PENNSYLVANIA
SYSTEM OF CARE PARTNERSHIP

System of Care Expansion – Implementation
Data Collection Training

Monica Walker Payne, M.A. - Lead Evaluator
Meet the Evaluation Team

- **Monica Walker Payne, MA** – Lead Evaluator
  - Training and technical assistance

- **William McKenna, BS** – Database Administrator
  - Data entry and continuous quality improvement reports

- **Susan Laird, BS** – Project Coordinator
  - Coordinates participant payments
Training Objectives

• **General:**
  - Become familiar with:
    - The System of Care 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.
  - Understand the policies and procedures related to participant payments.
  - 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.
Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances

- Includes 173 communities funded since 1993: 96 that have completed their funding cycle, 25 funded in 2005, 5 funded in 2006, 18 funded in 2008, 20 funded in 2009, and 9 funded in 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)
Funded Communities

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System of Care communities across the nation
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.
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.
1. Family driven and youth guided, with the strengths and needs of the child and family determining the types and mix of services and supports provided.

2. Community based, with the locus of services as well as system management resting within a supportive, adaptive infrastructure of structures, processes, and relationships at the community level.

3. Culturally and linguistically competent, with agencies, programs, and services that reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve to facilitate access to and utilization of appropriate services and supports and to eliminate disparities in care.

The construct is not intended as a prescription, but rather a guide, with inherent flexibility to implement the concept and philosophy in a way that fits the particular state, community, tribe, or territory.

Therefore, different communities implement systems of care in very different ways; no two are alike.

Each community must engage in its own process to plan, implement, and evaluate its system of care based upon its particular needs, goals, priorities, populations, and environment.

Additionally, communities must change and adapt their systems of care based on changes in their political, administrative, fiscal, or community contexts, as well as on systematically collected data that are part of a continuous quality improvement strategy.

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
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.”

• 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
• 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
What it feels like...
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 the national System of Care knowledge

Pennsylvania System of Care Partnership
www.pasocpartnership.org
Two Levels of Data Collection

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

- **Individual Youth and Family Level Data**
  - Provides demographic and descriptive information for counties to use to assess their system integration and potential cultural or linguistic disparities.
  - Evaluates individual outcomes, satisfaction, and progress that youth and families experience because the county is implementing the System of Care standards.
In 2014, the PA System of Care Partnership developed an annual survey to help counties assess their implementation of the 8 SOC standards.

10-20 minute (paper or Survey Monkey) survey completed every April with results reported back in June.

Completed by County Leadership Teams and other stakeholders involved in the System of Care planning and implementation

- Youth Partners, Family Partners, System Partners, Elected/Appointed Partners, Provider Organization Partners, Community Partners, Managed Care Organization Partners, or Others

The survey will cover:

- Implementation of the 8 PA System of Care Standards
- Commitment to the System of Care philosophy and approach

It is intended to be used as a technical assistance tool both at the county level and for the PA System of Care Partnership staff to guide implementation and offer targeted assistance.
How will we take the survey?

• You can access the survey in several ways:

  ▶ Through the PA SOC Partnership Website www.pasocpartnership.org
    - Click on the link to the Survey Monkey tool and complete it online.
    - Download and print a PDF file of the survey to complete and mail back to us.

  ▶ You can request the link or PDF copy to be emailed to you for distribution to county stakeholders

  ▶ You can request paper copies to be mailed to you along with postage paid envelopes for returning it to the Evaluation Team for data entry

  ✷ Email me at walkermm@upmc.edu to request any of the last options
How will we take the survey?

From the main page, click on Resources, then Evaluation and you will see the survey options below...
The County Leadership Team (CLT) ensures that the county participates in the **System of Care evaluation requirements**.

The CLT **regularly reviews and uses data** to:

- make decisions.
- help county services and supports continuously improve their practices.
- identify and eliminate any cultural, linguistic, racial, or ethnic disparities in services and supports.

