstas K, Williamson ME, Mittal P and Pratt J. *Early Detection and Intervention for the Prevention Of Psychosis: Outreach Evaluation Report - Year 2.* Muskie School, University of Southern Maine, September 2009.

[2] **Joly BM,** Pukstas K, Williamson ME, Mittal P, Lindenschmidt LM. Early Detection and Intervention for the Prevention of Psychosis, Outreach Evaluation Report: Year One Annual Report, *Robert Wood Johnson Foundation*, September 2008.

Evaluation Questions and Methods

As mentioned in previous reports, the evaluation of the EDIPPP outreach efforts was based on the framework developed by the Centers for Disease Control and Prevention (MMWR, 1999). This approach encourages the development of strong partnerships with program stakeholders and evaluation findings that are relevant to programmatic efforts. As a result, many of the evaluation questions and methods described in this report were established in consultation with the National Program Office as well as EDIPPP outreach staff during the early phases of the evaluation.

Evaluation Questions

The outreach evaluation was designed to address the following questions:

Process Evaluation

1. To what extent are the grantees implementing the education and community outreach strategies as planned?
2. To what extent have the outreach strategies reached the intended audiences?
3. What factors have impeded or facilitated the implementation of these strategies?
4. What lessons have been learned by grantees regarding the implementation of education and outreach strategies that can be used to inform future efforts?

Outcome Evaluation

5. Overall, what are the characteristics and background of referrers?
6. Overall, what are the characteristics of the training participants?
7. As a result of the education, did awareness and intentions to refer increase?
8. What factors are positively associated with *intentions to refer* to EDIPPP?

Context Evaluation

9. What external factors have influenced the implementation and outcomes of the education and community outreach efforts?
10. What are the core elements needed to effectively provide education and outreach efforts?

Evaluation Methods and Tools

Qualitative and quantitative evaluation data were collected from the tools listed below and described in previous evaluation reports. All protocols were submitted and reviewed by the University of Southern Maine Institutional Review Board (IRB). The new NPO group interview protocol is provided in Appendix A. In addition, the remaining evaluation tools detailed in this report are provided in Appendix B. The complete list of evaluation tools include:

- EDIPPP Staff Focus Group Protocol
- Advisory Board Interview Guide
- Training Evaluation Forms*
- Instructor Surveys*
- Information Request Form
- Referrer Form*
- Web-Based Outreach Administrative Database
- NPO Group Interview Protocol*

* Results included in this report

Summary of Outreach Efforts

This report analyzes data provided by EDIPPP staff on their outreach activities conducted between March 1, 2008 and March 31, 2010. During this time period over 538 outreach activities occurred, approximately 1,221 referrals were recorded and 2,420 training participants were surveyed (see Table 1).

TABLE 1. DATA COLLECTION RESULTS: YEAR 1 (MARCH 1, 2008- MARCH 31, 2010)

Evaluation Tools	ME	MI	OR	CA	NY	TOTAL
# Outreach Activities						
Instructor Forms	82	46	97	8	22	**255**
Participant Evaluations	826	658	490	307	139	**2420**
Formal Presentations	104	94	114	56	39	**407**
Advertisements	1	0	0	0	0	**1**
Other Informal Activities	4	3	21	85	17	**130**
# Referrals and Requests						
Referrer Forms	216	75	321	128	481	**1221**

Together, the EDIPPP sites estimate that they have educated 23,315 people about the early warning signs of psychosis, the EDIPPP referral process and EDIPPP services. This audience was reached through a combination of formal and informal presentations. California reported reaching the largest audience and relied more heavily on informal presentations than the other EDIPPP sites. Approximately 84% of their audience learned about the California EDIPPP program through an informal presentation. The other four sites relied more heavily on formal presentations, with both Maine and Michigan reaching over 3500 participants through formal presentations (see Table 2).

TABLE 2. ESTIMATED AUDIENCE SIZE REACHED MARCH 1, 2008- MARCH 31, 2010)

Type of Outreach Efforts	ME	MI	OR	CA	NY	TOTAL
Formal Presentations	3856	3571	2136	1638	1365	**12,566**
Other “Informal” Activities	532	40	578	8688	911	**10,749**
Total Audience	**4,388**	**3,611**	**2,714**	**10,326**	**2,276**	**23,315**

The EDIPPP model prioritizes outreach with educators, mental health professionals and healthcare professionals. Through a combination of informal and formal trainings, 23,315 individuals in these groups were reached (an increase of over 10,000 in one year). As seen in Table 3, educators received the highest number of trainings (35%), followed closely by mental health organizations (25%). A similar pattern emerged when just the formal education sessions were examined.

TABLE 3. ALL EDIPPP TRAININGS BY ORGANIZATION TYPE (MARCH 1, 2008- MARCH 31, 2010)

Organization Type	# of Trainings*	% of Trainings*	Estimated Audience by Sector
Education/School	189	35%	9136
Mental Health Services	133	25%	3642
Law Enforcement	13	2%	221
Healthcare/Medical Provider	69	13%	3068
Business Community	26	5%	591
Missing	53	10%	1636
Other	56	10%	5021
Total	**539**	**100%**	**23,315**

* Note: Includes both formal and informal trainings

As seen in Table 4, closer examination by individual sites revealed that three states (ME, OR, CA) conducted over one-third of their trainings in the education/school sector. Conversely, most of New York's trainings were offered to those providing mental health services. Michigan's training efforts were more balanced between the schools, healthcare providers, mental health services and the business community.

TABLE 4. SITE SPECIFIC TRAININGS BY ORGANIZATION TYPE (MARCH 1, 2008- MARCH 31, 2010)

Organization Type	ME	MI	OR	CA	NY
% of Trainings by Organization					
Education/School	47%	27%	34%	35%	29%
Mental Health Services	15%	22%	16%	33%	50%
Law Enforcement	4%	2%	5%	0%	0%
Healthcare/Medical Provider	19%	16%	10%	13%	2%
Business Community	5%	13%	3%	3%	0%
Missing	1%	18%	10%	10%	11%
Other	10%	2%	21%	6%	9%

Process Summary

The process evaluation is intended to provide information related to EDIPPP outreach across the five grant-funded sites including: 1) the extent of community outreach implementation, 2) whether community outreach was reaching the intended audiences, 3) the factors that impeded or facilitated implementation, and lessons learned.

Implementation of EDIPPP Outreach Activities

Outreach Efforts Maintained Momentum in Last Year

In all sites, the outreach activities maintained much of the momentum developed during the prior year, yet efforts began to wind down when referrals into the research program were no longer accepted. From March 2009 through March 2010, 248 formal outreach activities took place, a 17% decrease from the prior year's 291 outreach events. Representatives from the National Program Office confirmed that outreach efforts declined as sites no longer could accept referrals into the program. Outreach efforts at one site *increased* during the last year, in part, because that site had a delayed start and largely due to the successful efforts of a new outreach coordinator.

Sites Continued to Deliver Core Messages in Trainings

Data from the instructor evaluation forms indicated that a large majority of instructors "agreed" or "strongly agreed" that they had adequate time to cover the core messages during a formal training. As depicted below in Table 5, data from all sites indicated that 66% of instructors agreed that they had adequate time to cover the early warning signs of psychosis, 71% indicated that they had adequate time to discuss the importance of early detection, 73% indicated adequate time to cover the importance of intervention, 58% reported that they had adequate time to cover the referral process, and 63% reported that they had adequate time to cover the services available through EDIPPP. These findings are relatively consistent with last year's findings.

