



# **PENNSYLVANIA SYSTEM OF CARE PARTNERSHIP**

**System of Care Expansion – Implementation Grant**

**Data Collection Training**

**Monica Walker Payne - Lead Evaluator**



# • Meet the Evaluation Team

- **Monica Walker Payne – Lead Evaluator**
  - ▶ Training and technical assistance
- **William McKenna – Database Administrator**
  - ▶ Data management and continuous quality improvement reports
- **Eileen Domin – Evaluation Team Coordinator**
  - ▶ Data entry
  - ▶ Participant Payments



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# • Training Objectives

- **General:**

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

- **Transformation Accountability Center for Mental Health Services (TRAC)**

- ▶ Be able to collect the descriptive and demographic information for youth.
- ▶ Understand how to conduct the National Outcomes Measures (NOMS) interviews with youth or caregivers.
- ▶ Have caregivers and youth fill out the self-reports for the National Evaluation.
- ▶ 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.



# • 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.



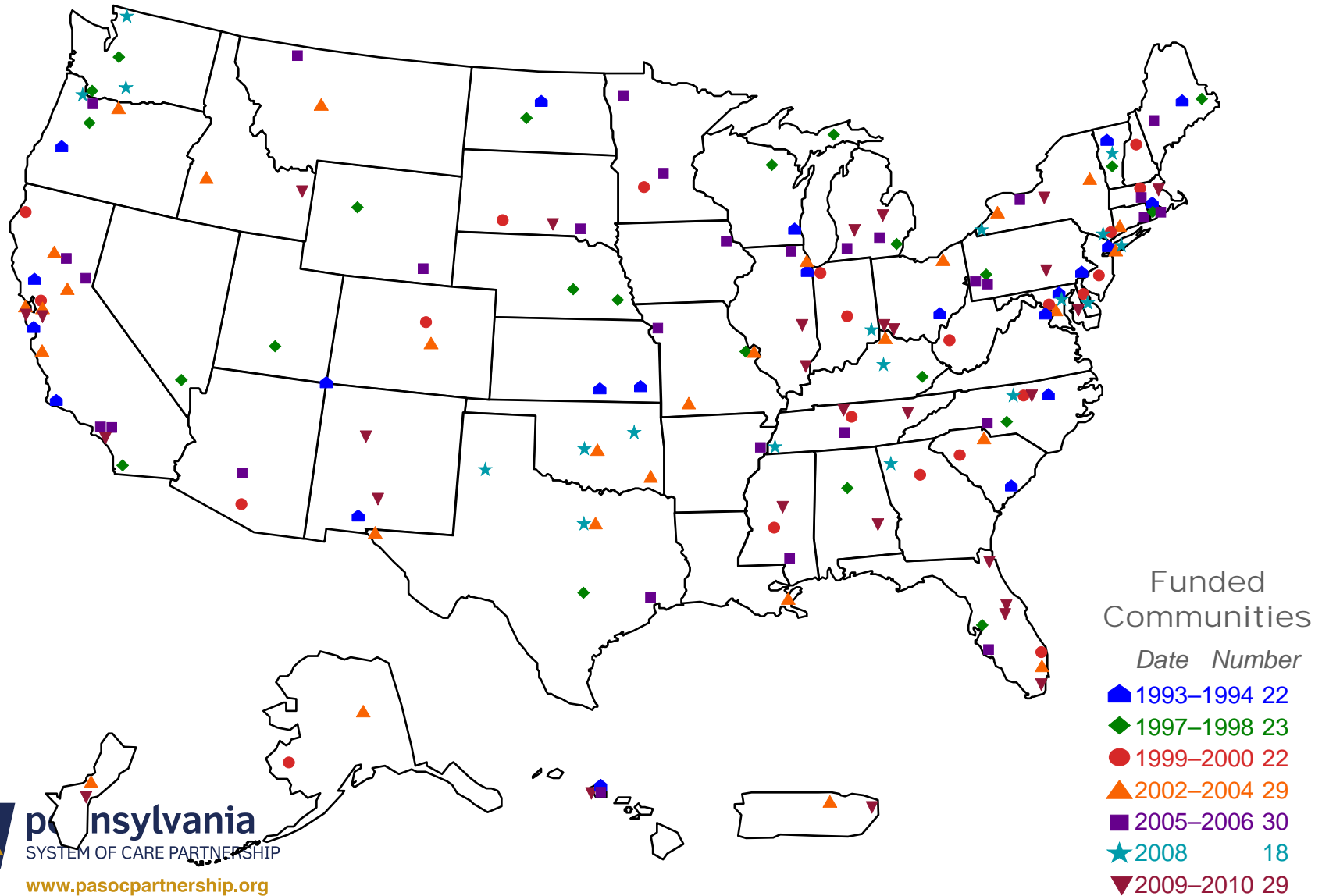
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*Stroul, B., Blau, G., & Friedman, R. (2010). Updating the system of care concept and philosophy. Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health.*

- 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)



# System of Care communities across the nation



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# • System of Care Expansion

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

# • Local System of 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

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

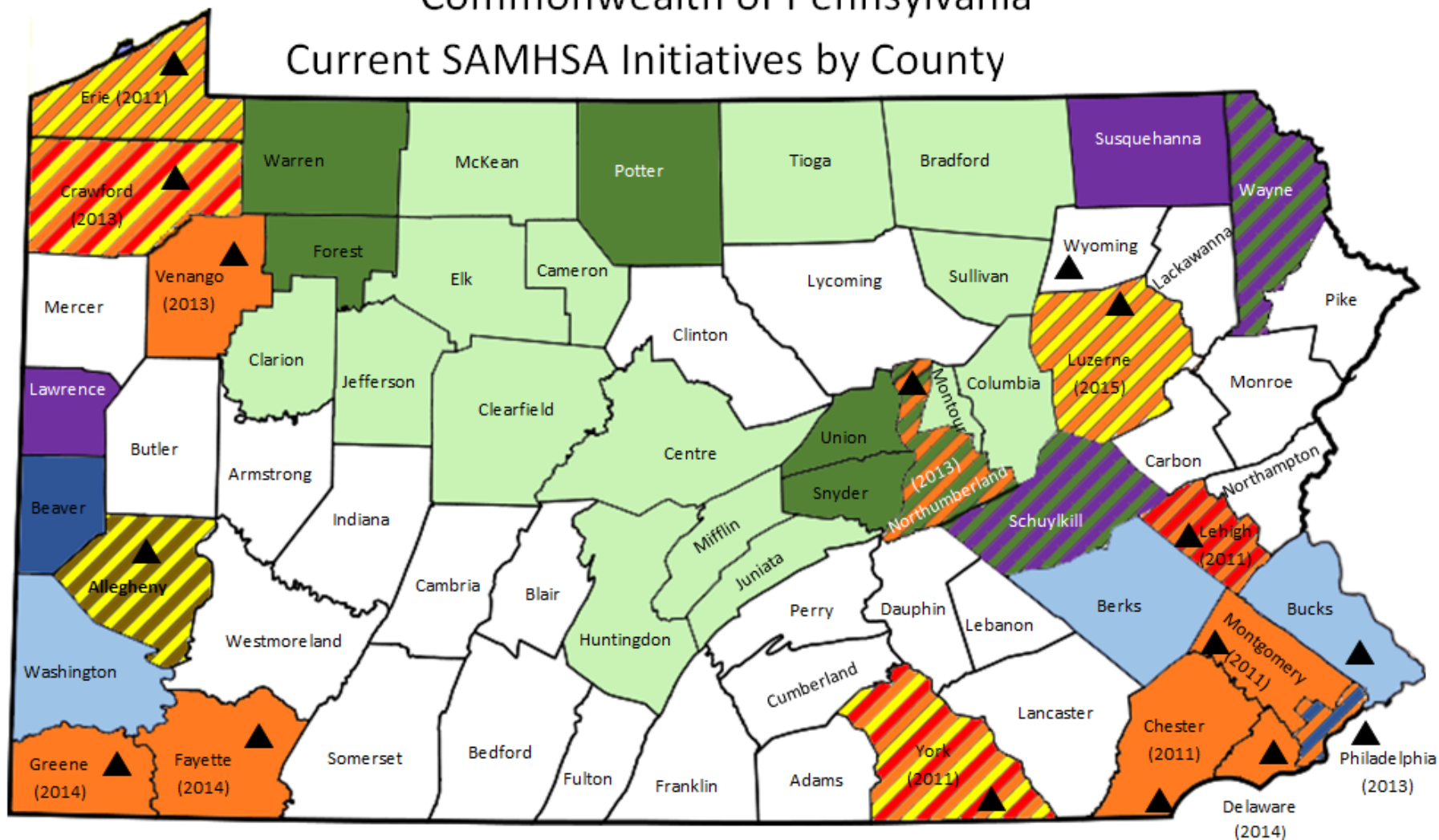


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# Commonwealth of Pennsylvania

## Current SAMHSA Initiatives by County



Original Cooperative Agreement	Current E and I Grant - BHARP Tier 1 Counties
Expansion and Implementation 2015	Current E and I Grant - BHARP Tier 2 Counties
Healthy Transitions (2014-2015)	PA Project Launch
Safe Schools and Healthy Students	Other Current E and I Grants
2016 E and I SOC applicants	

▲ HFW Counties

# • What Is Program Evaluation?

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

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



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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
- Offers an objective picture of what works and what doesn't work locally and nationally
- Provides a quantitative view of the complex work that is happening
- Information may be used locally and nationally to support requests for additional funding



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# • Three Levels of Data Collection

- **System Level Data**

- ▶ **TRAC-IPPS** – SAMHSA's Infrastructure Development, Prevention, and Mental Health Promotion – collected quarterly from counties by the Project Director at the State Level.
- ▶ **PA County Assessment** – online survey conducted every April to assess System of Care implementation progress.

