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Evaluation Training

Choices Care Coordinators

October 2nd, 2012



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Objectives

- To gain a better understanding of Wraparound Evaluation
- To gain a better understanding of SOC National Evaluation
- To learn what documentation is needed and the timelines for their collection and submission
- To learn when NOMs are collected
- To learn how to administer NOMs



Why Is Evaluation Important?

- Accountability (Family Access, Voice, & Ownership)
- Program effectiveness & improvement
- Knowledge development
- Improved communication among partners
- Social justice: Are the most vulnerable populations receiving appropriate and effective services?
- Funding and policy decisions (service sustainability)



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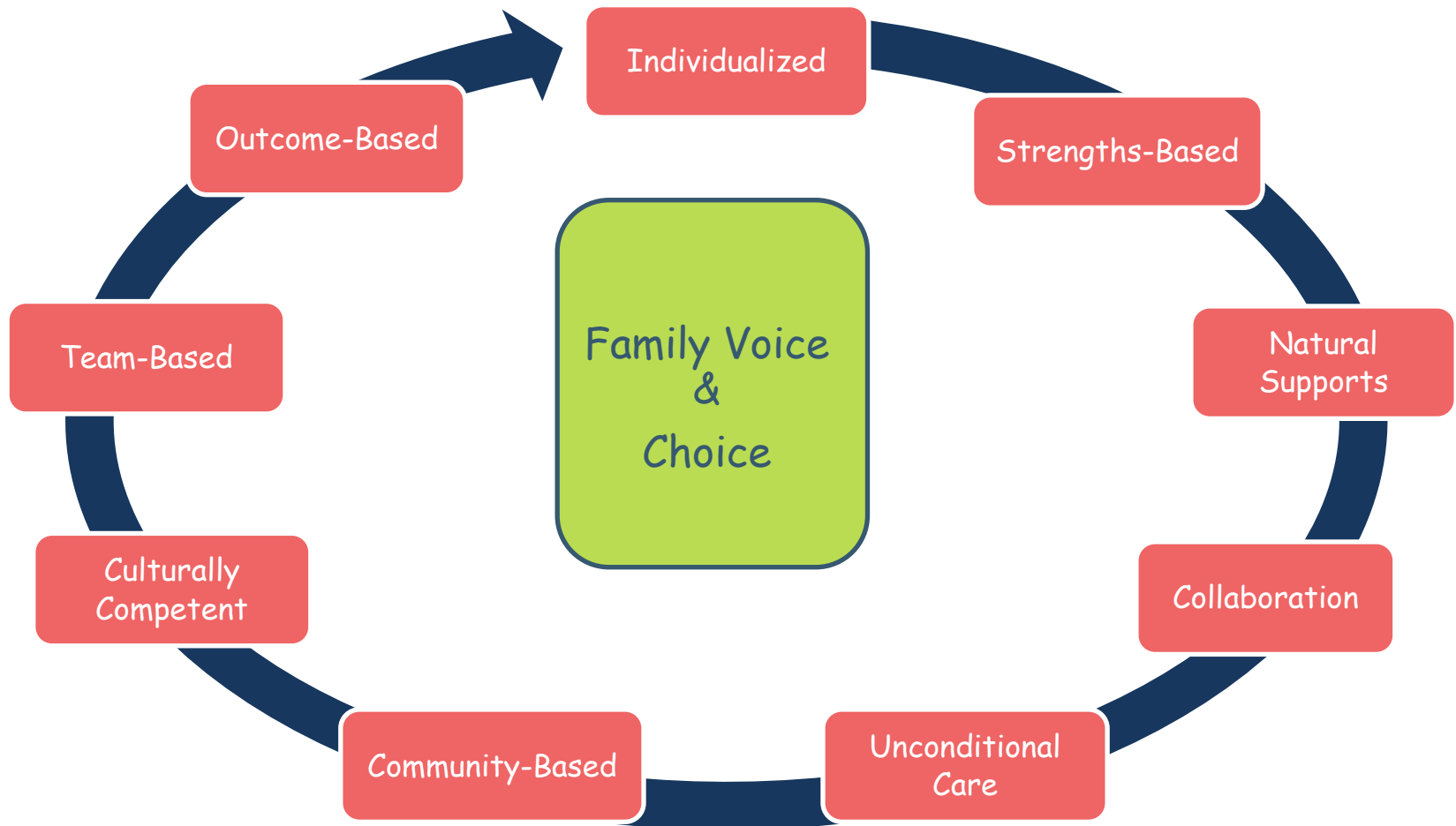
Why Is This Evaluation Important?

