

**Final Evaluation Guide: Care and Counseling Center of Georgia Clinical Data Improvement Process Evaluation**



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**INTRODUCTION**

The research design will include participant survey and pre/post assessments administered to clinicians and clients in an endeavor to answer the following overarching evaluation questions:

* Are data collection objectives being attained as planned?
* What are the essential factors that allow for successful data collection?
* What are the barriers that hinder optimal data collection?
* What are the fundamental components of data collection?

A mixed methods approach using qualitative and quantitative data will be used to focus on the assessment of four primary areas, which coincide with the four specific evaluation questions.

The areas are, as follows:

* Implementation of objectives
* Barriers to optimal data collection
* Essential factors to successful data collection
* Fundamental components of programs

**PURPOSE OF THE EVALUATION *(Context and Evaluation request)***

As an organizational goal, Care and Counseling Center of Georgia (CCCG) seeks to establish a data infrastructure to measure outcomes and support quality improvement. As part of this goal, the organization will better equip its therapists to measure and support client outcomes. This effort will also help the organization be responsive to foundations and funders. This is a new approach by the organization and is following their electronic health records (EHR) implementation of the Valant behavioral health software system. However, the Valant system does not currently meet the organizational needs for data collection.

Advantage Consulting has been engaged to examine opportunities to better support the data collection process. The Emory team joined the evaluation process during a second pilot study of instruments (client assessments) that could be used to better track outcomes.

The ultimate aim of this evaluation is to provide an understanding of how to better utilize and build out EHR functionality and support the tracking of outcomes. They will apply lessons learned to individual therapist use in care, organizational process, and the development of outcome indicators.

The Emory team was requested to document the methodology and data collection process for use by Advantage Consulting team and Care and Counseling Center of Georgia leadership and clinicians. This process is to be captured as a workflow document to provide support as a reference tool during the rollout of the evaluation and data collection. The workflow document will be used to determine if the instruments and process guidelines are being met, by both the clinician and the client.

**PRIMARY STAKEHOLDERS AND INTENDED USERS**

1. Advantage Consulting team
2. Care and Counseling Center of Georgia leadership
3. Care and Counseling Center therapists
4. Care and Counseling Center clients
5. Valant, an electronic behavioral health record company
6. Jesse Parker Williams Foundation

**PROGRAM DESCRIPTION AND LOGIC MODEL**

Care and Counseling Center of Georgia is a non-profit organization offering counseling services to individuals and families in the Atlanta area and their mission is “offering healing, wholeness, and hope to those in need and educating others for this service”. The counseling offered at these centers includes individual, family, marriage and couples counseling, child and adolescent counseling and testing, drug and alcohol abuse, trauma, depression, anxiety, mediation, divorce, spiritual growth and several other issues. Some additional programs provided are Addiction and Recovery Program, Chaplaincy and Clinical Pastoral Education (CPE) Program, psychological assessments, psychiatric consultations, and training services for mental health professionals, clergy, chaplains, and those interested in counselor training. CCCG’s team includes psychologists, psychiatrists, social workers and counselors who have interdisciplinary backgrounds and experiences. Funding for CCCG is provided in part by the Jesse Parker Williams Foundation, a foundation dedicated to increasing access to care for women and children.

CCCG plays a significant role in Atlanta by providing individuals and communities with faith-based counseling, chaplaincy and educational services. CCCG has recently implemented a new online EHR/database, Valant, which is designed for behavioral health organizations. Advantage Consulting has been hired by CCCG to build additional evaluation and outcome measurement capacity. The overall goal between CCCG and Advantage Consulting is to develop evaluation and data analysis plan for implementing new tools. Valant will be involved with CCCG to create a robust reporting tool to assist with client services and CCCG’s performance assessment.

***Second Pilot Test Details***

Type of evaluation: process oriented evaluation (both qualitative and quantitative data)

Therapists: 5-7 therapists from the first pilot test are voluntarily participating again

Clients: mostly Jesse Parker Williams clients who have volunteered to participate in pilot test

Sample: clients are from a subpopulation of agencies (grant funded clients only) who are seen for free at the centers due to lack of health insurance and/or low income

Number of participants: 2-4 clients per therapist, totaling 10-25 clients

Pilot study length: 2 months

Goal: understand lessons learned and determine ways to build out additional functionalities for the organization, patient outcomes, and methodologies

Instruments: Valant, SurveyMonkey, Excel, revised symptom screeners, revised quality of life tool, and new goal statement provided by Valant.