TABLE 5. INSTRUCTOR PERSPECTIVE ON ADEQUACY OF TIME TO COVER TOPICS (N=252)

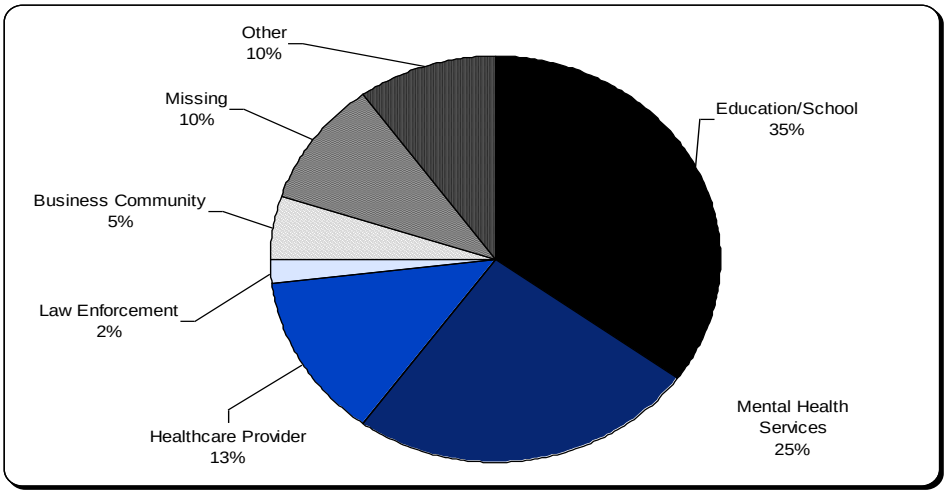
Instructor Feedback	All Sites (n=252)
There was enough time to discuss…	**Percent Agree/Strongly Agree**
The early warning signs of psychosis	66%
The importance of early detection	71%
The importance of intervention	73%
The referral process	58%
Services available	63%

Reaching Intended Audiences

Sites Tended to Focus on the Priority Groups

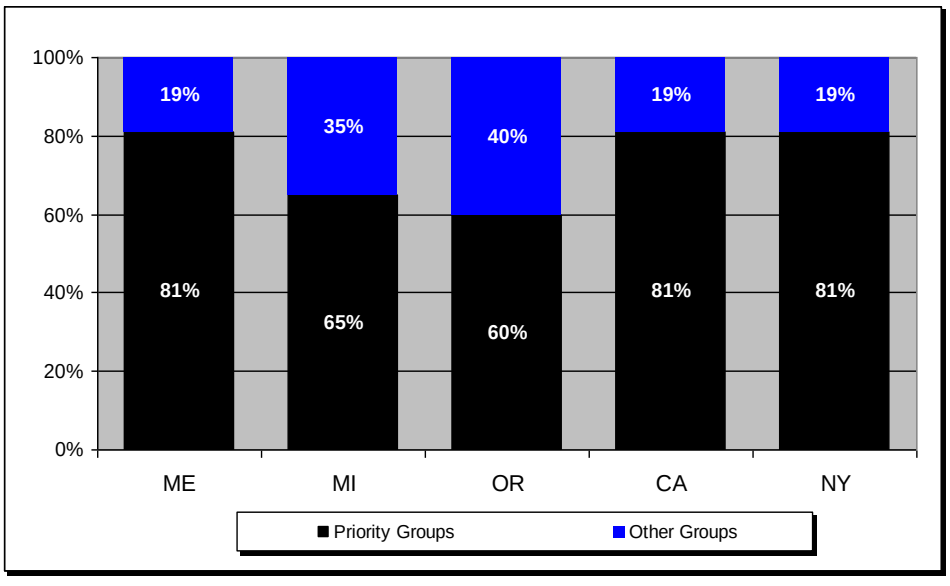
The NPO outreach framework prioritizes outreach to schools, mental health organizations and primary care providers. A review of outreach efforts across all sites revealed a focus on these three groups. Between March 2008 and March 2010, 73% of *formal* outreach events were held at these institutions reaching approximately 3,214 educators, 2,131 mental health providers, and 1,271 healthcare professionals. Chart 1 depicts the percent of *formal* trainings by organization type across all sites.

CHART 1. FORMAL TRAININGS BY ORGANIZATION TYPE (MARCH 1, 2008- MARCH 31, 2010)



Looking across the EDIPPP sites, the commitment to the three primary target groups is apparent. As depicted below in Chart 2, most of trainings across all grantees were delivered in an organization that represented one of the three priority groups

CHART 2. TRAINING AT ORGANIZATIONS IN PRIORITY GROUPS (MARCH 1, 2008- MARCH 31, 2010)



Outreach staff at three sites mentioned efforts to target additional groups such as law enforcement, the business community, youth, and clergy. Outreach tracking data confirms that formal outreach training efforts in Michigan, Maine, and Oregon had begun to reach other types of organizations (see Table 6). These findings may indicate that the community-based (versus university-based) EDIPPP grantees were more inclined towards broader outreach efforts.

TABLE 6. NUMBER OF TRAINING ATTENDEES BY ORGANIZATION (MARCH 1, 2008- MARCH 31, 2010)

Organization Type	ME	MI	OR	CA	NY
# of Attendees by Organization					
Education/School	1181	1584	890	5116	365
Mental Health Services	365	544	432	1153	1148
Law Enforcement	44	50	127	0	0
Healthcare/Medical Provider	1926	239	362	516	25
Business Community	198	231	42	120	0
Missing	11	963	322	241	99
Other	663	0	539	3180	639
Total Attendees	**4,388**	**3,611**	**2,714**	**10,326**	**2,276**

Factors Affecting Implementation and Lessons Learned

The evaluation findings from last year revealed that outreach efforts were boosted by longstanding community contacts and the use of an Advisory Board. Based on a recent interview with the National Program Office, we also learned about other possible factors. For example, effective coordination of efforts was cited as critical to successful outreach. Stronger coordination tended to facilitate the implementation of outreach efforts. In addition, a *prevention* orientation was cited in an interview with the NPO as essential to broad-based, community education and outreach efforts. Representatives from the NPO also indicated that features of the EDIPPP catchment area could help or hinder outreach efforts, particularly with sites that had more than one school district.

NPO officials also mentioned several lessons learned regarding outreach implementation. For example, sites were not required to report on the proportion of schools reached through EDIPPP outreach efforts, despite the utility of this information. While the EDIPPP model stressed the importance of implementing outreach in every school in a catchment area, the sites and NPO were unable to report on the extent to which this objective was achieved. Another lesson learned focused on the timing of training and the level of communication with site principle investigators. Outreach training occurred during the same period as the clinical training. Staggering these trainings may have led to more clearly defined expectations and additional emphasis on outreach. Additionally, communicating with the PIs during routine monthly calls about outreach efforts may have helped to heighten the visibility and importance of these activities.

Outcome Summary

EDIPPP Referrers

Participating EDIPPP sites completed 1221 referrer forms during the data collection period (March, 2008- March, 2010). This is an increase of 428 from the previous year. Our findings revealed several consistent themes described below.