The CLT collaborates with child-serving systems to **reduce barriers related to data-sharing between systems**.
Continuous Quality Improvement

1. Gather Data
2. Evaluate Team
3. Assess Data Elements and Make Adjustments
4. Gather Data
5. Report to Stakeholders
6. Feedback From Communities
7. Families, Program Staff, and Other Stakeholders
8. Deliver Program
9. Assess Outcomes and Modify Program
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)
• 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
• Provide information for participant payments
• Receive regular reports and review for potential program improvements
National Child ID comes from:

- First 3 digits are 166 (PA state ID)
- Second 2 digits are County ID numbers
- Last 4 digits are the last 4 digits of the youth’s Social Security number (or other identifier that you keep records of in your county).

166-__-__-__

The standard parts of the ID are pre-filled on most of your data forms in the upper right corner.
# County ID Numbers

## PA County ID Reference Table

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• This is Standard #7 of the PA SOC Standards.
• The youth and family driven model that facilitates individualized and integrated services and supports planning among youth, families and key child-serving systems.
  ▶ High Fidelity Wraparound
  ▶ Child and Adolescent Service System Program Coordination (CASSP)
  ▶ Family Group Decision Making
  ▶ Case Management
  ▶ RENEW
Let’s chat about how your identified planning process will work in your county…

- Where will referrals come from?
- What is the average age of youth served and what type of system involvement do they typically have?
- How many staff are involved in the planning process?
- How do you engage families?
- When does planning begin?
- How will peer supports be added to the team?
- How often will families meet with you?
- Will you collect data on all youth in this program or just those who are specifically designated as part of System of Care?
- How many youth do you anticipate serving under System of Care?
- How long does the whole planning process typically take?
- How will you know when families are “discharged”?
• 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
• 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
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
3. Child welfare involvement: **If Child Welfare is not selected above, choose "Not applicable" and go to question 4.**

Choose only one.

- N/A (Not applicable)
- a. Receiving child abuse and neglect investigation/assessment
- b. Court-ordered out-of-home placement—Foster care
- c. Court-ordered out-of-home placement—Kinship care
- d. Court-ordered out-of-home placement—Residential treatment
- e. Voluntary out-of-home placement—Foster care
- f. Voluntary out-of-home placement—Kinship care
- g. Voluntary out-of-home placement—Residential treatment
- h. Court-ordered in-home services
- 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.**

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

**Use “Unsure” only in rare circumstances when you cannot obtain the information through any means.**
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**

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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.

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

These can be found on the referral form plus you can include your own assessment of the youth/family needs.
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.
“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 System of Care.
### 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
- Other: [ ]
- Refused
- Unsure

**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: [ ]
- Cuban
- Mexican
- South American

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

- African American or Black
- Native Hawaiian/Pacific Islander
- White/Caucasian
- Multiracial
- Alaska Native/American Indian
- Other: [ ]
- Asian
- Refused
- Unsure

*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"*

Remember to ask about race and ethnicity – no assumptions, and include all identifiers.
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 **currently** have serious difficulty hearing?
   - Yes
   - No
   - Refused
   - Unsure

16. Is the Identified Youth blind **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

**Youth must be old enough to determine if it is a developmental disability.**
**We try to get a little information about the Identified Youth’s primary caregiver to capture a fuller family picture.**
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
   - $10,000-$19,999
   - $20,000-$29,999
   - $30,000-$39,999
   - $40,000-$49,999
   - $50,000-$59,000
   - $60,000-$69,000
   - $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

**Use “Unsure” as little as possible so that your county gets good descriptive data of the youth involved with System of Care.
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: [space]

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
• 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.
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 “System of Care”.

