PA CARE Partnership

Evaluation Overview for Providers

Monica Payne

Evaluation Director

Youth and Family Training Institute

Meet the Evaluation Team

Primary Contacts

- **Monica Payne** – Evaluation Director, walkermm@upmc.edu
  - Training and technical assistance, supervision, data presentations
- **AnnaMaria Segreti** – Research Project Coordinator, tomlanovicha@upmc.edu
  - Referral and Interview Coordination – primary contact for the Services Evaluation
- **Stephen Terhorst** – Systems Analyst, terhorsts@upmc.edu
  - iDashboards creation – primary technical assistance contact for the System Evaluation

Technical Support

- **William McKenna** – Database Manager, mckennawh@upmc.edu
  - Data management and quality assurance
- **Samantha Pulleo** – Project Analyst, bursics@upmc.edu
  - Project management, training, technical assistance and iDashboards creation

Interviewers and Data Entry

- **Ashley Danny** – Program Coordinator, bakera13@upmc.edu
  - Interviewer to collect data from enrolled youth and caregivers in Blair County and data entry/auditing
- **Chad Jacob** – Research Associate, jacobc8@upmc.edu
  - Interviewer to collect data from enrolled youth and caregivers in Greene County and data entry
  - Primary contact for participant payments
- **Ed McKenna** – Interviewer, mckennae2@upmc.edu
  - Interviewer to collect data from enrolled youth and caregivers in Delaware County
- **Wendi Buzzanco** – Interviewer, wendibuzz@gmail.com
  - Interviewer to collect data from enrolled youth and caregivers in Lackawanna County
- **Michele Penner** – Interviewer, pennerm@upmc.edu
  - Interviewer to collect data from enrolled youth and caregivers in Greene County

Overview of System of Care

A network of effective, community-based services and supports for children and youth with or at-risk for mental health or other challenges and their families…

…is organized into **coordinated networks;**

…addresses **cultural and linguistic needs**

…builds meaningful **partnerships** with families and youth;

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

Stroul, B., Blau, G., & Friedman, R. (2010). Updating the system of care concept and philosophy. Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health.

PA CARE Grant

On 8/27/2021, the Pennsylvania Department of Human Services (DHS) was awarded "The Pennsylvania Cooperative Agreements for the Expansion and Sustainability of the Statewide System of Care"

- Substance Abuse and Mental Health Services (SAMHSA) Grant SM-084173
- Award period from 8/31/2021 – 8/30/2025 in the amount of $2.9 million per year
- Blair, Delaware, Greene and Lackawanna were named as partner counties

Levels of SAMHSA Data Collection

System Level Data — State & County

IPPS – SAMHSA's Infrastructure Development, Prevention, and Mental Health Promotion Data Collection

1. **Policy Development (PD1)** - The number of policy changes completed as a result of the grant.

Workforce Development (WD5) - The number of consumers/family members who provide mental health-related services as a result of the grant.

Partnership/Collaboration (PC1) - The number of organizations that entered into formal written inter/intra-organizational agreements (e.g., MOUs/ MOAs) to improve mental health-related practices/activities that are consistent with the goals of the grant.

Training Data Collection – Data is captured from all training related to the grant – Trauma, Cultural and Linguistic Competency, Coaching and Leadership, General System of Care, Family Peer, Youth and Family Focus, Mental Health and Harm Reduction, and the Webinar Series

Local Grant Implementation Staff and Leadership Team – individuals hired to support the grant locally or who participate on the local or state Leadership Teams connected to the grant.

System Level Data — Providers

- **IPPS** – SAMHSA's Infrastructure Development, Prevention, and Mental Health Promotion Data Collection
- **Outreach (O1)** - The number of individuals contacted through program outreach efforts.
- **Referrals Into Service** - The number of individuals referred to the program(s) being evaluated.
- **Accessed the Service (T3)** – The number of people receiving services as a result of the grant.
- **Access Percentage (AC1)** – The percentage of individuals receiving services after referral.
- **Referrals Out to MH (R1)** - The number of individuals referred to mental health or related services.

Services Level Data — Youth & Family

- **Grant Intake Form -** Provides demographic and descriptive information to SAMHSA and for counties to use to assess their system integration and potential cultural or linguistic disparities.
- **National Outcome Measures Interview (NOMS) -** Evaluates individual outcomes, satisfaction, and progress that youth and families experience because the county is implementing a System of Care. These are completed when a youth enters the service, every 6 months they are enrolled, and again at discharge from the service.
- **Youth/Caregiver Self Reports -** There are 3 self-reports for caregivers and 2 self-reports for youth to fill out at the same time as the NOMS interviews.

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Why Is This Evaluation Important?

Provides the nation with information about systems of care, how they develop, and how they are sustained across time

Provides detailed information about the youth served, their families, and their experiences with systems of care

Information may be used locally and nationally to support requests for additional funding

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

System Level Evaluation Overview

SAMHSA's Infrastructure Development, Prevention, and Mental Health Promotion (IPPs) Data Collection
(Data is collected around the local and State System of Care implementation)

Policy Development (PD1)	Workforce Development (WD5)	Partnership/ Collaboration (PC1)	Outreach (O1)	Referrals to Service	Access Into Service (T3 and AC1)	Referrals Out to MH (R1)

*this tracking is the provider responsibility

Training Data Collection
(*Data is collected from all training related to the grant around times, locations, and attendance)*

Trauma	Cultural and Linguistic Competency	Coaching and Leadership	General System of Care	Family Peer	Youth and Family Focus	Mental Health and Harm Reduction

Local Grant Implementation Staff for each Partner County
(Data is collected for contact information of individuals hired to support the grant locally)

SOC Coordinator	Lead Family Coordinator	Lead Youth Coordinator	Lead Cultural and Linguistic Coordinator

County Leadership Team
(Data is collected for contact information of individuals participating on the County and State Leadership Teams)

Youth Partners	Family Partners	System Partners	Provider Partners	Community Partners

Data Dashboards

We use a Data Dashboard software through iDashboards

- Web-based site for each county/provider to enter and view their own data with security-based login and password information
- Connection to our database so that data is updated in real time
- Compatible with all web browsers and mobile devices
- Easy to use and manipulate visual graphics to see the big picture or drill down to individual (de-identified) youth data
- Graphics, tables, and charts can be saved/printed/emailed/embedded in reports for easy distribution of data

Grant Management Data Dashboards

This menu will be the primary location where providers will enter data.