- **Individual Youth and Family Level Data (TRAC-NOMS)**

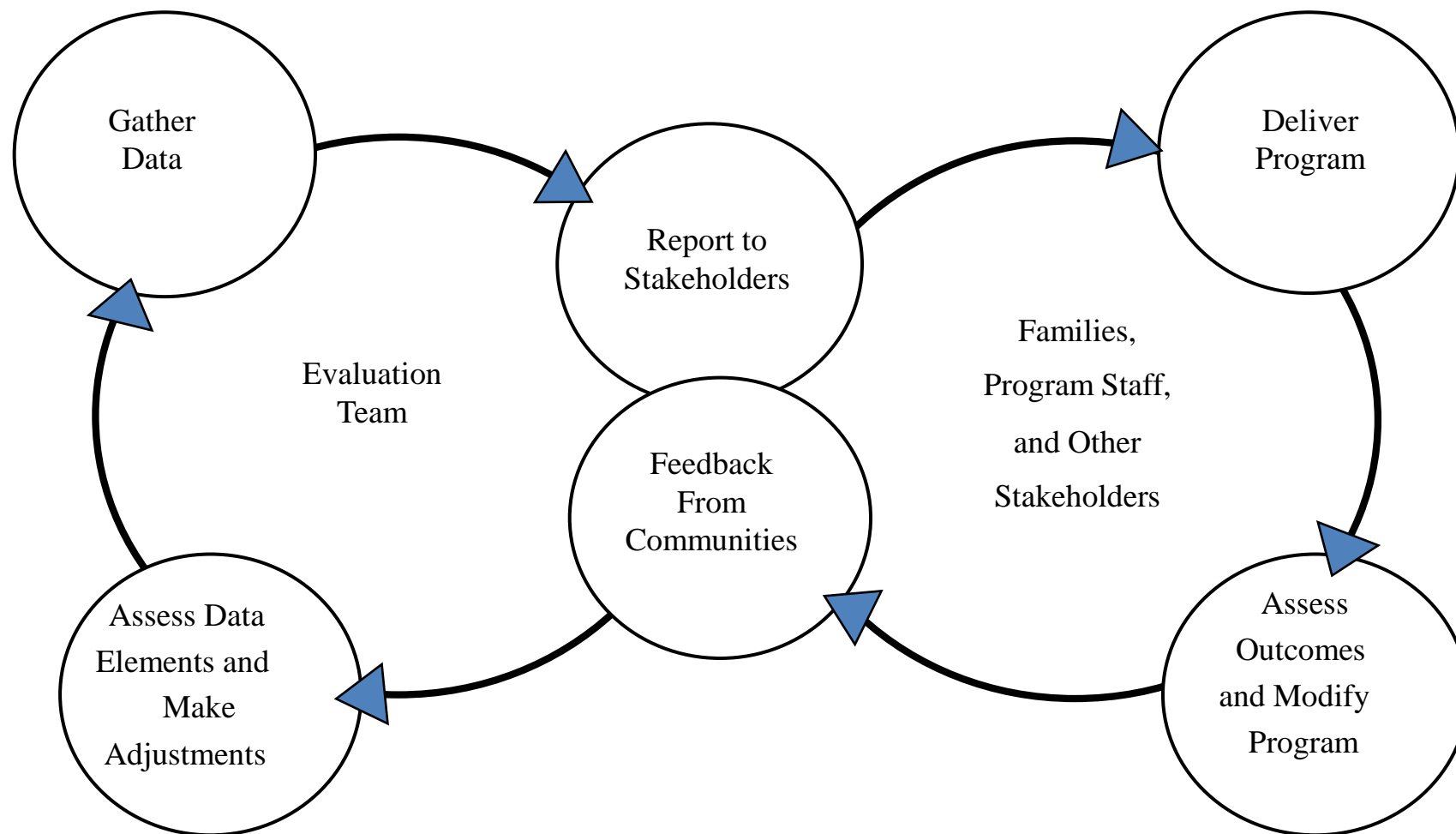
- ▶ **Baseline Descriptive and Demographic Form (BDD)** - Provides demographic and descriptive information to SAMHSA and for counties to use to assess their system integration and potential cultural or linguistic disparities.
- ▶ **TRAC-National Outcome Measures Interview (NOMS)** - Evaluates individual outcomes, satisfaction, and progress that youth and families experience because the county is implementing a System of Care.

- **National Evaluation**

- ▶ Assesses how the System of Care grants across the country are being implemented. Data collection is through interviews and online surveys with grant stakeholders, and some additional questions for caregivers and youth.
- ▶ There are 3 self-reports for caregivers and 2 self-reports for youth to fill out at the same time as the NOMS interviews.



# Continuous Quality Improvement



# 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. Functioning, Stability in Housing, Education/Employment, Crime/Criminal Justice, Retention, Perception of Care, Social Connectedness, Services Received)



# • Your Responsibilities

- Collect required Baseline Descriptive and Demographic Data
- Complete the NOMS interviews with youth or caregivers
- Have youth and caregivers complete National Evaluation Self-reports at the same time as the NOMS interviews
- Mail or upload completed data forms and interview paperwork to Evaluation Team to enter into local and national databases
- Complete and send paperwork for participant payments
- Receive regular reports and review for potential program improvements



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- **National Child ID comes from:**

- First 3 digits are 166 (State SOC ID)
- Second 2 digits are County ID numbers
- Last 4 digits are assigned by the provider

**166 - \_ \_ - \_ \_ \_ \_**

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



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# County ID Numbers

## PA County ID Reference Table

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



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# • IDs for Different Providers/Agencies

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

166 - \_ \_ - \_ \_ \_ \_

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



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

# Youth IDs for Data Reports

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



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# • Youth and Family Services and Supports Planning Process

- 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
  - ▶ Other ideas?



# • Your Identified Data Collection Process

## Let's chat about how your identified planning process will work in your county...

- ▶ How many different providers/services/processes will you work with?
- ▶ 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/treatment process?
- ▶ How do you engage families?
- ▶ When does planning/treatment begin?
- ▶ How often will families meet with you?
- ▶ Will you collect data on all youth in 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/treatment process typically take?
- ▶ How will you know when families are “discharged”?



# • Descriptive and Demographic Data

- **Baseline Descriptive and Demographic Form (BDD)**
- This information will be collected **once within the first 30 days after enrollment** for each youth that enters your chosen planning process.
- *Data can be collected by interview and/or from referral/chart information that is already known.*
- Data will be completed on forms that can be mailed to our central evaluation team or they can be scanned into 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*

# • Who should I interview?

- All interviews should be attempted with youth (when they are 11 years of age or older).
- If a youth is less than 11 years old, the interview can be completed with a caregiver instead.
- If a youth is 11 years old or older and refuses to complete the interview, the interview can be completed with a caregiver instead. However, they will be speculating about how the youth would answer so the data is not as accurate and this is not preferred unless the youth refuses.
  - ▶ **Please try to interview the same person at each interview time-point.**

# • Informed Consent?

- **No SAMHSA/PA System of Care consent form is required**
  - ▶ Data is for program evaluation (not research) and the data is de-identified when you send it to our Evaluation Team for data entry.
  - ▶ 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.
  - ▶ Regardless of formal informed consent, you should always explain the interview process, remind interviewees of their rights, and ask for their consent/agreement before starting the interview.