- Provides the nation with information about systems of care, how they develop, and how they are sustained across time
- Provides detailed information about the children served, their families, and their experiences with systems of care
- Offers objective picture of what works and what doesn't work locally and nationally
- Information may be used locally and nationally to leverage additional funding



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Principles of Wraparound are Assessed through Ongoing Fidelity & Outcomes Evaluation





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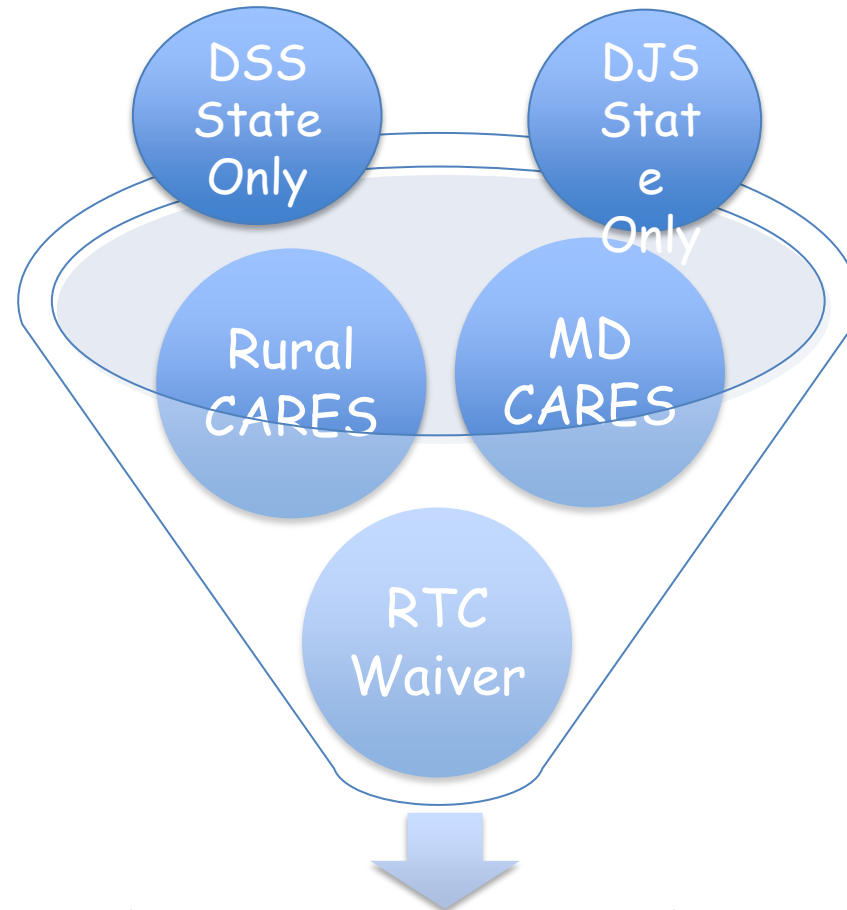
Overall CME Evaluation Components

- Utilization
 - Weekly client summaries
- Fidelity
 - WFI-EZ (at 6months & 12 months)
 - Certification
- Resiliency
 - Youth (*Resiliency measure in the California Health Kids Survey*)
 - Caregiver (*Family Empowerment Scale*)
 - Baseline, 6 and 12 months
- Short Term Outcomes
 - CANS and functional outcomes reported in TCM
 - Discharge outcomes
- Long Term Outcomes
 - Are youth living at home, in school/working and have had no new arrests
 - Captured through state agency data systems



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CME Funding Streams



Youth Referred to the CME



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Care Coordinator Evaluation Requirements (For Youth in ALL Funding Streams)

- CME Referral Form & Consent to Treat
 - **Both** to Wrap Evaluation Coordinator 24 to 48 hrs after families consent to services (*i.e. consent to treat is signed*).
 - Encrypted email: mcorey@ssw.umaryland.edu
 - All fields are required (*please encourage families to provide email addresses*)
 - The service agreement must be signed by caregiver and/or other legal guardian
- Court Documents
 - Required only if youth is in the custody of the state
 - Send documents to the Wrap Evaluation Coordinator upon receipt
- Wraparound Evaluation Brochure (*coming soon!*)
 - Hand out the brochure to families when they are reviewing and signing the services agreement
 - Explain to families that participation in the evaluation is voluntary, confidential and important. Also let them know that someone from the evaluation team will be contacting them to ask if they would like to participate.