Each provider should select a point person who will be responsible for tracking the system level data and inputting it to the dashboards on a regular basis.

IPP Dashboards

Data for each of the required indicators will be entered in separate forms (one for state/county partners and one for provider partners).
A history of all entries will be available to view via rows in a table on each form to ensure that accurate information has been collected. Then, all data will be viewed on the summary dashboards that show System of Care implementation and overall progress toward our grant goals.

Training Dashboards

Data will be captured for every training conducted in the above categories.
Training dates, times, locations, registrations, total number of hours, etc. will be captured for each event.
Attendance for system, provider, community, youth and family partners will be recorded as well as how many are federally funded so that in-kind/match can be calculated for the grant.

Grant Implementation and Leadership Dashboards

Names, contact information, roles, and hiring/resignation dates will be captured in these dashboards so that we can display our progress toward having fully operational County and State Leadership Teams and Local Grant Implementation Teams in each partner county.

IPPs Data Funnel

This funnel helps to visualize the SAMHSA System Level IPP data requirements and helps to understand where the strengths and challenges of the system are.

Provider Indicators

#1 Outreach (O1)

#2 Referrals Into Service

#3 Accessed the Service (T3)

#4 Declined Evaluation

#5 Accepted Evaluation

#6 Access Percentage (AC1)

#7 Referrals Out to MH (R1)

- **Outreach** (O1) – The number of individuals contacted through program outreach efforts.
- **Referrals Into Service** – The number of individuals referred to the program(s) being evaluated.
- **Accessed the Service** (T3) – The number of people receiving services as a result of the grant.
- **Declined Evaluation** – The number of individuals who declined to participate in the evaluation.
- **Accepted Evaluation** – The number of individuals who agreed to participate in the evaluation.
- **Access Percentage** (AC1) – The percentage of individuals receiving services after referral.
- **Referrals Out to MH** (R1) – The number of individuals referred to mental health or related services.

Only three of these will be inputted by providers into the dashboard data forms. The rest will be obtained from providers via our Permission to Contact Forms and calculated based on data we receive.

Reporting the IPP Results

- These are captured on a quarterly basis in the Dashboard Forms for each Federal Fiscal Year of the grant starting 10/1/2021:

    - Quarter One: 10/1/202X – 12/31/202X

    - Quarter Two: 1/1/202X – 3/31/202X

    - Quarter Three: 4/1/202X – 6/30/202X

    - Quarter Four: 7/1/202X – 9/30/202X

- If there is no new activity to report, enter a "No New Result" record in the form for that quarter so that we know that you didn't just forget.

If there were no new results, check this box and leave the boxes below blank:
☐

- You can enter your results into the forms on a monthly basis or a quarterly basis (but still labeled by each month for reporting purposes)

    ▶ The results have to be entered into the correct quarter as listed above.

- We will expect to see results from each provider for each service and will reach out to you if there are missing data.

Outreach (O1)

Outreach (O1) - The number of individuals contacted through program outreach efforts.

- Outreach: a strategy designed to increase access and participation in the service
- Contacted: making a connection with individuals.
  - Contacts can be made on the streets, via telephone, in different program settings, at staff meetings, at drop-in centers, or in community settings.

What counts?

- The intent is to capture information on one-on-one contacts with individuals using outreach or other strategies to increase participation in and access to services.
- Outreach to further engage those who are already technically enrolled in services can also count (a youth who started services but had not been seen in a while).
- Meetings with staff of other programs/systems to outreach and increase referrals would also count.
- General appointment reminders and contacts as a part of services would not count.
- "Awareness" events like public service announcements or brochures available at a conference or on a wall of another service provider would not count.

Outreach (O1)

How much detail to report?

- Result Name: Crisis Center Outreach
- Result Description: HFW staff spoke to 5 youth at the local crisis center in December 2021 to explain the program and value of peer support.
- Number: 5

- Result Name: CYF Caseworker Staff Presentation
- Result Description: HFW staff spoke to 12 CYF caseworks at their staff meeting in December 2021 to explain the program and value to families who are in the Child Welfare system.
- Number: 12

Referrals into the Service

Referrals Into Service - The number of individuals referred to the program(s) being evaluated.

What counts?

▸ Any referrals received regardless if they were appropriate for the service or were enrolled to the service.

How much detail to report?

- <u>Result Name</u>: HFW Referrals

- <u>Result Description</u>: HFW program received 3 referrals in December 2021

- <u>Number</u>: 3

Access to the Service

These indicators will not be collected from you via the Dashboard Forms, they will be collected via the <u>Permission to Contact Forms</u> that you send us for every youth enrolled to your program after 12/15/2021.

Accessed the Service (T3) – The number of people receiving services as a result of the grant.

- <u>Declined Evaluation</u> – captured by the reasons that are on the Permission to Contact Forms that you send to us where youth were not eligible or declined the evaluation and/or captured by our interviewers after they attempt to contact the youth.
- <u>Accepted Evaluation</u> – captured through our interviewers who collect the services data.

Access Percentage (AC1) – The percentage of individuals receiving services after referral.

- This will be calculated from the number receiving services (T3) divided by the number of referrals to the service that you received to get a percentage.

Referrals out to Mental Health Services (R1)

Referrals Out to MH (R1) - The number of individuals referred to mental health or related services.

What counts?

- Referred: recommending an individual for mental health or related services

- Mental Health: pertaining to mental health or the population of people with or at risk of mental illness; also includes people with co-occurring substance use disorders.

- Mental Health–Related areas may include (but are not limited to) those pertaining to physical health, co-occurring disorders (mental illness and substance use disorders), housing, employment, criminal or juvenile justice involvement, child welfare, education, social and family relationships, independent living skills, peer support, and financial well-being.

- **Report these two areas separately in the Dashboard Forms**

Referrals out to Mental Health Services (R1)

How much detail to report?

- Result Name: HFW Mental Health Referrals
- Result Description: HFW program referred 2 youth for individual counseling and 1 youth for psychiatric medication management in December 2021.
- Number: 3

- Result Name: HFW Other-Related Referrals
- Result Description: HFW program referred 2 youth for housing support, 3 youth for employment assistance and 1 youth for a skills class on budgeting in Dec 2021.
- Number: 6

Data Entry Form for Providers

Data is entered on the left and will appear on the right. Check for accuracy and contact Stephen Terhorst (email address is at the top of the form) if there are any incorrect/accidental entries.
The instructions/examples from this training are available as a PDF – click on the button in the top right corner.