# • Trauma-Informed Data Collection

## • Before the Interview:

- ❑ Schedule the interview and prepare the forms (fill in ID numbers and any known info from the referral)
- ❑ Prepare the physical environment
  - ❑ Conduct interviews in a private, quiet, inviting, comfortable space
  - ❑ If possible, give a choice of where to sit
  - ❑ Have access to water
  - ❑ Have access to a gender-neutral bathroom
- ❑ *Complete the handout – Trauma-informed Environmental Scan to see how you can build a safe and welcoming environment!*

# • Trauma-Informed Data Collection

- **Before the Interview:**

- ☐ Plan for general accommodations and accessibility
- ☐ Clarify your role (data collection vs. direct services)
- ☐ Outline the process and structure of the interview (types of questions and duration) and invite questions from the interviewee

# • Trauma-Informed Data Collection

## • Before the Interview:

- ❑ Provide enough information that the youth/caregiver can make an informed choice about whether to participate
  - ❑ *Your agency and SAMHSA really appreciate their cooperation and willingness to share information*
  - ❑ *Data collected provides critical information for policy and program planning – locally and nationally*
  - ❑ *Information shared is confidential, except for mandated reporting*
  - ❑ *Participants have the right not to answer any question*
  - ❑ *Participants may end the interview at any time or choose not to participate.*

# • Descriptive Data

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



# Descriptive Data – Referral and System Involvement

## Baseline Descriptive and Demographic Data

When a question is something that must be asked of the Identified Youth/Primary 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. REFERRAL INFORMATION

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

- |   |  |
|---|--|
| <input type="radio"/> a. Mental Health Agency/Clinic/Provider             | <input type="radio"/> g. Child Welfare/Child Protective Services     |
| <input type="radio"/> b. Physical Health Agency/Clinic/Provider           | <input type="radio"/> h. Family Court                                |
| <input type="radio"/> c. Substance Abuse Agency/Clinic/Provider           | <input type="radio"/> i. Juvenile Court/Corrections/Probation/Police |
| <input type="radio"/> d. Intellectual Disabilities Agency/Clinic/Provider | <input type="radio"/> j. Caregiver                                   |
| <input type="radio"/> e. School/Educational Facility/Staff                | <input type="radio"/> k. Self-referred                               |
| <input type="radio"/> f. Early Care                                       | <input type="radio"/> l. Other: _____<br>(specify)                   |

2. With which of the following agencies is the Identified Youth **currently** involved? **Select all that apply.**

- |   |   |
|---|---|
| <input type="checkbox"/> a. Mental Health Agency/Clinic/Provider        | <input type="checkbox"/> f. Early Intervention                          |
| <input type="checkbox"/> b. Physical Health Care Agency/Clinic/Provider | <input type="checkbox"/> g. Child Welfare/Child Protective Services     |
| <input type="checkbox"/> c. Substance Abuse Agency/Clinic/Provider      | <input checked="" type="checkbox"/> h. Family Court                     |
| <input type="checkbox"/> d. Intellectual Disabilities Agency/Provider   | <input type="checkbox"/> i. Juvenile Court/Corrections/Probation/Police |
| <input type="checkbox"/> e. School/Educational Facility                 | <input type="checkbox"/> j. Other: _____<br>(specify)                   |

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



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# Descriptive Data – Child Welfare and Mental Health

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

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

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

- ☐ DSM IV      ☐ DSM-5      ☐ No diagnosis      ☐ Refused      ☒ Unsure

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

/   /

OR

- ☐ Refused    ☒ Unsure    ☐ Not Applicable (no diagnosis)



# • Descriptive Data – Mental Health Diagnoses

7. Fill in the diagnostic 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/ICD 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"*

## Clinical Disorders

	Diagnostic Codes:	Diagnosis Name:
Code 1:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .	<input type="text"/>
Code 2:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .	<input type="text"/>
Code 3:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .	<input type="text"/>
Code 4:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .	<input type="text"/>
Code 5:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .	<input type="text"/>
Code 6:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .	<input type="text"/>



- **Descriptive Data – Presenting Problems**

#### A. REFERRAL INFORMATION (cont.)

I OUII II.

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

- ☐ 1. Anxiety (e.g. fears and phobias, generalized anxiety, social avoidance, obsessive-compulsive behavior, and/or posttraumatic stress disorder)
  - ☐ 2. Behavioral concerns (e.g. aggression, severe defiance, acting out, impulsivity, recklessness, and/or excessive level of overactivity)
  - ☐ 3. Conduct/delinquency-related behaviors (e.g. physical aggression, extreme verbal abuse, non-compliance, sexual acting out, property damage, theft, running away, sexual assault, fire setting, cruelty to animals, truancy, and/or police contact)
  - ☐ 4. Depression
  - ☐ 5. Eating disorders (e.g. anorexia, and/or bulimia)
  - ☐ 6. Hyperactive and attention-related behaviors (including hyperactive, impulsive, attentional difficulties)
  - ☐ 7. Persistent non-compliance (when directed by adults)
  - ☐ 8. Psychotic behaviors (e.g. hallucinations, delusions, and/or strange or odd behaviors)
  - ☐ 9. Self-Injury (e.g. self-injurious behavior, hair pulling, and/or cutting, etc.)
  - ☐ 10. Suicide-related thoughts or actions (e.g. suicide ideation and/or suicide attempt)
  - ☐ 11. Intellectual disabilities
  - ☐ 12. Learning disabilities
  - ☐ 13. Pervasive developmental disabilities (including autistic behaviors, extreme social avoidance, stereotypes, perseverative behavior)
  - ☐ 14. Specific developmental disabilities (e.g. enuresis, encopresis, expressive or receptive speech, and/or language delay)
  - ☐ 15. Adjustment-related issues (e.g. changes in behaviors or emotions in reaction to a significant life stress)
  - ☐ 16. Current home unable to meet child's needs
  - ☐ 17. Maltreatment (e.g. child abuse and/or neglect)
  - ☐ 18. Gender identity
  - ☐ 19. School/Educational performance
  - ☐ 20. Sleeping problems
  - ☐ 21. Substance use, abuse, and drug dependency behaviors
  - ☐ 22. Other concerns/issues that are related to youth's health (e.g. cancer, illness, and/or disease related-problems)
  - ☐ 23. Attachment problems
  - ☐ 24. Disruptive behaviors in young children
  - ☐ 25. Excessive crying/tantrums
  - ☐ 26. Excluded from pre-school or childcare due to behavioral or developmental problems
  - ☐ 27. Feeding problems (e.g. failure to thrive)
  - ☐ 28. Non-engagement with people
  - ☐ 29. Separation problems
  - ☐ 30. High-risk environment: Caregiver mental health
  - ☐ 31. High-risk environment: Caregiver substance abuse
  - ☐ 32. High-risk environment: Family health problems
  - ☐ 33. High-risk environment: Other family problems
  - ☐ 34. High-risk environment: Problems related to housing
  - ☐ 35. Other: \_\_\_\_\_  
(specify)

These can be found on the referral form plus you can include your own assessment of the youth/family needs.

## • Enrollment Date

9. What is the date of the Identified Youth's enrollment into services/treatment?

*(The interview portion must be completed within 30 days after this date.)*

/  /

- This date will be the date of entry into your county's "System of Care".
- **Many programs complete both baseline forms on the same date, but if you are unable to do that, just remember that the interview portion must be completed within 30 days after the enrollment date.**



# • Service Plan Development Participants

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

*These are meant to capture categories of people. If more than one person in a category participated, please write in each person's ROLE in the "Specify" line.*

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

- ☐ a. Identified Youth's caregiver or guardian
- ☐ b. Identified Youth
- ☐ c. Other family member *(includes biological family, adoptive family, stepfamily, and foster family)*
- ☐ d. Case manager/service coordinator
- ☐ e. Planning process facilitator/service coordinator *(e.g., wraparound facilitator)*
- ☐ f. Therapist
- ☐ g. Other mental health staff *(e.g., behavioral aide, respite worker)* Specify role: \_\_\_\_\_
- ☐ h. Intellectual disabilities provider
- ☐ i. Family advocate
- ☐ j. Parent/Peer support provider
- ☐ k. Youth advocate
- ☐ l. Youth/Peer support provider
- ☐ m. Education staff (e.g., teacher, counselor) Specify role: \_\_\_\_\_
- ☐ n. Child welfare staff (e.g., case worker) Specify role: \_\_\_\_\_
- ☐ o. Juvenile justice staff (e.g., probation officer) Specify role: \_\_\_\_\_
- ☐ p. Physical health staff (e.g., pediatrician, nurse) Specify role: \_\_\_\_\_
- ☐ q. Other *(For up to three people)*  
Specify role: \_\_\_\_\_  
Specify role: \_\_\_\_\_  
Specify role: \_\_\_\_\_



# • Culturally and Linguistically Appropriate Services

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

## • CLAS Standard 11

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

# Demographic Data - General

## Basic Demographics

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

 /  / 

OR

☐ Refused

☐ Unsure

2. What is the Identified Youth's gender identity? **Select all that apply.**

☐ Male

☐ Transgender Female to Male

☐ Intersex

☐ Refused

☐ Female

☐ Transgender Male to Female

☐ Other: (specify) \_\_\_\_\_

☐ Unsure

3. What is the Identified Youth's sexual orientation? For Identified Youth 12 years of age or older.

☐ Heterosexual

☐ Lesbian

☐ Questioning

☐ Undecided/Not Applicable

☐ Gay

☐ Bisexual

☐ Asexual

☐ Refused

4. Is the Identified Youth Hispanic/Latino?

☐ Yes

☐ No

☐ Refused

☐ Unsure

If Yes, **select all that apply.**

☐ Central American

☐ Dominican

☐ Puerto Rican

☐ Other: (specify) \_\_\_\_\_

☐ Cuban

☐ Mexican

☐ South American \_\_\_\_\_

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

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

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

☐ White/Caucasian

☐ Asian Indian

☐ Multiracial

☐ Black or African American

☐ Chinese

☐ Other: (specify) \_\_\_\_\_

☐ American Indian

☐ Filipino

☐ Japanese

☐ Refused

☐ Alaska Native

☐ Korean

☐ Unsure

☐ Native Hawaiian

☐ Vietnamese

☐ Other Asian

☐ Guamanian or Chamorro

☐ Samoan

☐ Other Pacific Islander

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

Remember to ask about race and ethnicity – no assumptions, and include all identifiers.