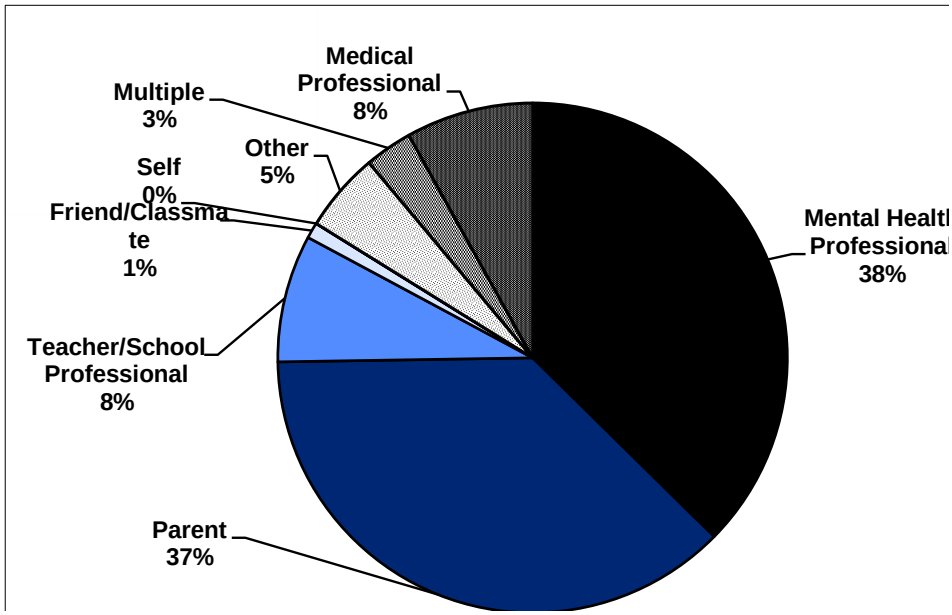
Referrers Tend to be Highly Educated Women
Most referrers were women and many referrers had a post-graduate degree. While some sites were limited in their ability to collect this information due to IRB issues, the data suggest that most of the referrals were made by a professional versus a family member, friend or co-worker.

TABLE 7. COMPARISON OF REFERRER DEMOGRAPHICS BY EDIPPP SITE (N=1221)

Demographic Information	ME (n=216)	MI (n=75)	OR (n=321)	CA (n=128)	NY (n=481)
Referrer Type					
% Professional	52%	59%	68%	74%	42%
% Non-professional	45%	40%	31%	24%	56%
% Missing	3%	1%	0%	2%	2%
Gender					
% Male	20%	27%	28%	20%	19%
% Female	77%	73%	67%	68%	70%
% Missing	3%	0%	4%	12%	11%
Race					
% American Indian or Alaska Native	1%	1%	1%	0%	0%
% Asian	0%	11%	1%	8%	1%
% Black or African American	1%	12%	0%	2%	1%
% Native Hawaiian/Pacific Islander	0%	0%	0%	2%	0%
% Caucasian/White	82%	67%	59%	29%	10%
% Other	1%	4%	3%	11%	0%
% Missing	13%	5%	36%	49%	87%
Highest Level of Education					
% Grade School	0%	0%	0%	1%	0%
% Some High School	2%	3%	0%	0%	1%
% Graduated High School	11%	17%	1%	0%	1%
% Graduated College (Associates)	4%	7%	0%	2%	0%
% Graduated College (BA/BS)	19%	17%	7%	3%	1%
% Post Graduate Degree	49%	44%	56%	52%	36%
% Missing	16%	12%	36%	42%	61%

As seen below in Chart 3, approximately 75% of referrals were made by a parent or mental health professional. A high majority (68%) of the referrers who contacted EDIPPP were making their first referral to the program.

CHART 3. REFERRER RELATIONSHIP TO CLIENT (N=1159)



Referrers Heard About EDIPPP Primarily Through a Training, Staff Member or Provider
Table 8 provides background information on *first* point of contact for all referrers. Nearly one in four individuals who made a referral first heard about the program though a training session.

TABLE 8. REFERRERS' FIRST POINT OF CONTACT (N = 1221)

Organization Type	# of Referrers	% of Referrers
How did they *first* learn about EDIPPP		
Training/education session	299	24%
Physician/Healthcare Provider	210	17%
Advertisement/Media	4	0%
Colleague	141	12%
EDIPPP staff	192	16%
Print Material	16	1%
Website	72	6%
School Professional	39	3%
Other	144	12%
Missing	104	9%

The Referrer's Relationship with the Client Varies

In general, referrers either had known the client they were referring for more than five years or less than one month. This U-shaped frequency distribution is partly explained by the referrer's relationship with the client. When professionals are making the referral, they are significantly more likely to have been in contact with the client for less than 30 days ($p<.001$). As expected, when the referrer is a friend or family member, a long-term relationship has been in place with the person referred to EDIPPP.

TABLE 9. LENGTH OF REFERRER'S RELATIONSHIP WITH CLIENT (N= 1221)

Referrer Information	# of Referrers	% of Referrers
Length of Relationship to Client		
Less than 1 month	353	29%
1-6 months	102	8%
6 months to 1 year	46	4%
1-2 years	34	3%
3-5 years	12	1%
More than 5 years	502	41%
Missing	172	14%

Significant Differences Exist Between Professional and Non-Professional Referrers

As seen in Table 10, professional referrers were significantly more likely than non-professional referrers to have: 1) made a referral in the past, 2) made an *appropriate* referral, and 3) known the client they referred for one month or less. In terms of referrer characteristics, professional referrers were more likely to be female and have a college degree.

TABLE 10. COMPARING PROFESSIONALS VS. NON-PROFESSIONAL REFERRERS

Characteristics		Professional	Non-Professional	Significance
Made Referral in Past	Yes	51%	3%	<.0001*
	No	49%	97%	
Made Appropriate Referral	Yes	34%	23%	.0002*
	No	66%	77%	
Gender	Male	28%	19%	.0006*
	Female	72%	81%	
Race	White	85%	83%	.6551
	Non-White	15%	17%	
Education	College Degree	99%	60%	<.0001*
	No College Degree	1%	40%	
Length of Relationship to Client	1 month or less	64%	1%	<.0001*
	More than 1 month	36%	99%	

* = Statistically significant

Additionally, there is evidence that professionals first learned about EDIPPP through sources that are different than non-professionals. Most professional referrers *first* learned about the program by attending an EDIPPP training (42%), through direct communication with an EDIPPP staff member (16%) or one of their colleagues (18%). For non-professionals, the most common introduction was either through a healthcare provider (31%) or direct communication with an EDIPPP staff member (16%). Non-professionals were also more likely to report that they had learned about EDIPPP through the website (13%).

After each referral call was placed, EDIPPP clinicians were asked to record if the referral was eventually accepted into the program or if it was referred to an alternative community resource. Based on self-reported data by sites, only about one in four referrals received were later determined to be appropriate for the program. Table 11 depicts the findings by site.

TABLE 11. OUTCOME OF EDIPPP REFERRAL (N = 1221)

Outreach Site	Client Referred to EDIPPP n (%)		Client Referred Elsewhere n (%)		Outcome Missing n (%)	
Maine	71	(33%)	102	(47%)	43	(20%)
Michigan	16	(21%)	20	(27%)	39	(52%)
Oregon	114	(36%)	201	(63%)	6	(2%)
California	63	(49%)	32	(25%)	33	(26%)
New York	49	(10%)	417	(87%)	15	(3%)
Total	**313**	**(26%)**	**772**	**(63%)**	**136**	**(11%)**

Multiple Program Referrers Increased - Particularly Among Professionals

While most referrers who made contact with EDIPPP during the evaluation were first-time callers, there was a significant subset (27%) that had made multiple referrals to EDIPPP. This subset of the referrer population is an important source of clients to EDIPPP. As illustrated in Table 12 below, Oregon had the highest number of multiple referrers followed by Maine and Michigan.

TABLE 12. PERSONS MAKING MULTIPLE REFERRALS TO EDIPPP SITES (N=1221)

Outreach Site	# Referrals Reported	% Multiple Referrers	% Missing
Maine	216	27%	3%
Michigan	75	27%	1%
Oregon	321	48%	1%
California	128	25%	8%
New York	481	16%	6%
Total	**1221**	**28%**	**4%**

Further analyses revealed that almost all of the persons making *multiple* referrals to EDIPPP are professionals. Additional analyses were conducted on the background of multiple referrers to identify other characteristics that distinguish them from one-time referrers. Multiple referrers were found to be similar to other referrers in terms of gender and race. However, they had significantly higher levels of educational achievement. Not surprisingly, they were also less likely to be related to the client or know the client for more than 30 days. Table 13 summarizes the differences between one-time referrers and those who have made multiple referrals to the program.