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SOC: Study Components by Level

System Level

**System of Care Assessment
Sustainability Study**

Service Level

**Services & Costs Study
Service Experience Study
Cultural & Linguistic
Competence Study
Evidence-Based Practices
Study**

Children & Families

**Descriptive Study
Child & Family Outcome Study**



SOC Cross-Sectional Descriptive Study (EDIF)

- Evaluation Questions
 - Who are the children and families served by the program and by the funded communities?
 - Does the population being served change over time as systems of care mature?
- Data Sources
 - Administrative records (Referral, Q14)
 - Caregivers
 - Evaluators



SOC: Cross-Sectional Descriptive Study

- Eligibility Criteria
 - Demographic and diagnostic information are collected and submitted on all children and families who are screened/assessed for eligibility to receive services supported by CMHS funds. Each of these children is assigned a national evaluation Child ID, and an Enrollment and Descriptive Information Questionnaire (EDIF) is submitted in association with the Child ID.



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SOC Child and Family Outcome Study and Services Experience Study

- Evaluation Questions
 - To what extent do children's and their family's clinical and functional outcomes improve over time?
 - How are changes in child, family, and system outcomes associated with efforts to implement and develop systems of care?
 - To what extent are children's and families' experiences consistent with the system of care philosophy?
 - How satisfied are children and families with the services they receive?



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Child and Family Outcome Study and Services Experience Study

- Eligibility Criteria
 - Children who are actually eligible for and enrolled in services funded through Rural CARES/MD CARES and DSS state funding



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SOC

Information Collected From the Caregiver

Information about the child:

- Behavioral problems
- Functioning
- Education-related
- Child history
- Behavioral and emotional strengths
- Living situation

Information about the family:

- Family history
- Family life situation
- Caregiver strain

Information about services:

- Child service history prior to entering the system of care
- Service experiences



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Keeping Families Interested and Involved is Important

- Helps to ensure that information obtained represents all families served
- Maximizes the number of participants at follow-up
- Minimizes the loss of participants and information
- Helps to answer evaluation/research questions of interest
- Impacts the interpretation of data collected



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System of Care Evaluation Requirements

- If the youth is referred from the Baltimore City Region and in MD CARES or DSS State Only funding streams, or referred from the South East Region (*Eastern Shore Counties ONLY*) and in Rural CARES or DSS State Only funding streams, then please complete the following additional requirements:
 - Please complete/gather and send the Medical Guardian Consent Form (signed *ONLY* by the DSS worker)
 - Complete NOMs
 - Baseline must be completed within one week of enrollment (*should be completed at the Family Interview*)
 - Complete follow-ups every six months from the baseline time point until discharge from CME
 - Must also complete at time of discharge



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Who Provides Consent?

- Care Coordinator will obtain consent to treat signatures and email evaluation team
- Caregiver consent must be provided by legal guardian, but legal guardian may not always be respondent
- Medical Legal Guardian Consent Form & HIPAA Form needs to be signed by legal guardian even if youth is not in custody of that individual



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Consent to Treat

- Consent to treat needs to be provided to us in 48 hours
- Signature allows evaluation team to contact the family and invite them to participate
- "To be compliant with the Children's Cabinet, which has designated the Institute for Innovation and Implementation (I3) at the University of Maryland School of Social work as the entity to collect and disseminate data on youth served by Care Management Entities (CMEs)
 - I3 will gather fidelity, outcomes data, and administrative information for the purpose of evaluating the effectiveness of each CME
 - The CME will provide you contact information to I3 so that they may contact you to request participation in a brief interview. During the interview, you will be asked to rate the quality and your satisfaction with the CME services."
 - I3 will have regular access to data collected by the CME (including data about your family, demographics, services accessed, and funding spent) and contained in the CME's case management information system."
 - I3 will use fidelity and outcomes data to produce semi-annual reports to families, funders and providers of services. Information will only be reported in aggregate, and no identifying information will be reported."