***Data Collection Process***

Potential clients contact CCCG and they are screened to determine what type of counseling is needed, counselor preference, preferred CCCG location, and determine insurance/income status. The same day the Clinical Director assigns a counselor for the client and within one day the client schedules an appointment. The counselor directs the client to fill out the web based intake form or have them fill out a paper form when they come to the center. Within one week the client comes in for their initial assessment at which time the counselor completes diagnosis, treatment plan, sets goals, offers referrals (if needed), and schedules next appointment. The client at this visit is provided with a link to give feedback as well as to SurveyMonkey where they will complete the symptom screener and quality of life surveys. The therapist will then finalize the goal statement. Reports will be generated from the surveys completed by the client and will be immediately delivered to the counselor and Ko from Advantage Consulting. Ko will remind the counselors to follow-up with each of their clients between the 4th and 5th visit since there are high dropout rates after the 5th visit. The counselor will share the results with their client and a final assessment will be conducted. CCCG will look at Excel spreadsheets, created by Ben, to determine how well the therapist and client worked to improve the symptoms, quality of life and if their goals were achieved. A final report will be provided to Jesse Parker Williams Foundation by the end of the second pilot study.

***Analysis Process***

Valant does not have the ability to aggregate data or any data analysis so other programs, such as SurveyMonkey and Excel are needed to support the needs of the therapist and CCCG. Once the survey questions have been finalized Ben will put into SurveyMonkey. Each topic is broken into different sections and each answer is associated with a number. There will be a number threshold for each question and it will be flagged if a certain number is reached within each section for the therapist. Ben will be monitoring SurveyMonkey for results and once a client has completed the surveys he will export the results into Excel for analysis and report generation for the counselor. These reports will be immediately sent to the therapist to determine progress and aid in their therapeutic process.

*Note: please see Logic Model (appendix I) for further information*

**EVALUATION QUESTIONS**

* Are data collection objectives being attained as planned?
* What are the essential factors that allow for successful data collection?
* What are the barriers that hinder optimal data collection?
* What are the fundamental components of data collection?

**LITERATURE REVIEW / INSTRUMENT BACKGROUND:**

The program theory utilized is that of process evaluation. As CCCG enters the realm of electronic health records and outcome based measures the need to collaborate with an experienced program evaluation team arose. The goal of this collaboration is to incorporate useful and meaningful tools into the plan of care while simultaneously incorporating these outcome based measures into the electronic medical record.

For this second pilot study the utilization of newly released symptom screeners by the American Psychological Association will be used. These symptom screeners include the adult, child, and parent/guardian of child level one assessment tools. According to research conducted by Dayle, J. K. ( 2012), these tools are more clinician and client friendly, leading to increased utility and promoting better outcomes. In addition, other areas of improvement over past assessment tools included, “conceptualizing diagnostic entities; communicating information to clients, families, selecting effective treatments; and predicting future clinical management needs” (Dayle, 2012, p. 481).

Another important feature of incorporating these specific symptom screeners into the Care and Counseling Center of Georgia as they move towards outcome based measurements is that they have been rigorously tested and have proven to, “reduce missed symptoms … draw attention to mixed presentations with important treatment and prognostic implications” (Narrow et al, 2013, p. 80). This leads to more specific and targeted goal setting by counselors and clients, correct diagnosis, and better client outcomes. This can also aid in the justification for treatment modalities suggested by therapists and counselors which may be required by funders or insurance companies.

The Ferrans and Powers Quality of Life index is a tool that was developed to look at the impact of treatment on the client. This tool has been shortened and adapted for the needs of the Care and Counseling Center of Georgia’s clients. The goal of the Quality of Life tool is for the clinicians to use this as a “global assessment” versus a clinical diagnostic tool. The index tool will measure both satisfaction and importance on various aspects of life.

The successful incorporation of the electronic health record has become an integral component of CCCG’s commitment to delivering quality mental health care to their clients. The second pilot study will take several providers who had participated in the original pilot study and cast a wider net of the incorporation of outcomes measurement utilizing the electronic health record Valant. According to one systematic review on literature of health information technology articles from 2004-2007 showed an increase in the number of patient-focused applications (many of which were accessed directly by the patient), fewer articles published by health IT leaders, and lack of articles on the cost to benefit ratio of implementation of health information technology (Goldzweig, Towfigh, Maglione, & Shekelle, 2009). Cost of implementation was the number one cited barrier by providers in this review of literature (Goldzweig, Towfigh, Maglione, & Sheckelle, 2009). While Advantage Consulting works with CCCG to evaluate the implementation of these tools and EHR, they too face budget constraints and lack of peer reviewed research articles on the implementation and evaluation of this process. As early adopters of both an EHR in the field of mental health as well as utilizing this EHR in outcomes based measurement they are in many ways paving the way for future community based behavioral health organizations to follow.

*Note: please see appendix III and IV for Symptom Screener (Child, Adult, and Parent/Guardian) and Quality of Life tools*

**METHODS**

**EVALUATION COMPONENTS/METHODS FOR SELECTING DATA:**

Current instruments include the SurveyMonkey results from:

* Revised Symptom Screener tool
* Revised Quality of Life tool
* Goal Setting tool

After the refinement of these instruments, Advantage Consulting, will initiate the second pilot test. It will be determined if the tools aid the therapeutic process and allow for outcome measurement.