Provider IPP Goals for the Grant

Outreach (O1)	• Year 1 - 95
Referrals Into Service	• Year 1 - 40
Accepted the Service (T3)	• Year 1 - 65
Access Percentage (AC1)	• Year 1 – 53%
Accepted Evaluation	• Year 1 - 60
Declined Evaluation	• Year 1 - 5
Referrals Out to Mental Health Services (R1)	• Year 1 - 35

IPP Summary Results

These two dashboards show Prorated Goals (the top one allows you to look at one indicator at a time and the bottom allows you to look at all of them together).

These two dashboards show our progress toward the goal for each grant year (the top one allows you to look at one indicator at a time and the bottom allows you to look at all of them together).

Prorated means that on each day of the year, you aren't held to the total goal, just the percentage of that goal that you should have achieved by each day of the grant year. For most of the year this looks much better!

IPP Summary Results

You can view our progress toward the grant goals at any time on the summary dashboards. Click on an indicator on the left and the chart will update to show you how close we are to reaching our prorated goal for the current grant year.
We have to stay above 70% to be considered to be in good standing as a grant with SAMHSA.

Services Evaluation Overview

- The PA CARE Partnership contracted with the Evaluation Team at the Youth and Family Training Institute, which is part of the University of Pittsburgh.

- YFTI has approval from the University of Pittsburgh Institutional Review Board (IRB) to conduct the evaluation as a research study in collaboration with the PA CARE Partnership (IRB #21100053).

- YFTI is approved to receive Permission to Contact Form referrals from each county's chosen providers for each youth and their parent/legal guardian enrolled in services to conduct data collection interviews.
  - If the youth/parent is not eligible for the evaluation or declines to participate we receive the ID number and reason
  - If the youth/parent agrees to be contacted, we receive contact information, ID number and MH diagnoses.

- YFTI interviewers contact the youth/parent to obtain consent and conduct the data collection interviews at baseline, 6-month intervals during service enrollment, and discharge.

- YFTI provides aggregate data back to the county and providers for continuous quality improvement in live data dashboards.

Evaluation Enrollment Target = 300

Year 1 – 65 enrolled

Year 2 – 85 enrolled

Year 3 – 85 enrolled

Year 4 – 65 enrolled

All youth enrolled must be reassessed every 6 months and at discharge from the program. We are required to have above an 80% reassessment rate for the grant.

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Eligibility for the Evaluation

- **Youth can be enrolled between the ages of 0-21 but can only participate in the evaluation when they are 11 years old and older.**

  - Youth who are developmentally able must always still provide assent for research to be conducted about them.

- **A parent or legal guardian is asked to participate if the youth is between 0-18 years old and is optional between 18-21 depending on the family situation.**

  - Youth can participate alone (11 years and older) if the caregiver is not interested in participating (with the parent/legal guardian verbal consent.)

  - Caregivers can participate alone if the youth is not interested in participating (with youth assent).

- **Youth enrolled must have a mental health diagnosis.**

  - System of Care grants are specifically designed to serve youth who are most at risk and thus youth receiving preventative treatment or treatment without diagnosis cannot be enrolled.

- **A biological/adoptive parent or legal guardian with permanent legal custody must be able to provide consent for the youth to participate.**

  - We must obtain a copy of the court order specifically indicating permission to participate in research

  - Youth in the legal custody of Child Welfare cannot participate in research.

- **Youth are not currently in out of home placement.**

  - Youth in placement are considered "prisoners" for research purposes and we do not have permission to collect data about them or with them for this project.

Data Collection Process

All youth and their parent/legal guardian who are enrolled in the county's designated grant services will be asked to participate in the data collection process.

⬇

The provider staff member completes a Permission to Contact Form that indicates if the youth/parent are eligible/agreed or the reason they did not and fax/emails it to the Evaluation Team (AnnaMaria Segreti).

⬇

If eligible and agree to be contacted, an interviewer will contact the family to schedule the interviews (currently conducted by phone).

⬇

Data collection with the youth and caregiver will take around **one hour** to complete in total.

Permission to Contact Form

Provider staff should have youth/parent sign a release of information allowing them to send us this completed form.

pennsylvania CARE PARTNERSHIP
DEVELOPING SYSTEMS THAT CARE

PA CARE Partnership Permission to Contact Form

Blair, Delaware, Greene, and Lackawanna counties are involved in a study designed to learn from families, like yours, how we can improve the quality of our services.

A one-hour interview will be conducted by a Family Member Interviewer within 30 days after you are introduced to the study by your service provider; every 6 months that you are enrolled in the service; and when you are discharged from the service, to see what changes have happened.

Both the youth AND one caregiver may participate. Each will be compensated $30 for their time for any follow-up and discharge interviews they complete.

If you are interested in participating, please provide your contact information to allow the Family Member Interviewer to contact you.

Please indicate who agreed to be contacted:

◯ Youth   ◯ Caregiver   ◯ Both   ◯ Neither

If neither the youth nor the caregiver agreed to be contacted, please complete the front page ONLY.

Provider: FYE-HFW ▾   County: Lackawanna ▾   ID #: _____

Date of Enrollment into Services: ___/___/_____   Date of Evaluation Engagement: ___/___/___

The Date of Evaluation Engagement should occur within 30 days of the Date of Enrollment into Services.

Reason for Decline: _If the youth and/or caregiver agreed to participate, please select "Not Applicable."_

◯ Forgot to Ask Family
◯ Forgot to Send Referral to Evaluation Team
◯ Missed the 30-Day Timeframe for Sending the Referral to Evaluation Team
◯ Youth and/or Caregiver Declined to Participate
◯ Youth/Family Was in Crisis and It Wasn't Appropriate to Ask
◯ Family Moved Out of Counties Connected to Grant
◯ Not Eligible: Youth/Family Was Referred to Another Service Before They Could Be Engaged in the Evaluation
◯ Not Eligible: Youth/Family Dropped Out of This Service Before They Could Be Engaged in the Evaluation
◯ Not Eligible: Youth is 22 or Older
◯ Not Eligible: No Parent/Legal Guardian to Obtain Consent
◯ Not Eligible: No Mental Health Diagnosis
◯ Not Eligible: Youth is in Placement
◯ Other, please specify: _____
◯ Not Applicable

Continued on back

DO NOT complete this information if neither the youth nor the caregiver agreed to be contacted.