TABLE 13. COMPARING MULTIPLE REFERRERS VS. SINGLE REFERRERS

Characteristics		Multiple Referrals	Single Referral	Significance Results
Professional	Yes	96%	39%	<.0001*
	No	4%	61%	
Family Member	Yes	3%	54%	<.0001*
	No	97%	46%	
Gender	Male	29%	22%	.019
	Female	71%	78%	
Race	White	85%	84%	.6678
	Non-White	15%	16%	
Education	College Degree	99%	86%	<.0001*
	No College Degree	1%	14%	
Length of Relationship to Client	1 month or less	70%	18%	<.0001*
	More than 1 month	30%	82%	

* = Statistically significant

The Characteristics of Training Participants Tend to Mirror Referrer Characteristics
Table 14 provides basic demographic information of training participants by site. Based on the data provided, there are considerable differences among training participants across the EDIPPP sites. Yet, when the demographic characteristics of training participants are compared to the demographic characteristics of referrers, similarities emerge. For example, most training participants are female and over half have a college degree or post-graduate degree.

These findings coupled with results reported earlier on how a referrer *first* heard about EDIPPP provide preliminary evidence that the training sessions are generating referrals to the program. Further evidence also suggests that the training sessions are reaching the intended *primary* audiences.

TABLE 14. DEMOGRAPHICS OF TRAINING PARTICIPANTS (N=2420)

Demographics	ME (n=826)	MI (n=658)	OR (n=490)	CA (n=307)	NY (n=139)
Gender					
% Male	25%	15%	22%	21%	22%
% Female	69%	75%	63%	70%	68%
% Missing	6%	10%	16%	8%	9%
Race					
% American Indian/Alaska Native	1%	0%	2%	1%	0%
% Asian	2%	3%	2%	14%	4%
% Black/African American	3%	8%	1%	6%	9%
% Native Hawaiian/Pacific Islander	0%	0%	1%	0%	1%
% Caucasian/White	85%	74%	72%	53%	71%
% Other	2%	4%	6%	17%	5%
% Missing	6%	10%	16%	9%	11%
Age Group					
% Under 18	8%	2%	1%	0%	0%
% 18 – 25	25%	41%	14%	15%	8%
% 26 –35	22%	15%	22%	28%	35%
% 36 – 45	14%	10%	19%	18%	14%
% 46 – 55	16%	11%	16%	16%	14%
% 56 – 64	9%	8%	12%	12%	15%
% Over 65	1%	4%	2%	3%	3%
% Missing	5%	9%	13%	7%	11%
Highest Level of Education					
% Grade School	0%	1%	0%	0%	1%
% Some High School	8%	4%	2%	0%	0%
% Graduated High School	20%	26%	12%	12%	4%
% Graduated College	34%	32%	32%	17%	11%
% Post Graduate Degree	32%	29%	39%	62%	76%
% Missing	5%	9%	15%	9%	9%

Training Participants Learned New Information and Were Satisfied with the Training

As shown in Tables 15 and 16, responses from the participant surveys suggest a high level of satisfaction across the EDIPPP audiences. A majority of participants agreed that the training was a good use of the their time (range: 73% ME - 87% NY). Similarly, participants overwhelmingly agreed that the presenters were responsive to audience questions (range: 80% ME - 92% CA and NY).

TABLE 15. COMPARISON OF GENERAL SATISFACTION WITH TRAINING ACROSS SITES (N=2420)

Survey Question	% Agree/Strongly Agree				
	ME (n=826)	MI (n=658)	OR (n=490)	CA (n=307)	NY (n=139)
Participating in this activity was an effective use of my time.	73%	78%	81%	86%	87%
The presenter(s) was responsive to the needs of the audience.	80%	84%	89%	92%	92%
The presentation duplicated information that I had already learned elsewhere.	21%	24%	17%	24%	15%
There was enough time allocated for this presentation.	68%	72%	66%	73%	65%

Across all of the EDIPPP sites, there was compelling evidence that training participants were learning new information as a result of the EDIPPP outreach activities. Participant self reports revealed that before the outreach event occurred, the majority of participants were not knowledgeable about the early warning signs of psychosis, the referral process or EDIPPP services (refer to Table 18 below). Of the three main components, participants were more familiar with psychosis warning signs than specific information about EDIPPP referrals or services. Likewise, very few participants reported that the EDIPPP presentation ended up duplicating information that they already knew. For a high majority of the EDIPPP audience, they were hearing new information.

TABLE 16. KNOWLEDGE PRIOR TO AND FOLLOWING TRAINING ACROSS SITES (N=2420)

Survey Items	% Agree/Strongly Agree[1]				
	ME	MI	OR	CA	NY
Prior to this presentation, I was knowledgeable about…					
The early warning signs of psychosis	19%	26%	21%	26%	34%
The EDIPPP referral process	8%	9%	17%	17%	13%
Services provided by EDIPPP	8%	9%	19%	17%	14%
After this presentation, I was knowledgeable about…					
The early warning signs of psychosis	67%	61%	57%	59%	49%
The EDIPPP referral process	69%	71%	63%	76%	77%
Services provided by EDIPPP	72%	78%	67%	78%	79%

[1] Valid percents reported.

The EDIPP Program and Staff are Seen as Credible and Participants Plan to Refer
After the outreach trainings, EDIPPP audiences endorsed the credibility of the EDIPPP staff and program (see Table 17). Over three-quarters (79%) of participants believed that the staff members were highly trained and 87% believed that making a referral to EDIPPP would be beneficial to a youth at risk. More than three-quarters (79%) of participants also believed that they would refer youth at-risk to EDIPPP. However, at the end of the training approximately 15% of the audience still anticipated barriers to making a referral. It is not clear if these barriers are structural to the workplace of the participants or if more training could have helped remove these barriers.

There is indication that additional training time should have been devoted to the referral process. While 70% reported that they understood the EDIPPP referral process, only 40% felt confident in their ability to identify a youth at risk.

