



PENNSYLVANIA SYSTEM OF CARE PARTNERSHIP

**Now Is The Time: Healthy Transitions
Data Collection Training**

Monica Walker Payne - Lead Evaluator

Meet the Evaluation Team

- **Monica Walker Payne – Lead Evaluator**
 - ▶ Training and technical assistance
- **William McKenna – Database Administrator**
 - ▶ Data entry and continuous quality improvement reports

Training Objectives

- **General:**

- ▶ Become familiar with:
 - The System of Care / Healthy Transitions history and philosophy
 - The evaluation requirements of the grant
 - How evaluation and continuous quality improvement can be used in your county
- ▶ Know how to create a Child ID number for your county.
- ▶ Have a clear understanding of your responsibilities and the Evaluation Team responsibilities.
- ▶ Know who to contact for questions or support.

- **Common Data Platform (CDP) – Data Collection Interview (DCI):**

- ▶ Be able to collect the descriptive and demographic information for youth.
- ▶ Understand how to conduct the interviews with youth or caregivers.
- ▶ Know the difference between the Baseline, Reassessment, and Discharge Interviews and the time-frames for data collection for each one.
- ▶ Learn how to mail or upload data to the Evaluation Team for data entry.
- ▶ Establish a regular continuous quality improvement report schedule.



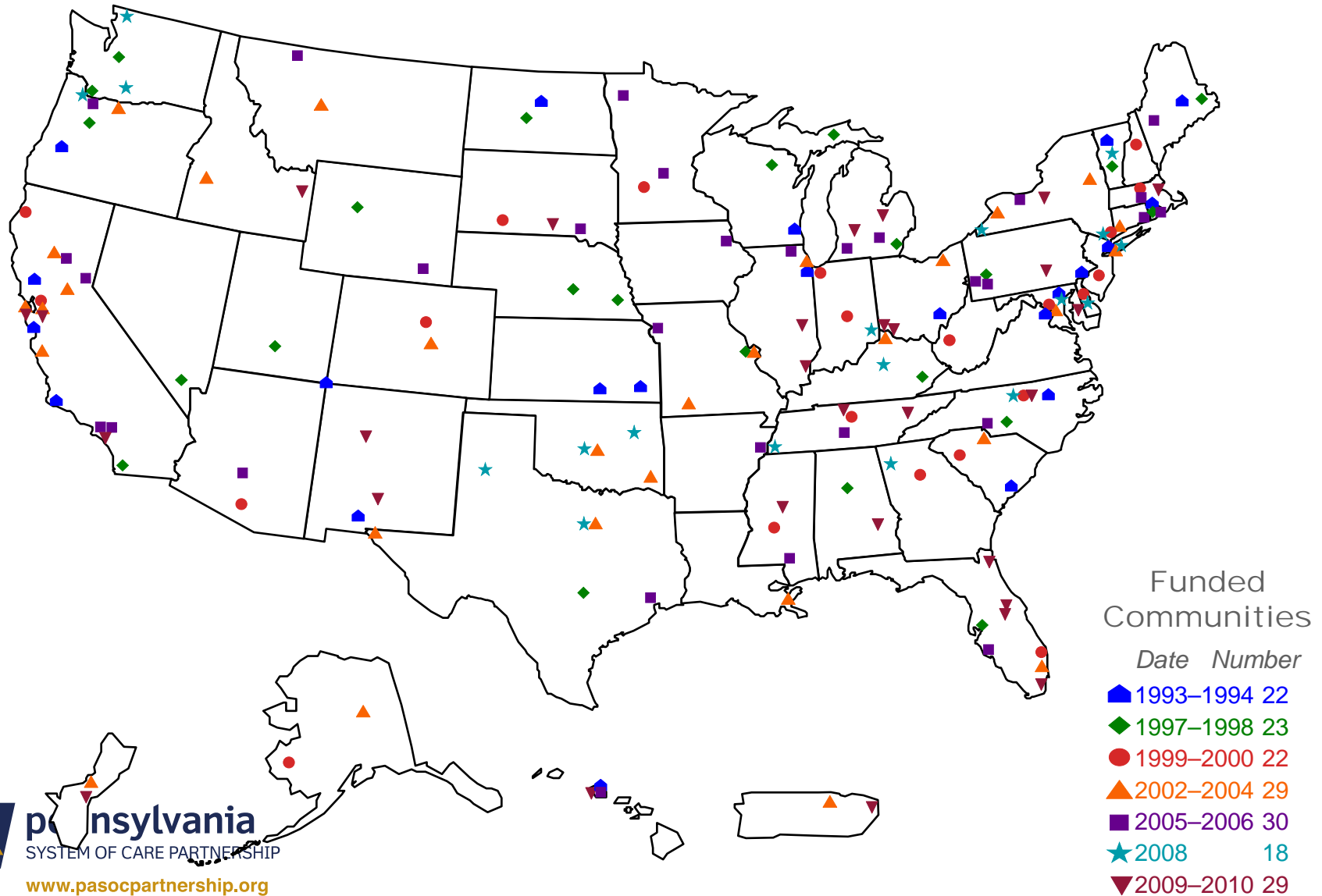
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Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances

- Includes 173 communities funded from 1993-2010
- Funded by the Center for Mental Health Services (CMHS) of the Substance Abuse and Mental Health Services Administration (SAMHSA)
- Largest children's mental health services initiative to date (more than \$1.49 billion committed since 1993)

System of Care communities across the nation



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National System of Care Definition

What:

A spectrum of effective, community-based services and supports

Who:

for children and youth with or at risk for mental health or other challenges and their families,

How:

that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs,

Why:

in order to help them to function better at home, in school, in the community, and throughout life.

PA System of Care Standards

- Youth Driven
- Family Driven
- Leadership Teams
- Integration of Child-serving Systems
- Natural and Community Supports
- Cultural and Linguistic Competence
- Youth and Family Services and Supports Planning Process
- Evaluation and Continuous Quality Improvement



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System of Care Expansion

- After 2010, SAMHSA moved to funding System of Care Expansion Planning and Implementation/Sustainability Cooperative Agreements.
 - ▶ These programs support the wide scale operation, expansion, and integration of the system of care approach by creating sustainable infrastructure and services.
 - ▶ They were designed to build upon the progress that states have already made.

• 2009 Healthy Transitions Initiative

1. Georgia
2. Maine
3. Maryland
4. Missouri
5. Oklahoma
6. Utah
7. Wisconsin

“The *Healthy Transitions Initiative* will develop or build upon existing systems to provide youth and young adults with serious mental health challenges and their families with educational, employment, mental health and other services designed to enhance their well being and ensure their successful transition to adulthood and independence.”

\$16.8 million awarded for up to 5 year projects in 7 states across the U.S (up to \$480,000 per year).

Related SAMHSA Initiatives

- **Now is the Time – 2013 President’s plan to protect our children and our communities by reducing gun violence**
- SAMHSA will create a continuum of outreach, engagement, awareness, prevention and intervention strategies.
- This continuum includes **Project AWARE** at the front end, which will focus on prevention and promotion with school age youth in educational settings, and **Healthy Transitions (HT)**, which will extend this focus by creating treatment services and intervention approaches for disconnected youth and young adults that are transitioning to adulthood.



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Related SAMHSA Initiatives

- **Now is the Time**

- ▶ **Project AWARE (Advancing Wellness and Resilience in Education)**
- ▶ Increase the mental health literacy among youth-serving adults, policy-makers, and administrators of programs serving youth
 - **State Educational Agency Grants**
 - 20 awards, up to \$2,000,000 per year
 - **Local Educational Agency Grants**
 - 100 awards, up to \$100,000 per year
- ▶ **Healthy Transitions**
- ▶ Improve access to treatment and support services for youth and young adults ages 16 – 25 that either have, or are at risk of developing a serious mental health condition



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2014 Healthy Transitions Grant Awards

Now is the Time: Healthy Transitions - Improving Life Trajectories for Youth and Young Adults with, or at Risk for, Serious Mental Health Conditions

1. Alaska
2. Connecticut
3. Delaware
4. District of Columbia
5. Florida
6. Kentucky
7. Maine
8. Maryland
9. Massachusetts
10. New Mexico
11. New York
12. Oklahoma
13. Pennsylvania
14. Rhode Island
15. Tennessee
16. Utah
17. Wisconsin

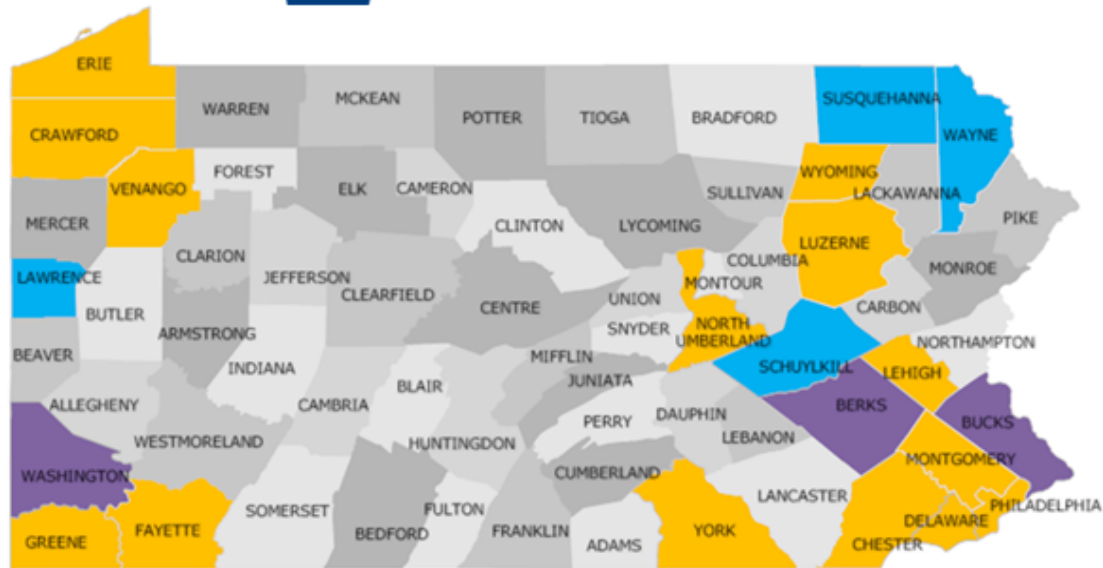
Over \$16 million per year
awarded for 5 year projects in
17 states across the U.S.