Convening sample is:

* Approximately 5-7 therapists will be engaged in the second pilot test
* Therapists will offer clients the option to opt in to the pilot test, these will be clients that have access to services through funding by the Jesse Parker Williams Foundation (clients without health insurance or coverage for mental health services)
* Clientele served by grant is challenging and not all therapists can treat
* Clients come from a subpopulation of agencies
* Approximately 2-4 clients per therapists
* Overall, approximately 10-25 clients that participate in evaluation
* Participation in the evaluation is voluntary by both therapists and clients

During this second pilot test, a timeline of therapist visits will be followed:

* Between 1st and 2nd visit the goals are set
* A link is given to the client to give feedback. The Quality of Life tool and Symptom Screener tools are populated by the client
* Therapist finalizes the goal statement
* Therapist then restates goal statement into therapeutic language to quantify progress. Once the client has established a therapeutic goals statement, it is to be restated by the therapist in clinical language. Included in this rewrite is a timeline and description of what achievement would look like
* Advantage Consulting will replicate this data on a form in SurveyMonkey
* At that point the baseline is set, therapist has been informed, therapist will share with client and discuss follow up, therapist will conduct follow up by 4th-6th visit
* At this point, Advantage Consulting will analyze data in SurveyMonkey (exported to Excel to support analysis)
* Advantage Consulting will remind therapist directly when client is due for follow up (lesson learned from first pilot that this is necessary engagement to support robust data)
* Once assessment is done, Advantage Consulting provides data for the follow up therapy session
* Advantage Consulting will monitor and create a report for each therapist and client
* Advantage Consulting will keep CCCG leadership aware of status
* CCCG looks at results (spreadsheet with all clients and relevant therapist) to determine: how successful they were with symptoms, quality of life, and goal achievement
* A final report will be given to funder by end of July

One of the main goals of the second pilot test by this organization is to evaluate the process by which goal outcome measurement becomes integrated into routine client care. Both the use of an electronic health record and the utilization of outcomes measurements have recently been introduced and Advantage Consulting will assist in determining what the best workflow is for introducing these measurement tools and determining their effectiveness with outcomes tracking. After the quantitative instrument-based data collection process is complete, Advantage Consulting will conduct a “process debrief” meeting with therapists. This meeting serves as a method for collecting qualitative data that will further elucidate the therapist experience of the process.

To develop a process protocol document that outlines workflow and resources, the Emory team holds ongoing phone conference sessions with Advantage Consulting. During these conversations, clarification is provided as to the evaluation goals, process, and status. The primary methods for collecting data to develop this protocol document are ongoing conference calls and review of data collection resources shared by email. During the development of the protocol, as questions arise, the team emails Advantage Consulting. It is then determined if the question can be addressed by email or warrants a conference call.

Advantage Consulting develops revised screening tools and shares with CCCG therapists

**Key**

Advantage Consulting

CCCG Therapists

CCCG Clients

CCCG Leadership

Process outcomes are shared with CCCG leadership team and used to support Valant build, data infrastructure, and donor reporting

During 1st visit, with input from therapist, client populates new screening tools and sets personal goals

Between 4th and 6th visit, client repopulates screening data as measure against baseline data

Advantage Consulting analyzes and creates baseline data report for therapists. Therapists are also given follow up visit reminders

Advantage consulting reviews and analyzes follow up data and shares with therapists and leadership

Advantage Consulting develops final report with recommendations for screening and data collection process

**Process Evaluation**

**WORKFLOW DIAGRAM**

*Note: please see Gathering Credible Evidence worksheet (appendix II) for further workflow information.*

**SELECTED EVALUATION STANDARDS:**

We propose the evaluation planning team maintain adherence to *The Program Evaluation*

*Standards* (Selected from: Yarbrough, Caruthers, Shulha, & Hopson, 2011):

**UTILITY STANDARDS:** The utility standards are intended to increase the extent to which program stakeholders find evaluation processes and products valuable in meeting their needs.

The utility standards to be implemented by this evaluation plan are:

**U2 Attention to Stakeholders** *Evaluations should devote attention to the full range of individuals and groups invested in the program and affected by its evaluation.*

In order to conduct an evaluation that is useful we must take into account all stakeholders’ viewpoints of the program and what they hope to get out of the evaluation. Understanding this will allow for an evaluation to meet the goals of all stakeholders.

**U3 Negotiated Purposes** *Evaluation purposes should be identified and continually negotiated based on the needs of stakeholders.*

To keep the evaluation in alignment with the goals agreed upon, evaluation purposes should be agreed on before the start of the evaluation. When aspects of the evaluation change immediate communication is needed. Communication is key and therefore should be apart of the plan from the start.