# • Demographic Data – Language

6. How well does the Identified Youth **currently** speak English?

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

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

☐ Yes    ☐ No    ☐ Unsure      If Yes, specify: ☐ Spanish    ☐ Other: \_\_\_\_\_

8. 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



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# • Demographic Data – Disabilities

## Disability Status

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

☐ Yes ☐ No ☐ Refused ☐ Unsure

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

☐ Yes ☐ No ☐ Refused ☐ Unsure

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

☐ Yes ☐ No ☐ Refused ☐ Unsure

12. Because of a physical, mental, or emotional condition, does the Identified Youth have serious difficulty concentrating, remembering, or making decisions?

☐ Yes ☐ No ☐ Refused ☐ Unsure

13. Does the Identified Youth have serious difficulty walking or climbing stairs?

☐ Yes ☐ No ☐ Refused ☐ Unsure

14. Does the Identified Youth have difficulty dressing or bathing?

☐ Yes ☐ No ☐ Refused ☐ Unsure



# Demographic Data – Education, Employment and Income

## Education, Employment, and Income

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

- ☐ Highest Grade completed:   ☐ Earned GED ☐ Associate's ☐ Master's ☐ Unsure  
☐ Graduated HS ☐ Tech School ☐ Bachelor's ☐ Doctorate

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

- ☐ Yes ☐ No ☐ Refused ☐ Unsure

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

- ☐ Less than \$2,500 ☐ \$10,000-\$14,999 ☐ \$35,000-\$49,999 ☐ Greater than \$100,000  
☐ \$2,500-\$4,999 ☐ \$15,000-\$24,999 ☐ \$50,000-\$74,999 ☐ Refused  
☐ \$5,000-\$9,999 ☐ \$25,000-\$34,999 ☐ \$75,000 - \$100,000 ☐ Unsure

## Financial Resources Utilized by the Youth/Family

18. During the past 6 months, did the Identified Youth receive funds through...? **Select all** that apply.

- ☐ a. Medicaid/Medical Assistance  
☐ b. Pennsylvania Children's Health Insurance Program (CHIP)  
☐ c. Supplemental Security Income (SSI)  
☐ d. Private insurance  
☐ e. Temporary Assistance for Needy Families (TANF)  
☐ f. Local county programs  
☐ g. Other: \_\_\_\_\_  
(specify)  
☐ No insurance

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



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## • Tips for asking Demographic Questions

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



# Family Military Service

## Military Service in the Family

19. 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

**IF THE IDENTIFIED YOUTH IS UNDER 17 YEARS OF AGE, SKIP TO QUESTION 25**

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



# Identified Youth Military Service

## Youth in the Military

20. 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 25**

21. In what branch did the Identified Youth serve?

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

22. In which component did the Identified Youth serve?

☐ Active ☐ Reserve ☐ National Guard ☐ Refused ☐ Unsure

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

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

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

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

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

*Check all that apply:*

- ☐ a. No, never deployed to a combat zone ☐ Refused  
☐ b. Yes, Iraq or Afghanistan (e.g., OEF/OIF/OND) ☐ Unsure  
☐ c. Yes, other: (SPECIFY) \_\_\_\_\_



# • Suicide and Trauma

Use “refused” or “unsure” when applicable.

## Suicide History

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

Yes	No	Refused	Unsure
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Trauma History

26. 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
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**IF NO, REFUSED, OR UNSURE SKIP TO QUESTION 27**

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) \_\_\_\_\_

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.



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# • Living Situation

## Living Situation

27. With whom does the Identified Youth live? **Select all** that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> a. Birth Mother                                | <input type="checkbox"/> l. Youth's Spouse/Partner    |
| <input type="checkbox"/> b. Birth Father                                | <input type="checkbox"/> m. Youth's Own Children      |
| <input type="checkbox"/> c. Stepmother                                  | <input type="checkbox"/> n. Friends                   |
| <input type="checkbox"/> d. Stepfather                                  |   |
| <input type="checkbox"/> e. Adoptive Mother                             | <input type="checkbox"/> o. Youth lives alone         |
| <input type="checkbox"/> f. Adoptive Father                             | <input type="checkbox"/> p. Youth is homeless         |
| <input type="checkbox"/> g. Foster Mother                               | <input type="checkbox"/> q. Other: _____<br>(specify) |
| <input type="checkbox"/> h. Foster Father                               |   |
| <input type="checkbox"/> i. Grandmother (Biological, Step, or Adoptive) | <input type="checkbox"/> Not applicable               |
| <input type="checkbox"/> j. Grandfather (Biological, Step, or Adoptive) | <input type="checkbox"/> Refused                      |
| <input type="checkbox"/> k. Siblings (Biological, Step, or Adoptive)    | <input type="checkbox"/> Unsure                       |



**STOP HERE IF THE IDENTIFIED YOUTH DOES NOT HAVE A CAREGIVER**

**Next page**



**GO TO THE NEXT PAGE IF THE IDENTIFIED YOUTH HAS A CAREGIVER**



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# Caregiver / Family Information

## C. CAREGIVER/FAMILY INFORMATION

### Basic Demographics

1. What is the Primary Caregiver's gender identity? **Select all** that apply.

- ☐ Male
- ☐ Female
- ☐ Transgender: Female to Male
- ☐ Transgender: Male to Female
- ☐ Intersex
- ☐ Other: \_\_\_\_\_  
(specify)
- ☐ Not applicable (no Primary Caregiver)
- ☐ Refused
- ☐ Unsure

2. What is the Primary Caregiver's relationship to the Identified Youth?

- ☐ Birth parent
- ☐ Step-parent
- ☐ Adoptive parent
- ☐ Foster parent
- ☐ Grandparent (biological, step, or adoptive)
- ☐ Sibling (biological, step, or adoptive)
- ☐ Other relative: \_\_\_\_\_  
(specify)
- ☐ Non-relative not previously listed: \_\_\_\_\_  
(specify)
- ☐ Not applicable (no Primary Caregiver)
- ☐ Refused
- ☐ Unsure

3. How well does the Primary Caregiver **currently** speak English?

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

4. Was the Primary Caregiver 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



# • Caregiver / Family Information

## Education and Employment

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

- ☐ Highest Grade completed:   ☐ Earned GED ☐ Associate's ☐ Master's ☐ Unsure  
☐ Graduated HS ☐ Tech School ☐ Bachelor's ☐ Doctorate ☐ N/A

6. Is the Primary Caregiver **currently** employed?

- ☐ Yes ☐ No ☐ Refused ☐ Unsure ☐ N/A

## Living Situation

7. Who has legal custody of the Identified Youth currently?

- ☐ N/A (Youth is 18 or older) ☐ Adoptive Parent(s) ☐ Adult Friend  
☐ Two parents ☐ Sibling(s) ☐ Ward of the State  
☐ Biological Mother only ☐ Aunt and/or Uncle ☐ Emancipated  
☐ Biological Father only ☐ Grandparent(s) ☐ Other: \_\_\_\_\_  
(specify)

8. How many children, including the Identified Youth, are in the household?

- child/children OR ☐ Refused ☐ Unsure



# Outcomes Data

- **TRAC-National Outcome Measures Interview (NOMS)**
- All youth who are enrolled into the planning process will be interviewed to collect outcomes data.
- You will need to select staff to conduct these 30 minute interviews with a youth **OR** caregiver for each family enrolled.
  - ▶ **Youth/caregivers will receive their first interview (baseline) within 30 days after the planning/treatment process begins.**
  - ▶ **Youth/caregivers will be reassessed every 6 months that they are involved with the process/treatment.**
  - ▶ **Youth/caregivers will be reassessed upon discharge from the process/treatment.**

# • TRAC 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
- ▶ Perception of Care
- ▶ Services Received

- Your County Leadership Team can use these outcomes to show how youth and families are changed from having participated in System of Care.



# Trauma-Informed Data Collection

- **During the Interview:**

- ❑ Demonstrate and support the principles of trauma informed care:
  - ❑ *Safety, Trust, Choice, Collaboration, Empowerment, Respect, Information, Connection, Hope*
- ❑ Build rapport and trust
- ❑ Manage your own emotional experience
- ❑ Pace the interview and take breaks as needed
- ❑ Introduce each new section of questions
- ❑ Respond to activation of traumatic experiences
  - ❑ Monitor signs of trauma activation
  - ❑ Periodically check in with the person
- ❑ *See “Utilizing Trauma-informed Approaches to Interviewing” handout and “Trauma-informed Interviewing Skills Guide” on your agency flash drive for more examples and tips*



# • NOMS Interview – Record Management

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

■ Date completed:  /  /

Youth ID:  ■

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.

## NOMs Interview - Youth Interview

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

- Use "Refused" when a youth does not want to answer the question.
- Use "Unsure" when the youth 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 ☐ 30 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?

/  /   
Month Day Year

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

# • Drug and Alcohol Questions

Remember to introduce each section

Youth ID:

## B. DRUG AND ALCOHOL USE

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

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

days

OR

☐ Refused

☐ Unsure

**IF ZERO, SKIP TO QUESTION B3**

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

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

days

OR

☐ Refused

☐ Unsure

**IF NOT MALE** Alcohol intoxication is defined as THREE or more drinks in a day

days

OR

☐ Refused

☐ Unsure

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

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

☐ No risk

☐ Slight risk

☐ Moderate risk

☐ Great risk

☐ Refused

☐ Unsure

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

days

OR

☐ Refused

☐ Unsure

**IF ZERO, SKIP TO QUESTION B6**

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



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# • Drug and Alcohol Questions

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

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

*Responses must be between 0 and 30 days.*

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



Try to get information around the number of days they used.  
Refused and unsure are options instead of # of days.