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What is the NOMS for?

- National Outcomes Measures (NOMs)
- Federal funders awarded funding to serve youth and families in Rural CARES/MD CARES
- The federal funders are interested in how youth and families in Rural CARES/MD CARES are doing
- The NOMs is used as a way of assessing youth functioning and service delivery



Who to Interview

- Caregivers of all active consumers receiving CMHS grant-funded services
- CMHS defined episode of care
 - Begins when the consumer enters treatment or services,
 - Ends when the consumer is discharged OR after a lapse of service of 90 calendar days or more
 - A new episode of care begins when a consumer returns for treatment after being discharged or after a lapse of service of 90 calendar days or more



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Data Collection Points

- Baseline Assessment
- Reassessment
- Clinical Discharge



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Interviews Vs. Administrative Data

- Interview conducted → enter interview date
- Interview **not** conducted (Administrative Record) → enter the date the interview was attempted
- If consumer refused all interviews → enter the date the interview was due
- Baseline and Reassessment Interview and Administrative Record date(s) must be later than any former Interview or Administrative date(s)
- The Clinical Discharge Interview or Administrative Record date can be the same as the final Administrative Reassessment date



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Baseline Assessment

- Option A: Interview - conducted within 7 days of enrollment into services/wraparound
- Option B: Non-Interview (Administrative)

New Episode of Care - required for consumers who were treated/enrolled, lost contact and/or were discharged and returned for an additional treatment episode



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Baseline Administrative Requirements

- If a consumer is unable or unwilling to complete an interview, then complete an Administrative Baseline
- **Record Management**
 - Assessment—Baseline Assessment
 - Interview Conducted?—"NO" indicating you did not complete a face-to-face interview
 - Why interview not conducted
 - What data will be submitted at next reassessment
 - Date interview was conducted/attempted
 - Date consumer first received grant-funded services
- **A - Demographic Data**



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Reassessment Requirements

- Option A: Interview - Conducting reassessment interviews every 6 months (180 days)
- Option B: Non-Interview - Submitting administrative information in the absence of an interview, as applicable



Clinical Discharge Requirements

- Option A: Interview -
 - When a consumer is discharged from treatment
 - When a Grantee defines clinical discharge; CMHS default definition applies otherwise
 - Completed within 48 hours of discharge
 - Whenever possible on the day of discharge
- Option B: Non-Interview - Submitting administrative information in the absence of an interview, as applicable



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Interview rates

Baseline

- Expected Rate = 100%
- Minimum Rate = 100%

Reassessment

- Expected Rate = 100%
- Minimum Rate = 80%

Clinical Discharge

- Goal Rate = 100%



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Timeframes

Data Collection- Interviews

- Baseline: within 7 calendar days of enrollment
- Reassessment: 30 calendar days +/- 6 months (180 calendar days) post the baseline date
- Clinical Discharge: At time of discharge



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Question-by-Question Instruction Guide



Interviewing Tips

- Read:
 - Question and response options
 - Instructions and statements
- Do not read:
 - "REFUSED" or "DON'T KNOW"



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Record Management

*Required for every interview and all administrative data
Reported by grantee; not asked of the consumer*

- Consumer ID- Choices ID
- Contract/ Grant ID- Evaluation Team Responsibility
- Site ID- Evaluation Team Responsibility



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Section A.

Demographic Data

*Required only at Baseline Interview
Asked of consumer*

A1. Gender

A2. Ethnicity (Two part question)

- Ethnic Group
 - Read options
 - "Yes" required to at least one

A3. Race

- Read options
- "No" to all ok

A4. Birth Month & Year Only



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Section B. Military Family and Deployment

B6 Military Service of Relatives and Close Friends

- Read:
 - Question and response options, "Yes, only one person," "Yes, more than one person," and "No."
- Do not read:
 - "REFUSED" or "DON'T KNOW"

Skip Pattern:

- If response to B6 is "Yes, only one person" or "Yes, more than one person" ask follow-up questions.
- If response to B6 is "No", "DON'T KNOW", or "REFUSED" continue to Section C.