**U5 Relevant Information** *Evaluation information should serve the identified and emergent needs of stakeholders.*

Feedback from the original pilot study lead to the adoption of a more succinct and user friendly symptom screener and quality of life measurement tool as well as an updated goal setting tool. The stakeholders guide the scope and focus of the evaluation efforts by Advantage Consulting and feedback occurs in real time and through direct communication with stakeholders. Debriefings with staff are also conducted to ensure dissemination of findings and concerns from stakeholders such as therapists can be addressed.

**FEASIBILITY STANDARDS:** The feasibility standards are intended to increase evaluation effectiveness and efficiency.

F3 Contextual Viability. Evaluations should recognize, monitor, and balance the cultural and political interests and needs of individuals and groups.

Therapists should possess cultural competence since their clients are individuals and families from low income areas within the Atlanta region, who tend to be a challenging population to work with.

**PROPRIETARY STANDARDS:** Proprietary refers to what is proper, fair, legal, right, acceptable and just in evaluations. Itincludes three contexts: ethical, legal and professional practice.

The proprietary standards to be implemented in this evaluation plan are:

**P3 Human Rights and Respect.** *Evaluations should be designed and conducted to* *protect human and legal rights and maintain the dignity of participants and other stakeholders.*

Since CCCG offer several counseling services to individuals and families in the Atlanta area, we must be concerned and aware of their human and legal rights. Medical records, client identifying information, and income information will be used during the pilot test and therefore we need to secure and protect the client’s information. During the evaluation, care and counseling cannot be interrupted or negatively affected. There are several invested stakeholders in this project so communication and presentation of evaluation results must be done in a respectful and sensitive manner.

**ACCURACY STANDARDS:** The accuracy standards are intended to increase the dependability and truthfulness of evaluation representations, propositions, and findings, especially those that support interpretations and judgments about quality.

The accuracy standards to be implemented in this evaluation plan are:

**A2 Valid Information.** *Evaluation information should serve the intended purpose and* *support valid interpretations.*

The focus of the evaluation is on the processes and how well the new instruments are able to aid in therapeutic processes and data collection measures. The stakeholders are currently not interested in outcome measurements therefore information shall not be collected or presented in the final report.

**A5 Information Management.** *Evaluations should employ systematic information* *collection, review, verification, and storage methods.*

Before the start of the second pilot test, a detailed timeline for the therapists to follow has been created, a data collection workflow document has been created, and a data analysis plan has been put into place. This is important because each therapist has specific guidelines to follow and they are all following the same set of steps. Data collection and analysis are being followed in the same steps for each therapist and client.

**PROPOSED DISSEMINATION PLAN**

The presentation and findings will be in consideration of P3 Human Rights and Respect; Evaluations should be designed and conducted to protect human and legal rights and maintain the dignity of participants and other stakeholders. We propose a two phase reporting to distribute findings to key stakeholders identified as important players in planning and the execution of the program objectives.

***Phase I***

A formative evaluation report will be used to inform program staff early about how the program is functioning and changes needed improvement. In tailoring the report to meet the needs of the multiple audiences, several media and modes of display are taken into consideration.

The Program Evaluation Standards recommend that (AEA 2010):"Significant interim findings and evaluation reports should be disseminated to intended users, so that they can be used in a timely fashion”. In accordance to the aforementioned an E-mail report will be sent out to the key contact person.

* E-mail report: due to timing of the next focus group meeting, and the necessity to inform program administrators (therapists and leadership), a copy of the report will be emailed to the contact person to include the following:
  + An executive summary will be beneficial especially to executives with busy schedules. The executive summary will include the purpose of the evaluation; highlights of methodology, and a list of the important findings and recommendations with reference to the full report for detailed information.
  + Graphs, bullets, colored tabs, or flow charts to make it easier to browse through the report and quickly divert attention to the most significant points.

*Phase II*

A summative evaluation report to the program’s sponsors (JPW) to include the following:

* PowerPoint presentation offers the advantage of presenting key evaluation points in a more stimulating and interactive way. This method allows for highlights and visually presents major findings in interim, full, and special reports, which usually are more engaging than written reports. The use of simulations can help emphasize key points in the presentation.
* Oral presentations allow for interactive discussion between evaluators and stakeholders, and between the stakeholders themselves.

**RECOMMENDATIONS**

Recommendations are based on information collected during the development of the evaluation plan. Data gathered during an evaluation allows program leaders to learn from their mistakes, make modifications as needed, monitor progress towards program goals, and to judge the success of the program in achieving its short-term, intermediate, and long-term outcomes. The World Health Organization has established the Working Group on Health Promotion Evaluation and they created a set of conclusions and related recommendations to guide policymakers and practitioners (WHO, 1998).

