

ENGAGE



ENGAGING THE NEW GENERATION TO ACHIEVE THEIR GOALS THROUGH EMPOWERMENT

WRAPAROUND CLIENT ENROLLMENT AND DATA COLLECTION WEBINAR AUGUST 27, 2014

AGENDA

- ENGAGE Evaluation Updates
- Data Collection Requirements
- Enrollment Instructions
- GPRA IPP and NOMS
- Survey Monkey & Paper Forms
- What's to Come (CANS & Fidelity)



ENGAGE EVALUATION UPDATES

- **We've selected Interaction Information Technologies to provide our statewide EHR for ENGAGE Wraparound**
 - Will facilitate enrollment processes, data collection, Wraparound planning, and CQI
- **More details and training to follow in the weeks prior to launch – estimated January 1st, 2015**
- **Currently working with OhioMHAS fiscal to determine process for disbursing funds - Oct. 1st date to begin enrolling clients and submitting data**

Evaluation Data Collection Requirements

Instrument	Collection Method(s)	Timeline	Frequency	Who's Involved	Why is it Collected?
-GPRA NOM's (National Outcome Measures)	Paper form, Survey Monkey, Data System	At enrollment	Admission, 6 Months, 12 Months or Discharge	Youth, Parent, or Caregiver- interviewed by Case Manager or member of Wraparound team	Fulfilling federal SAMHSA grant requirements of client level outcomes and demographic information
GPRA IPP Indicators (Infrastructure, Prevention, & Promotion)	Survey Monkey, Excel file electronic submission	At enrollment	Quarterly until youth are no longer served	Project or data lead	Fulfilling federal SAMHSA grant requirements for program implementation
-Ohio Youth Scales (OYS)	Paper form, Survey Monkey, Data System	At enrollment	Admission, 6 Months, 12 Months or Discharge	Youth, Parent, or Caregiver-interviewed by Case Manager or member of Wraparound team	Provides relevant client outcomes to observe change over time, help guide CQI
-CANS (Child Adolescent Needs and Strengths)	Paper form, Data System	Data System Launch (TBD)	Admission, 6 Months, 12 Months or Discharge	Case manager or other certified CANS administrator (info on CANS certification in Ohio to follow)	A nationally renowned outcomes tool that is becoming the standard for the YYAT population, provides relevant client outcomes to observe change over time, helps guide treatment and CQI
-Case Management Data (Plan of Care)	Data System	Rolled out over time after Data System Launch (TBD)	Monthly or as activities are scheduled and completed	Entire Wraparound Team including the youth and family	Help plan and track Wraparound processes, guides CQI, can be analyzed with outcomes data to give a complete picture of client improvement
-Fidelity tools (WIFI EZ, TOM)	Qualtrics links sent from UW for WIFI-EZ; paper form for observations	Begun after Data System Launch and continuing throughout project	WFI-EZ: once, at about six months into treatment TOM: once, when treatment is ongoing	Youth, Parent or Caregiver, Case Manager, member of Wraparound team	The tools developed and validated by the Wraparound Evaluation and Research Team (WERT), University of Washington, to measure fidelity of WA implementation

GPRA

NATIONAL OUTCOME MEASURES (NOMS) & INFRASTRUCTURE, PREVENTION, AND PROMOTION (IPP)

- As part of the Government Performance Accountability Act (GPRA), all SAMHSA grantees are required to collect and report performance data using approved measurement tools.
- These standardized measures involve client level (NOMs) as well as a programmatic (IPP) component.
- NOMs can be used to track client's progress and identify challenges as well as successes in treatment
- IPP Indicators help identify key processes and challenges in implementing infrastructure-helps inform other programs and creates model for successful implementation

How will we get paid?!