Youth Name: _____   Youth Age: _____

Caregiver Name: _____

Phone Number: _____   Email Address: _____

Can the Family Member Interviewer text the phone number to get in touch and schedule a time to explain the study and conduct the interview?

◯ Yes   ◯ No

Best Time to Contact:

◯ Morning   ◯ Afternoon   ◯ Evening

Mental Health Diagnoses:

1) Primary: _____
2) Secondary: _____
3) Tertiary: _____

Please fax the completed form to the Evaluation Team at (412) 856-8790 or email to AnnaMaria Segreti at tomlanovicha@upmc.edu

Additional Notes:

Permission to Contact Timeframes

Provider staff have a buffer of 30 days after enrollment into services to engage the youth/parent in the evaluation and send this form to the Evaluation Team. If that timeframe is missed, or if the youth/parent are not eligible, the provider staff indicates the reason and sends in this form with only the first page completed and <u>no identifying information.</u>

Date of Enrollment into Services: ___/___/_____ Date of Evaluation Engagement:__/__/____

The Date of Evaluation Engagement should occur within 30 days of the Date of Enrollment into Services.

Reason for Decline: *If the youth and/or caregiver agreed to participate, please select "Not Applicable."*

- ◯ Forgot to Ask Family
- ◯ Forgot to Send Referral to Evaluation Team
- ◯ Missed the 30-Day Timeframe for Sending the Referral to Evaluation Team
- ◯ Youth and/or Caregiver Declined to Participate
- ◯ Youth/Family Was in Crisis and It Wasn't Appropriate to Ask
- ◯ Family Moved Out of Counties Connected to Grant
- ◯ Not Eligible: Youth/Family Was Referred to Another Service Before They Could Be Engaged in the Evaluation
- ◯ Not Eligible: Youth/Family Dropped Out of This Service Before They Could Be Engaged in the Evaluation
- ◯ Not Eligible: Youth is 22 or Older
- ◯ Not Eligible: No Parent/Legal Guardian to Obtain Consent
- ◯ Not Eligible: No Mental Health Diagnosis
- ◯ Not Eligible: Youth is in Placement
- ◯ Other, please specify: _____
- ◯ Not Applicable

Diagnostic Information

We will provide a list of SAMHSA-approved diagnoses to choose from. Note that many of the diagnostic categories have been collapsed into a single code.

For example: All anxiety and trauma disorders are combined into the code "F40-F48."

MENTAL HEALTH DIAGNOSES

F20 – Schizophrenia
F21 – Schizotypal disorder
F22 – Delusional disorder
F23 – Brief psychotic disorder
F24 – Shared psychotic disorder
F25 – Schizoaffective disorders
F28 – Other psychotic disorder not due to a substance or known physiological condition
F29 – Unspecified psychosis not due to a substance or known physiological condition
F30 – Manic episode
F31 – Bipolar disorder
F32 – Major depressive disorder, single episode
F33 – Major depressive disorder, recurrent
F34 – Persistent mood [affective] disorders
F39 – Unspecified mood [affective] disorder
F40–F48 – Anxiety, dissociative, stress-related, somatoform, and other nonpsychotic mental disorders
F50 – Eating disorders
F51 – Sleep disorders not due to a substance or known physiological condition
F60.2 – Antisocial personality disorder
F60.3 – Borderline personality disorder
F60.0, F60.1, F60.4–F69 – Other personality disorders
F70–F79 – Intellectual disabilities
F80–F89 – Pervasive and specific developmental disorders
F90 – Attention-deficit hyperactivity disorders
F91 – Conduct disorders
F93 – Emotional disorders with onset specific to childhood
F94 – Disorders of social functioning with onset specific to childhood or adolescence
F95 – Tic disorder
F98 – Other behavioral and emotional disorders with onset usually occurring in childhood and adolescence
F99 – Unspecified mental disorder

SUBSTANCE USE DISORDER DIAGNOSES

Alcohol-related disorders
F10.10 – Alcohol use disorder, uncomplicated, mild
F10.11 – Alcohol use disorder, mild, in remission
F10.20 – Alcohol use disorder, uncomplicated, moderate/severe
F10.21 – Alcohol use disorder, moderate/severe, in remission
F10.9 – Alcohol use, unspecified

Opioid-related disorders
F11.10 – Opioid use disorder, uncomplicated, mild
F11.11 – Opioid use disorder, mild, in remission
F11.20 – Opioid use disorder, uncomplicated, moderate/severe
F11.21 – Opioid use disorder, moderate/severe, in remission
F11.9 – Opioid use, unspecified

All youth are assigned an ID number:

- **Providers start with the first number in the sequence and assign an ID# chronologically to every youth enrolled in the service starting on 12/15/2021**

  ▸ Blair
    - Family Driven Case Management: UPMC Western Behavioral Health of the Alleghenies 07-6100
    - High Fidelity Wraparound: Blair Health Choices 295-07-7100

  ▸ Delaware
    - High Fidelity Wraparound: Child Guidance Resource Center 166-71-3100
    - High Fidelity Wraparound: Child and Family Focus 295-23-4100
    - Family Peer Specialist Navigator Pilot Program: Child and Family Focus 295-23-5100

  ▸ Greene
    - High Fidelity Wraparound: Greene County Family Youth Empowerment Program 295-30-0100
    - Youth and Young Adult Peer Specialist: Greene County Family Youth Empowerment Program 295-30-1100
    - Transition Age Youth Independent Living Program: Blueprints 30-2100

  ▸ Lackawanna
    - Community Navigation Program – Youth Peer Specialist: Friendship House 35-8100
    - Housing Support Program 35-9100

This allows us to have data available in our online dashboard program for providers and counties to access that is de-identified. Don't forget to keep a record of which youth received which ID number.

Provider Cheat Sheet Guide

This is a cheat-sheet to remember eligibility requirements, a script to explain to families, ID number creation, and where to send the forms. Each county will receive their own version of this form.

Eligibility for the PA CARE Partnership Study:

- Youth can be enrolled between the ages of 0-21 but can only participate in the evaluation when they are 11 years old and older.
  - Youth who are developmentally able must always still provide assent for research to be conducted about them.
- A parent or legal guardian is asked to participate if the youth is between 0-18 years old and is optional between 18-21 depending on the family situation.
  - Youth can participate alone (11 years and older) if the caregiver is not interested in participating (with the parent/legal guardian verbal consent.)
  - Caregivers can participate alone if the youth is not interested in participating (with youth assent).
- Youth enrolled must have a mental health diagnosis.
  - System of Care grants are specifically designed to serve youth who are most at risk and thus youth receiving preventative treatment or treatment without diagnosis cannot be enrolled.
- A biological/adoptive parent or legal guardian with permanent legal custody must be able to provide consent for the youth to participate.
  - We must obtain a copy of the court order specifically indicating permission to participate in research
  - Youth in the legal custody of Child Welfare cannot participate in research.
- Youth are not currently in out of home placement.
  - Youth in placement are considered "prisoners" for research purposes and we do not have permission to collect data about them or with them for this project.