* Require that a portion of total financial resources for the program is allocated to the evaluation (recommend 10%).
* Ensure that a mixture of process and outcome information is used to evaluate pilot test.
* Support the need for training and education for therapists and other staff members at CCCG.
* Create and support opportunities for sharing information on evaluation methods, processes, and outcomes through conferences, workshops, and other means.
* Establish clear goals for the new pilot study to reflect outcomes focused on data collection using the new mental health assessment instruments.
* Establish what standards must be reached for the program to be considered successful.
* Conduct needs assessment geared towards gathering feedback from therapists on what is working or not working with new mental health assessment instruments.
* Consider personal barriers that may affect clients in participating in online surveys: literacy, linguistic, accessibility/availability of computers etc.
* Rapid release of data from Advantage Consulting to therapists after data collection.
* Reminders in place to encourage compliance with protocol for outcome based client assessments.
* More complete data sets for analysis for the second pilot study with higher percentages of baseline and follow up assessments documented.
* Require evaluation tools that are integrated with routine program operations so as to have ongoing evaluation strategies that involve all program stakeholders.

**TEAM LESSONS LEARNED/EXPERIENCE**

* We supported Advantage Consulting during the development stage of their evaluation. As such, we were able to ask questions and hold discussion that may have influenced evaluation design, such as participating during a feasibility/information gathering focus group with Valant.
* We were brought in to develop an array of instruments and recommendations to be used to better support data collection. During the process Advantage Consulting determined that clinical and standard forms needed to be used. Our effort shifted to Advantage Consulting’s need for a guide (this document) that outlined the high-level process. This is to be used as a component within the broader process evaluation led by Advantage Consulting. As a result, the team learned flexibility and to be responsive and agile with respect to client needs. There were multiple iterations of the request from our project advisor until we ultimately arose at the client need. This was to be expected considering that the needs of the 2nd pilot were still under development when we were brought into the project. We learned the importance, in the future, of laying out concrete project goals at the start of the project, including a project plan, rather than developing the process during the evaluation itself. However, due to the nature of the organization and multiple stakeholders, a more participatory model was appropriate and employed by Advantage Consulting for this evaluation.
* We also started down a path of determining how to best use and redesign instruments in the EHR to support CCCG providers and organization to use the EHR to drive quality outcomes. This is still a goal of CCCG, but during the evaluation process, we learned that Valant did not have a robust enough platform to currently support data needs. We gained several lessons about questions to ask to determine business need prior to an enterprise implementation. In this case, it was determined after implementation that the vendor could not currently support data needs.
* As a result of this discovery, the evaluation shifted to a process approach that would determine data infrastructure needs and recommendations. This information would then be used as a bridge for CCCG to work with Valant to build EHR capacity. However, the EHR vendor may still not be equipped to provide this data capability. As such, the data lessons learned in this evaluation may be maintained in an alternate collection format, outside of the EHR. It is our hope that the lessons learned can be applied to one single integrated platform, such as the EHR, as this would better support therapists, drive quality improvement, and support business need.
* We also learned a great deal about communication with stakeholders and pursuing information so as to ensure we receive all materials to inform this guide. We were often working with rapidly changing information, so we arranged multiple calls and email conversations until saturation and understanding was reached. As a team this required us to activate patience and a take on a certain level of comfort in operating without full information. This will be a helpful learning experience to apply to any of our future public health work.
* At the inception of the project, we were given the caveat that therapists were quite reticent to the evaluation as it would ultimately lead to increased monitoring and a quality metrics driven organizational approach. As a team, we observed our project lead and learned approaches to assuaging stakeholder concern. In this instance, this entailed providing assurance to the therapists that the process evaluation was just to look at best practices surrounding the data process but not to evaluate their work efforts. Debrief meetings were also held with the providers and Advantage Consulting to discuss concerns. We also thought that beyond the evaluator, this could be a key role for organization leadership. We learned the importance of keeping all levels of stakeholders aware and engaged throughout the process so as to limit misinformation or concern surrounding the evaluation.

**REFERENCES**

Dayle Jones, K. (2012). Dimensional and cross cutting assessment in the DSM-5. Journal of Counseling and Development, 90, 481-487.

Goldzweig, C. L., Towfigh, A., Maglione, M., & Shekelle, P. G. (2009). Costs and benefits of health information technology: new trends from the literature. *Health Affairs, 28(2),* w282-w293. Retrieved from <http://content.healthaffairs.org/content/28/2/w282.full>

Narrow, W. E., Clarke, D. E., Duramoto, J., Draemer, H. C., Kupfer, D. J., Greiner, L., & Regier, D. A. (2013). DSM-5 Field trials in the United States and Canada, Part III: Development and reliability testing of a cross-cutting symptom assessment for DSM-5. American Journal of Psychiatry, 170, 71-82.

WHO European Working Group on Health Promotion Evaluation. Health promotion evaluation: Recommendations to policy-makers: Report of the WHO European working group on health promotion evaluation. Copenhagen, Denmark : World Health Organization, Regional Office for Europe, 1998.