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Section B. Military Family and Deployment

B6.a.1 - B6.a.6 Relation of Service Member(s)

- Read:
 - The lead-in statement and the question
- Do not read:
 - Response options

Skip Pattern:

- If response to B6.a.1 is "DON'T KNOW" or "REFUSED" continue to B6.b.1
- If the consumer provides a relationship for the service member ask follow-up question B6.b.1.
- The consumer may identify up to 6 people in questions B6.a.1 - B6.a.6



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Section B. Military Family and Deployment

B6.b.1 - B6.b.6 Service Member's Experience

- Read:
 - Question
- Do not read:
 - Response Options

Skip Pattern:

- If the response to B6 was "Yes, only one person", go to Section C.
- If the answer to B6, was "Yes, more than one person" continue to question B6.a.2.



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Section C.

Stability in Housing

Required at all Interviews

C1. Stability in Housing

In the past 30 days how many

- a. nights have you been homeless?
- b. nights have you spent in a hospital for mental health care?
- c. nights have you spent in a facility for detox/inpatient or residential substance abuse treatment?
- d. nights have you spent in a correctional facility including jail, or prison?
 - **Cross-Check** total # of night for C1a-d DO NOT exceed 30. If necessary, clarify answers with consumer
- e. times have you gone to an emergency room for psychiatric problems?



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Section C.

Stability in Housing

C2. Stability in Housing

The consumer's housing situation in the past 30 days

Most of the time = 15 or more days

- Additional Probes
 - What is meant by where has he/she been living most of the time?
 - Where he/she has been staying or spending his/her nights
- Consumer is having trouble remembering
 - Start with the past evening and work backward in small increments, i.e., "Where did you sleep last night? Where did you sleep most of last week?" etc.



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Section C. Stability in Housing

C2. The consumer's housing situation in the past 30 days

- CAREGIVER'S OWNED OR RENTED HOUSE, APARTMENT, TRAILER, OR ROOM
- INDEPENDENT OWNED OR RENTED HOUSE, APARTMENT, TRAILER OR ROOM
- SOMEONE ELSE'S HOUSE, APARTMENT, TRAILER, OR ROOM
- HOMELESS (SHELTER, STREET/OUTDOORS, PARK)
- GROUP HOME
- FOSTER CARE (SPECIALIZED THERAPEUTIC TREATMENT)
- TRANSITIONAL LIVING FACILITY
- HOSPITAL (MEDICAL)
- HOSPITAL (PSYCHIATRIC)
- DETOX/INPATIENT OR RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY
- CORRECTIONAL FACILITY (JUVENILE DETENTION CENTER/JAIL/PRISION)
- OTHER HOUSED (SPECIFY)



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Section C.

Stability in Housing

C2. Stability in Housing (Continued)

Coding

- Check only one response
- Other (specify)
 - Record the type of housing, not the name of the program/facility
- What if consumer response is:
 - Living in more than one place
 - Record the place he/she was living for 15 or more days
 - Living in 2 different places for 15 days each
 - Record the most recent living arrangement



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Section D. Education

Required at all Interviews

D1. Days Absent

Days absent from school/Unexcused absences

- TWO PART QUESTION: If absent, how many unexcused?
- Coding
 - 0 DAYS
 - 1 DAY
 - 2 DAYS
 - 3 TO 5 DAYS
 - 6 TO 10 DAYS
 - MORE THAN 10 DAYS



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Section D. Education

Required at all Interviews

D2. Highest Level of Education

The grade or year of school that the consumer has finished, whether or not he/she received a degree

- NEVER ATTENDED
- PRESCHOOL
- KINDERGARDEN
- 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 (GED)
- VOC/TECH DIPLOMA
- SOME COLLEGE OR UNIVERSITY



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Section E.

Crime and Criminal Justice

Required at all interviews

E1. Arrests

Number of times the consumer has been formally arrested and official charges were filed in the last 30 calendar days

- Inform the consumer:
 - Their identify will be protected
 - Only report "formal arrests"—not times "picked up" by police or questioned
 - Count multiple arrests for the same charge as separate arrests
 - If there is more than one charge for a single arrest, only count the arrest once



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Section F. Perception of Care

Required at reassessment or clinical discharge interviews only

F1a-F1m. Perception of Care

Consumer's perception of the services he/she received during the past 30 days

- Read:
 - Instructions, then each statement followed by the disagreement/agreement categories
 - All perception of care statements regardless of whether the consumer refuses to respond to one of the statements
 - ***For example: Check "REFUSED" and proceed to F2 if the consumer refuses to answer F1***
- Do not read:
 - "REFUSED"



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Section F. Perception of Care

Required at reassessment or clinical discharge interviews only

F2. Perception of Care Administrator

Who administered the Perception of Care section?