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Current PA SOC Partner Counties



 PA SOC First Cooperative Agreement Counties (using High Fidelity Wraparound)  PA SOC Expansion-Implementation Counties (using other planning processes)  Healthy Transitions Counties

What Is Program Evaluation?

“The systematic collection of information about the activities, characteristics, and outcomes of programs to make judgments about the program, improve program effectiveness, and/or inform decisions about future programming.”

(Patton, *Utilization-Focused Evaluation*, 1997)

Why Is This Evaluation Important?

- Provides the nation with information about services and supports, how they develop, and how they are sustained across time
- Provides detailed information about the youth served, their families, and their experiences with different services and supports
- Offers an objective picture of what works and what doesn't work locally and nationally
- Provides a quantitative view of the complex work that is happening
- Information may be used locally and nationally to support requests for additional funding



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What it feels like...



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Importance of Evaluation in PA

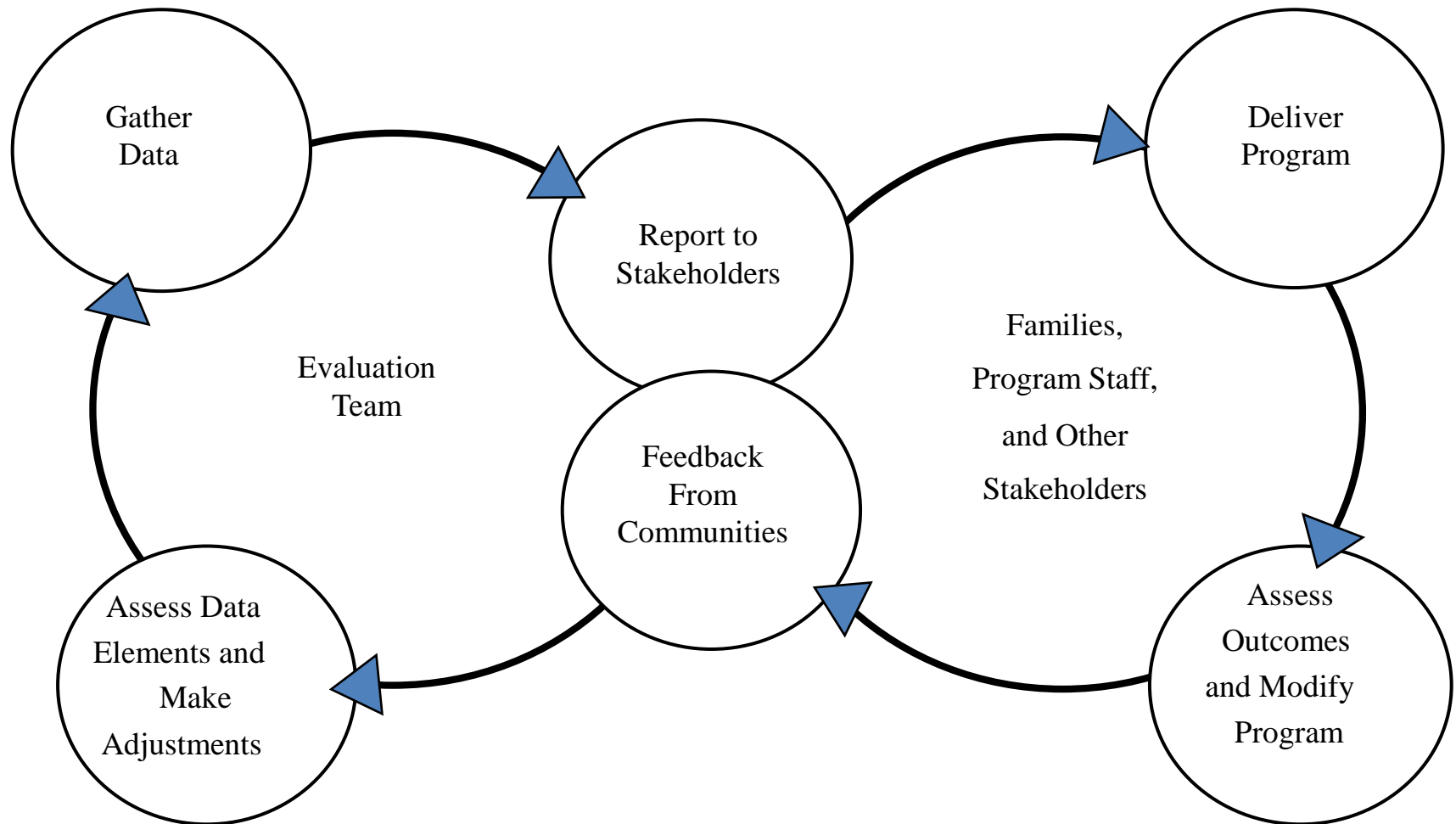
- Helping to hear youth and family voices
- Identifying areas to provide training and technical assistance
- Providing county data for your Leadership Team to review and utilize for decision making
- Believing in continuous quality improvement
- Assessing for cultural or linguistic disparities
- Sharing data across child-serving systems to better integrate planning and services for youth and families.
- Obtaining evidence for funding and sustainability
- Contributing to national knowledge



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Continuous Quality Improvement



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Evaluation Requirements

- **Youth data that must be collected:**
 - ▶ **Descriptive Information** (Ex. Referral source, system involvement, presenting issues, mental health diagnoses, people involved in the planning/treatment process, etc.)
 - ▶ **Demographic Information** (Ex. Race, ethnicity, gender, sexual orientation, income, education, language, disability status, etc.)
 - **Based on National Culturally and Linguistically Appropriate Services (CLAS) Standards**
 - ▶ **Outcomes information** (Ex. Drug and Alcohol Use, Family and Housing, Education, Employment, and Income, Crime and Criminal Justice Status, Mental and Physical Health, Recovery, Self-Help, and Peer Support, Violence and Trauma, Social Connectedness, Services Planned/Received)

• Your Responsibilities

- Collect required Baseline Descriptive and Demographic Data
- Complete the DCI interviews with youth or caregivers
- Mail or upload completed data forms and DCI interview paperwork to Evaluation Team to enter into local and national databases
- Receive regular reports and review for potential program improvements

• Youth ID Numbers

- First 3 digits are 338 (Healthy Transitions PA ID)
- Second 2 digits are County ID numbers
- Last 4 digits are assigned by each provider connected to the grant

338 - _ _ - _ _ _ _

- *The standard parts of the ID are pre-filled on most of your data forms in the upper right corner*



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County ID Numbers

PA County ID Reference Table

# County	# County	# County	# County
1 Adams	22 Dauphin	42 McKean	62 Warren
2 Allegheny	23 Delaware	43 Mercer	63 Washington
3 Armstrong	24 Elk	44 Mifflin	64 Wayne
4 Beaver	25 Erie	45 Monroe	65 Westmoreland
5 Bedford	26 Fayette	46 Montgomery	66 Wyoming
6 Berks	27 Forest	47 Montour	67 York
7 Blair	28 Franklin	48 Northampton	
8 Bradford	29 Fulton	49 Northumberland	
9 Bucks	30 Greene	50 Perry	
10 Butler	31 Huntingdon	51 Philadelphia	
11 Cambria	32 Indiana	52 Pike	
12 Cameron	33 Jefferson	53 Potter	
13 Carbon	34 Juniata	54 Schuylkill	
14 Centre	35 Lackawanna	55 Snyder	
15 Chester	36 Lancaster	56 Somerset	
16 Clarion	37 Lawrence	57 Sullivan	
17 Clearfield	38 Lebanon	58 Susquehanna	
18 Clinton	39 Lehigh	59 Tioga	
19 Columbia	40 Luzerne	60 Union	
20 Crawford	41 Lycoming	61 Venango	
21 Cumberland			



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• Youth IDs for different providers

- Last 4 digits should be assigned sequentially in a range by each of the different providers/services you will use through the grant

338 - _ _ - _ _

- ***Provider 1 – 0000 – 0999***
- ***Provider 2 – 1000 – 1999***
- ***Provider 3 – 2000 – 2999***
- ***Provider 4 – 3000 – 3999***
- ***Etc...***

- Each county will assign each provider a set of numbers.
- Each provider must keep a key between the youth's name and ID number.
- Only put ID numbers on all of our data forms so we will communicate with you for missing information only by ID number and not names.

• Youth IDs for Data Reports

- Keeping clear records about how ID numbers are assigned will help us to provide you with the most relevant evaluation / continuous quality improvement reports.
- You can request reports based on:
 - ▶ The overall county
 - ▶ Each provider separately
 - ▶ Certain providers / similar services combined
 - ▶ Specific demographic characteristics (age, race, ethnicity, sexual orientation, gender identity, language, etc.)
 - ▶ Severity of issues/concerns
 - ▶ Specific referral sources (you can write in “Other” box if there are other referral sources you want to track)
 - ▶ Specific system involvement
 - ▶ Anything else that is relevant/interesting to you!



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• Your Identified Planning/Treatment Process

- **Let's chat about how your identified planning/treatment process(es) will work in your county...**
 - ▶ How many different providers/services/processes will you work with?
 - ▶ Where will referrals come from?
 - ▶ How many staff are involved in the planning/treatment processes?
 - ▶ How do you engage families?
 - ▶ When does planning/treatment begin?
 - ▶ How often will families meet with you?
 - ▶ Will you collect data on all youth in each program/service or just those who are specifically designated as part of Healthy Transitions?
 - ▶ If you are only using a sample of a larger population, how will you distinguish who is referred for Healthy Transitions and who is not?
 - ▶ How many youth do you anticipate serving under Healthy Transitions?
 - ▶ How long does the whole planning/treatment process typically take?
 - ▶ How will you know when families are “discharged”?