# • Drug and Alcohol Questions

Youth ID:

--	--	--	--	--	--	--	--	--	--

## 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

--	--

days

OR

☐ Refused

☐ Unsure

(Specify) \_\_\_\_\_

Tobacco is recorded separately.

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



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# Family and Housing

## C. 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) ☐ Unsure
- ☐ Emergency shelter, including hotel or motel ☐ Refused
- ☐ Staying or living with family (e.g., room, apartment, or house)
- ☐ Staying or living with 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)

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

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

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

days

OR

☐ Refused

☐ Unsure



# • Education, Employment, and Income

## D. EDUCATION, EMPLOYMENT, AND INCOME

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

*If an interview is being conducted during the summer months, refer the youth back to the last attended school session.*

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

- ☐ No/Not enrolled (SKIP TO QUESTION D2)
- ☐ Enrolled, full time
- ☐ Enrolled, part time
- ☐ Other: \_\_\_\_\_  
(Specify)
- ☐ Refused (SKIP TO QUESTION D2)
- ☐ Unsure (SKIP TO QUESTION D2)

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

a. If currently enrolled in school or a job training program, during the **past 30 days of school**, how many days did you miss school?

Total absences in the past 30 days of school or work:

days      OR      ☐ Refused      ☐ Unsure

b. If absent one or more days, how many days were unexcused absences?

*An unexcused absence refers to missing a required activity without permission*

Unexcused absences in the past 30 days of school or work:

days      OR      ☐ Refused      ☐ Unsure      ☐ Not Applicable (did not miss school/work in past 30 days)



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# • Education, Employment, and Income

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

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

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

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



# • Education, Employment, and Income

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

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

If the Identified Youth is INCARCERATED, select "Unemployed, not looking for work"

☐ Employed full time (35+ hours per week, or would have been)

☐ Employed part time

☐ Unemployed, looking for work - unemployed, disabled

☐ Unemployed, volunteer work

☐ Unemployed, retired

☐ Unemployed, not looking for work

☐ Other: \_\_\_\_\_  
(Specify)

☐ Refused

☐ Unsure



# • Crime and Criminal Justice

Remember to introduce each section

## 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 times.*

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

☐ Not applicable

☐ 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

### 4. In the **past 30 days**, how many nights have you spent in a correctional facility?

nights

OR

☐ Refused

☐ Unsure

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



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# • Mental and Physical Health

## F. 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    ☐ Fair    ☐ 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 <b>past 30 days</b> ...	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Refused	Unsure
a. I am handling daily life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I get along with family members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I get along with friends and other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I am doing well in school and/or work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I am able to cope when things go wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I am satisfied with our family life right now.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

# • Mental and Physical Health

**IF THE IDENTIFIED YOUTH IS UNDER 10 YEARS OF AGE, SKIP TO QUESTION F5**

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

☐ Yes    ☐ No    ☐ Refused    ☐ Unsure

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

☐ Yes    ☐ No    ☐ Refused    ☐ Unsure

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



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# • Mental and Physical Health

5. 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

6. 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

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

times      OR      ☐ Refused      ☐ Unsure

# • Mental and Physical Health

8. The following six questions (8a-8f) ask about how you have been feeling during the past 30 days. For each question, please indicate how often you had this feeling.

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

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

# Recovery, Self Help, and Peer Support

## G. RECOVERY, SELF HELP, AND PEER SUPPORT

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

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?

*SAMHSA defines recovery as a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.*

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

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

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

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

Recovery applies to all youth who would be eligible for services; therefore, ask these questions of all youth.

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

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



# Violence and Trauma

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

## H. VIOLENCE AND TRAUMA

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

1. 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    ☐ Once    ☐ A few times    ☐ More than a few times    ☐ Refused    ☐ Unsure

a. If "Once" or more, what kind of event was this? (SELECT ALL THAT APPLY)

- |   |  |
|---|--|
| <input type="checkbox"/> Not applicable               | <input type="checkbox"/> Interpersonal violence    |
| <input type="checkbox"/> Natural or man-made disaster | <input type="checkbox"/> Military trauma           |
| <input type="checkbox"/> Community or school violence | <input type="checkbox"/> Other: _____<br>(Specify) |

IF THE YOUTH HAS NO HISTORY OF TRAUMATIC EVENTS, SKIP TO SECTION I

2. Did any of the (traumatic) experiences feel so frightening, horrible, or upsetting that **in the past 30 days** that you:

(a) Had nightmares about the experiences or thought about them when you did not want to?

☐ Yes    ☐ No    ☐ Refused    ☐ Unsure

(b) Tried hard not to think about the experiences or went out of your way to avoid situations that reminded you of the experiences?

☐ Yes    ☐ No    ☐ Refused    ☐ Unsure

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

☐ Yes    ☐ No    ☐ Refused    ☐ Unsure

(d) Felt numb and detached from others, activities, or your surroundings?

☐ Yes    ☐ No    ☐ Refused    ☐ Unsure

Respond to activation of traumatic experiences and periodically check in with the person.  
See "Utilizing Trauma-informed Approaches to Interviewing" handout and "Trauma-informed Interviewing Skills Guide" on your agency flash drive for more examples and tips



# • Social Connectedness

## I. 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 <b>past 30 days</b> ...	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Refused	Unsure
a. I know people who will listen and understand me when I need to talk.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I have people that I am comfortable talking with about my problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. In a crisis, I would have the support I need from family and/or friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I have people with whom I can do enjoyable things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**STOP HERE FOR BASELINE INTERVIEWS**

Next page



**GO TO NEXT PAGE FOR REASSESSMENT OR DISCHARGE INTERVIEW**

Draft



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

# • System of Care - National Evaluation

- ▶ 30-90 minute interviews conducted by National Evaluation staff to key family, youth, provider, and system partner stakeholders at the county/grant oversight level to see how System of Care is being implemented
- ▶ Online survey for county and other stakeholders
- ▶ Web-based network analysis to show inter-agency linkages and geographic coverage of the SAMHSA funds
- ▶ **Some additional questions added to the NOMS interviews to be asked of youth and caregivers**



# • National Evaluation 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, 6-months, 12-months, etc., 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)



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# • Self-report Tips

- ▶ All of the questionnaires ask questions about the last 6 months.
- ▶ You can hand these out to the caregiver to complete while you are doing the youth interview
- ▶ You can choose to interview the youth (or caregiver) if they have any trouble reading or understanding the questions
- ▶ Only youth 11 and older should complete them – if youth are younger than 11, you will only have the caregiver packet completed
- ▶ You do not need to have caregivers complete their packet if the youth is 18 years or older



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# Trauma-Informed Data Collection

- **After the Interview:**

- ☐ Check out and closing
- ☐ Invite feedback and questions about the interview and next steps
- ☐ Remind them that they will be interviewed again every 6-months and/or at discharge from the service
- ☐ Inquire as to what the person will do in the hours/days ahead to get support (if needed)
- ☐ Offer follow-up resources and information (if needed)

# • Reassessment Interviews

- Follow-up Interviews must be completed **EVERY 6 MONTHS** while a family is receiving services.
  - ▶ There is a **30-day window** before and after the target date when it can be completed.
  - ▶ We will provide you with a spreadsheet that will help you track these windows.
  - ▶ Please try to maintain consistency with who you conduct the interview with – if the youth does the baseline, please try to have the youth do the follow-up and discharge interviews. However, if that is not possible, it is still better to conduct the interview with the caregiver rather than not at all.



# Reassessment Interviews

\*\*\* Don't forget to also give the youth and caregiver National Evaluation self-reports to complete at all Reassessment Interviews!!

## ☐ Reassessment

1. Which 6-month reassessment? ☐ 6 month ☐ 12 month ☐ 18 month ☐ 24 month ☐ 30 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

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.

- If you cannot reach the youth/caregiver during the interview window, you must still complete this portion of Page 1 indicating their current Reassessment status and pages 11 & 12 to indicate any Services Received.

\*\*\* If you cannot reach the youth and/or caregiver for a follow-up interview, please make a note of that when you send in the short version of the paperwork.

# Services Received

## K. SERVICES RECEIVED

**NOTE:** The following questions are for STAFF to complete.

Complete for all services the Identified Youth has received in the last 6 months

Date of most recent service for the Identified Youth:

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

**Core Services: \* See Services Definitions Addendum**

1. Screening

2. Assessment

3. Treatment Planning or Review

4. Psychopharmacological Services

5. Mental Health Services

**Provided**

Yes

No

Unknown

Service  
Not  
Available

☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

If Yes to K5, how many times were each of the Mental Health Services delivered over the past six months?

**Provided**

Yes

No

**If yes, in the past 6 months:**

a. Outpatient therapy

☐
☐

# of sessions

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

b. Group therapy

☐
☐

# of sessions

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

c. Family therapy (including Identified Youth)

☐
☐

# of sessions

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------



# ● Perception of Care

Youth ID:

--	--	--	--	--	--	--	--

## J. PERCEPTION OF CARE

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

1. In order to provide the best possible mental health and related services, we need to know what you think about the services the Identified Youth received **during the past 30 days**, the people who provided it, and the results. Please indicate your disagreement/agreement with each of the following statements.

