

**AN EVALUATION OF THE EARLY MENTAL HEALTH
INITIATIVE'S PRIMARY INTERVENTION PROGRAM AND
ENHANCED PRIMARY INTERVENTION PROGRAM FOR THE
1994-1995 ACADEMIC YEAR**


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EXECUTIVE SUMMARY



The Primary Mental Health Project, Inc., in collaboration with the California Department of Mental Health and over 180 California school districts, conducted an evaluation assessing the effectiveness of the Primary Intervention Program (PIP) and the Enhanced Primary Intervention Program (Enhanced PIP) models of the State of California's Early Mental Health Initiative (EMHI). PIP is a school-based early intervention program for pre-kindergarten through third grade students who are experiencing minor school adjustment difficulties. Enhanced PIP models require the inclusion of the traditional PIP components as well as integrating additional program components. While participating in either of the programs, students receive services from carefully selected and trained paraprofessionals who work under the close supervision of mental health professionals. Each paraprofessional works to foster a healthy self-concept and to develop social skills in the child-skills necessary for improving social and school adjustment. The programs are based at elementary school sites and are provided through a cooperative effort between the school districts and the cooperating mental health entities.



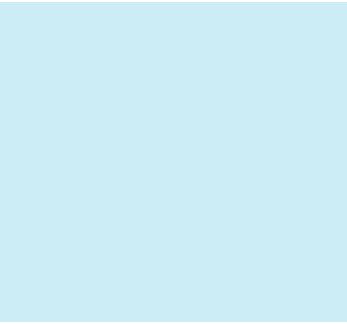
The impact of the PIP and Enhanced PIP programs was evaluated for the 1994-95 school year utilizing data from 185 California school districts. Significant positive results were found using teacher and mental health professional rated indices of adjustment change for the children. Eighty-four percent of the 185 participating districts evidenced significant decreases in adjustment difficulties (e.g., acting-out, shy/anxious or withdrawn and learning problems) as well as increases in adaptive competencies (e.g., frustration tolerance, peer social skills, assertive social skills, and task orientation). There were no significant differences in the amount of change witnessed in PIP versus Enhanced PIP students-the programs appear to be equally effective.




Over 27,000 children were served-approximately 24,500 were seen individually (averaging 11.6 individual contacts) and 1,100 children were seen in small group settings (for an average of 6.7 group contacts). The average length of contact was 30 minutes. Descriptive information regarding demographic and individual characteristics of the children supported the early intervention focus of the programs and documented the risk status of those children served. PIP and Enhanced PIP were found to be equally effective for boys and girls; for children from urban, suburban, and

Note

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rural backgrounds; for children of differing socioeconomic status and ethnic backgrounds; and for children from a variety of parental constellations. Success in the programs does not depend on the number of contacts with the paraprofessional, once a minimum of 8 contacts has occurred.



Results from the 1994-95 evaluation continue to provide strong support for the efficacy of the PIP and Enhanced PIP programs. Teachers and mental health professionals clearly indicated significantly better end-of-year school and social adjustment for children served. These results indicate strongly that these EMHI programs, as currently implemented in California, are making a positive contribution to the school and social adjustment of students in grades pre K through three.

Note

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