Introducing the PA CARE Partnership Study:

- Blair County is inviting you to learn more a research study opportunity. By participating, you will have an opportunity to help us learn more about the services that you and other families like yours receive.
- Youth and caregivers/parents can earn money by being interviewed - $30 for each follow-up interview.
- If you agree to be contacted, I will write down your name, your child's name, your phone number, and the best time to reach you, your e-mail address if you have one, and a number that we can send text messages to when setting up a time for you to speak with Ashley the interviewer. She will then call you to explain the study more.
- If you give me permission to write down this information and share it with Ashley, it does not commit you to anything – you can decide when she calls if you wish to participate.

How to create an ID number:

- Providers start with the first number in the sequence and assign an ID# chronologically to every youth enrolled in the service starting on 12/15/2021
  - Family Driven Case Management: UPMC Western Behavioral Health of the Alleghenies 07-6100
  - High Fidelity Wraparound: Blair Health Choices 295-07-7100

Fill out the Permission to Contact Form for ALL ENROLLMENTS:

- Every youth enrolled after 12/15/2021 must receive an ID number and form sent to us with either a reason they are not eligible or declined to participate or completed with contact information and diagnoses.
- Please email the completed permission to contact form to AnnaMaria Segreti at tomlanovicha@upmc.edu
- We will send a confirmation email to let you know that it was received.

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Ed McKenna — Delaware County

Wendi Buzzanco — Lackawanna County

Ashley Danny — Blair County

Chad Jacob — Greene County & back-up for others

Michele Penner — Greene County

Provider staff give out these brochures to families so they feel comfortable and know who will call them to explain the study and to recognize the phone number calling.

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Verbal Consent Form

University of Pittsburgh

PA CARE System of Care Expansion Evaluation
Parent/Legal Guardian and Youth under 18

Principle Investigator: Kenneth C. Nash
Chief of Clinical Services, Vice Chair of Clinical Affairs
Western Psychiatric Institute and Clinic
3811 O'Hara Street
Pittsburgh, PA 15213
Telephone: 412-246-6767
Email: nashkc@upmc.edu

Informed Consent Script & Informational Document

Person obtaining consent to read aloud:

We are conducting this study to learn about the services you and your family are receiving through the identified services in your county. The PA CARE System of Care is working to build a network of service and supports to assist children and youth with mental health needs and their families. All information collected by the PA CARE System of Care is used to help understand how each county program can be improved and compare information from these communities to that of other participating communities. You and your child have been asked to participate in this study because you and he/she are enrolled in one of the identified services of the PA CARE System of Care.

We hope to enroll at least 300 youth and their parent/legal guardian over a period of 4 years to take part in the PA CARE System of Care Expansion Evaluation.

If you and your child participate in the study, we will ask you and/or your child (age 11 or older) to answer questions for the study at the time of enrollment in the PA CARE System of Care Evaluation, every 6 months that you are receiving services, and again when you discharge from services. Before each interview, you will be sent a reminder (by phone, mail and/or email) and a trained interviewer will schedule a meeting with you. Each interview will last approximately 60-90 minutes and can be completed at your home or over the phone.

Both you and your child (age 11 or older) will be asked interview questions, and your answers to the questions will be kept private and confidential from others as well as each other.

Your interview questions will include:
- Information about your child's (age, race, education, employment, etc.).
- Questions about how your child is doing at home and at school
- Questions about your child's health

1

We have a verbal consent process so the informational document can be emailed or texted to the youth/parent in advance to read over and the interviewer will go over it on the phone and answer questions before they give their consent to participate.

- *We will need an email address and/or phone number on the form so we can send a copy.*

They can choose to opt out at any time or opt out of any questions that they don't want to answer.

Evaluation Requirements

- **Grant Intake** at baseline.
  - **Descriptive Information**: (Ex.) Referral Source, System Involvement, Presenting Problems, etc.
  - **Demographic Information**: (Ex.) Race, Ethnicity, Gender, Sexual Orientation, Income, Language, etc.

- **NOMs Interview** at baseline, every 6 months while enrolled, and at discharge.
  - **Outcomes Information**: (Ex.) Overall Health, Functioning, Psychological Distress, Illegal Substance Use, Tobacco Use, Alcohol Use, Retainment in the Community, Living Stability, Education/Employment, Crime/Criminal Justice, Perception of Care, Social Connectedness, etc.

Self-reports

There are 3 caregiver self-reports and 2 youth self-reports that must be given out and completed at the same time of each NOMS interview

Baseline (within 30 days of the first meeting), every 6 months they are still enrolled, and again at discharge

These are standardized assessments that are often used in research studies so that they can collect functional outcomes that are comparable nationally.

Caregivers

The Columbia Impairment Scale (CIS)

Pediatric Symptom Checklist (P-PSC-17)

Caregiver Strain Questionnaire (CGSQ)

Youth (11 years of age or older)

The Columbia Impairment Scale (CIS)

Pediatric Symptom Checklist (Y-PSC-17)

The Columbia Impairment Scale (C.I.S.)
Caregiver Version

Date completed: ☐☐ / ☐☐ / ☐☐☐☐   Youth ID: 2 9 5 ☐☐☐☐☐

Created: 06/2016

Instructions: To help us improve the quality of the treatment that your child receives, we are asking you to complete the following rating scale (C.I.S.). This will help us determine the area or areas in which your child needs help and the progress that your child makes in these areas. It also will give us information that will assist us in making changes in his/her treatment plan to better meet his/her needs.

There are thirteen areas of your child's behavior for you to rate from 0 to 4 with 0 being no problem and 4 being a very bad problem. Using your best judgment, rate each item by indicating the number that best describes your child's behavior within the past 6 months. You can ask for clarification if you do not understand an item or items.