- ADMINISTRATIVE STAFF
- CARE COORDINATOR
- CASE MANAGER
- CLINICIAN PROVIDING DIRECT SERVICES
- CONSUMER PEER
- DATA COLLECTOR
- EVALUATOR
- FAMILY ADVOCATE
- RESEARCH ASSISTANT STAFF
- SELF-ADMINISTERED
- OTHER (SPECIFY)



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Section G. Social Connectedness

Required at all interviews

G1a-d. Social Connectedness

Consumer's recent social support by persons other than his/her mental health care providers during the past 30 days

- Read:
 - Instructions, then each statement followed by the disagreement/agreement categories
 - All social connectedness statements regardless of whether the consumer refuses to respond to one of the statements
 - ***For example: Check "REFUSED" and proceed to G2 if the consumer refuses to answer G1***
- Do not read:
 - "REFUSED"



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Section I.

Reassessment Status

*Required for reassessment interviews and administrative records
Reported by grantee; not asked of the consumer*

I1. Reassessment Status

Have you or other grant staff had contact with the consumer within 90 days of last encounter?

- Yes/No
- Contact = services provided, referrals/phone calls related to treatment or service plan, crisis intervention, or emergency services

I2. Reassessment Status

Is the consumer still receiving CMHS-funded services from your project?

- Yes/No answer



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Section J.

Clinical Discharge Status

*Required for clinical discharge interviews and administrative records
Reported by grantee; not asked of the consumer*

J1. Clinical Discharge Date

Date consumer was discharged from services

- Enter discharge date - not discharge interview date
- Coding
 - Must be \geq all interview dates or the date of the last administrative record



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Section J.

Clinical Discharge Status

*Required for clinical discharge interviews and administrative records
Reported by grantee; not asked of the consumer*

J1. Clinical Discharge Date (Continued)

- Coding
 - Grantee defines clinical discharge

J2. Clinical Discharge Status

Determine primary reason for clinical discharge

- Mutually agreed cessation of treatment
- Death
- No Contact
- Clinically referred out
- Other



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Section K. Services Received

*Required for reassessment or clinical discharge interviews and administrative records
Reported by grantee; not asked of the consumer*

K1. Last Date of Services

Date the consumer last received services from the grantee, including CMHS-funded and non-funded services

- Coding & Cross-check
 - The date provided must be:
 - \leq reassessment or clinical discharge interview date or the date of the admin record
 - \geq baseline interview date
 - \geq most recent date recorded for the last date services were received, if a reassessment interview or administrative data were previously recorded



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Section K.

Services Received

*Required for reassessment or clinical discharge interviews and administrative records
Reported by grantee; not asked of the consumer*

Core Services Received

1. Screening
2. Assessment
3. Treatment Planning or Review
4. Psychopharmacological Services
5. Mental Health Services - *Yes/No & Frequency*
6. Co-occurring Services
7. Case Management
8. Trauma-specific Services
9. Was the consumer referred to another provider for any of the above core services?



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Section K. Services Received

*Required for reassessment or clinical discharge interviews and administrative records
Reported by grantee; not asked of the consumer*

Support Services Received

1. Medical Care
2. Employment Services
3. Family Services
4. Child Care
5. Transportation
6. Education Services
7. Housing Support
8. Social Recreational Activities
9. Consumer Operated Services
10. HIV Testing
11. Referral?



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Summary

Documentation	Due Date
Consent to Treat	No later than 48 hours of enrollment
Medical Legal Guardianship (MLG)	No later than 48 hours of enrollment (if needed)
Referral Form	No later than 48 hours of enrollment
Baseline NOM	No later than 7 days of enrollment
Q14/CFT Form	No later than 48 hours of first CFT
Follow-up NOMs	Every 6 months (according to follow-up windows)
Discharge NOM	No later than 48 hours of discharge

Questions???