TABLE 17. ATTITUDES AND INTENTIONS OF TRAINING PARTICIPANTS (N=2420)*

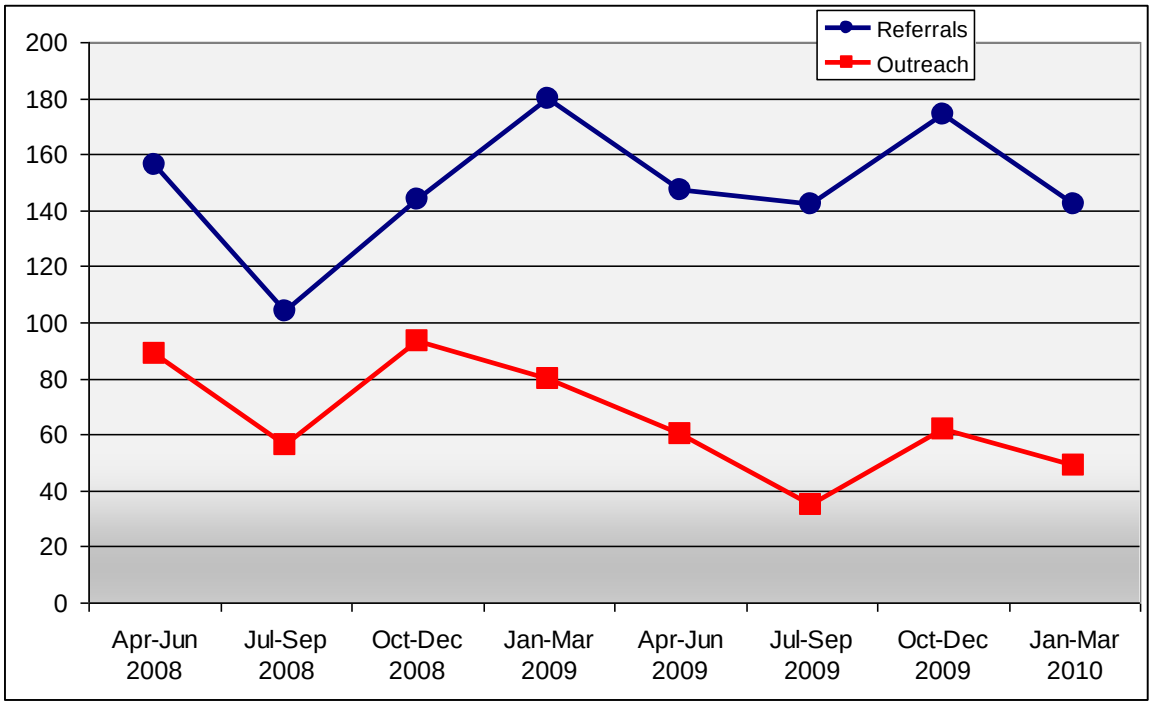
Survey Items	% Agree or Strongly Agree	% Neutral	% Disagree or Strongly Disagree
Training Recipient Responses			
I believe the staff at EDIPPP is highly trained.	79%	21%	0%
I believe that referring a young person at risk to EDIPPP would be beneficial.	87%	13%	0%
I know how to refer a young person at risk to EDIPPP.	70%	28%	2%
Most people whose opinions I value would encourage me to refer to EDIPPP.	68%	30%	2%
If I referred a person to EDIPPP, he/she would become angry or embarrassed.	13%	56%	31%
Before this training, I would have referred a young person at risk to EDIPPP.	22%	28%	51%
I am confident in my ability to identify those at risk for psychosis.	40%	56%	4%
I frequently interact with young people at risk of psychosis.	37%	42%	20%
I anticipate barriers that would prevent me from referring someone to EDIPPP.	15%	42%	43%
If I knew a young person at risk, I would refer him/her to EDIPPP.	79%	19%	2%

* Exact number of respondents varies by item. Valid percents reported.

Overall Referral Patterns Often Mirrored Outreach Efforts

As seen in Chart 4, referrals often tended to increase as outreach efforts increased with the exception of quarters four and six. While further analyses of these findings are warranted, the results provide additional supporting evidence to suggest the link between outreach activities and program referrals.

CHART 4. NUMBER OF OUTREACH EFFORTS AND REFERRALS BY QUARTER



Several Factors May Predict Intentions to Refer to EDIPPP

As described in previous evaluation reports, our regression analysis, used to determine predictors of "making a referral," is based on the Theory of Planned Behavior (Fishbein and Ajzen, 1975 & 1980). The analysis and theory are described in detail in previous reports. The findings based on all outreach efforts revealed somewhat consistent findings again this year. The results suggest that perceived behavioral control and subjective norms are strong predictors of "intending" to refer. In other words, those who interact with people at greater risk and those with greater confidence in their ability to identify youth with psychosis were more likely to refer. The findings also revealed that people were more likely to refer if someone (whose opinion they value) encouraged them to do so. Additionally, a favorable opinion about the presenter and the presentation was positively associated with intentions to make a referral. The control variables age and education were significant suggesting that older and more educated people are more likely to refer to EDIPPP.

TABLE 18. MODEL FOR PREDICTING INTENTIONS TO REFER TO EDIPPP (N=1927)

Model Variables	Coefficient	Std. Error	*t* - Value	Significance
Domain: Attitudes				
I believe that referring a young person at risk to EDIPPP would be beneficial.	.09	.21	.42	.67
I believe the staff at EDIPPP are highly trained.	-.04	.03	-1.33	.18
Domain: Behavioral Control				
I am confident in my ability to identify those at risk for psychosis.	.08	.02	4.45	<.0001*
I anticipate barriers that would prevent me from referring someone to EDIPPP.	.02	.01	-1.54	0.12
If I referred a person to EDIPPP, he/she would become angry or embarrassed.	.01	.01	.83	.41
I frequently interact with young people, some of whom may be at risk of psychosis	.04	.01	3.32	.0009*
I know how to refer a young person at risk to EDIPPP.	.06	.02	2.55	.01
Domain: Subjective Norms				
Most people whose opinions I value would encourage me to refer to EDIPPP.	.13	.02	5.37	<.0001*
Control Variables				
Education	.14	.06	2.17	.03*
Age	.13	.06	2.23	.03*
Overall satisfaction factor score	.08	.01	5.72	<.0001*

* = Statistically significant
Note: Actual R-Squared=37%, Adjusted R-Sq=36%

Contextual Summary

The context evaluation was intended to provide information about the circumstances surrounding implementation of EDIPPP and to enrich our understanding of how those factors may have affected outcomes achieved. Previously, we reported observed differences in organizational structure of the grant-funded organizations implementing EDIPPP. We classified the organizations into three groups based on those observations: academic/hospital organizations (California and New York), community-based organizations (Michigan and Oregon), and a hybrid of the two (Maine).

The evaluation findings suggested that organizational structure appeared to affect outreach activities among EDIPPP grantees. For example, the EDIPPP grantees that originated from community-based organizations seemed to differ from the research/hospital-based sites. The community-based EDIPPP sites had longstanding histories of outreach aimed at improving uptake of mental health or other social services. These grantees also planned outreach efforts initially using an NPO process involving community mapping. Furthermore, the community-based sites conducted outreach among a broader audience when compared to their counterparts.

Organizational structure also appeared to influence sustainability plans. The community-based organizations reported considering opportunities to attract public funding to sustain EDIPPP. The research or hospital-based sites appeared be considering pursuing grant funding to sustain the program.

We also previously reported on issues related to catchment boundaries that can complicate outreach. While we included a fairly robust analysis of these contextual factors in previous reports, one additional theme emerged from the evaluation this year that again focuses on the catchment area of a given site.

Features of a Catchment Area Impact Outreach

We learned that the size, diversity within sites and the number of school districts in a site often complicated outreach efforts. Sites with only one or two school districts were able to reach schools more efficiently. Sites with diverse audiences, particularly those with non-English speakers, were unable to translate the material, offer trainings and provide clinical services to all those interested or in need.