Complete one the following for each youth enrolled at intake beginning October 1st *

Enrollment Form – Hard Copy Format

(Intake/GPRA + Ohio Scales)

OR

ENGAGE Survey Monkey Online Enrollment

(Intake/GPRA + Ohio Scales)

**Should only take
approximately 60
minutes to
administer!**

CLIENT AND COUNTY IDENTIFICATION

- In order to comply with HIPAA regulations and organize data, identification numbers will be assigned to each participating ENGAGE county
 - As members of Cohort 1, all study ID's will begin with 01
 - Numerical order based on order of Cooperative Agreement Completion (your county ID number will be given to your data contact)
- ENGAGE Youth should be assigned an ascending numeric ID at time of enrollment beginning with 01.
- The study ID will be constructed as follows:
 - (Cohort #) – (County #) – (Client #)

EXAMPLE: 010101

***You DO NOT need to provide the youth's name or address for enrollment**

ENROLLMENT INSTRUCTIONS

ENGAGE Survey Monkey Enrollment Website

Automatically submits when completed, no need to email anything

ENGAGE Enrollment Intake/GPRA Form

&

ENGAGE Enrollment Ohio Scales Form

Paper format should be completed and scanned into 2 PDF files (GPRA file & Ohio Scales file) and emailed to Scott.Wingenfeld@mha.ohio.gov

GPRA IPP Indicators

Policy Development	Partnerships/Collaboration
<p>PD1 The <u>number of policy changes</u> completed as a result of the grant. (Only report completed changes.)</p>	<p>PC1 The <u>number of organizations that entered into formal written inter/intra-organizational agreements (e.g., MOUs/MOAs)</u> to improve mental health-related practices/activities that are consistent with the goals of the project.</p>
<p>PD2 The <u>number of organizations or communities</u> that demonstrate improved readiness to change their systems in order to implement mental health-related practices that are consistent with the goals of the grant.</p>	<p>PC2 The <u>number of organizations collaborating/coordinating/sharing resources</u> with other organizations as a result of the grant.</p>
Workforce Development	Accountability
<p>WD4 The <u>number of changes</u> made to credentialing and licensing policies in order to incorporate expertise needed to improve mental health-related practices/activities.</p>	<p>A4 The <u>number of consumers/family members</u> who are involved in ongoing mental health-related evaluation oversight, data collection, and/or analysis activities as a result of the grant.</p>
Financing	
<p>F1 The <u>amount of additional funding</u> obtained for specific mental health-related practices/activities that are consistent with the goals of the grant.</p>	<p>A5 The <u>number of consumers/family members representing consumer/family organizations</u> who are involved in ongoing mental health-related planning and advocacy activities as a result of the grant.</p>
<p>F2 The <u>number of financing policy changes</u> completed as a result of the grant.</p>	<p>A6 The number of consumers/family members who are involved in ongoing mental health-related evaluation oversight, data collection, and/or analysis activities as a result of the grant.</p>
<p>F3 The <u>amount of pooled, blended, or braided funding</u> used for mental health-related practices/activities that are consistent with the goals of the grant.</p>	Awareness
	<p>AW1 The <u>number of individuals</u> exposed to mental health awareness messages.</p>

IPP DATA DEADLINES

Complete Survey Monkey IPP GPRA by the following dates:

Quarter to Report	Submission Deadline
10/1/2014 - 12/31/2014	1/15/2014
1/1/2015 - 3/31/2015	4/15/2015
4/1/2015 - 6/30/2015	7/15/2015
7/1/2015 - 9/30/2015	10/15/2015
10/1/2015 - 12/31/2015	1/15/2016

- **ENGAGE Grant fiscal staff will be notified of county's data submission totals at the end of each month and will contact you to disburse the initial \$1,000 per youth**
 - Timeline TBD, but likely within 30 days of submission
 - **The remaining funds will be disbursed at the 6 Month (\$567) and Discharge (\$533) data collection points, also pending receipt of quarterly IPP GPRA data. The data system will be fully implemented by that time, Survey Monkey and hard copy data will no longer be accepted.**
 - **6 Months and Discharge data will be different than enrollment, due to different data requirements, including service utilization and perception of care measures**
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CANS COMPREHENSIVE VERSION (5-17) & ANSA