Yarbrough, D. B., Shulha, L. M., Hopson, R. K., & Caruthers, F. A. (2011). The program evaluation standards: A guide for evaluators and evaluation users (3rd ed.). Thousand Oaks, CA: Sage.

**what is the long-term fundamental impact to CCCG?**

**[7-10 years]**

**Overarching goal:An effective data collection process is used to support ongoing continuous clinical and organizational quality improvement**

The data collection process and EHR continues to meet reporting needs of the organization. The organization maintains the data collection process and EHR including supporting appropriate upgrades, staff training and engagement, and assessment of environmental needs

Tools developed during the evaluation can be used to support ongoing EHR upgrades and decision-making surrounding reporting needs. EHR system can poise CCCG to conduct outcome-based research. EHR data to help with CCCG strategic planning

*Note: Grey text provided and taken from Advantage Consulting created documents*

**what is the *short-term* and immediate change for CCCG ?**

**[1-3 years]**

Use evaluation feedback to inform and redesign data collection process, especially approach to EHR

Implement the new mental health tools as part of data collection process (for purposes of clinical and organizational quality improvement)

* Secure buy-in from therapists and providers
* Organization identifies and addresses their own QI goals

A redesigned EHR/database system is used in managing client care and organizational planning, development, and training

100% of clients have baseline data, process data, and outcome data recorded

Leadership reviews data and reports out during staff meetings to support this goal. All staff has a good understanding of data collection process

**what are the direct products of evaluation?**

*Input to the following questions can be provided:*

Are the proposed mental health assessment tools relevant and practical for therapists to use in their practice? And clients?

Is the new EHR/database capable of or will be capable assisting with collecting and analyzing client mental health status?

What steps should staff use in analyzing each client’s results and use it in the therapeutic setting?

What steps should the clinical director use to analyze the aggregate data to identify opportunities for supervision and training?

Recommendations for training, implementation, and change management tools are developed to support providers in new data collection process

It is determined if Valant has EHR specification capability for data collection goal

**how do resources guide evluation? (specific tasks)**

Review background docs of program activities. Review goals and results of pilot testing of new mental health assessment instruments

Interview database vendor on data collection and analysis capabilities of new online EHR/database, ‘Valant’, designed for behavioral health organizations (focus group format)

Assist project evaluators to develop evaluation and data analysis plan for implementing new data collection tools

Hold qualitative debriefing sessions with providers

Determine what baseline and outcome data (with goal of QI) is feasible to collect from EHR and determine best data collection process

**who is engaged in the activites?**

Clinical Director and President

Valant (EHR vendor)

Evaluator (Advantage Consulting)

Therapists and Providers

Clients

Funders (JPW)

**what resources inform this work?**

Leadership engagement and champions

CCCG has strong relationship with evaluation team

Engagement and buy in with electronic medical record (EHR) vendor. Complete enterprise EHR implementation (with robust system). Existing history with EHR for billing (not clinical)

Existing data from first round pilot evaluation

Existing data from the Jessie Parker Williams Foundation (JPW) pilot study and grant requirements

**what are barriers?**

Limited timeline and budgetary restrictions with multiple implementation sites

Cultural shift in organization. Some resistance towards shift to outcome measurements

Questionnaires/screening tools are time consuming and invasive for the client (mitigated with consent and client volunteers)

**Impact**

**Outcomes**

**Outputs**

**Activities**

**Inputs**

**Appendix I. Care and Counseling Center of Georgia Logic Model**

**CCCG Mission: *Offering healing, wholeness, and hope to those in need and educating others for this service***

**Evaluation Goal:** ***Develop Data Collection Plan and EMR Functionality Analysis for Mental Health Assessments conducted at CCCG***

**External forces**

Limited funding for EHR

Data and reporting requirements from external entities such as CMS

A rapidly changing EHR and health care landscape

Reporting needs from funding organizations may shift

**Assumptions**

CCCG leadership has strong buy in for EHR goal to support efficiency, cultural competency, and clinical and organizational quality.