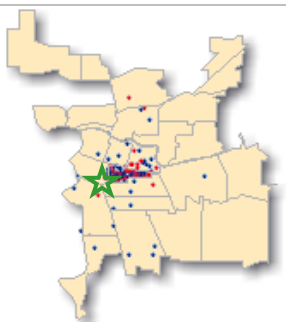
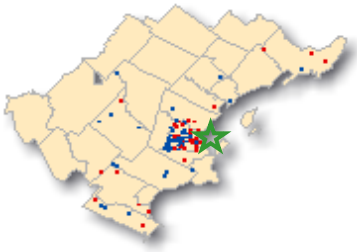
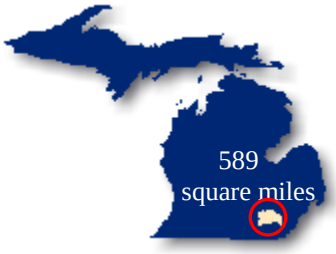
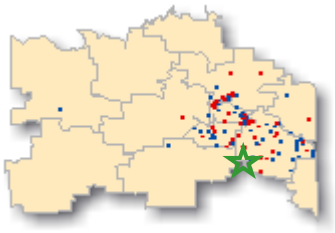
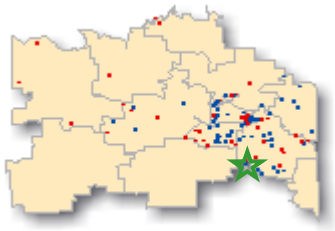
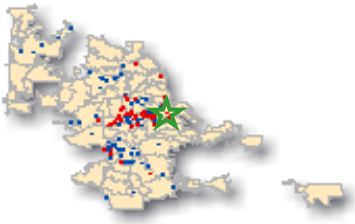
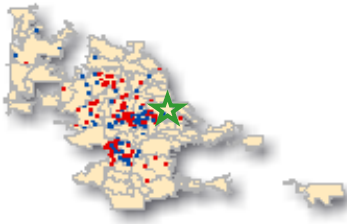
To further explore the extent of outreach and referrals across the EDIPPP catchment areas, our team developed catchment area maps and then plotted, by zip code, each occurrence of both formal and informal training activities and referrals (see Figure 1). These visual depictions revealed that sites continued to concentrate their outreach activities near their main office locations. However, referrals appeared to be more widely dispersed than outreach activities, particularly during the second half of the period under review.

As was described earlier, the number of outreach activities declined overall and at all but one EDIPPP site (New York) during the second half of the period highlighted in Figure 1. Referrals, however, increased in the second period overall and in all but one EDIPP site (Michigan). These referral data provide good evidence that the EDIPPP sites are able to generate referrals to the program from a broader geographic region than reached during outreach sessions.

Site Maps

Number of outreach activities and referrals *within catchment areas* during two years, by town or by zip code

☆ Site office
• One dot = one event
• Year 1 (3/08-2/09)
• Year 2 (3/09-3/10)

	Catchment Areas	Outreach Activities	Referrals
California			
Maine			
Michigan			
New York			
Oregon			

Conclusions and Next Steps

This section provides a summary of the major evaluation findings. In addition, next steps are provided.

Summary of Major Evaluation Findings

Implementation of Outreach Activities Remained Fairly Robust and Focused

- Outreach efforts maintained momentum during the past year
- Sites continued to deliver core messages in the training sessions
- Sites tended to focus on the priority groups, thus reaching the intended audiences

Overall, grantees implemented outreach efforts in their respective catchment areas as intended. The evaluation findings suggest that momentum for outreach efforts remained relatively steady until the second half of the year based on anticipation of the end of recruitment for the EDIPPP program. Outreach presentations continued to consistently cover the EDIPPP outreach core messages identified by the NPO.

Grantees made significant progress in reaching audiences throughout their respective catchment area. To date, over 23,000 community members have participated in either formal or informal outreach activities. A review of specific audiences and organizations targeted for training revealed that nearly three-quarters (73%) of formal outreach activities took place at priority organizations including schools (35%), mental health agencies (25%), and health care settings (13%). While there has been a strong emphasis on reaching the three priority groups, there was evidence that some sites had begun to target additional groups such as law enforcement and the business community.

Several Major Lesson about Outreach Have Become Apparent

- Having full- time dedicated outreach staff is a major facilitating factor
- Providing periodic trainings sessions to sites on outreach may have enhanced efforts
- Communicating about the importance of outreach is essential at all levels
- Opportunities for reaching diverse communities should be explored
- Features of a catchment area tend to impact outreach

Our findings revealed several important lessons. First, outreach coordinators played a critical role is planning, providing and tracking training efforts and other activities designed to increase program awareness and generate referrals. The selection of an outreach coordinator is critical to success as is having staff time dedicated to these responsibilities.

Second, outreach training was introduced early in the grant cycle and occurred while staff members were also trained on the clinical component and grant requirements. Based on feedback provided by the NPO, a mid-grant outreach training session would have likely been useful as well as ongoing communication with PIs about the value of outreach and their sites progress.

Third, as discussed in prior reports, we captured information about the barriers in reaching minority, non-English speakers through the EDIPPP program. Sites outreach staff and NPO officials perceived this as a missed opportunity and suggested that it might have been worthwhile to have explicitly funded a site or sites to adapt outreach materials and the EDIPPP program to these audiences.

Finally, we learned that the size of a catchment area and the number organizations in a "priority group" per catchment area impact the spread of outreach efforts. For example, sites with only one or two school districts were able to reach schools more efficiently when compared to sites having to deal with multiple districts.

Consistent Findings about Referrers and Referral Patterns Have Emerged

- Referrers tend to be highly educated women
- Referrers heard about EDIPPP primarily through a training, staff member or provider
- The referrer's relationship with the client varies
- Significant differences exist between professional and non-professional referrers
- The number of referrers making multiple referrals increased
- Overall referral patterns often mirrored outreach efforts

The data available indicate that referrers tended to be highly educated professional women. The two largest groups of referrers were mental health professionals and parents. Typically, parents *first* learned about EDIPPP indirectly (*e.g.,* through a provider) whereas mental health professionals typically *first* learned about the program through a training or EDIPPP staff member. In general, and not surprisingly, referrers either had known the client they were referring for more than five years (e.g., a parent) or less than one month (e.g., a mental health professional).

Professional referrers were significantly more likely than non-professional referrers to have: 1) made a referral in the past, 2) made an *appropriate* referral, and 3) known the client they referred for one month or less. In terms of referrer characteristics, professional referrers were more likely to be female and have a college degree.

Multiple program referrals (made by the same individual) continued to increase during the last year of outreach. As mentioned above, and as expected, professionals were more likely to refer multiple individuals. In all but one site, nearly one in four referrals was made by an individual who had previously referred someone to the program.

While the frequency of outreach efforts varied based on the site and time of year, the aggregate findings suggest a fair amount of synergy between the overall number of outreach activities and program referrals. Our preliminary findings suggest that referrals often tended to increase as outreach efforts increased in six of the eight quarters or time periods for which data were assessed.

Training was Valuable and Served as a Critical Component of Outreach

- The characteristics of training participants tended to mirror referrer characteristics
- Training participants learned new information and were satisfied with the training
- The EDIPP program and staff are seen as credible and participants plan to refer
- Among training participants several factors that predict *intentions to refer* were revealed

Given the importance of training, this evaluation explored recipients' characteristics, satisfaction and intentions to refer to EDIPPP. Our findings suggest that most training participants were female and held a post graduate degree. This mirrors the referrer results. In addition to demographic characteristics, the results revealed that most training participants were *not* familiar with the early warning signs of psychosis, the EDIPPP referral process or the services provided by the program *prior* to their participation in the training.

Furthermore, our analyses continue to provide strong support that training enhances knowledge about the core elements of EDIPPP training: the early warning signs of psychosis, the referral process, and EDIPPP services. A large majority of training participants believed that staff members were highly trained and that making a referral would benefit a youth at risk. Furthermore, nearly 80% of training participants indicated that if they know a young person at risk, they would refer him or her to EDIPPP.

Based on our predictive models, those who frequently interact with people at greater risk of psychosis and those with greater confidence in their ability to identify at-risk youth were more likely to refer. The findings also revealed that training participants were more likely to refer if someone (whose opinion they value) encouraged them to do so. Additionally, a favorable opinion about the presenter and the presentation was positively associated with intentions to make a referral.

Next Steps

During the last year of this evaluation, we plan to further explore the role outreach had in generating program referrals beyond our current knowledge which is primarily based on quantitative data from training participants. We hope to interview sites and individual referrers, both professional and nonprofessional, to provide us with a better understanding of their involvement in (or exposure to), outreach.