The Child and Adolescent Needs and Strengths (CANS) assessment tool reports needs and strengths in six domains: Life Domain Functioning, Child Strengths, Acculturation, Caregiver Strengths and Needs, Child Behavioral/Emotional Needs, and Child Risk Behaviors. Domains are measured using multiple items on a 0-3 point response set where:

- 0 indicates a dimension where there is no evidence of any needs. This may be a strength.
- 1 indicates a dimension that requires monitoring, watchful waiting, or preventive activities.
- 2 indicates a dimension that requires action to ensure that this identified need or risk behavior is addressed.
- 3 indicates a dimension that requires immediate or intensive action.

The comprehensive version of the CANS for youth age 5-17 has been selected because it includes additional modules for developmental needs, trauma, violence, sexually aggressive behavior, runaway, juvenile justice, substance abuse and fire setting. These modules are only completed if an issue is first identified in the standard questions.

Also, because the grant targets transitional age youth, the ANSA (Adult Needs & Strengths Assessment) version will be used for any young person that is 18+ at intake. Copies of the instruments and manuals can be found at <http://www.praedfoundation.org>

WHY CANS?

There is interest at many levels in Ohio's child serving systems because of its versatility. The CANS can facilitate decision-making at the youth and system level based on a shared understanding of the current needs and strengths of children, youth, and caregivers and works well for CQI types of applications.

Total Clinical Outcomes Management (TCOM)- USE OF CANS

	FAMILY & YOUTH	PROGRAM	SYSTEM
DECISION SUPPORT	Care Planning Effective Practices EBPs	Eligibility Step-down	Resource Management Right-sizing
OUTCOME MONITORING	Service Transitions and Celebrations	Evaluation	Provider Profiles/ Performance Contracting
QUALITY IMPROVEMENT	Case Management Integrated Care Supervision	CQI/QA Accreditation Program Redesign	Transformation Business Model Design

CASE MANAGEMENT DATA

- Housed in the Interaction EHR system
- Basic data related to Wraparound processes (activities, team members, client strengths, needs, culture, discovery, goals, progress, meeting, crisis plan, service utilization, costs, etc.)
- Currently seeking volunteers to take part in the ENGAGE Data System Planning and Development Team
 - This team will work with the ENGAGE Evaluation Staff and Interaction Inc. to inform data system specifics, and provide input on report queries

FIDELITY

Why measure fidelity?

- The relationship between high fidelity and positive case outcome has been established.
- In order to assess how closely a Wraparound program is adhering to core principles of Wraparound.

CHOOSING A FIDELITY TOOL

There are two different ways to assess fidelity. Your site can choose either or both.

TOM: Team Observation Measure (TOM) measures how closely the facilitator/case manager adheres to WA core principles in conducting the WA Team meeting. The observation is done as part of usual team meeting; the meeting is rated by observer a trained observer. When your site chooses this measure, discussion about who to train to do the ratings will follow.

WFI-EZ: Wraparound Fidelity Index (WFI-EZ) measures perspectives of adhering to WA principles reported by the worker, the parent/caregiver, and the youth. It is a survey instrument; estimated time to complete the survey is about 7 minutes. No training is needed to complete the WFI-EZ. It is completed on the computer, so no upload is needed. Completed surveys are uploaded directly to the server.

QUESTIONS?

- Documents, Q&A, and recording of webinar will be made available to all counties
- More information to follow on the CANS, Case Management Data, and Fidelity Measures
 - Questions regarding enrollment, GPRA, and funding can be directed to - Scott.Wingenfeld@mha.ohio.gov
 - Questions regarding ENGAGE's use of the CANS and Case Management data can be directed to CStormann@case.edu
 - Fidelity questions can be directed to jane.timmons-mitchell@case.edu
 - Program or fiscal questions can be directed to Chad.Hibbs@mha.ohio.gov or Joyce.Calland@mha.ohio.gov