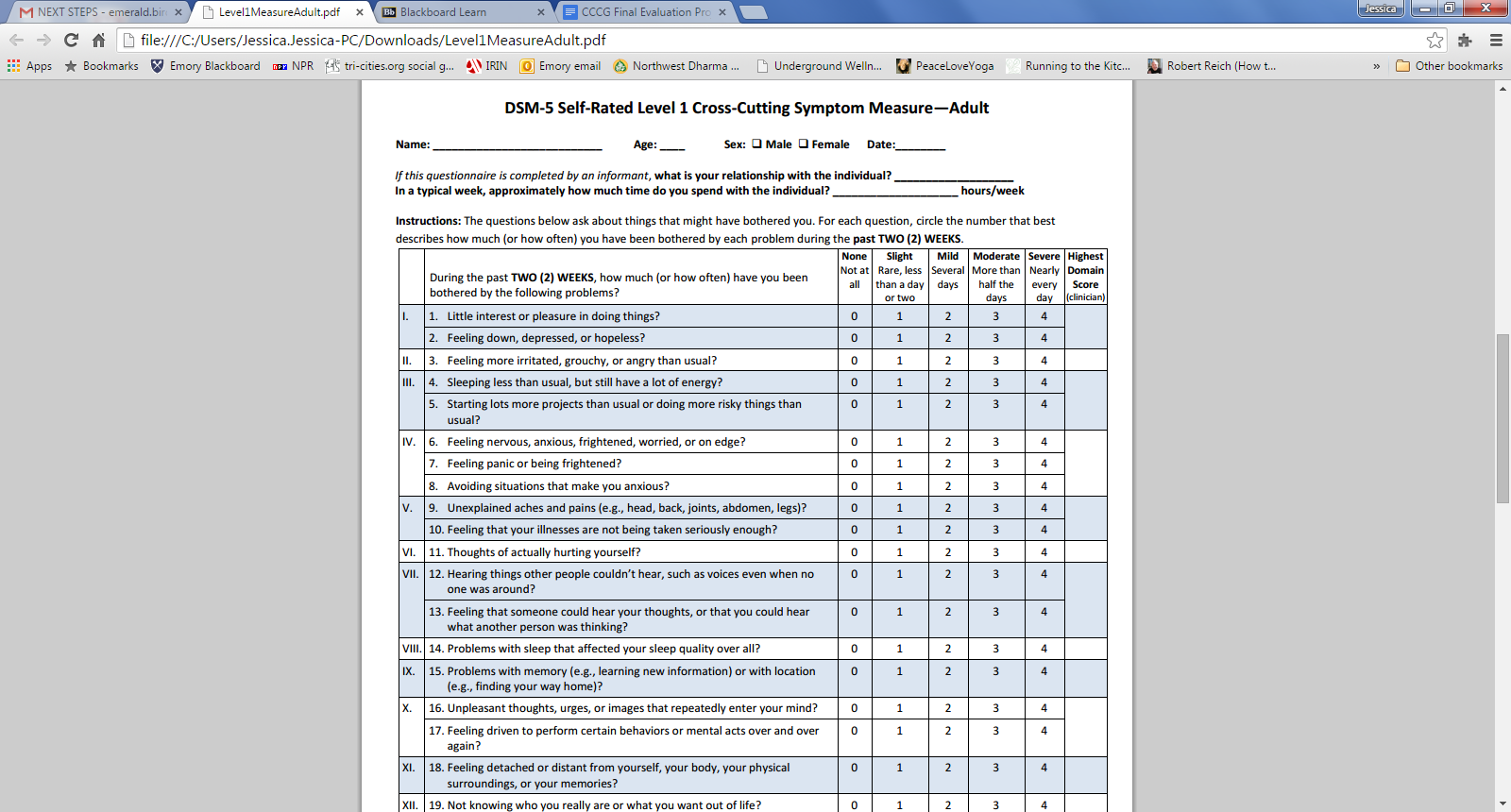
The EHR is the best location for collecting data.

The EHR has functionality that supports data collection.