*(These questions apply to all mental health services, treatments, and/or medications. Youth may receive mental health services at one or more agencies.)*

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Refused	Unsure
a. Staff here treated me with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Staff respected my family's religious/spiritual beliefs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Staff spoke with me in a way that I understood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Staff were sensitive to my cultural/ethnic background.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I helped choose my services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I helped choose my treatment goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I participated in my treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Overall, I am satisfied with the services I received.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. The people helping me stuck with me no matter what.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



# • Perception of Care

You could have another staff member ask these questions at follow-up interviews if one is available.

j. I felt I had someone to talk to when I was troubled.

☐ ☐ ☐ ☐ ☐ ☐ ☐

k. The services I received were right for me.

☐ ☐ ☐ ☐ ☐ ☐ ☐

l. I got the help I wanted.

☐ ☐ ☐ ☐ ☐ ☐ ☐

m. I got as much help as I needed.

☐ ☐ ☐ ☐ ☐ ☐ ☐

2. Who completed the interview?

☐ Administrative staff

☐ Data collector

☐ Refused

☐ Care coordinator

☐ Evaluator

☐ Unsure

☐ Case manager

☐ Family advocate

☐ Clinician providing direct services

☐ Research assistant staff

☐ Clinician not providing services

☐ Self-administered

☐ Consumer peer

☐ Other:

They take into consideration who asks these questions, knowing that it may impact how honest people are with their responses.



# • 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 11 & 12 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.

\*\*\* Don't forget to also give the youth and caregiver National Evaluation self-reports to complete at all Discharge Interviews!!

\*\*\* If you cannot reach the youth and/or caregiver for a follow-up interview, please make a note of that when you send in the short version of the paperwork.



# Discharge Interviews

## ○ Clinical Discharge

1. On what date was the Identified Youth discharged?

/   /      
Month Day Year

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

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

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

### Definitions:

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

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

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

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

**CLINICALLY REFERRED OUT** - was referred to another program or services

**DEATH** - died prior to completing treatment.

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

# • Common Interview Questions

- A family was enrolled on **January 1, 2016**.
  - ▶ What is the last possible date that you can complete the Baseline NOMS interview?
  - ▶ **January 31, 2016**
  - ▶ 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 11 & 12 are where you record any services that the youth has received.**

# • Common Interview Questions

- A family has a baseline interview on **January 1, 2016**.
  - ▶ When does the window open for a reassessment?
  - ▶ **May 31, 2016 – You can be a day or two off but no more than that.**
  - ▶ When does the window close for a reassessment?
  - ▶ **July 30, 2016 - You can be a day or two off but no more than that.**
  - ▶ What if they are discharged on March 1, 2016? - 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 11 & 12 are where you record any services that the youth has received.**
  - ▶ What if they are discharged on July 15, 2016 – does that change anything?
  - ▶ **No – Discharge interviews trump reassessments if they are close together.**



# • Interview Payments

- The family member (youth and/or caregiver) who completes the interview will receive \$10
- **All payments will be made on WePay credit cards.**

# • WePay MasterCard



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# • Participant Payments

- Participant (youth / 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.



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# Participant Payment Form



Interviewer 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 (on back): \_\_\_\_\_ 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)**



# • WePay Card Activation Process

- 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.



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# • WePay Staff Cheat Sheet

You can keep this form at your desk to remind you about how the cards work...



## UPMC WePay System

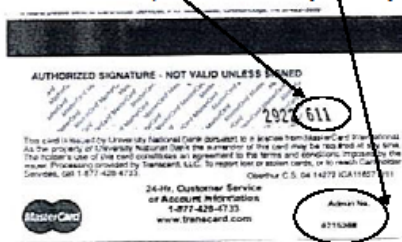
### Staff

#### *Things to know/tell a participant:*

- Last 4 digits of a participant's SSN will be the PIN for the card
- Youths must be paid on a separate card from a Caregivers
- 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 Admin 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

- **Data Forms (BDD, NOMS, and Youth/Caregiver Self-reports)**
- **2 Copies of the Payment Forms.** A receipt form should be signed by each participant (youth and/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.)**



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## • Sending the data

- You can mail the Baseline Descriptive and Demographic Data Form, the Baseline NOMS Interview, and the National Evaluation youth and caregiver self-reports together.
- Don't forget to include the Participant Payment Receipt(s) 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.

# Evaluation Technical Assistance

- Evaluation forms/supplies, envelopes, data entry, continuous quality improvement (CQI) reports, and participant payments will be provided by our Central Evaluation Team.
- We will enter data into our local database as well as the national SAMHSA (TRAC) database and National Evaluation database, and prepare evaluation information for SAMHSA progress reports.
- Any data-related questions can be directed to our team for support and technical assistance – no question is too big or small, we are happy to help!

# Continuous Quality Improvement Reports

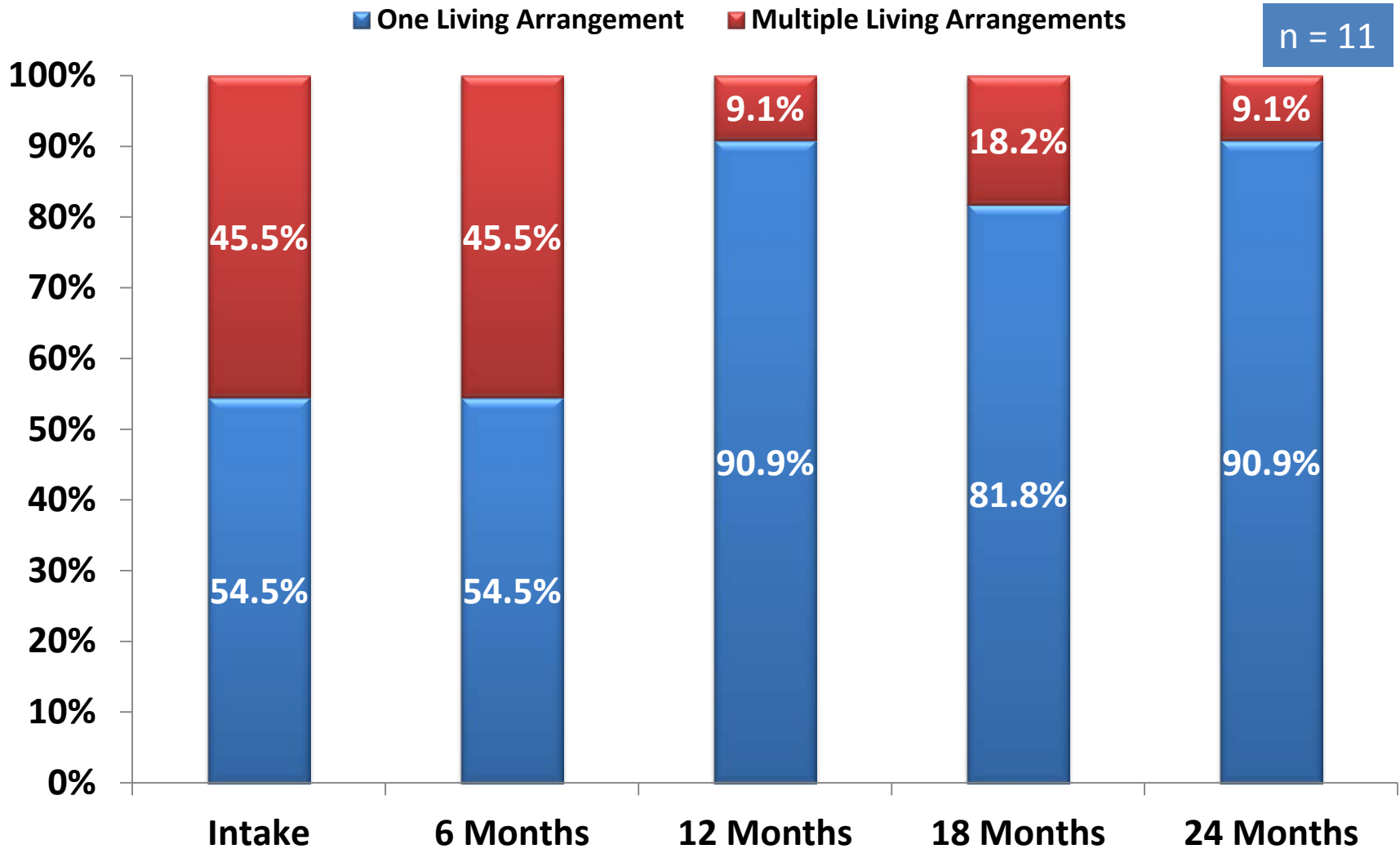
- We will begin to send you reports when you have at least 10 participants in a category (Descriptive/Demographic and Outcomes).
- That is a standard data rule so that any cases who are far outside the norm (positive or negative) do not skew the results.
- Data reports can be produced by county, by provider, or by other specifiers, and will include the overall State summary report for comparison.