• 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.
This data shows how systems begin to collaborate and integrate and is very useful for your Leadership Team to identify strengths and barriers.
• 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.
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:

- a. Identified Youth’s spouse
- b. Identified Youth’s unmarried partner
- c. Identified Youth’s mother
- d. Identified Youth’s father
- e. Identified Youth’s son(s)
- f. Identified Youth’s daughter(s)
- g. Identified Youth’s brother(s)
- h. Identified Youth’s sister(s)
- i. Another member of the Identified Youth’s family (SPECIFY) ______________________

- Refused
- Unsure

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)
- Marine Corps
- Coast Guard
- National Oceanic and Atmospheric Administration (NOAA)
- Navy
- Refused
- Unsure

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

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

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

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

Check all that apply:

- a. No, never deployed to a combat zone
- b. Yes, Iraq or Afghanistan (e.g., OEF/OIF/OND)
- 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

30. Has the Identified Youth ever tried to kill his/herself?
- Yes
- No
- Refused
- Unsure

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

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

Use “refused” or “unsure” when applicable.

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

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.
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.

**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.

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
   - □ l. HIV/AIDS

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

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

• The youth/caregiver who completes each interview will receive a $10 stipend.
Data is required from every family receiving “System of Care services.”

No SAMHSA/PA System of Care Partnership 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)
- 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 System of Care.
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.

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? ___ / ___ / ___
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.
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.

<table>
<thead>
<tr>
<th>Drug Type</th>
<th>Refused</th>
<th>Unsure</th>
<th>Oral</th>
<th>Nasal</th>
<th>Smoking</th>
<th>Injection</th>
<th>IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Cocaine (coke, crack, etc)</td>
<td>□</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e.g., coke, crack, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>b. Prescription stimulants</td>
<td>□</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>(e.g., Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)</td>
<td></td>
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<td></td>
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<td>c. Methamphetamine</td>
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<tr>
<td>(e.g., speed, crystal meth, ice, etc.)</td>
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<td>d. Inhalants</td>
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<tr>
<td>(e.g., etc.)</td>
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<tr>
<td>e. Sedatives or sleeping pills</td>
<td>□</td>
<td>☐</td>
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<tr>
<td>(e.g., Valium, Serax, Ativan, Librium, Xanax, Rohypnol, GHB, etc.)</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Hallucinogens</td>
<td>□</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>(e.g., LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)</td>
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<td></td>
<td></td>
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<tr>
<td>g. Opioids</td>
<td>□</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>(e.g., heroin, opium, etc.)</td>
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<td></td>
</tr>
<tr>
<td>h. Prescription opioids</td>
<td>□</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>(e.g., fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)</td>
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<tr>
<td>i. Cannabis</td>
<td>□</td>
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<td>☐</td>
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<td></td>
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<tr>
<td>(e.g., marijuana, pot, grass, hash, etc.)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>j. Other: (Specify)</td>
<td>□</td>
<td>☐</td>
<td>☐</td>
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</tbody>
</table>

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 □□ days OR □ Refused □ Unsure
b. Chewing tobacco □□ days OR □ Refused □ Unsure
c. Cigars □□ days OR □ Refused □ Unsure
d. Electronic Cigarettes (e-cigarettes) □□ days OR □ Refused □ Unsure
e. Other tobacco related products (Specify) __________________________

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

56
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)
   
   b. If you are currently enrolled in school or job training program, during the past 30 days, how many days were unexcused absences?
      - 0 days
      - 1 day
      - 2 days
      - 3 to 5 days
      - 6 to 10 days
      - More than 10 days
      - Refused
      - Unsure

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

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

- Yes
- No
- Refused
- Unsure

$7.25 is the current federal/PA minimum wage.

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.
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)
   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...

   a. I do well in school and/or work.

   b. I am getting along with my family members.

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:**

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

**FOR IDENTIFIED YOUTH UNDER 18 YEARS OF AGE:**

<table>
<thead>
<tr>
<th>In the past 30 days...</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
<th>Refused</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. I am handling daily life.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>j. I get along with my friends and other people.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>k. I am able to cope when things go wrong.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>l. I am satisfied with our family life right now.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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</tr>
</tbody>
</table>

Only ask one set of these questions depending on how old the youth is. Leave the other section blank.
IF THE IDENTIFIED YOUTH IS UNDER 10 YEARS OF AGE, SKIP TO QUESTION 6

3. Not applicable for Pennsylvania programs

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

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

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.
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.