We also hope to more fully understand if, and how, sites plan to continue outreach efforts beyond the grant. The issue of outreach sustainability is particularly relevant for other sites that may be interested in replicating this program. Through qualitative data we plan to explore whether outreach will look substantially different without the benefit of ongoing financial support, and if so, in what ways.

References

Ajzen, I. and Fishbein, M. (1980). *Understanding attitudes and predicting social behavior*. Englewood Cliffs, NJ: Prentice-Hall.

Centers for Disease Control and Prevention. (1999). *Framework for Program Evaluation in Public Health.* Centers for Disease Control, Morbidity and Mortality Weekly Report (48): 1-40.

Fishbein, M. and Ajzen, I. (1975). *Belief, attitude, intention, and behavior: An introduction to theory and research.* Reading, MA: Addison-Wesley.

Appendix A. NPO Group Interview Protocol

The Interviewer will read the following statement before the discussion can begin:

This group interview is part of the Early Detection and Intervention for the Prevention of Psychosis Program (EDIPPP) evaluation. As you know, the purpose of this evaluation is to assess the educational and community outreach efforts of the initiative.

Your participation is completely voluntary and you may withdraw from the discussion at any time. Individual responses will not be shared. If all participants agree, this discussion will be recorded. You can ask that the recorder be turned off at any time. When information is transcribed from the recording all names and personal identifiers will be stripped to ensure confidentiality and anonymity. All data collected during this discussion will be stored in a locked file cabinet and once the research analysis is completed, all audio files will be erased.

Are there any questions about this group interview or about the evaluation study overall? If you have additional questions after today's discussion, you are free to call Brenda Joly at 207-228-8456. If you have any questions about your rights as a research subject, you may call the Office of Research Compliance at the University of Southern Maine at 207-780-4268.

The Interviewer will ask each participant for their consent to participate and for the conversation to be recorded.

ROLES AND OUTREACH STATUS

1. From your perspective, how have community outreach and education activities been going at the EDIPPP sites during the past year?

2. Now, thinking about the full grant period, to what extent did outreach and community education efforts meet your expectations?

   Probes:
   - Intended audiences reached?
   - Focus areas included in trainings?
   - Targets reached?

3. Over the past three years, what types of internal changes (within a program) have affected outreach efforts among the participating sites?

4. Over the past three years, what types of external factors (outside the control of a program) have affected outreach efforts among the participating sites?

5. At a minimum, what do sites need in order to do effective outreach and education?

6. Could you talk about the differences across sites in outreach efforts? Why did these differences exist?

7. How could you tell if a site valued outreach?

8. How could you tell if a site did *not* value outreach?

BEST PRACTICES AND LESSONS LEARNED

9. Now, thinking back over the grant period, can you highlight any unique or exemplary outreach practices? These could be at PIER or any other of the EDIPPP sites.

10. Now we would like to talk about success stories related to outreach and training. Can you describe a story or two (please do not use any identifying information) that captures some of the program's successes?

NATIONAL PROGRAM OFFICE

As the National Program Office, we would like to learn about your perspectives on your role in outreach and community education.

11. With respect to outreach and training, what do you think were the most important roles played by the NPO?

12. If you had the opportunity to be an NPO of an initiative where again, outreach and community education was a key element, what would you do differently – if anything? What would you do the same?

    Probes:
    - Setting targets?
    - Developing materials?
    - Communications platform?

END OF GRANT PERIOD OUTREACH EFFORTS

13. From an NPO standpoint, what was the process like for discontinuing outreach efforts for EDIPPP?

SUSTAINABILITY

14. At this point, what can you tell us about the sustainability efforts across all sites? Do you anticipate that outreach will continue to be a integral part of the initiative?

15. In your opinion, what, if any, factors related to the grant may play a role in sustainability? (funding allocation, the evaluation, evidence of clinical efficacy, social and/or political environment, political action/lobbying, marketing, etc.)

ADDITIONAL THOUGHTS:

Now, for the last few minutes, I will open up the discussion for you to add any additional opinions or thoughts about the topics we have covered today, or about the program implementation in general.

16. Thoughts?

Thank you for your participation!

Appendix B. Site Data Collection Protocols

Instructor Evaluation Form

Evaluation of the EDIPPP Community Outreach and Education Efforts

Mail or FAX to: Lisa Marie Lindenschmidt, Muskie School of Public Service
P.O. 9300, Portland, ME 04104-9300, FAX: 207-780-4953

Directions: Please complete this form for every training/education session. Each training/education activity must also be logged into the outreach database. When you are finished, attach the instructor evaluation form to the participant evaluation forms and mail the entire packet to the address above.

Section 1: About the Training/Education Session

1. Site: ☐(1) CA ☐(2) ME ☐(3) MI ☐(4) NY ☐(5) OR

2. Name of Lead Trainer/Presenter: _____
First Last

3. Date of presentation: _____ 4. Zip code where session held: ___ ___ ___ ___ ___
MM/DD/YY

5. Number of session participants: _____ 6. Length of the session: ____ minutes ____ hour(s)

7. Type of session: ☐(1) Professional Training ☐(2) Public Education

8. Name of organization that arranged presentation (not EDIPPP): _____

9. Type of Organization:
☐(1) Education/School
☐(2) Religious Community
☐(3) Business Community
☐(4) Mental Health Services
☐(5) Youth Group/Activity
☐(6) Cultural Community
☐(7) Law Enforcement
☐(8) Health Care/Primary Care
☐(9) Other: _____

10. Were PowerPoint slides used? ☐(1) Yes ☐(2) No

11a. Was video used? ☐(1) Yes ☐(2) No
11b. If "yes,", please specify type of video used: _____

12. Please identify the number of EDIPPP print material distributed:

___ # Resource Guides ___ # Bookmarks ___ # Posters __ Other: _____

☐ Check here if no material was distributed

Section 2: Instructor Perspectives

13. There was enough time to discuss…

		Strongly Disagree						Strongly Agree
a.	the early warning signs of psychosis.	1	2	3	4	5	6	7
b.	the importance of early detection.	1	2	3	4	5	6	7
c.	the importance of intervention.	1	2	3	4	5	6	7
d.	EDIPPP referral process.	1	2	3	4	5	6	7
e.	EDIPPP services.	1	2	3	4	5	6	7

14. Instructor Comments: Please use the other side of this form to leave any additional comments.

Participant Evaluation Form

Directions: Please take a few minutes to share your feedback with us. This information will be used to help us improve our outreach efforts.

Training Information

1. Date of Training: _____ 2. Lead Instructor Last Name:_____

MM/DD/YY

Awareness, Perceptions and Intentions

3. *Prior* to this presentation, I was knowledgeable about…

		Strongly Disagree						Strongly Agree
a.	the early warning signs of psychosis.	1	2	3	4	5	6	7
b.	the EDIPPP referral process.	1	2	3	4	5	6	7
c.	services provided by EDIPPP.	1	2	3	4	5	6	7

4. As a result of *this presentation*, my knowledge of the following increased about…

		No Change						Much Change
a.	the importance of early detection.	1	2	3	4	5	6	7
b.	the importance of intervention.	1	2	3	4	5	6	7
c.	the early warning signs of psychosis.	1	2	3	4	5	6	7
d.	the EDIPPP referral process.	1	2	3	4	5	6	7
e.	services provided by EDIPPP.	1	2	3	4	5	6	7

Please rate the following statements.