• Descriptive and Demographic Data

- This information will be collected for each youth that enters your chosen planning process at enrollment.
- Data will be completed on forms that can be mailed to our central evaluation team or PDF files can be uploaded directly to our team.
 - ▶ *We provide self-addressed, postage-paid data envelopes*
 - ▶ *Or our Database Administrator can give you a login and password to upload PDF files to us*

• Descriptive Data

- 8 questions
- Most information comes from the referral form
- Some counties have adapted their referral forms to include these questions
- This information is very useful to your County Leadership Team:
 - ▶ Helps to regularly review who is being referred to the program
 - ▶ Shows the severity of youth/family problems
 - ▶ Shows how systems are integrating

Descriptive Data – Referral and System Involvement

Date completed: / /

Youth ID: 3 3 8

*Now is the Time:
Healthy Transitions*

Baseline Descriptive and Demographic Data

When a question is something that must be asked of the youth/caregiver directly:

- Use “Refused” when a youth/caregiver does not want to answer the question.
- Use “Unsure” when the youth/caregiver does not know the information.

You may also choose “Unsure” if the information is unable to be obtained from the chart/record.

1. Agency or individual who referred the Identified Youth to your program: **select only one primary referral agency**

- ☐ a. Child Welfare
- ☐ b. Drug & Alcohol
- ☐ c. Juvenile Justice
- ☐ d. Mental Health
- ☐ e. Physical Health

- ☐ f. Regular Education
- ☐ g. Special Education
- ☐ h. Family/Relative
- ☐ i. Self-referred
- ☐ j. Other:

2. Agencies that the Identified Youth is **currently** involved with: **select all that apply**

- ☐ a. Child Welfare
- ☐ b. Drug & Alcohol
- ☐ c. Juvenile Justice
- ☐ d. Mental Health

- ☐ e. Physical Health
- ☐ f. Regular Education
- ☐ g. Special Education
- ☐ h. Other:

O = select only one and [] = select all that apply



Descriptive Data – Child Welfare and Mental Health

3. Child welfare involvement: **if Child Welfare is not selected above, choose "Not applicable" and go to question 4.**

Choose **only one**.

- | | |
|---|--|
| <input type="radio"/> N/A (Not applicable) | <input type="radio"/> e. Voluntary out-of-home placement— Foster care |
| <input type="radio"/> a. Receiving child abuse and neglect investigation/assessment | <input type="radio"/> f. Voluntary out-of-home placement— Kinship care |
| <input type="radio"/> b. Court-ordered out-of-home placement— Foster care | <input type="radio"/> g. Voluntary out-of-home placement—Residential treatment |
| <input type="radio"/> c. Court-ordered out-of-home placement—Kinship care | <input type="radio"/> h. Court-ordered in-home services |
| <input type="radio"/> d. Court-ordered out-of-home placement—Residential treatment | <input type="radio"/> i. Voluntary in-home services |

4. Does the Identified Youth **currently** have any mental health diagnoses (DSM IV or DSM 5)?

- ☐ Yes ☐ No **If Yes, is it a DSM-IV or DSM-5 diagnosis?** ☐ DSM IV ☐ DSM-5 ☐ Unsure

5. What is the date of the Identified Youth's **most recent** diagnostic evaluation?

/ / OR ☐ Unsure ☐ N/A

6. Who provided the diagnosis? Choose **only one**.

- | | |
|---|--|
| <input type="radio"/> N/A | <input type="radio"/> e. Licensed mental health staff
(clinical social worker/professional counselor/therapist) |
| <input type="radio"/> a. Child psychiatrist | <input type="radio"/> f. Primary care physician |
| <input type="radio"/> b. General psychiatrist | <input type="radio"/> g. Nurse practitioner/psychiatric nurse/physician's assistant |
| <input type="radio"/> c. Child psychologist | <input type="radio"/> h. Other licensed physical health staff |
| <input type="radio"/> d. General psychologist | <input type="radio"/> i. Unlicensed staff (mental health assessment specialist) |
| | <input type="radio"/> j. Other: <input type="text"/>
(specify) |



Descriptive Data – Mental Health Diagnoses

7. Fill in the DSM codes below for all diagnoses the Identified Youth **currently** has.

Primary diagnosis should be listed as the first diagnosis

If you don't know the specific DSM code, write down as much detail as you can and we will look up the code when the data is entered

If there is no diagnosis, write that there is "no diagnosis"

If the diagnosis code and any diagnosis information is missing from the chart, write "missing"

☐ N/A (No clinical diagnosis)

Clinical Disorders

	DSM Codes:	Name:							
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• Descriptive Data – Presenting Problems

8. What were the specific problems that led the Identified Youth to be referred to your program? **Select all that apply.**

- | | |
|--|---|
| <input type="checkbox"/> 1. Suicide-related problems | <input type="checkbox"/> 19. Separation problems |
| <input type="checkbox"/> 2. Depression-related problems | <input type="checkbox"/> 20. Non-engagement with people |
| <input type="checkbox"/> 3. Anxiety-related problems | <input type="checkbox"/> 21. Sleeping problems |
| <input type="checkbox"/> 4. Hyperactive and attention-related problems | <input type="checkbox"/> 22. Excluded from pre-school or childcare program |
| <input type="checkbox"/> 5. Conduct/delinquency-related problems | <input type="checkbox"/> 23. At risk for or has failed family home placement |
| <input type="checkbox"/> 6. Substance use, abuse, or dependence-related problems | <input type="checkbox"/> 24. Maltreatment (child abuse or neglect) |
|
 | |
| <input type="checkbox"/> 7. Adjustment-related problems | <input type="checkbox"/> 25. Other health problems for the Identified Youth |
| <input type="checkbox"/> 8. Psychotic behaviors | <input type="checkbox"/> 26. High-risk environment: Maternal depression |
| <input type="checkbox"/> 9. Pervasive developmental disabilities | <input type="checkbox"/> 27. High-risk environment: Maternal mental health |
| <input type="checkbox"/> 10. Specific developmental disabilities | <input type="checkbox"/> 28. High-risk environment: Paternal mental health |
| <input type="checkbox"/> 11. Learning disabilities | <input type="checkbox"/> 29. High-risk environment: Other caregiver mental health |
| <input type="checkbox"/> 12. School performance unrelated to learning disabilities | <input type="checkbox"/> 30. High-risk environment: Maternal substance abuse |
|
 | |
| <input type="checkbox"/> 13. Eating disorders | <input type="checkbox"/> 31. High-risk environment: Paternal substance abuse |
| <input type="checkbox"/> 14. Gender identity | <input type="checkbox"/> 32. High-risk environment: Other caregiver substance abuse |
| <input type="checkbox"/> 15. Feeding problems in young children | <input type="checkbox"/> 33. High-risk environment: Family health problems |
| <input type="checkbox"/> 16. Disruptive behaviors in young children | <input type="checkbox"/> 34. High-risk environment: Other family problems |
| <input type="checkbox"/> 17. Persistent non-compliance (when directed by adults) | <input type="checkbox"/> 35. High-risk environment: Problems related to housing |
| <input type="checkbox"/> 18. Excessive crying/tantrums | <input type="checkbox"/> 36. Other: <input type="text"/> |



Culturally and Linguistically Appropriate Services

- National CLAS Standards – 15 Standards
- Developed by the HHS Office of Minority Health
- Originally developed in 2000 and enhanced in 2013
- The enhanced National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for individuals as well as health and health care organizations to implement culturally and linguistically appropriate services.

• CLAS Standard 11

- “Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.”
 - ▶ Categories of demographic data are recommended by the Office of Minority Health and are reflected in our materials so that you can meet this standard.
 - ▶ We will provide regular reports so that you can monitor and evaluate your county’s demographic data under Healthy Transitions.

Demographic Data - General

9. What is the Identified Youth's date of birth?

 / /

10. What is the Identified Youth's gender identity?

- ☐ Male ☐ Transgender Female to Male
☐ Female ☐ Transgender Male to Female

- ☐ Intersex ☐ Refused
☐ Other: ☐ Unsure
(specify)

Ask youth these questions privately:
"How do you identify your gender?"
– use judgment about asking
younger youth

11. What is the Identified Youth's sexual orientation?

- ☐ Heterosexual ☐ Lesbian ☐ Questioning ☐ Undecided/Not Applicable
☐ Gay ☐ Bisexual ☐ Asexual ☐ Refused

12. Is the Identified Youth Hispanic/Latino? ☐ Yes ☐ No ☐ Refused ☐ Unsure

If Yes, select all that apply.

- ☐ Central American ☐ Dominican ☐ Puerto Rican ☐ Other: (specify)
☐ Cuban ☐ Mexican ☐ South American

13. Which race(s) does the Identified Youth identify with? Select all that apply.

Even if the Identified Youth is Hispanic, you still must try to get an answer for race.

If the respondent says that the only racial/ethnic group that applies to him/her is Hispanic/Latino, choose "Other" and write "Does not identify race"

- ☐ African American or Black
☐ White/Caucasian
☐ Alaska Native/American Indian
☐ Asian

- ☐ Native Hawaiian/Pacific Islander ☐ Refused
☐ Multiracial ☐ Unsure
☐ Other: (specify)

• Demographic Data – Disabilities

14. Is the Identified Youth **currently** diagnosed with an Intellectual and Developmental Disability (IDD)?

☐ Yes ☐ No ☐ Refused ☐ Unsure

15. Is the Identified Youth deaf or **currently** have serious difficulty hearing?

☐ Yes ☐ No ☐ Refused ☐ Unsure

16. Is the Identified Youth blind or **currently** have serious difficulty seeing, even when wearing glasses or contacts?

