

**Mental Wealth ATOD Program
St. Paul Police
First Year Process Evaluation Report**

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November 2001

**Implementation of activities related to Teaching of Health Realization Model in St. Paul
Juvenile Corrections for period March 2000 to March 2001**

List Key Activities (Health Realization classes, one hour each, at each of these sites)	List Targets: -schedule -intensity -duration -%satisfied	List Actual Performance	Rate Performance 3 = exceeded target 2 = met target 1 = below target
Juvenile Detention Center (JDC) START program	3x/week, duration of stay (range: 8-12 mo.)	3x/week for duration of stay	2
Boys Totem Town	3x/week, duration of stay (range: 4-6 mo.)	2x/week for duration of stay	1
JDC First Time Detainees (Probation program)	2x/week, duration of participation (range: 4-6 mo.s)	2x/week for duration of participation	2
St. Paul School Staff and Ramsey County Corrections Staff	Three 2-day introductory trainings (16 hrs total)	5 trainings	3

Comment on quality and how measured:

Quality of teaching will be measured in the brief evaluation surveys (to be filled out by youth every two months, and staff every six months), to be started in Dec. of 2001.

Comment on weak performance and how it will be addressed:

Teachers whose classes receive weak performance ratings by the HRM students (both youth and staff) will undergo additional training in teaching of the model.

Participation in Teaching of Health Realization Model in St. Paul Juvenile Corrections for period March 2000-2001

List Key Activities (Health Realization Classes, one hour each)	List Targets: -(all youth and staff entering the system were enrolled in classes)	List Actual Performance	Rate Performance 3 = exceeded target 2 = met target 1 = below target
Juvenile Detention Center (JDC) START program	(a total of 33 youth per year from all three sites)	12 youth	Total Youth: 47, therefore exceeded target
Boys Totem Town	As above	10 youth	3
JDC First Time Detainees (Probation program)	As above	25 youth	3
St. Paul School and Ramsey County Correctional Staff	18 staff per year	36	3

Comment on weak participation and how it will be addressed:

Participation has consistently exceeded targets set.

Key assumptions for Teaching of Health Realization Model in St. Paul Juvenile Corrections for period March 2000-March 2001

The Health Realization Model is based on the principle that poor life decision-making and behavior is based on negative emotions generated by negative thinking. By recognizing this negative thinking, individuals are better able to recognize the origins of their negative emotions, and explore the consequences of looking at the same life situation from a more positive or healthy pattern or perspective. From this perspective, previously unrecognized healthier life choices become apparent and psychological distress is reduced. This in turn leads to healthier decision-making on the part of detainees, including refraining from substance use, delinquency, and violence.

We will be evaluating the effect of learning this by comparing pre-HRM teaching questionnaires administered to the youth upon admission into the corrections system, and post- HRM teaching questionnaires before release back to the community. These questionnaires will explore coping skills and substance use. We will then conduct follow-up one-on-one interviews with the youth 18 months after initial exposure to the model. Staff will also be surveyed pre-and post- teaching, and interviewed one-on-one at least one year after initial exposure to the model.

Comment on how assumptions that are not playing out are being changed and impact that will have on key targeted activities and the target population:

Not applicable at this point in time.