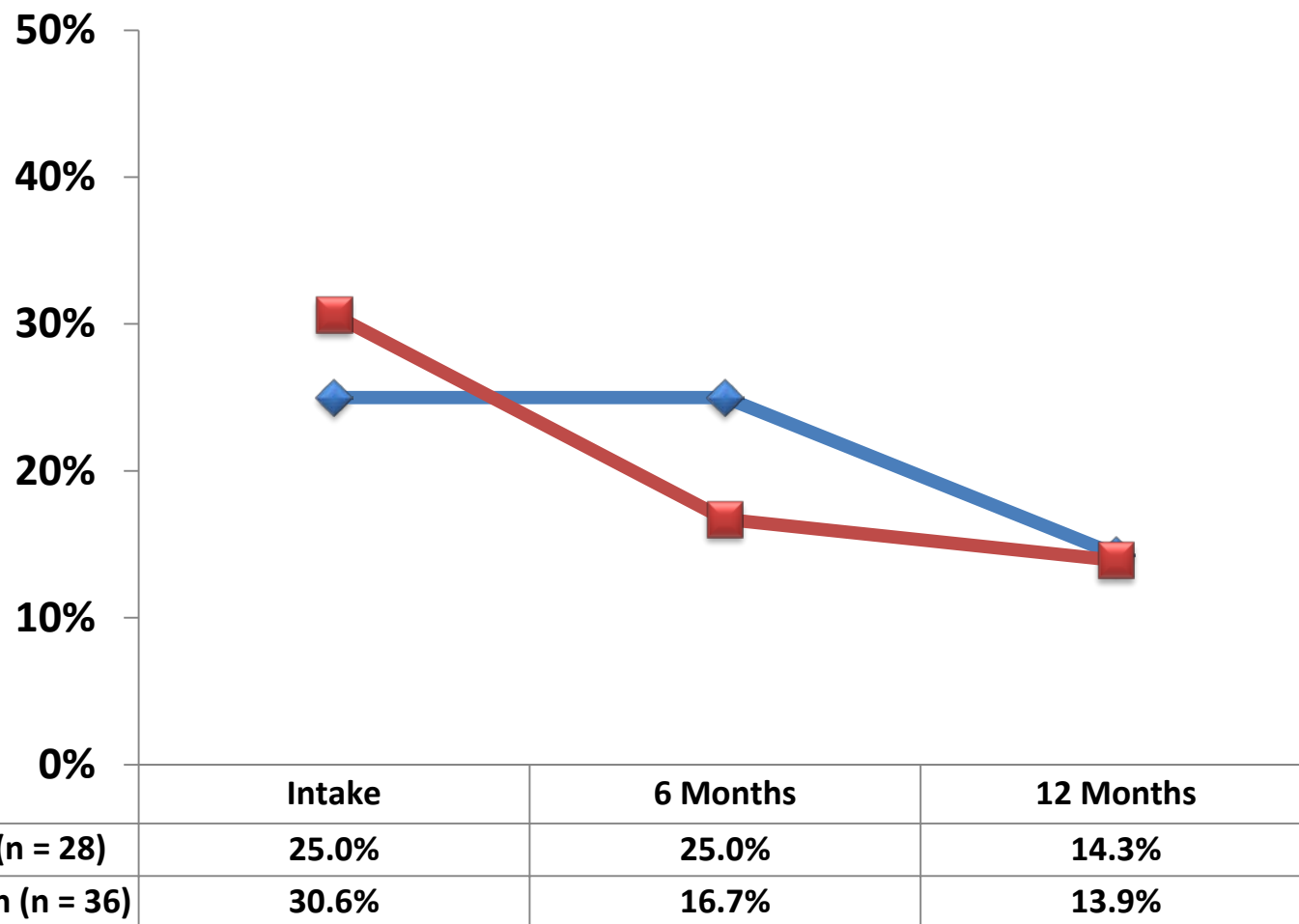
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# PRELIMINARY OUTCOMES...