☐ Yes ☐ No ☐ Refused ☐ Unsure

17. Because of a physical, mental, or emotional condition, does the Identified Youth have serious difficulty seeing, even when wearing glasses? **Youth must be 5 years old or older to answer.**

☐ Yes ☐ No ☐ Refused ☐ Unsure ☐ N/A

18. Does the Identified Youth have serious difficulty walking or climbing stairs? **Youth must be 5 years old or older to answer.**

☐ Yes ☐ No ☐ Refused ☐ Unsure ☐ N/A

19. Does the Identified Youth have difficulty dressing or bathing? **Youth must be 5 years old or older to answer.**

☐ Yes ☐ No ☐ Refused ☐ Unsure ☐ N/A



• Demographic Data – Education

20. What is the Identified Youth's **current** level of education? Choose **only one**.

- | | | | | |
|--|-----------------------------------|-----------------------------------|---------------------------------|------------------------------|
| <input type="radio"/> Highest Grade completed: <input type="text"/> <input type="text"/> | <input type="radio"/> Earned GED | <input type="radio"/> Associate's | <input type="radio"/> Master's | <input type="radio"/> Unsure |
| <input type="radio"/> Graduated HS | <input type="radio"/> Tech School | <input type="radio"/> Bachelor's | <input type="radio"/> Doctorate | |

21. What is the Primary Caregiver's **current** level of education? Choose **only one**.

- | | | | | |
|--|-----------------------------------|-----------------------------------|---------------------------------|------------------------------|
| <input type="radio"/> Highest Grade completed: <input type="text"/> <input type="text"/> | <input type="radio"/> Earned GED | <input type="radio"/> Associate's | <input type="radio"/> Master's | <input type="radio"/> Unsure |
| <input type="radio"/> Graduated HS | <input type="radio"/> Tech School | <input type="radio"/> Bachelor's | <input type="radio"/> Doctorate | <input type="radio"/> N/A |

****We try to get a little information about the Identified Youth's primary caregiver to capture a fuller family picture.**



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Demographic Data – Employment and Income

22. Is the Identified Youth **currently** employed?

☐ Yes ☐ No ☐ Refused ☐ Unsure

23. Is the primary caregiver **currently** employed?

☐ Yes ☐ No ☐ Refused ☐ Unsure ☐ N/A

24. What range does the Identified Youth's (and family's, if living together) annual household income **currently** fall into?

☐ \$0-\$9,999 ☐ \$20,000-\$29,999 ☐ \$40,000-\$49,999 ☐ \$60,000-\$69,000 ☐ Refused

☐ \$10,000-\$19,999 ☐ \$30,000-\$39,999 ☐ \$50,000-\$59,000 ☐ \$70,000+ ☐ Unsure

25. Does the Identified Youth (or family, if living together) **currently** use or receive funding from any of the following programs?

a. Medicaid?

☐ Yes ☐ No ☐ Refused ☐ Unsure

b. Pennsylvania Children's Health Insurance Program (CHIP)?

☐ Yes ☐ No ☐ Refused ☐ Unsure

c. Supplemental Security Income (SSI)?

☐ Yes ☐ No ☐ Refused ☐ Unsure

d. Temporary Assistance for Needy Families (TANF)?

☐ Yes ☐ No ☐ Refused ☐ Unsure

e. local county programs?

☐ Yes ☐ No ☐ Refused ☐ Unsure

26. Is the Identified Youth **currently** covered under any private insurance?

☐ Yes ☐ No ☐ Refused ☐ Unsure

Can be a sensitive topic – Is it possible to get this information from the referral source? Sometimes showing the categories and asking participant to point to range works



• Demographic Data – Language

27. How well does the Identified Youth **currently** speak English? Youth must be 5 years old or older to answer.

☐ Very well ☐ Well ☐ Not well ☐ Not at all ☐ N/A ☐ Unsure

28. How well does the primary caregiver **currently** speak English?

☐ Very well ☐ Well ☐ Not well ☐ Not at all ☐ N/A ☐ Unsure

29. Is a language other than English **currently** spoken at home?

☐ Yes ☐ No ☐ Unsure

If Yes, specify: ☐ Spanish ☐ Other:

30. Was the Identified Youth told they could have an interpreter for their **current** services?

☐ Yes ☐ No ☐ N/A ☐ Unsure If Yes, did they use the interpreting service? ☐ Yes ☐ No

Civil Rights Act Title VI

• Tips for asking Demographic Questions

- Be comfortable and confident about asking the questions
- Be able to put aside any personal feelings/beliefs that may impact your ability to ask the questions
- Be respectful of the youth/family's answers as well as their right to refuse to answer questions
- Be able to explain why you are asking the questions:
 - ▶ It is important to be able to capture information about specific cultural and linguistic needs in your county to ensure that there are appropriate services and supports in place.
 - ▶ Tracking the prevalence of cultural and linguistic needs allows the county to assess if there are any disparities among groups with regard to access, treatment, respect, availability, and outcomes.



• First Planning Meeting Date

31. What was the date of the 1st planning meeting for the Identified Youth in your program?

/ /

- This date should reflect a meeting that occurs after you have already engaged with the family and assembled the family team.
- If you consider a youth to be planning from the very beginning of your process, then put their enrollment date into the program.
- This date will be the date of entry into your county's "Healthy Transitions Grant".
- **This date is what starts the clock ticking for the DCI interview portion. The interview must be completed within 30 days after the first planning meeting date.**



Planning Meeting Participants

32. Who participated in the development of the service plan? (Evidence of participation includes attendees of the meeting, or those mentioned in the plan.)

These are meant to capture categories of people, so if there is more than one person under each category please write in each person's role in the "Specify" line

Check the box if the category of people participated. Leave it empty if the category of people did not.

	Participated?	Specify:
a. Identified Youth's caregiver or guardian:	<input type="checkbox"/>	
b. Identified Youth:	<input type="checkbox"/>	
c. Other family member: <small>(includes biological family, adoptive family, stepfamily, and foster family)</small>	<input type="checkbox"/>	
d. Case manager:	<input type="checkbox"/>	
e. Therapist:	<input type="checkbox"/>	
f. Other mental health staff (e.g., behavioral aide, respite worker):	<input type="checkbox"/>	
g. Education staff (e.g., teacher, counselor):	<input type="checkbox"/>	
h. Child welfare staff (e.g., case worker):	<input type="checkbox"/>	
i. Juvenile justice (e.g., probation officer):	<input type="checkbox"/>	
j. Health staff (e.g., pediatrician, nurse):	<input type="checkbox"/>	
k. Family peer support:	<input type="checkbox"/>	
l. Planning process facilitator/service coordinator	<input type="checkbox"/>	
m. Youth peer support:	<input type="checkbox"/>	
n. Other:	<input type="checkbox"/>	

You!



• Additional Baseline Data

- The next 2 pages are questions that are asked only once of youth/caregivers.
- We included these questions on the Baseline data form so that they were not mixed up throughout the Interview form which would be confusing for the reassessment and discharge interviews.
- When the question is something that must be asked of the youth/caregiver directly:
 - ▶ Use “refused” when a youth/caregiver does not want to answer the question.
 - ▶ Use “unsure” when the youth/caregiver does not know the information.
- You may also choose “unsure” if the information is unable to be obtained from the chart/record.

Family Military Service

33. Is anyone ~~in the Identified Youth's family~~ **currently** serving on active duty or retired/separated from the **Armed Forces, the Reserves, or the National Guard?**

☐ Yes ☐ No ☐ Refused ☐ Unsure

IF YES, WHO? *Choose up to 6 of the following:*

- | | |
|--|--|
| <input type="checkbox"/> a. Identified Youth's spouse | <input type="checkbox"/> g. Identified Youth's brother(s) |
| <input type="checkbox"/> b. Identified Youth's unmarried partner | <input type="checkbox"/> h. Identified Youth's sister(s) |
| <input type="checkbox"/> c. Identified Youth's mother | <input type="checkbox"/> i. Another member of the Identified Youth's family
(SPECIFY) _____ |
| <input type="checkbox"/> d. Identified Youth's father | <input type="checkbox"/> Refused |
| <input type="checkbox"/> e. Identified Youth's son(s) | <input type="checkbox"/> Unsure |
| <input type="checkbox"/> f. Identified Youth's daughter(s) | |

SAMHSA wants to gather data about how much their funding contributes to services and supports for veterans.



Identified Youth Military Service

IF THE IDENTIFIED YOUTH IS UNDER 17 YEARS OF AGE, SKIP TO QUESTION 39

34. Has the Identified Youth ever served on active duty in the Armed Forces, the Reserves, or the National Guard?

ACTIVE DUTY - *refers to full-time duty in the active military/uniformed services of the United States*

- ☐ Yes ☐ No ☐ Refused ☐ Unsure

IF THE ANSWER IS NO, REFUSED, OR UNSURE, SKIP TO QUESTION 39

35. In what branch did the Identified Youth serve?

- ☐ Army ☐ Air Force ☐ Public Health Service (PHS) ☐ Refused
☐ Marine Corps ☐ Coast Guard ☐ National Oceanic and Atmospheric Administration (NOAA) ☐ Unsure
☐ Navy

36. In which component did the Identified Youth serve?

- ☐ Active ☐ Reserve ☐ National Guard ☐ Refused ☐ Unsure

37. Is the Identified Youth currently on active duty, or are they separated, or are they retired?

SEPARATED - *refers to a service period in the United States uniformed services that is less than 20 years*

RETIRED - *refers to a service period in the United States uniformed services that is equal to or greater than 20 years*

- ☐ On active duty ☐ Separated ☐ Retired ☐ Refused ☐ Unsure

38. Has the Identified Youth ever been deployed to a combat zone?

Check all that apply:

- ☐ a. No, never deployed to a combat zone ☐ Refused
☐ b. Yes, Iraq or Afghanistan (e.g., OEF/OIF/OND) ☐ Unsure
☐ c. Yes, Persian Gulf (Operation Desert Shield/Desert Storm)
☐ d. Yes, Vietnam/Southeast Asia
☐ e. Yes, Korea
☐ f. Yes, World War II
☐ g. Yes, other: (SPECIFY) _____



Suicide and Trauma

39. Has the Identified Youth ever tried to kill his/herself?

☐ Yes ☐ No ☐ Refused ☐ Unsure

Use “refused” or “unsure” when applicable.

40. Traumatic events

a. Has the Identified Youth ever experienced an event, series of events, or set of circumstances that resulted in them feeling physically or emotionally harmed or threatened?