<table>
<thead>
<tr>
<th>During the <strong>past 30 days</strong>...how often did you feel...</th>
<th>All of the time</th>
<th>Most of the time</th>
<th>Some of the time</th>
<th>A little of the time</th>
<th>None of the time</th>
<th>Refused</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Nervous</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>b. Hopeless</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>c. Restless or fidgety</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>d. So depressed that nothing could cheer you up</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>e. That everything was an effort</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>f. Worthless</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

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

The youth does not have to be in “recovery” in order to attend these types of groups. Therefore, ask these questions of all youth.
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

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

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.
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

### 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...**

   - **a.** I had people with whom I did enjoyable things.
     - Strongly disagree
     - Disagree
     - Neutral
     - Agree
     - Strongly agree
     - Refused
     - Unsure
   - **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...**

   - **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...**

   - **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.

---

**STOP HERE FOR BASELINE INTERVIEWS**

---

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

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

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

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.

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 in the space provided.
• 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.
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.
• The family member (either the youth or the caregiver) who completes the interview will receive $10

• All payments will be made on WePay credit cards.
• WePay MasterCards
Participant (youth or caregiver) will be paid $10 each time they complete an interview.

They will be paid on WePay Mastercards that they can use as a credit card or they can withdraw the money from an ATM.

The debit PIN number will be the last 4 digits of their Social Security number.

PNC and Citizens Bank do not charge ATM withdrawal fees.

Participants should keep their card for the length of the study and it can be reloaded after each completed interview.

If they lose the card, a new one will be issued at no charge.

Parents and children must be paid on separate cards linked to each person’s Social Security number for tax reporting reasons (earning over $600 in one year for research is reportable income to the IRS).

If they refuse to give the SS#, 28% will be withheld for tax purposes.
Participant Payment Form

Introducer Name: ____________________  Youth ID: ________________

PAYMENT FORM

☐ Caregiver  ☐ Youth

Social Security Number: ___ / ___ / ___ (of who answered the interview)

Name of Youth: ________________

First  Last

Name of Caregiver: ________________

First  Last

Address:

Street No.  Street Name  Apt. #

City  State  Zip

Phone Number/home: _______ 

Phone Number/work: _______

I will receive/received $10.00 from the PA System of Care Partnership for participating in the evaluation.

The money will be loaded onto the WePay MasterCard that the interviewer gave to me upon completion of the interview.

Admin Number (as listed): ________________  CVV code: ______

Signature of Participant: ____________________  Date: __________/

*You will be notified within 2 weeks when the money is available on the WePay card. If you have any questions about the WePay Card, please call the Evaluation Team at 1-866-462-3292 (Extension 8 or 7)
• The interview is completed and two payment receipts are signed by the person interviewed.

• One payment receipt stays with the family member.

• Send the completed interview data with the other payment form (via postage-paid envelope, fax, or scanned/ emailed) to Evaluation Team.

• We contact the **staff member** to let them know the money has been loaded on the card.

• The staff member takes the loaded card to the family member who completed the interview or tells the family member that the card is loaded if it was left with the family at the interview.

• This process can take as long as 2 weeks so be sure to let the family know what to expect.
WePay Staff Cheat Sheet

UPMC WePay System

Staff

Things to know/tell a participant:

- Last 4 digits of a participant’s SSN will be the PIN for the card
- Youth must be paid on a separate card from a Caregiver
- Participants must call 1-877-428-4733 to activate their card
- PNC Bank and Citizens Bank ATM do not have a surcharge for the first withdrawal; any other ATM may have a surcharge
- After the first withdrawal, a fee of $1.25 will be deducted from the card for any ATM withdrawals, unless the card is loaded again. Then, they will get one free withdrawal again.
- Can be used anywhere a Mastercard logo is accepted
- Calling 1-877-428-4733 to check a balance will result in a $0.25 fee; see Fees list below
- The card will be loaded within 2 weeks
- Any participant who earns more than $600.00 in a calendar year from research studies must declare it as income on their taxes.