In general, how much of a problem or difficulty do you think [she/he] has with...?	0 - No problem	1	2	3	4 - Very bad problem	Not applicable	Refused
1)…getting into trouble?	O	O	O	O	O		O
2)…getting along with (you/[her/his] mother/mother figure).	O	O	O	O	O	O	O
3)…getting along with (you/[her/his] father/father figure).	O	O	O	O	O	O	O
4)…feeling unhappy or sad?	O	O	O	O	O		O

How much of a problem or difficulty would you say [she/he] has:	0 - No problem	1	2	3	4 - Very bad problem	Not applicable	Refused
5)…with [her/his] behavior at school (or at [her/his] job)?	O	O	O	O	O	O	O
6)…with having fun?	O	O	O	O	O		O
7)…getting along with adults other than his/her parents (child's mother and/or father)?	O	O	O	O	O		O

How much of a problem or difficulty does [she/he] have:	0 - No problem	1	2	3	4 - Very bad problem	Not applicable	Refused
8)…with feeling nervous or afraid?	O	O	O	O	O		O
9)…getting along with [her/his] sister(s) and/or brother(s)?	O	O	O	O	O	O	O
10)…getting along with other kids [her/his] age?	O	O	O	O	O		O

How much of a problem or difficulty would you say [she/he] has:	0 - No problem	1	2	3	4 - Very bad problem	Not applicable	Refused
11)…getting involved in activities like sports or hobbies?	O	O	O	O	O		O
12)…with [her/his] school work (doing [her/his] job)?	O	O	O	O	O	O	O
13)…with [her/his] behavior at home?	O	O	O	O	O		O

SOC-Ex Supplement Page 1 of 1

Which assessment? ○ Baseline ○ 6 month ○ 12 month ○ 18 month ○ 24 month ○ 30 month ○ Discharge

26592

Pediatric Symptom Checklist

Youth report (Y-PSC-17) - for youth 11 years or older

Date completed: ☐☐ / ☐☐ / ☐☐☐☐   Youth ID: 2 9 5 ☐☐☐☐☐

Created: 06/2016

Please indicate which statement best describes your behaviors and emotions in the past 6 months.

	Never	Sometimes	Often	Refused
1. Fidgety, unable to sit still	O	O	O	O
2. Feel sad, unhappy	O	O	O	O
3. Daydream too much	O	O	O	O
4. Refuse to share	O	O	O	O
5. Do not understand other people's feelings	O	O	O	O
6. Feel hopeless	O	O	O	O
7. Have trouble concentrating	O	O	O	O
8. Fight with other children	O	O	O	O
9. Down on yourself	O	O	O	O
10. Blame others for your troubles	O	O	O	O
11. Seem to be having less fun	O	O	O	O
12. Do not listen to rules	O	O	O	O
13. Act as if driven by motor	O	O	O	O
14. Tease others	O	O	O	O
15. Worry a lot	O	O	O	O
16. Take things that do not belong to you	O	O	O	O
17. Distracted easily	O	O	O	O

©M.S. Jellinek and J. M. Murphy, Massachusetts General Hospital (http://psc.partners.org)

SOC-Ex Supplement Page 1 of 1

Which assessment? ○ Baseline ○ 6 month ○ 12 month ○ 18 month ○ 24 month ○ 30 month ○ Discharge

23713

Interview Payments

The family member (youth and caregiver) who complete the interview/self-reports will each receive $30 on separate cards.

They will only be paid for EACH OUTCOME interview that they participate in (6-month follow-ups and discharge).

All payments will be made on University of Pittsburgh debit cards.

- Money can be withdrawn at any **surcharge-free ATM** with no fee for the first withdrawal or it can be used as a debit card as many times as they want.
- PIN numbers are 0+CVV code on back or they can call the 1-800-number on the back to set up their own PIN.

Payment Receipt Form

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Interviewer Name _____ Youth ID _____

PAYMENT FORM
O Caregiver O Youth

Social Security Number: _ _ _ / _ _ / _ _ _ _   Phone Number (___) _____

Gender _____   Date of Birth: _____

Name of Youth _____
                    First   Last

Name of Caregiver _____
                    First   Last

Address:

_____
     Street No.   Street Name   Apt. #

_____
     City   State   Zip

I will receive $30.00 from the PA CARE Partnership Evaluation Team for completing the reassessment interview.

The money will be loaded onto a Vincent MasterCard upon completion of the interview.

Admin Number (on back of card):_____

Last 4-Numbers (on front of card):_____   **CVV code:** _____

_____   ____/____/_____
     Signature of Participant   Date

**Please do not try to use your Vincent MasterCard until money has been loaded. Contact Chad Jacob to load your Vincent payment card at 412-596-9288

Participants will receive a copy of this receipt to show that they received payment and has Chad Jacob's number to call for questions if the card does not work.

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If families have moved or their contact information has changed, please inform the Evaluation Team as soon as possible so that we are able to locate them to conduct the follow-up interviews.

- There is data that must be collected at the follow-up/discharge interviews:
    - If applicable, an updated mental health diagnosis.
    - Services the youth has received since the last interview / in the last 6 months.
    - Agencies with which the youth is currently involved.
    - The primary caregiver's relationship to the child.
    - Who currently has legal custody of the child.
    - How many total people (and who they are) that live with the child.

Collecting Follow-up Data

The interviewer usually completes this information with the youth and/or caregivers, but if they are unable to reach the family, we will need to obtain this information from the providers.

In these instances, providers have the option to complete the form themselves or have the interviewer call the point person at each provider to complete the form over the phone.

If you choose to complete the form yourself, it must be submitted within 2 weeks.

Authorization to collect this information is included in the Consent Form, however providers may want to complete a release of information as well.

Access to Personal Health Information obtained from your referring service provider. In the event that you or your child are not available for a follow-up or discharge interview during a two-month window before/after each 6-month follow-up interview date or within 2 weeks after your discharge date, we are required to update some study information through your current service provider. Therefore, we are also requesting your authorization or permission to obtain specific information from your child's mental health medical records held at the agency where you are receiving services connected to this study. The information that will be obtained is the date of the youth's most recent psychiatric evaluation, current/updated mental health diagnoses, current system involvement, services received while in this episode of care, legal custody, number of children living in the home, current living situation, discharge date and reason for discharge (if applicable). These data will only be accessed at each follow-up or discharge interval that you or your child cannot participate in while you are still enrolled in the evaluated service and stored with the other data collected directly from you in the study. Identifiable data will be shared with the funder and de-identified data may be shared with agencies or researchers. This authorization is valid for 7 years. However, you can always withdraw your authorization to allow the research

Services Dashboard Menu

This has not been created for the current grant yet, this is what it looked like from the previous grant for demonstration purposes

Enrollment Oversight

Enrollment Oversight

Check to see where your referrals are coming from and the extent of youth being involved in multiple systems.