☐ Yes ☐ No ☐ Refused ☐ Unsure

IF NO, REFUSED, OR UNSURE SKIP TO QUESTION 41

Being able to ask and talk about suicide and/or trauma is important for knowing how to work with youth and families as well as how to use trauma-informed care principles. However, sensitivity and training around these topics are critical.

b. If yes, what kind of event was this? (SELECT ALL THAT APPLY)

- ☐ Natural or man-made disaster
- ☐ Community or school violence
- ☐ Interpersonal violence (including physical, sexual, or psychological)
- ☐ Military trauma
- ☐ Other: (SPECIFY) _____

c. Did any of the above experiences feel so frightening, horrible, or upsetting that in the past and/or present that they:

(1) Had nightmares about them or thought about them when they did not want to?

☐ Yes ☐ No ☐ Refused ☐ Unsure

(2) Tried hard not to think about the experiences or went out of their way to avoid situations that reminded them of the experiences?

☐ Yes ☐ No ☐ Refused ☐ Unsure

(3) Were constantly on guard, watchful, or easily startled?

☐ Yes ☐ No ☐ Refused ☐ Unsure

(4) Felt numb and detached from others, activities, or their surroundings?

☐ Yes ☐ No ☐ Refused ☐ Unsure

These are symptoms of Posttraumatic Stress Disorder. If youth endorse these, explore the need for clinical treatment.

Planned Services

Youth ID:

PLANNED SERVICES

41. What services do you plan to provide to the Identified Youth during the Identified Youth's course of treatment/recovery?

CHECK OFF THE SERVICES YOU PLAN TO PROVIDE TO THE IDENTIFIED YOUTH.

Include only the planned services that are funded by this SAMHSA grant.

Only include planned services that are receiving funding through the Healthy Transitions contract/budget that you developed.

1. Modality

- ☐ a. Case management
- ☐ b. Day treatment
- ☐ c. Inpatient/Hospital (Other than detox)
- ☐ d. Outpatient
- ☐ e. Outreach
- ☐ f. Intensive Outpatient
- ☐ g. Medication assisted treatment

(CHECK ONLY ONE)

For Opioid Addiction

- ☐ (1) Methadone
- ☐ (2) Buprenorphine
- ☐ (3) Naltrexone [®] (Oral)

2. Treatment Services

- ☐ a. Screening
- ☐ b. Brief intervention
- ☐ c. Brief treatment
- ☐ d. Referral to treatment
- ☐ e. Assessment
- ☐ f. Treatment/Recovery planning
- ☐ g. Individual counseling
- ☐ h. Group counseling
- ☐ i. Family/Marriage counseling
- ☐ j. Co-occurring treatment/Recovery services
- ☐ k. Psycho-Pharmacological interventions

Complete as much information as you know. You do not have to interview the youth/caregiver about these questions.



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There is a handout called “**Services and Terms Definitions**” that provides descriptions of the types of services in each category.

• Outcomes Data

- You will need to conduct 30-45 minute interviews with a youth **OR** caregiver for each family enrolled in your planning process.
 - ▶ Youth/caregivers will receive their first interview **within 30 days after the planning process begins – The first planning meeting date.**
 - ▶ Youth/caregivers will be reassessed **every 6 months** that they are involved with the process.
 - ▶ Youth/caregivers will be reassessed upon **discharge from the process.**



• Common Data Platform Outcomes

- Data is required from every family receiving “Healthy Transitions Services.”
- **No SAMHSA/Healthy Transitions consent form is required** (because it is for program evaluation and the data is de-identified) but if you want to use a release of information or a consent form to conduct the interviews at your local agency you are welcome to do that.
- Completed with **EITHER:**
 - ▶ The Caregiver (on behalf of the youth) **OR**
 - ▶ The Youth (11 years or older)of **every family** that enters your planning process.
- **SAMHSA prefers that the Youth complete the interview if possible (if old enough and/or able to understand the questions).**
- **Please try to interview the same person at each interview time-point.**



• Common Data Platform Outcomes

• Outcomes in:

- ▶ Drug and Alcohol Use
 - ▶ Family and Housing
 - ▶ Education, Employment, and Income
 - ▶ Crime and Criminal Justice Status
 - ▶ Mental and Physical Health
 - ▶ Recovery, Self-Help, and Peer Support
 - ▶ Violence and Trauma
 - ▶ Social Connectedness
 - ▶ Services Planned/Received
- Your County Leadership Team can use these outcomes to show how youth and families are changed from having participated in Healthy Transitions.



DCI Interview – Record Management

Make sure the Date Completed is not more than 30 days after the first planning meeting date for Baseline Interviews.

Fill in the bubble for the type of interview you are conducting. Use this same form for Baseline, Reassessment, or Discharge Interviews, and fill out the applicable info for whichever one you are completing.

Date completed: / /

Youth ID:

*Now is the Time:
Healthy Transitions*

DCI Interview

When a question is something that must be asked of the youth/caregiver directly:

- Use "Refused" when a youth/caregiver does not want to answer the question.
- Use "Unsure" when the youth/caregiver does not know the information.

You may also choose "Unsure" if the information is unable to be obtained from the chart/record.

A. RECORD MANAGEMENT

What type of interview was completed?

☐ Baseline

☐ Reassessment

1. Which 6-month reassessment?

☐ 6 month ☐ 12 month ☐ 18 month ☐ 24 month

2. Have you or other staff had contact with the Identified Youth within the last 90 days? ☐ Yes ☐ No

3. Is the Identified Youth still receiving services from your project? ☐ Yes ☐ No

☐ Clinical Discharge

1. On what date was the Identified Youth discharged?

/ /



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• Drug and Alcohol Questions

B. DRUG AND ALCOHOL USE

NOTE: The following questions are addressed to the IDENTIFIED YOUTH.

1. In the past 30 days, how many days have you used alcoholic beverages? *Responses must be between 0 and 30 days.*

days OR ☐ Refused ☐ Unsure

IF ZERO, SKIP TO QUESTION 3

2. In the past 30 days, how many days have you used alcohol to intoxication? *Responses must be between 0 and 30 days.*

IF MALE Alcohol intoxication is defined as FOUR or more drinks in a day

days OR ☐ Refused ☐ Unsure

IF FEMALE Alcohol intoxication is defined as THREE or more drinks in a day

days OR ☐ Refused ☐ Unsure

3. How much do people risk harming themselves physically or in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?

☐ No risk ☐ Slight risk ☐ Moderate risk ☐ Great risk ☐ Refused ☐ Unsure

4. In the past 30 days, how many days did you use any illegal drugs including prescription drugs that were taken for reasons or in doses other than prescribed? *Responses must be between 0 and 30 days.*

days OR ☐ Refused ☐ Unsure

IF ZERO, SKIP TO QUESTION 6 - Tobacco

Try to read the question and answer choices exactly as they are written.

Most questions in the interview ask about the last 30 days.
*You might want to have a piece of paper that you can write the timeframe/dates that you are referring to during the interview to help the youth/caregiver keep it in mind.



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Drug and Alcohol Questions

5. The following ten questions (5a-5j) relate to your experience with drugs. Some may be prescribed by a doctor (like pain medication), but I will only record those if you have taken them for reasons or in doses other than prescribed.

In the **past 30 days**, how many days have you used...

Responses must be between 0 and 30 days.

Method of Administration

				Refused	Unsure	Oral	Nasal	Smoking	Non-IV Injection	IV
a. Cocaine (coke, crack, etc.) (e.g. coke, crack, etc.)	<input type="text"/>	days	OR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Prescription stimulants (e.g. Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	<input type="text"/>	days	OR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Methamphetamine (e.g. speed, crystal meth, ice, etc.)	<input type="text"/>	days	OR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Inhalants (e.g. etc.)	<input type="text"/>	days	OR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Sedatives or sleeping pills (e.g. Valium, Serepax, Ativan, Librium, Xanax, Rohypnol, GHB, etc.)	<input type="text"/>	days	OR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Hallucinogens (e.g. LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	<input type="text"/>	days	OR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Opioids (e.g. heroin, opium, etc.)	<input type="text"/>	days	OR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Prescription opioids (e.g. fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)	<input type="text"/>	days	OR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Cannabis (e.g. marijuana, pot, grass, hash, etc.)	<input type="text"/>	days	OR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Other: (Specify)	<input type="text"/>	days	OR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Try to get information around the number of days and the method of administration for anything endorsed. Refused and unsure are options instead of # of days.

• Drug and Alcohol Questions

B. DRUG AND ALCOHOL USE (cont.)

6. The following five questions (6a-6e) relate to your experience with tobacco or other tobacco related products.

In the **past 30 days**, how many days have you used...

Responses must be between 0 and 30 days.

- | | | | | | |
|---|---|------|----|-------------------------------|------------------------------|
| a. Cigarettes | <input type="text"/> <input type="text"/> | days | OR | <input type="radio"/> Refused | <input type="radio"/> Unsure |
| b. Chewing tobacco | <input type="text"/> <input type="text"/> | days | OR | <input type="radio"/> Refused | <input type="radio"/> Unsure |
| c. Cigars | <input type="text"/> <input type="text"/> | days | OR | <input type="radio"/> Refused | <input type="radio"/> Unsure |
| d. Electronic Cigarettes (e-cigarettes) | <input type="text"/> <input type="text"/> | days | OR | <input type="radio"/> Refused | <input type="radio"/> Unsure |
| e. Other tobacco related products | <input type="text"/> <input type="text"/> | days | OR | <input type="radio"/> Refused | <input type="radio"/> Unsure |
| (Specify) _____ | | | | | |

Tobacco is recorded separately. Remember to enter a # of days, even if it is zero.



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Family and Housing

NOTE: The following questions are addressed to the IDENTIFIED YOUTH.

1. In the **past 30 days**, where have you been living most of the time?

If there are two placements with 15 days each, choose the most recent.

- ☐ Place not meant for habitation (e.g. a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside)
- ☐ Emergency shelter, including hotel or motel
- ☐ Staying or living with family/friends (e.g., room, apartment, or house)
- ☐ Transition Housing
- ☐ Substance abuse treatment center or detox center
- ☐ Residential treatment (substance abuse or mental health)
- ☐ Therapeutic community or hallway house
- ☐ Psychiatric hospital or other psychiatric facility
- ☐ Long-term care facility or nursing home
- ☐ Hospital or other residential non-psychiatric medical facility
- ☐ Permanent supportive housing
- ☐ Foster care home or foster care group home
- ☐ Jail, prison, or juvenile detention facility
- ☐ House rented by Identified Youth
- ☐ House owned by Identified Youth
- ☐ Other: _____
(Specify)

☐ Refused

☐ Unsure

See “**Services and Terms Definitions**” Handout for descriptions of each living setting.

