Speaker 1: Next, I'd like to give a warm welcome to Dr. Tim Runge, a Safe Schools/Healthy Students evaluator from Pennsylvania. Tim is also an associate professor at the Indiana University of Pennsylvania, and before that he was actually a certified school psychologist. Hi, Tim.

Tim Runge: Hello.

Speaker 1: Thanks for joining us today.

Tim Runge: Absolutely. Thank you for having me.

Speaker 1: Of course. So Tim, I was hoping you could help shed some light on some jargon that sometimes we hear associated with evaluation, and that is this issue of process measures and outcome measures. Sometimes these can be confusing to anyone who is even planning their first evaluation or may not even be an evaluator themselves, so I'd love to hear from you what does a process measure mean to you, and how's that different from what an outcome measure is?

Tim Runge: Absolutely. The two terms, process measure and outcome measure, really are artifacts of the SAMHSA logic model. And quite frankly, we had to internally define what those two terms meant very early on because they were relatively new for us. So your experience or your questions here certainly align with our experiences early on in the project.

Basically, what we've decided is to define process measures as those things or inputs that help us get to our outcome or our goal. So essentially, the outcome measure is our goal or our target. Where do we want to be? What do we want to achieve? And the process measures are all of the things or the inputs that get us to that point. So the process measures are resources and inputs that are used to achieve the outcome. Process measures might include resources needed for building infrastructure to support the work of the grant or developing tracking mechanisms to monitor progress toward the goals of the grant.

Some specific examples from our work really relate to things such as developing the infrastructure to track mental health referrals, assessments for mental health needs, and then the location of services that students are receiving. So all of those are process measures because the outcome measure was to evaluate how many kids are receiving mental health services both at school and out in the community. And the only way to get to that point is to develop basically the infrastructure to achieve that goal, so the process measures were used to help us basically quantify and monitor progress toward the inputs that would eventually lead to those outcome measures. So we use the process measures as indicators of progress toward achieving the outcome.

Contrarily, an outcome measure is our measure of impact. It's frankly the goal that we wish to achieve. This could be in the form of actual behavior change. For example, in the

work that we've been doing, office discipline referrals or implementation of high fidelity positive behavioral interventions and supports would be outcome measures. So these are tangible things that we want to achieve, and we monitor progress toward those. So these measures can relate to students. They can relate to staff, pre-school and school-age programs and communities. They really span different ecologies. Other outcome measures that we use are self reports, such as students self reports on alcohol or marijuana use, depressive symptomatology, and so forth.

So the outcome measures are our goals, our impacts that we wish to make, and the process measures are all the things we need to have in place in order to achieve those outcomes. I hope that makes sense.

Speaker 1: It does. Yes, it does. Thank you so much. I actually find that very clarifying. I was curious, as you were talking, is there a difference in how often you look at these measures? For example, are the grantees looking at the process measures more frequently to make decisions? How often are you really looking at those more distal outcomes?

Tim Runge: Sure. Excellent question, and I think you would probably receive different answers depending upon who you're interviewing. At the statewide level, from our perspective, we're looking at those process measures and outcome measures annually. But our hope is, and I know anecdotally that our LEAs, our local educational agencies, are in fact reviewing those data on a regular basis, minimally quarterly if not much more regularly. And I think the frequency with which they would be reviewing those data and making decisions upon those data are really contingent upon the type of data that they're gathering.

For example, if one of the process measures is to establish mental health screenings that would be done three times a year, well, then logically they would be reviewing evidence of achievement of those process measures only three times a year. Versus if one of the process measures is to decrease office discipline referrals on a monthly basis, well, then logically they would be reviewing those data much more regularly than they would the previous process measure that I indicated.

So I think the amount and the frequency with which the data are reviewed is contingent upon a number of factors.

Speaker 1: Mm-hmm (affirmative). But I wonder if folks might ask, well, if the outcome measure is what we really care about, why do we need the process measure? Why do we even have to collect that or monitor that, and why can't we just focus on sort of these annual outcome measures? So if you could speak to why are they both important for us to even work on?

Tim Runge: Absolutely. Excellent question. You really can't achieve the outcome unless you know what the processes, inputs, or infrastructure are that you need in order to actually achieve that outcome. So you need to know whether or not your processes have been implemented with some degree of integrity before you can satisfactorily make a

conclusion that the outcome is a result of the efforts that you put into it. Otherwise, you don't know necessarily that what you achieved was actually the result of what you did.