Procedures for paying a participant:

- Complete the Payment Form in full after completing the interview
- Give the WePay Card and brochure to the participant
- Make sure the participant’s SSN, amount to be paid, best contact number for the participant, the CVV code, and the WePay card # (7 digits located on the bottom right of the card under Adams No.) are filled out correctly on the Payment Form
- The card will be loaded within 2 weeks
- The Evaluation Team will notify the participant that their payment is loaded. Mail the Payment Form to the Evaluation Team with the data.
Supplies needed for each interview

- DCI Interview Form

- **2 Copies of the Payment Forms.** A receipt form should be signed by each participant (either the youth or caregiver) who receives an incentive (one copy remains with participant and one copy is mailed to Evaluation Team with the data).

- **WePay Card/Brochure/Instructions Sheet.** Give to participant with the card and explain that they will be notified (within 2 weeks) when the card has been loaded.

- **Postage paid envelope to mail the data (if you are not uploading it to us.)**
• You can mail the Baseline Descriptive and Demographic Data and the Baseline DCI Interview together.

• Don’t forget to include the Participant Payment Receipt with the data when there has been an interview.

• 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 (and because participants want to receive their payment ASAP).

• 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 how often to send a report and who we should send it to (County Contact, County Leadership Team Representative, 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

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**

**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](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/](http://samhsa.gov/data/)
- 2014 PA Behavioral Health Barometer Report:
  - [http://store.samhsa.gov/shin/content/SMA15-4895/BBARometer-PA.pdf](http://store.samhsa.gov/shin/content/SMA15-4895/BBARometer-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/](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
Public Data Sources – County Data

These sites have county and city demographic indicators on many hard to find topics and populations.
### Public Data Sources – County Data

**PA ChildStat - 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/PACchildStatFlex.html](https://www.humanservices.state.pa.us/CommunityLevelOutcomeIndicators/PACchildStatFlex.html)

**Juvenile Justice and Corrections/Criminal Justice Data and Reports:**
- Juvenile Court Judges Commission – statistics about juvenile court dispositions and juvenile probation
  - [http://www.jjcc.state.pa.us/portal/server.pt/community/statistics/5040](http://www.jjcc.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://pccd.state.pa.us/JJStat.aspx](http://pccd.state.pa.us/JJStat.aspx)
- PA Uniform Crime Reporting Statistics – sortable by county and jurisdiction
  - [http://ucr.psp.state.pa.us/ucr/reporting/ruwarc/ruwarcaccountyai.aspx](http://ucr.psp.state.pa.us/ucr/reporting/ruwarc/ruwarcaccountyai.aspx)
- PA Department of Corrections – reports on recidivism, intermediate punishment, and annual statistics
  - [http://www.cor.pa.gov/Pages/default.aspx#VQBEDXzF-Qo](http://www.cor.pa.gov/Pages/default.aspx#VQBEDXzF-Qo)

**EPICenter – 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
  - [http://www.epicenter.psu.edu/](http://www.epicenter.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](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/](http://www.pattan.net/)
- PennData – Early Intervention and Special Education data and reports by district and state overall
  - [http://penndata.hbc.psu.edu/index.aspx](http://penndata.hbc.psu.edu/index.aspx)

*This document can be found at www.pasocpartnership.org/resources/evaluation*
• 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
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.
• 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 System of Care is being implemented
  ▶ Online survey for county stakeholders
  ▶ Web-based network analysis to show inter-agency linkages and geographic coverage of the SAMHSA funds
  ▶ Some additional questions added to the DCI interviews to be asked of youth
Were The Training Objectives Met?

• **General:**
  - Become familiar with:
    - The System of Care 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.
  - Understand the policies and procedures related to participant payments.
  - 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.
Monica Walker Payne, MA
Lead Evaluator – PA System of Care Partnership
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• 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!