2. In the **past 30 days**, how many nights have you been homeless? Responses must be between 0 and 30 days.

Homeless includes living in a shelter, on the street (e.g., cars, vans, or trucks), or in any place not meant for habitation (e.g., airport, abandoned building, park).

days

OR

☐ Refused

☐ Unsure



Education, Employment, and Income

D. EDUCATION, EMPLOYMENT, AND INCOME

NOTE: The following questions are addressed to the IDENTIFIED YOUTH.

1. Current Education

a. Are you currently enrolled in a school or job training program? (If INCARCERATED, select "NO/NOT ENROLLED")

- ☐ No/Not enrolled (SKIP TO QUESTION 2)
- ☐ Enrolled, full time
- ☐ Enrolled, part time
- ☐ Other: _____
(Specify)
- ☐ Refused (SKIP TO QUESTION 2)
- ☐ Unsure (SKIP TO QUESTION 2)

Job training programs can include apprenticeships, internships, or formal training for a trade.

b. If you are currently enrolled in school or job training program, during the **past 30 days**, how many days were **unexcused** absences?

An excused absence refers to permission to miss a required activity. If an interview is being conducted during the summer months, refer the youth back to the last attended school session.

- ☐ 0 days
- ☐ 1 day
- ☐ 2 days
- ☐ 3 to 5 days
- ☐ 6 to 10 days
- ☐ More than 10 days
- ☐ Refused
- ☐ Unsure

Education, Employment, and Income

2. What is the highest level of education you have finished (whether or not you received a degree)?

- ☐ Pre-school
- ☐ Kindergarten
- ☐ 1st Grade
- ☐ 2nd Grade
- ☐ 3rd Grade
- ☐ 4th Grade
- ☐ 5th Grade
- ☐ 6th Grade
- ☐ 7th Grade
- ☐ 8th Grade
- ☐ 9th Grade
- ☐ 10th Grade
- ☐ 11th Grade
- ☐ 12th Grade/High School diploma/Equivalent
- ☐ Some college or university
- ☐ Bachelor's Degree (BA, BS) or higher
- ☐ Vocational/Technical Diploma after High School
- ☐ Refused
- ☐ Unsure

If the youth dropped out of high school in the middle of her junior year (11th grade), and she has not completed any other education programs, you would enter 10 as the highest level of education completed.

However, if she received a general equivalency diploma (GED) after dropping out and then returned to school as an adult and received a bachelor's degree, you would check the response option "bachelor's degree (BA or BS) or higher."



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Education, Employment, and Income

D. EDUCATION, EMPLOYMENT, AND INCOME (cont.)

3. Are you currently employed? *Focus on the work status during most of the previous week.*

IF THE IDENTIFIED YOUTH IS UNDER 16 YEARS OF AGE, SKIP TO SECTION E

If the Identified Youth is INCARCERATED, select "Unemployed, not looking for work" AND SKIP TO SECTION E.

- ☐ Employed full time (35+ hours per week, or would have been)
- ☐ Employed part time
- ☐ Unemployed, looking for work - unemployed, disabled (SKIP TO SECTION E)
- ☐ Unemployed, volunteer work (SKIP TO SECTION E)
- ☐ Unemployed, retired (SKIP TO SECTION E)
- ☐ Unemployed, not looking for work - (SKIP TO SECTION E)
- ☐ Other: _____
(Specify)
- ☐ Refused (SKIP TO SECTION E)
- ☐ Unsure (SKIP TO SECTION E)

Military service might be a reason to use the "Other" option



• Education, Employment, and Income

4. Are you paid at or above the minimum wage?

\$7.25 is the current federal/PA minimum wage.

☐ Yes ☐ No ☐ Refused ☐ Unsure

5. Are your wages paid directly to you by your employer?

☐ Yes ☐ No ☐ Refused ☐ Unsure

6. Could anyone have applied for your job?

If it is a SHELTERED POSITION select "No" (e.g., working, but not in the labor force, possibly working for therapeutic purposes in conjunction with a mental health agency/program, in a closely supervised or protective setting)

☐ Yes ☐ No ☐ Refused ☐ Unsure

This question is just asking if they were hired for a competitive position or if it was an assigned position for therapeutic purposes or a supervised setting.



Crime and Criminal Justice

E. Crime and Criminal Justice Status

NOTE: The following questions are addressed to the IDENTIFIED YOUTH.

1. Legal Status over the past month

a. In the **past 30 days**, how many times have you been arrested? *Responses must be between 0 and 30 days.*

times

OR

☐ Refused

☐ Unsure

(IF ZERO, SKIP to Question E2)

This question only pertains to formal arrests, not times when the youth was just picked up or questioned. For juvenile youth, detention or formal detainment would count as an arrest.

b. Out of the times you have been arrested in the **past 30 days**, how many times have you been arrested for drug-related offenses? *Responses must be between 0 and 30 days.*

Examples of drug-related offenses are possession; possession with the intent to distribute; distribution, manufacturing, or trafficking of an illegal substance; attempt or conspiracy to do any of the previous things; possession of drug paraphernalia; driving under the influence; driving while intoxicated; and public intoxication.

times

OR

☐ Refused

☐ Unsure

2. Are you currently awaiting charges, trial, or sentencing?

☐ Yes

☐ No

☐ Refused

☐ Unsure

3. Are you currently on parole or probation?

☐ Yes

☐ No

☐ Refused

☐ Unsure

Mental and Physical Health

F1. MENTAL AND PHYSICAL HEALTH

NOTE: The following questions are addressed to the IDENTIFIED YOUTH.

1. How would you rate your overall health right now?

Overall health refers to mental, emotional, and physical health.

☐ Excellent ☐ Very Good ☐ Good ☐ Poor ☐ Refused ☐ Unsure

2. In order to provide the best possible mental health and related services, we need to know what you think about how well you were able to deal with everyday life during the **past 30 days**. Please indicate your disagreement/agreement with each of the following statements.

In the past 30 days ...	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Refused	Unsure
a. I do well in school and/or work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I am getting along with my family members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



You might want to create some flashcards with these answer choices to show the youth/caregiver to make it easier.

Mental and Physical Health

FOR IDENTIFIED YOUTH 18 YEARS OF AGE OR OLDER:

In the <u>past 30 days</u> ...	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Refused	Unsure
c. I deal effectively with daily problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I am getting along with my family members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I am able to deal with crisis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I do well in social situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. My housing situation is satisfactory.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. My symptoms are not bothering me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FOR IDENTIFIED YOUTH UNDER 18 YEARS OF AGE:

In the <u>past 30 days</u> ...	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Refused	Unsure
i. I am handling daily life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I get along with my friends and other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. I am able to cope when things go wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. I am satisfied with our family life right now.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Only ask one set of these questions depending on how old the youth is. Leave the other section blank.

Mental and Physical Health

F1. MENTAL AND PHYSICAL HEALTH (cont.)

IF THE IDENTIFIED YOUTH IS UNDER 10 YEARS OF AGE, SKIP TO QUESTION 6

3. *Not applicable for Pennsylvania programs*

This is a placeholder for data entry but the question has been eliminated.

4. At any time in the **past 6 months**, did you seriously think of killing yourself?

☐ Yes ☐ No ☐ Refused ☐ Unsure

5. During the **past 6 months**, did you try to kill yourself?

☐ Yes ☐ No ☐ Refused ☐ Unsure

Reports of recent suicide attempts or thoughts should be brought to the attention of a clinical supervisor. If the youth expresses suicidal ideation at the time of the interview he/she should be seen by the clinical supervisor before leaving the office.

6. In the **past 30 days**, how many nights have you spent in a hospital for mental health care? *Responses must be between 0 and 30 days.*

nights OR ☐ Refused ☐ Unsure

7. In the **past 30 days**, how many nights have you spent in a facility for detox/inpatient or residential substance abuse treatment? *Responses must be between 0 and 30 days.*

nights OR ☐ Refused ☐ Unsure

8. In the **past 30 days**, how many times have you gone to an emergency room for psychiatric or emotional problems? *Responses must be between 0 and 30 days.*

times OR ☐ Refused ☐ Unsure

Mental and Physical Health

9. The following six questions (9a-9f) ask about how you have been feeling during the past 30 days. For each question, please indicate how often you had this feeling.

During the <u>past 30 days</u> ...how often did you feel...	All of the time	Most of the time	Some of the time	A little of the time	None of the time	Refused	Unsure
a. Nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Restless or fidgety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. So depressed that nothing could cheer you up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. That everything was an effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Worthless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



These are new answer choices so you might want to have another flashcard available.

Recovery, Self Help, and Peer Support

F2. RECOVERY, SELF HELP, AND PEER SUPPORT

NOTE: The following questions are addressed to the IDENTIFIED YOUTH.

RECOVERY

1. In the **past 30 days**, have you attended any voluntary self-help groups for recovery that were not affiliated with a religious or faith-based organization?

In other words, did you participate in a non-professional, peer-operated organization that is devoted to helping individuals who have addiction related problems such as: Alcoholics Anonymous, Narcotics Anonymous, Oxford House, Secular Organization for Sobriety, or Women for Sobriety, etc.?

☐ Yes - times OR ☐ No ☐ Refused ☐ Unsure

2. In the **past 30 days**, have you attended any religious or faith affiliated recovery self-help groups?

☐ Yes - times OR ☐ No ☐ Refused ☐ Unsure

3. *Not applicable for Pennsylvania programs*

Recovery, Self Help, and Peer Support

SELF HELP AND PEER SUPPORT

4. In the **past 30 days**, have you had interaction with family and/or friends who are supportive of your recovery?

- ☐ Yes ☐ No ☐ Refused ☐ Unsure

5. In the **past 30 days**, I generally accomplished what I set out to do.

- ☐ Strongly agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Strongly disagree ☐ Refused ☐ Unsure

6. I feel capable of managing my health care needs.

- ☐ On my own most of the time
☐ With support from others most of the time
☐ On my own
☐ Some of the time and with support from others
☐ Some of the time
☐ Rarely or never
☐ Refused
☐ Unsure

These questions are generally about a social support network outside of formal treatment. The youth does not have to be in “recovery” in order to answer these questions. Therefore, ask these questions of all youth.