So you need to monitor what you're doing, not only to make sure that you're on the right path to achieving your goal or your outcome, but then similarly, once you hopefully have achieved that goal or even if you haven't achieved that goal, at least you can go back and say, well, what was it that either worked or didn't work? And really the only way to do that is to look at both process measures and outcome measures.

Speaker 1: Absolutely. That makes perfect sense to me. Kind of knowing where you were is going to actually inform where you're going to go next. So now that we've got all that jargon aside, I actually want to ask you to tell us a little bit about what's going on right now with the Safe Schools/Healthy Students evaluation in Pennsylvania where you are. So can you tell us something especially exciting or innovative going on right now in Pennsylvania with regards to your SS/HS evaluation?

Tim Runge: Sure, absolutely. We've got a lot of different things that are going on that are very exciting and things that we would like to promote. One of the challenges is that our three LEA sites are very, very different, and I'm sure that's similar to what's occurring in other states as well. But the unique successes within each of those LEAs really are unique in a sense that while there are some similarities across the LEAs, there are certainly unique opportunities for basically discussing the accomplishments of each of these LEAs.

Very specifically, let's just look at one of our LEAs, which happens to be an alternative education program in a rather urban area. Within that particular program, what we've done, and we're very proud of the work that's occurring at that local level, is we're expanding the school's capacity to select and implement with integrity evidence-based programs and practices to address students' mental health needs within a larger positive behavioral interventions and supports model. So essentially, this alt ed program had an existing positive behavioral interventions and supports model at the tier one, basically good core instruction and lots of good sports for all kids, but they weren't necessarily able to identify specific needs of smaller groups of kids and then deliver appropriate interventions that were empirically validated for those students.

So some of the work that we're quite proud of that occurred in that particular LEA, which was have now expanded to not only the additional LEAs for the grant but other LEAs across the entire commonwealth is that we've learned from those practices how to very strategically and purposefully identify via objective multi-sourced data what are students' needs, and then how do we align those needs with evidence-based programs and practices? Similarly then, how do we monitor the fidelity of those programs and practices, and how do we evaluate the outcomes associated with those programs and practices?

Far too often, educational institutions are implementing things kind of haphazardly or unfortunately sometimes they're implementing things for which there is evidence base whatsoever. So we've come up with a systematic protocol, essentially, that was used in one LEA, and we've now expanded it to any LEA across Pennsylvania that would help

them inform what are those advanced supports and services that are tied directly to student need. So that would be one clear example of something we're very proud of.

Very specific to that LEA, just to give you an illustration, is that they identified a large group of students needed some sort of behavioral therapy that focused on aggression. So the school, using this protocol, identified aggression replacement therapy as an additional intervention that could be provided to those students. We then monitored the installation of that, and then evaluated outcomes to establish some sort of efficacy for the intervention. In addition to that, we installed social emotional learning curriculum at the universal level for all kids, and that was inclusive of addressing substance abuse prevention protocols, again, given that particular population.

Yet another example, moving to a different LEA, would be ... And actually, this is not just specific to an LEA, this is across the entire state, more state-level initiative that we're very proud of would be systematic scaling up to train evidence-based suicide prevention gatekeeper curriculum for not only in-service educators but also pre-service educators. So specially what we're doing is we're scaling up a training of a curriculum called Youth Mental Health First Aid that we deliver to practitioners, that is educators and also pre-service educators in institutions of higher education across Pennsylvania.

Our hope is that this work will improve the skill set of frontline practitioners, such as teachers and future teachers, so that they're mindful of the manifestations of potential mental health concerns that could be identified and then intervened upon more rapidly and effectively. So we're extremely proud of this effort to train in-service and pre-service teachers to be better equipped, frankly to help students remove barriers to academic success. So that's just another example that we're quite proud of, and that's more at the statewide level.

Speaker 1: Wow. Those are both excellent examples, and I think certainly Pennsylvania is paving the way for a lot of these very difficult aspects to achieve in student mental health. Even just having a protocol to match student needs to interventions, monitoring those installation of those EBPs and scaling up Youth Mental Health First Aid, those are tremendous successes. So you certainly have a lot to be proud of there in Pennsylvania. But we are-

Tim Runge: Thank you.

Speaker 1: Yeah, absolutely. Thank you so much for joining us today, Tim. We really appreciate your expertise.

Tim Runge: You're very welcome. Thank you for the invitation.