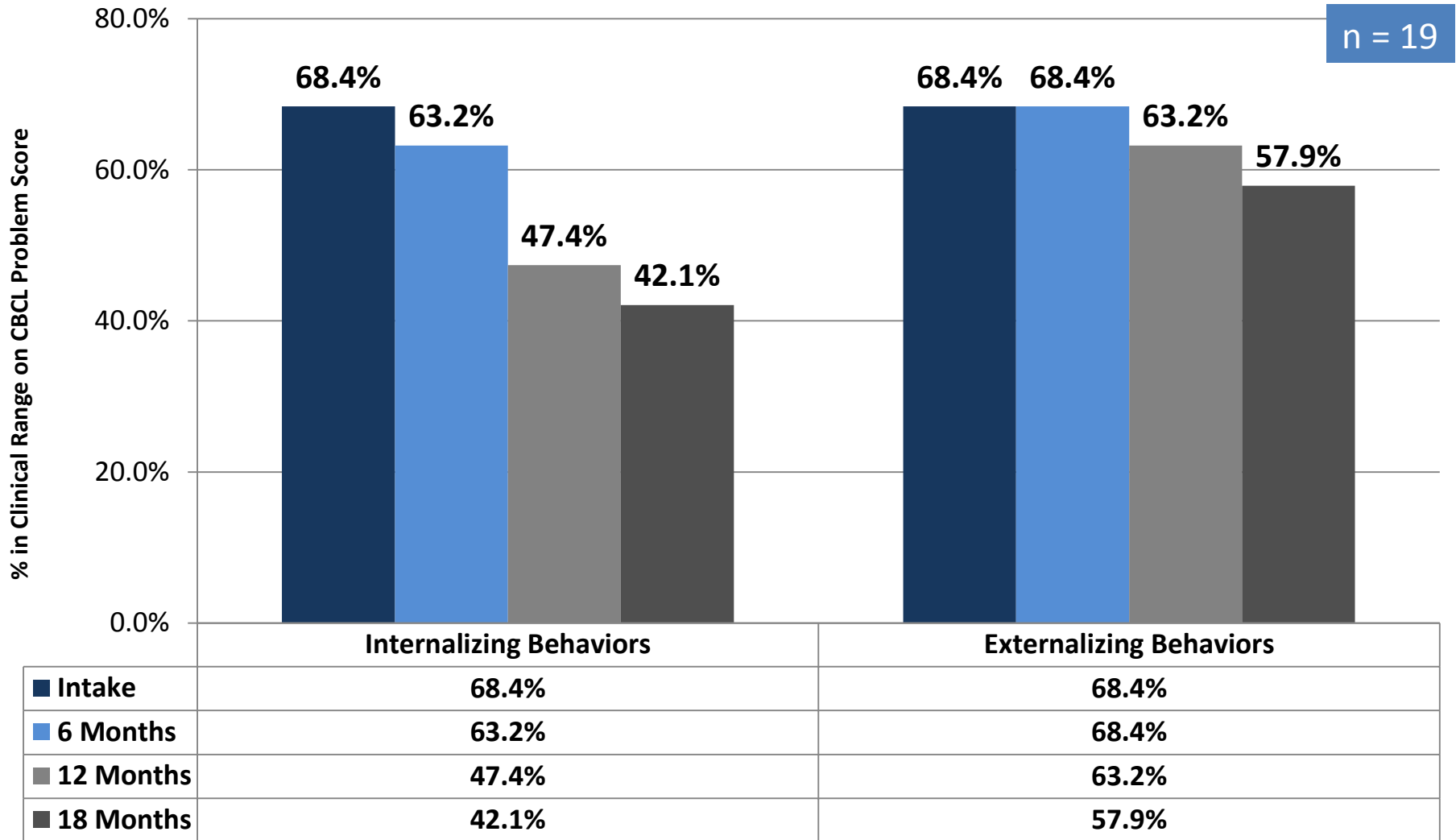
# A Stable Place to Live



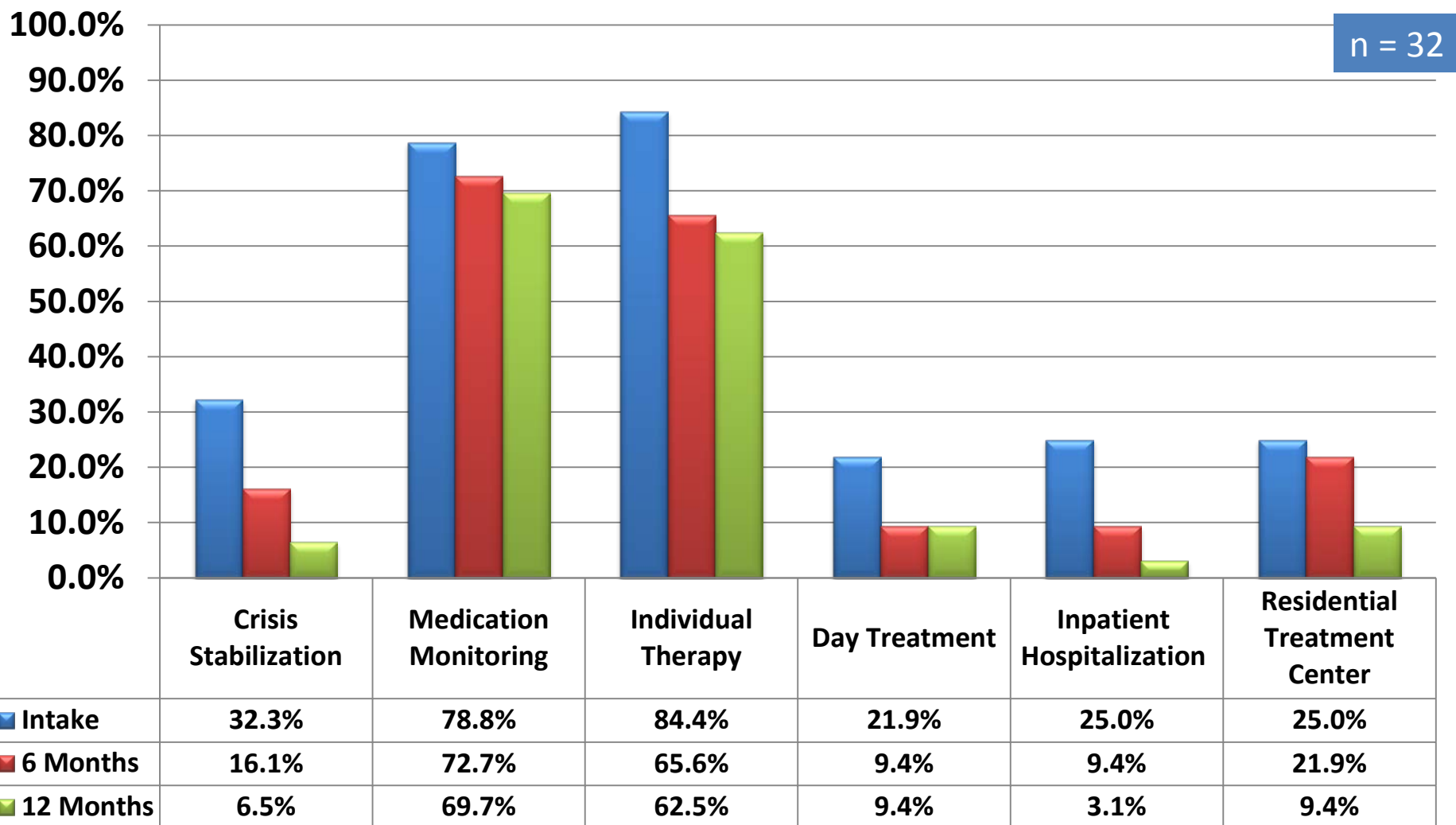
- Change in Percent Scoring in the Clinical Range of Anxiety and Depression



# Decreased Internalizing and Externalizing Behaviors



# Less costly services and out of home placement

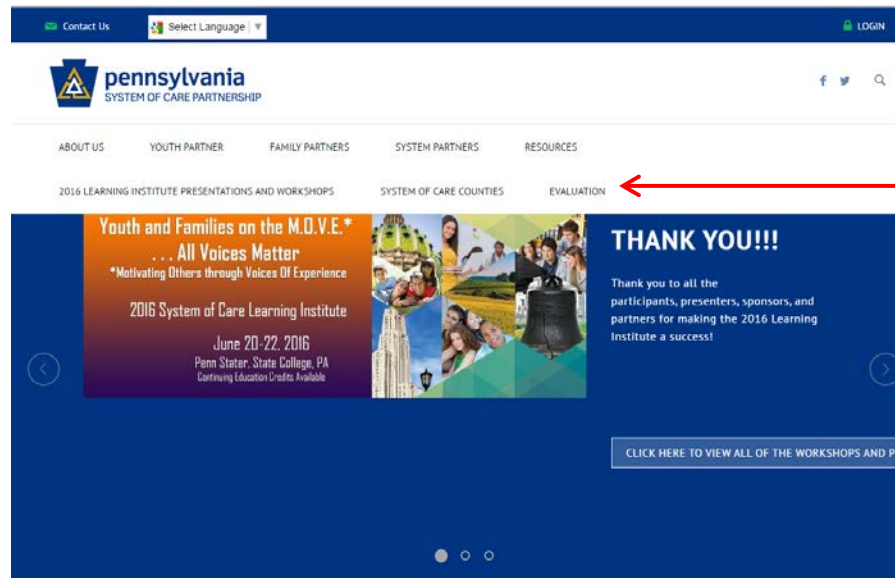


# Data Dashboards

- We are currently rolling out a Data Dashboard software through iDashboards
  - ▶ Web-based site for each county to 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

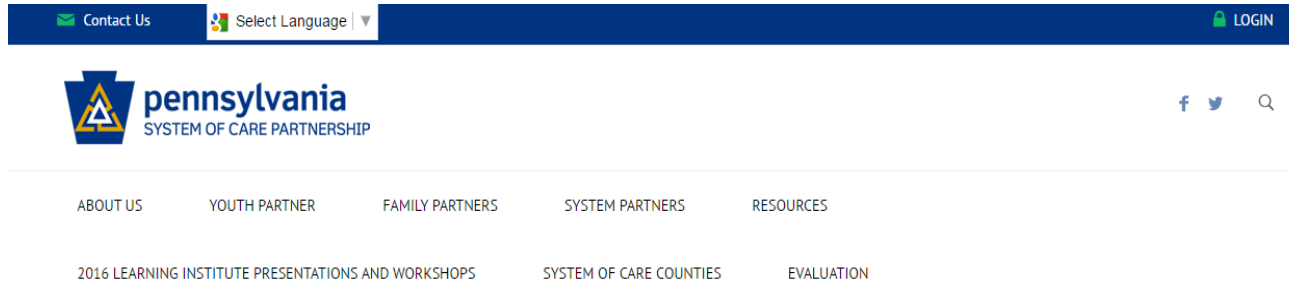
# • State and County Data Resources

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



From the main page,  
click on Evaluation...

# Public Data Sources – County Data



## 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


**Tip Sheet One: Data 101 - The Basics** (pdf)

Scroll down until you see these resources...

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

# Public Data Sources – County Data

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

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PA County Data Resources

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

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

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

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SAMHSA: Substance Abuse and Mental Health Services Administration

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

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

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

- 2014 PA Behavioral Health Barometer Report:

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

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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/>

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

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

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



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[www.pasocpartnership.org](http://www.pasocpartnership.org)

# Public Data Sources – County Data

for every county in the nation including:

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

[www.city-data.com](http://www.city-data.com) – access to community statistics, profiles, interactive maps, and customizable reports on

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

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

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

This document can be found at [www.pasocpartnership.org/resources/evaluation](http://www.pasocpartnership.org/resources/evaluation)

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

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

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

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

PA Department of Public Welfare – Child Welfare Services Data

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

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

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

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

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



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# Public Data Sources – County Data

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- Child suicide
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## Juvenile Justice and Corrections/Criminal Justice Data and Reports

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

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

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

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

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

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

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

This document can be found at [www.pasocpartnership.org/resources/evaluation](http://www.pasocpartnership.org/resources/evaluation)

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



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[www.pasocpartnership.org](http://www.pasocpartnership.org)

# • Evaluation Subcommittee

## Current Membership:

- Melissa Bible – System Partner – Erie County
- Lisa Caruso – Provider Partner – Northumberland County
- Alice Chrostowski – Provider Partner – Erie County
- A. Rand Coleman – Family/Provider Partner – Chester County
- Mark Durgin – System Partner – York County \* **System Partner Tri-Chair**
- Jase Elam – Youth Partner – Delaware County \* **Youth Partner Tri-Chair**
- Alan Ford – Provider Partner – Philadelphia County
- Gordon Hodas – System Partner – OMHSAS
- Dave Jeannerat – System Partner – Erie County
- Andy Kind-Rubin – Family/Provider Partner – Delaware County
- Bryon Luke – Provider Partner – Bucks, Chester, Delaware, Montgomery Counties
- Lisa Milan – Provider Partner – Greene County
- Maria Silva – Family/Provider Partner – Allegheny County \* **Family Partner Tri-Chair**
- Karan Steele – Family Partner – Westmoreland County
- Tim Truckenmiller – Provider Partner – Fayette County

We welcome new members!  
Contact Monica for more information:  
[walkermm@upmc.edu](mailto:walkermm@upmc.edu)

## ***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

Corey Ludden – YIS Staff – Luzerne County



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# • Evaluation Subcommittee Workshop

- Our Tri-Chairs have presented two workshops at the June PA System of Care Partnership Learning Institutes in 2015 and 2016:
  - ▶ “Data through the eyes of youth, family, and system partners”
  - ▶ “Connecting the data dots from trauma to hope”
- The subcommittee also developed two Tip Sheets to help County Leadership Teams and other stakeholders use data easily:
  - ▶ “Data 101 – The Basics”
  - ▶ “How to use data”
- All of these and other resources are available on the website: [www.pasocpartnership.org/evaluation](http://www.pasocpartnership.org/evaluation)

# • Were The Training Objectives Met?

- **General:**

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

- **Transformation Accountability Center for Mental Health Services (TRAC)**

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



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[www.pasocpartnership.org](http://www.pasocpartnership.org)

# Evaluation Contact Information

**Monica Walker Payne**

Lead Evaluator

Youth and Family Training Institute - Evaluation Director

Corporate One Office Park – Building One, Suite 438

4055 Monroeville Blvd., Monroeville, PA 15146

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

Cell: (724) 858-9019

Fax: (412) 856-8790

Email: [walkermmm@upmc.edu](mailto:walkermmm@upmc.edu)



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# • Training Feedback Forms

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