7. I have family or friends that are supportive of my recovery.

- ☐ Not in Recovery
OR

- ☐ Strongly agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Strongly disagree ☐ Refused ☐ Unsure

Violence and Trauma

F3. VIOLENCE AND TRAUMA

NOTE: The following questions are addressed to the IDENTIFIED YOUTH.

1. *Not applicable for Pennsylvania programs*
2. In the **past 30 days**, how often have you ever experienced an event, series of events, or set of circumstances that resulted in you feeling physically or emotionally harmed or threatened?
 - ☐ Never
 - ☐ A few times
 - ☐ More than a few times
 - ☐ Refused
 - ☐ Unsure

Past trauma is covered in the baseline data form so this is just asking about current trauma.



Social Connectedness

G. SOCIAL CONNECTEDNESS

NOTE: The following questions are addressed to the IDENTIFIED YOUTH.

1. Please indicate your disagreement/agreement with each of the following statements. Please answer for relationships with persons other than your mental health provider(s) over the past 30 days.

Over the past 30 days...

Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Refused	Unsure
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

a. I had people with whom I did enjoyable things.

b. In a crisis, I would have the support I need from family or friends.

FOR IDENTIFIED YOUTH 18 YEARS OF AGE OR OLDER:

Over the past 30 days...

Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Refused	Unsure
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

c. I am happy with the friendships I had.

d. I feel I belong in my community.

FOR IDENTIFIED YOUTH UNDER 18 YEARS OF AGE:

Over the past 30 days...

Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Refused	Unsure
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

e. I knew people who would listen and understand me when I needed to talk.

f. I had people that I was comfortable talking with about my problems.

Only ask one set of these questions depending on how old the youth is. Leave the other section blank.



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STOP HERE FOR BASELINE INTERVIEWS

• Reassessment Interviews

- Follow-up Interviews must be completed **EVERY 6 MONTHS** while a family is receiving services.
 - ▶ There is a **30-day window** before and after the target date when it can be completed.
 - ▶ Will McKenna will notify you at the beginning of each month to let you know if there are any open windows coming up in that month.
 - ▶ Please try to maintain consistency with who you conduct the interview with – if the youth does the baseline, please try to have the youth do the follow-up and discharge interviews. However, if that is not possible, it is still better to conduct the interview with the caregiver rather than not at all.

• Reassessment Interviews

- If you cannot reach the youth/caregiver during the interview window, you must still complete Page 1 indicating their current Reassessment status and pages 10 & 11 to indicate any Services Received.

☐ Reassessment

Which 6-month reassessment?

☐ 6 month

☐ 12 month

☐ 18 month

☐ 24 month

Have you had contact with the Identified Youth within the last 90 days?

☐ Yes

☐ No

Is the Identified Youth still receiving services from your project?

☐ Yes

☐ No

These answers should always be yes.
If you have not had contact with the youth within the last 90 days and/or they are not still receiving services, a Discharge Interview is more appropriate.



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Services Received

K. SERVICES RECEIVED

THIS SECTION TO BE COMPLETED BY STAFF ONLY

Identify the number of days of services or sessions provided to the Identified Youth during their course of treatment/recovery

Include only the planned services that are funded by this SAMHSA grant.

Days refer to the number of days the Identified Youth is enrolled in the program. Enter Zero if no services were provided.

1. Modality	Days/ Sessions	2. Treatment Services	Days/ Sessions
a. Case management	<input type="text"/>	a. Screening	<input type="text"/>
b. Day treatment	<input type="text"/>	b. Brief intervention	<input type="text"/>
c. Inpatient/Hospital (Other than detox)	<input type="text"/>	c. Brief treatment	<input type="text"/>
d. Outpatient	<input type="text"/>	d. Referral to treatment	<input type="text"/>
e. Outreach	<input type="text"/>	e. Assessment	<input type="text"/>
f. Intensive Outpatient	<input type="text"/>	f. Treatment/Recovery planning	<input type="text"/>
g. Medication assisted treatment (CHECK ONLY ONE)		g. Individual counseling	<input type="text"/>
For Opioid Addiction		h. Group counseling	<input type="text"/>
(1) Methadone	<input type="text"/>	i. Family/Marriage counseling	<input type="text"/>
(2) Buprenorphine	<input type="text"/>	j. Co-occurring treatment/Recovery services	<input type="text"/>

You must add the days/sessions together for the whole time they have been enrolled.

There is a handout called “**Services and Terms Definitions**” that provides descriptions of the types of services in each category.



• Discharge Interviews

- A **Discharge** Interview must also be completed when services have ended (or if the family has lost contact with the service provider for 90 days).
- If you cannot reach the youth/caregiver during the interview window, you must still complete Page 1 indicating their Discharge status and pages 10 & 11 to indicate any Services Received.
- These discharge records are very important as they influence our statewide reassessment rate – something that is closely monitored by our grant program officer.
- If you lost contact with a youth/caregiver permanently, it is important to still remember to fill out the First Page and indicate the discharge reason.

Discharge Interviews

- You must indicate the Discharge Date and Discharge Status:

☐ Clinical Discharge

1. On what date was the Identified Youth discharged?

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			Day			Year			

2. What is the Identified Youth's discharge status?

- ☐ Mutually agreed cessation of treatment
- ☐ Withdrew from/refused treatment
- ☐ No contact within 90 days of last encounter
- ☐ Incarcerated
- ☐ Clinically referred out
- ☐ Death
- ☐ Other:
(specify)

If a reassessment interview was conducted within 30 calendar days of when a youth is discharged, a separate discharge interview is not required. But you must fill out this part when the youth discharges.

3. Date of most recent service for the Identified Youth:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			Day			Year			

Definitions:

MUTUALLY AGREED CESSATION OF TREATMENT - was compliant with the project/treatment plan and either completed or graduated or left before completion with the agreement of the treatment staff.

WITHDREW FROM/REFUSED TREATMENT - ended or did not follow the treatment against medical advice.

NO CONTACT WITHIN 90 DAYS OF LAST ENCOUNTER - was not in contact for 90 calendar days or more since his/her last encounter. No other information is known about his/her status. Contact refers to services/referral provided, phone calls related to a service plan (not scheduling), or crises intervention or emergency services.

INCARCERATED (Newly or re-incarcerated) - was arrested due to offense committed prior to services received or during services received

CLINICALLY REFERRED OUT - was referred to another program or services

DEATH - died prior to completing treatment.

OTHER - status does not meet any of the above noted conditions. For example, they were not compliant with the treatment plan and were terminated by the provider. Check OTHER and specify the reason for the clinical discharge the space provided.

• Common Interview Questions

- A family has a first planning meeting on **January 1, 2015**.
 - ▶ What is the last possible date that you can complete the Baseline interview?
 - ▶ **January 31, 2015**
 - ▶ Can you interview a caregiver for the reassessment if you interviewed a youth at baseline?
 - ▶ **Yes – The important thing is that the interview be completed but it is ideal if it can be the same person**
 - ▶ If you miss the interview window, do you still have to fill out anything?
 - ▶ **Yes – The first page indicates the interview time point, and pages 10 & 11 are where you record any SAMHSA-funded services that the youth has participated in.**



• Common Interview Questions

- A family has a baseline interview on **January 1, 2015**.
 - ▶ When does the window open for a reassessment?
 - ▶ **May 31, 2015 – You can be a day or two off but no more than that.**
 - ▶ When does the window close for a reassessment?
 - ▶ **July 30, 2015 - You can be a day or two off but no more than that.**
 - ▶ What if they are discharged on March 1, 2015? - Do you need to do a reassessment interview and a discharge interview?
 - ▶ **No, only discharge because they didn't make it past 6 months.**
 - ▶ If you completely lost contact with a youth/caregiver who had a baseline interview, do you still need to fill out anything?
 - ▶ **Yes, the first page has the discharge date and reason, and pages 10 & 11 are where you record any SAMHSA-funded services that the youth has participated in.**
 - ▶ What if they are discharged on July 15, 2015 – does that change anything?
 - ▶ **No – Discharge interviews trump reassessments if they are close together.**



• Sending the data

- You can mail the Baseline Descriptive and Demographic Data and the Baseline DCI Interview together.
- Please mail data to the Evaluation Team as soon as the forms are complete because we have a short window of time to enter the data.
- If you want to upload data instead of mailing, please let me know and I will have Will McKenna contact you to set it up.

Continuous Quality Improvement Reports

- We will begin to send you reports when you have at least 10 participants in a category (Descriptive/Demographic/Outcomes).
- That is a standard data rule so that any cases who are far outside the norm (positive or negative) do not skew the results.
- If you want to set up a standard report schedule with us (after you reach 10 participants) let us know:
 - ▶ What types of reports you are interested in
 - ▶ How often to send a report
 - ▶ Who we should send it to (HT County Contact, Leadership Team Representative, Provider Organization(s), etc.)

• State and County Data Resources

- The following document, called “PA County Data Resources” (with clickable links) can be found at:
www.pasocpartnership.org/resources/evaluation



From the main page,
click on Resources,
then Evaluation...

Public Data Sources – County Data

Monica Walker Payne
Corporate One Office Park
Building One, Suite 438
4055 Monroeville Blvd.
Monroeville, PA 15146

Past Reports:

[2014 State Aggregate County Progress Assessment Data Report](#)

PA County Data Resources

[PA County Data Resources](#) (pdf) - Publically available national, state, and county level data sources for:

- Demographics
- Child Well-being
- Health Rankings
- Community Statistics and Profiles
- Diversity Data
- PA Child Serving Systems Data – reports, briefs, and sortable data by county and/or school district
 - Office of Mental Health and Substance Abuse Services
 - PA Department of Child Welfare (PA Child Stat)
 - Juvenile Justice and Corrections
 - PA Department of Education
 - PA Bureau of Special Education

[PA State and County Example Data Slides](#) (pdf)

[Additional Publically Available Data Sources](#) (pdf)

PA System of Care Data Collection Requirements

Partner counties in each Cooperative Agreement have slightly different evaluation requirements, however they are all structured in the following format:


- **System Level Data**
 - Evaluates the progress the county has made in implementing the 8 standards of System of Care.