Reassessment Rate and open NOMS windows

Partners can click on the "By Timepoint" button to see which ID numbers have open windows. Many of the providers identify a staff member to assist our interviewers in making contact for reassessments.

Demographics

Check to see if the population that you are engaging in the grant is representative of your county. If not, what can you do to make sure that minority groups have equal access? *For example, youth who identify as LGBTQIA currently make up 13% of the population.

Presenting Problems

Total # of Youth: 296

Filter	Value
Year	Year 1, Year 2, Year 3, Year 4
County	Blair, Carbon, Crawford, Delav
Agency	Blair ACRP, Blair CenClear, Bl
Gender Identity	Male, Female, Transgender M
Ethnicity	Non-Hispanic, Hispanic, Refus
Age Group	Birth to 3 years, 4 to 6 years,
Race	African American or Black, Wh
Income	< $2,500, $2,500 - $4,999, $5
Sexual Orientation	Heterosexual, Gay, Lesbian, E
Custody Status	Two Parents, Biological Mothe
System Involvement	Mental Health, Physical Health
Suicide History	No, Yes, Not Applicable, Refus
Trauma History	No, Yes, Not Applicable, Refus

Presenting Problem	Percent
Anxiety-Related Problems	75.34%
Hyperactive and Attention-Related Problems	64.53%
Depression-Related Problems	58.11%
Behavioral Concerns	54.05%
Adjustment-Related Problems	53.38%
Persistent Non-Compliance	50.34%
School/Educational Performance	50.34%
Sleeping Problems	46.62%
Conduct/Delinquency-Related Problems	38.51%
Learning Disabilities	30.41%
Attachment Problems	29.05%
Separation Problems	27.03%
Excessive Crying/Tantrums	26.69%
Suicide-Related Thoughts or Actions	26.35%
High-Risk Environment: Caregiver Mental Health	23.31%

Check to see if there are any training needs for your staff based on some of the most common presenting problems.
All dashboards include the demographic filters to look for any disparities or disproportionalities.

Trauma

Trauma at Intake

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Total # of Youth: 296

Year	Year 1, Year 2, Year 3, Year 4
County	Blair, Carbon, Crawford, Delav
Agency	Blair ACRP, Blair CenClear, Bl
Gender Identity	Male, Female, Transgender M
Ethnicity	Non-Hispanic, Hispanic, Refus
Age Group	Birth to 3 years, 4 to 6 years,
Race	African American or Black, Wh
Income	< $2,500, $2,500 - $4,999, $5,
Sexual Orientation	Heterosexual, Gay, Lesbian, E
Custody Status	Two Parents, Biological Mothe
System Involvement	Mental Health, Physical Health
Suicide History	No, Yes, Not Applicable, Refus
Trauma History	No, Yes, Not Applicable, Refus

Reported a Traumatic Event(s) in Lifetime

2.0% 0.9%
35.1%
62.2%

Legend
- No
- Yes
- Unsure
- Missing

If Yes, Type of Traumatic Event(s)

0%   20%   40%   60%   80%   100%

Natural or Man-Made Disaster

Community or School Violence

Interpersonal Violence

Military Trauma

Other

Use this information to look for trauma prevalence.
This can help identify a need for more training around trauma-informed care to all levels of county systems, services and supports.

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Pre- and Post- Outcomes

You will be able to assess each outcome from the baseline assessment to the most recent assessment conducted (regardless of which time-point it was) in one large group to look for overall program outcomes.

Daily Functioning

This dashboard only includes youth who have both a baseline interview and at least one follow-up interview. The follow-up is the most recent interview they have and can be a discharge.

Total # of Youth: 180

Click on the button below to see Daily Functioning Outcomes by Question.

By Question

End Timepoint	Most Recent
Year	Year 1, Year 2, Year 3, Year 4
County	Blair, Carbon, Crawford, Delav
Agency	Blair ACRP, Blair CenClear, Bl
Gender Identity	Male, Female, Transgender M
Ethnicity	Non-Hispanic, Hispanic, Refus
Age Group	Birth to 3 years, 4 to 6 years,
Race	African American or Black, Wh
Income	< $2,500, $2,500 - $4,999, $5
Sexual Orientation	Heterosexual, Gay, Lesbian, E
Custody Status	Two Parents, Biological Mothe
System Involvement	Mental Health, Physical Health

Youth were asked how well they were functioning in daily life in the *past 30 days*, regarding the following categories: *Handling Daily Life, Getting Along with Family, Getting Along with Friends, Doing Well in School/Work, Ability to Cope, Satisfied with Family Life*

Higher scores for questions reflect **higher** functioning.

A youth must provide a **valid** response to at least 4 of the questions in order to be included on this dashboard. Valid responses include: Strongly Agree (5), Agree (4), Neutral (3), Disagree (2), Strongly Disagree (1).

A youth is considered **doing well** (green) when the mean of the total score is >= 3.5.
A youth is considered **NOT** doing well (red) when the mean of the total score is < 3.5.

Baseline: 53.33% / 46.66%
Most Recent: 35.55% / 64.44%

Average Score

Baseline: 3.46
Most Recent: 3.68
3.5

Legend
- Change - Not Doing Well to Doing Well
- No Change - Doing Well
- No Change - Not Doing Well
- Change - Doing Well to Not Doing Well

8.9% / 26.7% / 37.8% / 26.7%

Here you can see that the percentage of youth at baseline that were doing well was 47% and that increased to 64% at the most recent follow-up.
Partners can click on the button to drill down to each question to look for specific areas to improve.

Daily Functioning by Question

This dashboard *only* includes youth who have *both* a baseline interview and at least one follow-up interview. The follow-up is the most recent interview they have and can be a discharge.

Total # of Youth: 180

End Timepoint	Most Recent
Year	Year 1, Year 2, Year 3, Year 4
County	Blair, Carbon, Crawford, Delav
Agency	Blair ACRP, Blair CenClear, Bl
Gender Identity	Male, Female, Transgender M
Ethnicity	Non-Hispanic, Hispanic, Refus
Age Group	Birth to 3 years, 4 to 6 years, 7
Race	African American or Black, Wr
Income	< $2,500, $2,500 - $4,999, $5.
Sexual Orientation	Heterosexual, Gay, Lesbian, E
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System Involvement	Mental Health, Physical Healtr
Suicide History	No, Yes, Not Applicable, Refus
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Youth were asked how well they were functioning in daily life in the *past 30 days*, regarding the following categories: *Handling Daily Life, Getting Along with Family, Getting Along with Friends, Doing Well in School/Work, Ability to Cope, Satisfied with Family Life*

Higher scores for questions reflect **higher** functioning.