		Strongly Disagree						Strongly Agree
5.	I believe the staff at EDIPPP are highly trained.	1	2	3	4	5	6	7
6.	I believe that referring a young person at risk to EDIPPP would be beneficial.	1	2	3	4	5	6	7
7.	I know how to refer a young person at risk to EDIPPP.	1	2	3	4	5	6	7
8.	Most people whose opinions I value would encourage me to refer a young person to EDIPPP.	1	2	3	4	5	6	7
9.	If I referred a person to EDIPPP, he/she would become angry or embarrassed.	1	2	3	4	5	6	7
10.	Before this training, I would have referred a young person at risk to EDIPPP.	1	2	3	4	5	6	7
11.	I am confident in my ability to identify those at risk for psychosis.	1	2	3	4	5	6	7
12.	I frequently interact with young people, some of whom may be at risk of psychosis.	1	2	3	4	5	6	7
13.	I anticipate barriers that would prevent me from referring someone to EDIPPP (*e.g.,* workplace policies, lack of support).	1	2	3	4	5	6	7
14.	If I knew a young person at risk, I would refer him/her to EDIPPP.	1	2	3	4	5	6	7

15. If you wish to explain any of the above ratings, please provide your comments below:

_____

_____

Please continue of the back. ➪

Thoughts on the Presentation and the Presenter(s)

Please rate the following statements.

	Strongly Disagree						Strongly Agree
16. The presenter(s) was knowledgeable about the topic.	1	2	3	4	5	6	7
17. Participating in this activity was an effective use of my time.	1	2	3	4	5	6	7
18. The presenter(s) was responsive to the needs of the audience.	1	2	3	4	5	6	7
19. The presentation duplicated information that I had already learned elsewhere.	1	2	3	4	5	6	7
20. There was enough time allocated for this presentation.	1	2	3	4	5	6	7

21. If you wish to explain any of the above ratings, please provide your comments below.

_____

_____

Awareness, Perceptions and Intentions

Please help us by answering a few additional questions about you. This information will be used to help us better understand who participates in these sessions. These questions are voluntary and should only take 1-2 minutes to complete.

22. What are the first two letters in your first and last name?

First Name: _____ (1st letter) _____ (2nd letter) Last Name: _____ (1st letter) _____ (2nd letter)

23. What is your home zip code? ___ ___ ___ ___ ___

24. What is your gender? ☐(1) Male ☐(2) Female

25. What is your age? ☐(1) Under 18 ☐(2) 18-25 ☐(3) 26-35 ☐(4) 36-45 ☐(5) 46-55 ☐(6) 56-64 ☐(7) Over 65

26. What is your race?
- ☐(1) American Indian or Alaska Native
- ☐(2) Asian
- ☐(3) Black or African American
- ☐(4) Native Hawaiian or Other Pacific Islander
- ☐(5) Caucasian or White
- ☐(6) Other, Please Specify: _____

27. Do you consider yourself to be Hispanic or Latino? ☐(1) Yes ☐(2) No

28. What is your highest level of education?

☐(1) Grade School
☐(2) Some High School
☐(3) Graduated High School
☐(4) Graduated College (Assoc Degree)
☐(5) Graduated College (Bach Degree)
☐(6) Post Graduate Degree

29. Please check all that apply. Are you currently a….

☐(1) School professional
☐(2) College Resident Assistant
☐(3) Medical Professional
☐(4) Mental Health Professional
☐(5) Substance Abuse Counselor
☐(6) Youth Worker
☐(7) Multicultural leader
☐(8) Member of Clergy
☐(9) Member of the Media
☐(10) Employer
☐(11) Parent
☐(12) Member of Community Group
☐(13) Law Enforcement Professional
☐(14) Middle School Student
☐(15) High School Student
☐(16) College Student
☐(17) Young Adult (18-25)

Referrer Form

Background Information

1. Site: ☐(1) CA ☐(2) ME ☐(3) MI ☐(4) NY ☐(5) OR

2. Date of Referral: _____
MM/DD/YY

3. EDIPPP staff member handling the referral: _____

4a. Has the referrer made a referral to your program in the past? ☐(1) Yes ☐(2) No
4b. If "yes," has the referrer made the referral since September 15, 2007? ☐(1) Yes ☐(2) No

5. Has the referrer attended an EDIPPP outreach training/presentation in the past? ☐(1) Yes ☐(2) No

6. How did the referrer ***first*** learn about EDIPPP?

☐(1) Training/education session
☐(2) Physician/Healthcare Provider
☐(3) Advertisement/Media
☐(4) Colleague
☐(5) EDIPPP staff
☐(6) Print Material
☐(7) Website
☐(8) School Professional
☐(9) Other: _____

7. Relationship of Referrer to Client. The referrer is the client's:

☐(1) Medical Professional
☐(2) Mental Health Professional
☐(3) Parent
☐(4) Spouse/Partner
☐(5) Sibling
☐(6) Teacher/School Professional
☐(7) School/Class Mate
☐(8) Friend
☐(9) Colleague/Co-worker
☐(10) Other: _____
☐(11) Self-Referral

8. Length of Relationship. The referrer has known the client for:

☐(1) Less than 1 month
☐(2) 1-6 months
☐(3) 6 months to 1 year
☐(4) 1-2 years
☐(5) 3-5 years
☐(6) More than 5 years

Contact Information of Referrer

9. The individual's first and last name: _____ _____
First Name Last Name

10. Job Title (if appropriate): _____

11. Organization name (if appropriate): _____

12. Mailing address: _____

13. City: _____ 14. Zip Code _____

15. Phone number: _____ 16. Email: _____

17. Do they want to receive newsletters or other periodic updates about EDIPPP? ☐(1) Yes ☐(2) No

Please continue of the back. ➔

About the Referrer

Please help us by answering a few additional questions about the referrer. We are participating in an evaluation to help us better understand how we generate referrals to our program. The next set of questions is voluntary and should only take 1-2 minutes to complete.

18. What are the person's first two letters of the referrer's first and last name?

_____ _____ _____ _____
1st letter 2nd letter 1st letter 2nd letter
First Name Last Name

19a. What is the referrer's home zip code? ___ ___ ___ ___ ___
19b. ☐ Check here if family member/not reported.

20. What is the referrer's gender: ☐(1) Male ☐(2) Female

21. What is the referrer's age? ☐(1) Under 18 ☐(2) 18-25 ☐(3) 26-35 ☐(4) 36-45 ☐(5) 46-55 ☐(6) 56-64 ☐(7) Over 65

22. What is the referrer's race?
☐(1) American Indian or Alaska Native
☐(2) Asian
☐(3) Black or African American
☐(4) Native Hawaiian or Other Pacific Islander
☐(5) Caucasian or White
☐(6) Other, Please Specify: _____

23. Does the referrer consider him/herself to be Hispanic or Latino? ☐(1) Yes ☐(2) No

24. What is the referrer's highest level of education?

☐(1) Grade School ☐(2) Some High School ☐(3) Graduated High School ☐(4) Graduated College (Assoc Degree) ☐(5) Graduated College (Bach Degree) ☐(6) Post Graduate Degree

25. Please check the category that ***best*** describes the person making the request.

☐(1) School professional
☐(2) College Resident Assistant
☐(3) Medical Professional
☐(4) Mental Health Professional
☐(5) Substance Abuse Counselor
☐(6) Youth Worker
☐(7) Multicultural leader
☐(8) Member of Clergy
☐(9) Member of the Media
☐(10) Employer
☐(11) Parent
☐(12) Member of Community Group
☐(13) Law Enforcement Professional
☐(14) Middle School Student
☐(15) High School Student
☐(16) College Student
☐(17) Young Adult (18-25)

Follow-Up Notes

26. Outcome of Referral: ☐(1) Referred to EDIPPP ☐(2) Referred to alternative resources

27. Date request followed up: _____
MM/DD/YY

28. Notes:

_____

_____

_____