Scroll down until you see these resources...

Consider looking at one topic or a few data slides at each County Leadership Team meeting to spark discussion...

Public Data Sources – County Data

Clickable links take you directly to data sites where you can select your county and receive reports on a variety of topics and demographics.

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PA County Data Resources

United States Census Bureau – access to national, state, county, and city data including:

- Population estimates and projections
- Geographical mobility/migration
- Age, race, ethnicity, language, education, income
- Industry and occupation
- Data visualizations and interactive maps

<http://www.census.gov/data/data-tools.html>

SAMHSA: Substance Abuse and Mental Health Services Administration

Access to the latest national research, resources and reports through 2013

- Data on drug use/abuse (detailed list A to Z)
- Drug use in correlation with mental health disorders
- Treatment data

<http://samhsa.gov/data/>

- 2014 PA Behavioral Health Barometer Report:

<http://store.samhsa.gov/shin/content//SMA15-4895/BHBarometer-PA.pdf>

KIDS COUNT Data Center – county, state and national data/rankings on indicators of child well-being

- Demographics
- Economic Well-being
- Education
- Family and Community
- Health
- Safety and Risky Behaviors

<http://datacenter.kidscount.org/>

County Health Rankings and Roadmaps (Robert Wood Johnson Foundation) – access to health data, rankings, and roadmaps for every county in the nation including:

- Premature deaths
- Children in poverty
- Access to safe drinking water
- Obesity
- Number of fast food restaurants

<http://www.countyhealthrankings.org/app/#/pennsylvania/2013/rankings/outcomes/overall/by-rank>



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Public Data Sources – County Data

for every county in the nation including:

- Premature deaths
- Children in poverty
- Access to safe drinking water
- Obesity
- Number of fast food restaurants

<http://www.countyhealthrankings.org/app/#/pennsylvania/2013/rankings/outcomes/overall/by-rank>

www.city-data.com – access to community statistics, profiles, interactive maps, and customizable reports on

- Race, Income, Ancestries, Education, Language, Religion, Employment, Geographical data, Crime data, Cost of living, Housing, Businesses, State profiles, etc.

www.diversitydatakids.org – child demographic and wellbeing indicators (profiles, rankings, and maps) available to:

- Analyze by race/ethnicity; Compare data across states, counties, cities, and large school districts; Compare policy indicators across states; Neighborhood Child Opportunity Index
- Demographics, Education, Neighborhoods, Health, Economic, Policy, etc.

This document can be found at www.pasocpartnership.org/resources/evaluation

These sites have county and city demographic indicators on many hard to find topics and populations.

Office of Mental Health and Substance Abuse Services - access to data from PA's behavioral health system:

- HealthChoices goals and performance reports
- Statewide initiatives
- Resources
- County behavioral health data profiles
- Performance outcomes

<http://www.parecovery.org/>

PA Department of Public Welfare – Child Welfare Services Data

- Annual Progress and Service Reports
- Child Abuse Reports
- Child Fatality / Near Fatality Reports

<http://www.dhs.state.pa.us/forchildren/childwelfareservices/>

PA Child Stat - Community Outcomes for Pennsylvania's Children and Families including:

- Uninsured children
- Juvenile Crime Arrests
- Child suicide
- New child welfare placements

<https://www.humanservices.state.pa.us/CommunityLevelOutcomeIndicators/PACildStatFlex.html>



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Public Data Sources – County Data

PA Child Stat - Community Outcomes for Pennsylvania's Children and Families including:

- Uninsured children
- Juvenile Crime Arrests
- Child suicide
- New child welfare placements

<https://www.humanservices.state.pa.us/CommunityLevelOutcomeIndicators/PACildStatFlex.html>

Juvenile Justice and Corrections/Criminal Justice Data and Reports

- Juvenile Court Judges Commission – statistics about juvenile court dispositions and juvenile probation
 - <http://www.icjc.state.pa.us/portal/server.pt/community/statistics/5040>
- Pennsylvania Commission on Crime and Delinquency - county level crime data including:
 - Corrections, Courts, Delinquency Prevention, Juvenile Justice
 - <http://pacrimstats.info/About.aspx#>
- PA Uniform Crime Reporting Statistics – sortable by county and jurisdiction
 - <http://ucr.psp.state.pa.us/ucr/reporting/ruaware/ruawarecountyui.asp>
- PA Department of Corrections – reports on recidivism, intermediate punishment, and annual statistics
 - <http://www.cor.pa.gov/Pages/default.aspx#.VQBEDxZf-Qo>

EPISCenter – implementation and assessment of proven-effective prevention and intervention programs

- Evidence-Based Programs – training, resources, research, and tools of 11 programs
 - Juvenile Justice - Standardized Program Evaluation Protocol and other assessments
 - Communities that Care and PA Youth Survey - information and resources
- <http://www.episcenter.psu.edu/>

PA Department of Education - access to all Pennsylvania public school statistics including:

- Dropout, enrollment, and graduation information
 - District, school, and state report cards
 - Early childhood information
 - PSSA, SAT and ACT scores
 - Home School Statistics
- http://www.pde.state.pa.us/portal/server.pt/community/data_and_statistics/7202

PA Bureau of Special Education - PaTTAN (Pennsylvania Training and Technical Assistance Network)

- Training, Educational Initiatives, Resources, Publications
- <http://www.pattan.net/>
- PennData – Early Intervention and Special Education data and reports by district and state overall
- <http://penndata.hbg.psu.edu/index.aspx>

This document can be found at www.pasocpartnership.org/resources/evaluation

PA Child-serving systems have public data sortable by county too.

• Evaluation Subcommittee

Current Membership:

Lisa Caruso – Provider Partner – Northumberland County

A. Rand Coleman –Family/Provider Partner – Chester County

Mark Durgin – System Partner – York County * **System Partner Tri-Chair**

Kate Fisher – Youth Partner – Delaware County

Gordon Hodas – System Partner – OMHSAS

Dave Jeannerat/Cynthia Viveralli/Kathy Koch/Melissa Bible – System Partners – Erie County

Andy Kind-Rubin – Family/Provider Partner – Delaware County

Alex Knapp – Youth Partner – Allegheny County

Bryon Luke – Provider Partner – Bucks, Chester, Delaware, Montgomery Counties

Gina Lutz – Youth/Provider Partner – Montgomery County * **Youth Partner Tri-Chair**

Maria Silva – Family/Provider Partner – Allegheny County * **Family Partner Tri-Chair**

Karan Steele – Family Partner – Westmoreland County

Tim Truckenmiller –Provider Partner – Fayette County

Deborah Wasilchak – System Partner – Allegheny County

PA System of Care Partnership Staff Support to Evaluation Subcommittee:

Monica Walker Payne – Lead Evaluator

William McKenna – Database Administrator

Amanda Clouse – Evaluation Team Family Member Interviewer (York and Northumberland Counties)

Jill Santiago – Evaluation Team Family Member Interviewer (Chester, Delaware, Montgomery, Philadelphia Counties)

Corey Ludden – YIS Staff – Luzerne County



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• Evaluation Subcommittee Workshop

- Our Tri-Chairs will present a workshop with me at the June PA System of Care Partnership Learning Institute
 - ▶ **“Data through the eyes of youth, family, and system partners”**
 - ▶ June 18-19, 2015 at the Penn Stater in State College, PA
 - ▶ **Learning Objectives:**
 - What do youth, family, provider, and system partners look for in data slides?
 - What data is most meaningful to each group?
 - What critical questions can we ask from different partner perspectives? (i.e. potential next steps in the CQI process)
 - How can data be used for the continuous quality improvement of HFW/SOC?
 - How can we use data to spark discussion at County Leadership Team Meetings?
 - ▶ The subcommittee is also working on a Tip Sheet on the same topic coming soon to the PA SOC Partnership website.



Healthy Transitions - National Evaluation

- There is another level of evaluation that has not yet been released from SAMHSA for these grants but should be released later in 2015.
- Some possible requirements are:
 - ▶ 30-90 minute interviews conducted by National Evaluation staff to key family, youth, provider, and system partner stakeholders at the county level to see how Healthy Transitions is being implemented
 - ▶ Online survey for county stakeholders
 - ▶ Network analysis to show inter-agency linkages between youth, transition-age youth, and adult systems
 - ▶ Some additional questions added to the DCI interviews to be asked of transition age youth



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Were The Training Objectives Met?

- **General:**

- ▶ Become familiar with:
 - The System of Care / Healthy Transitions history and philosophy
 - The evaluation requirements of the grant
 - How evaluation and continuous quality improvement can be used in your county
- ▶ Know how to create a Child ID number for your county.
- ▶ Have a clear understanding of your responsibilities and the Evaluation Team responsibilities.
- ▶ Know who to contact for questions or support.

- **Common Data Platform (CDP) – Data Collection Interview (DCI):**

- ▶ Be able to collect the descriptive and demographic information for youth.
- ▶ Understand how to conduct the interviews with youth or caregivers.
- ▶ Know the difference between the Baseline, Reassessment, and Discharge Interviews and the time-frames for data collection for each one.
- ▶ Learn how to mail or upload data to the Evaluation Team for data entry.
- ▶ Establish a regular continuous quality improvement report schedule.



• Evaluation Contact Information

Monica Walker Payne, MA

Lead Evaluator

PA System of Care Partnership / Healthy Transitions /
Youth and Family Training Institute

Corporate One Office Park – Building One, Suite 438

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Office: (412) 856-2890 / 1-866-462-3292 (Ext. 2)

Cell: (724) 858-9019

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Email: walkermm@upmc.edu



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• Training Feedback Forms

- Thank you so much for attending and participating in the training!!
- Any last questions??
- Please fill out the Training Feedback Forms and let us know what our strengths and needs are!



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