A youth must provide a **valid** response to at least 4 of the questions in order to be included on this dashboard. Valid responses include: Strongly Agree (5), Agree (4), Neutral (3), Disagree (2), Strongly Disagree (1).

A youth is considered **doing well** when he/she responds *Strongly Agree or Agree*. A youth is considered **NOT doing well** when he/she responds *Neutral, Disagree, or Strongly Disagree.*

⊞ Expand All   ⊟ Collapse All

Question	Total Number of Youth with Valid Response	Percentage of Youth Doing Well at Baseline	Percentage of Youth Doing Well at End Timepoint	Change
a) I am handling daily life.	176	67.61%	73.29%	5.68%
b) I get along with family members.	179	58.65%	68.71%	10.05%
c) I get along with friends and other people.	180	73.88%	86.11%	12.22%
d) I am doing well in school and/or work.	164	55.48%	74.39%	18.90%
e) I am able to cope when things go wrong.	178	32.02%	43.82%	11.79%
f) I am satisfied with our family life right now.	170	55.88%	64.11%	8.23%

Negative Change
No Change
Positive Change

Here you can see that each question results in very different outcomes.

While the percentage of youth who are doing well has increased in all 6 areas of functioning, some end up with only 44% doing well (coping) while others end up with 86% doing well (getting along with friends).

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NOMS Summary Outcomes

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Outcomes Summary

This dashboard **only** includes youth who have **both** a baseline interview and at least one follow-up interview.

Total # of Youth with Follow-Up: 181

⊞ Expand All   ⊟ Collapse All

Outcome	Total Number of Youth with Valid Response	Percentage of Youth Doing Well at Baseline	Percentage of Youth Doing Well at End Timepoint	Change
Overall Health	171	64.91%	71.34%	6.43%
Daily Functioning	180	46.66%	64.44%	17.77%
Psychological Distress	179	77.09%	80.44%	3.35%
Social Connectedness	177	86.44%	93.78%	7.34%
Illegal Substance Use	176	93.75%	95.45%	1.70%
Tobacco Use	181	86.18%	88.39%	2.20%
Alcohol Use	180	97.22%	98.33%	1.11%
Retained in the Community	177	92.09%	95.48%	3.38%
Living Stability	176	90.90%	90.90%	0.00%
Education and Employment	180	92.22%	91.66%	-0.55%
Crime and Criminal Justice	181	100.00%	99.44%	-0.55%
Trauma	178	84.26%	87.64%	3.37%
Suicidal Thoughts	177	80.79%	87.57%	6.77%
Suicide Attempts	177	95.48%	96.04%	0.56%

Negative Change ▮
No Change ▮
Positive Change ▮

Filters (left panel):

Field	Value
End Timepoint	Most Recent
Year	Year 1, Year 2, Year 3, Year 4
County	Blair, Carbon, Crawford, Delav
Agency	Blair ACRP, Blair CenClear, Bl
Gender Identity	Male, Female, Transgender M
Ethnicity	Non-Hispanic, Hispanic, Refus
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Custody Status	Two Parents, Biological Mothe
System Involvement	Mental Health, Physical Health
Suicide History	No, Yes, Not Applicable, Refus
Trauma History	No, Yes, Not Applicable, Refus

Having all of the outcomes on one dashboard allows for a quick glance at strengths and challenges. Living Stability remained stable at 91% of youth doing well, education/employment and crime/criminal justice ended with less youth doing well than at baseline and all of the other outcomes ended with more youth doing well than baseline.
It is also important to look at the percentage of youth doing well at both timepoints - overall health and daily functioning ended with less youth doing well than other areas.

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Self-report Outcomes Dashboard Menu

These dashboards allow partners to look for differences in how youth and caregivers perceive the same questions and allow for an in-depth look at caregiver stress and strain.

Pairing data with family stories

The Family Practice group is working on a project where they took inspiration from these results of caregiver stress/strain and are interviewing parents to find out more about their strengths, needs, and challenges. This can help develop better supports for caregivers and share their inspiring stories with others to build hope for those just entering the services.

Release of Information

The interview questions will add personal stories to the information that is collected during the evaluation. However, no responses will be personally identifiable to a family or a program. Some sample questions include:

• What would you say has been the impact of the services your youth (and your family) have received?

• What was a turning point or "ah-ha" moment that really made a difference in your family?

• What are the biggest strengths of your youth and your family?

• What has been the toughest challenge to overcome with receiving services?

• If you don't feel you have tackled this challenge yet, what do you most need to do that?

• What impact has your child's challenges had on you – your own relationships, finances, mental energy, work, hope, etc.?

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AUTHORIZATION TO RELEASE INFORMATION

The PA State Leadership and Management Team (SLMT) is conducting interviews to understand the family perspective on services offered and the impact of services provided. To conduct these interviews, we must be able to contact individuals who have important views to share. You have been identified as a potential person to be interviewed by a family representative on the SLMT.

If you are willing to be interviewed, please authorize the release of information so that you may be contacted to arrange a time for your interview.

Thank you for your support,

The PA Care Partnership

Last Name _____ First Name _____

Contact information:

Address:

Phone Number:

Email:

I authorize _____ to disclose the above information to the recipient listed below:

☐ PA Care Partnership

☐ Family Community of Practice of the PA State Leadership and Management Team (SLMT)

I understand that:

• this authorization to release information will remain in effect until I revoke it in writing
• this consent does not permit the recipient to authorize release of my information to a third party or disclose it in any written report in a way that is personally identifiable

Signature _____ Date _____

Consider asking families if they would like to participate in this project when they are nearing the end of services and send releases to Crystal Karenchak at karenchakcm@upmc.edu.

This is one of the ways the stories and your program data can be paired and shared!   You have access to a template that helps you organize and tell a compelling story to show off your program.

Evaluation Contact Information

Monica Payne - Evaluation Director

Youth and Family Training Institute

Corporate One Office Park – Building One, Suite 426

4055 Monroeville Blvd., Monroeville, PA 15146

Monica's Phone: (724) 858-9019

Monica's Email: walkermm@upmc.edu