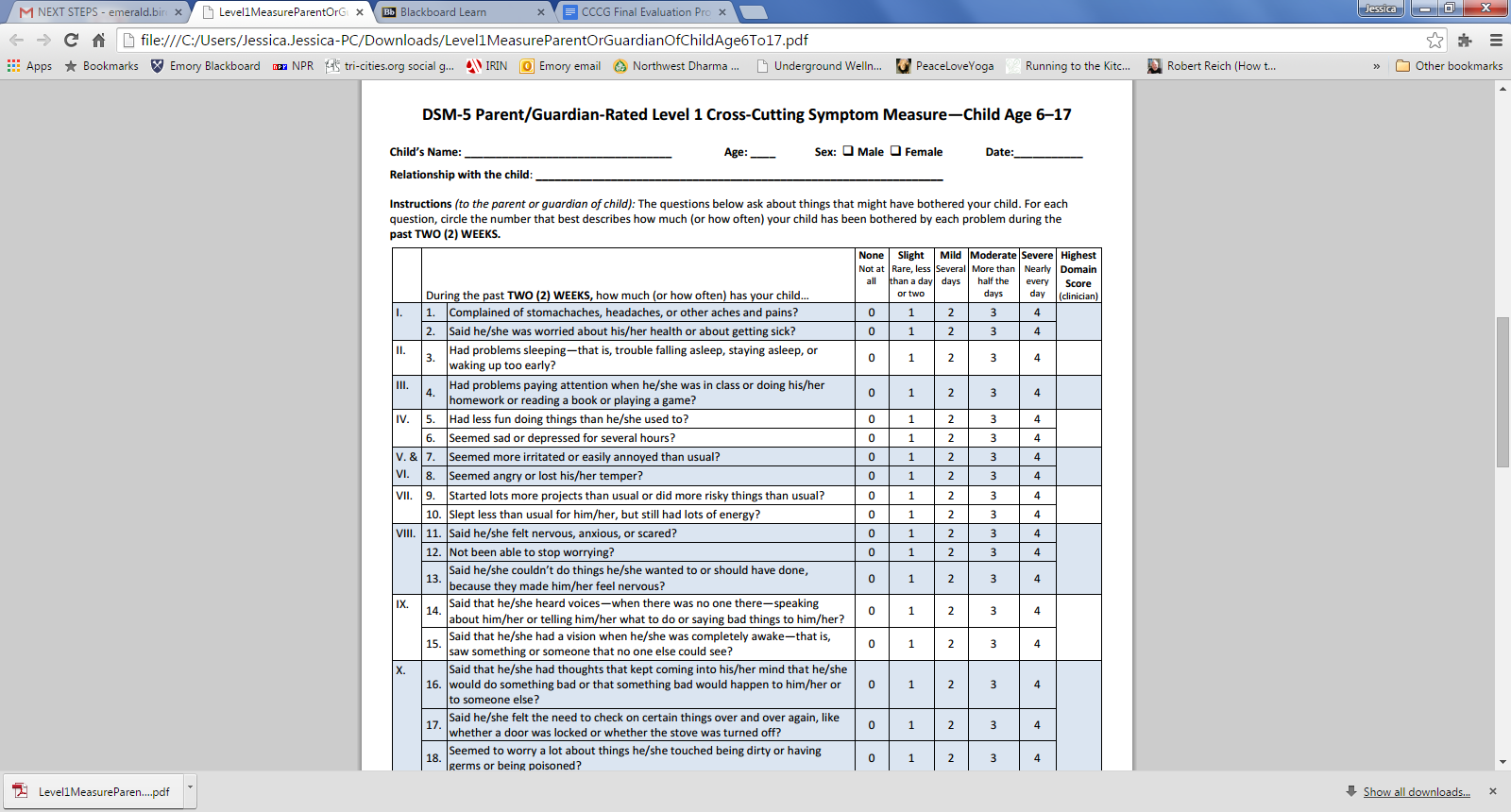
**Appendix II: GATHERING CREDIBLE EVIDENCE**

|  |  |  |  |
| --- | --- | --- | --- |
| **EVALUATION**  **QUESTIONS** | **POTENTIAL**  **DATA SOURCES** | **POTENTIAL**  **DATA**  **COLLECTION**  **METHODS** | **STRENGTHS/DRAWBACKS** |
| What are the essential  factors that allow for  successful data  collection? | * Advantage Consulting resources (Khurram Hassan (Ko) and Ben Cossum) * Therapists * SurveyMonkey * Excel * Clients-focus on those clients participating in the Jesse Parker Williams Foundation Grants | * Need the client to accurately fill out the symptom screener and Quality of Life (QOL) tool * Therapists follow up with client | Strengths:   * Ko & Ben will be reminding each therapist when a client is in need of a follow-up * Client can fill out symptom screener and QOL online or on paper in clinic * Interpreters and outcome measurement tools available for multiple languages   Drawbacks:   * Valant (EHR) cannot aggregate data * Need to use SurveyMonkey and Excel to create data and reports * Therapists are hesitant about data collection process |
| What are the barriers that hinder optimal data collection? | * Advantage Consulting * Therapists * Valant (EHR) * SurveyMonkey | * Valant (EHR) does not have the ability to aggregate data * Therapists timely follow-up with client * Data is manually entered into SurveyMonkey * Client drop off rates * Ways to identify client in Valant (EHR) | Strengths:   * Most of the therapists from the 1st pilot have signed up to participate in the 2nd pilot test * Ko & Ben will be reminding the therapists about follow-up visits in the 2nd pilot test   Drawbacks:   * Need an improved way to identify clients (client is manually entering their ID number, which could be inaccurate) * Questions and answers to symptom screener and QOL has to be manually entered into SurveyMonkey by Ben and then data is extracted into Excel * Client drop off rates * Resistance from therapists |
| What are the  fundamental  components of data  collection? | * Child & Adult Symptom Screeners * Quality of Life screening tool * Goal setting tool * Valant EMR * SurveyMonkey * Excel worksheets * Engagement by Advantage Consulting resources (Ko & Ben) | * Goals are set between 1st & 2nd visit * Link is given to client to provide feedback * Symptom Screener & QOL are filled out by client * Question/answers are entered in SurveyMonkey by Ben * Follow-up conducted between 4th-6th visit * Ben provides therapist with data/report for each client | Strengths:   * Symptom screeners are new (APA approved) * QOL tool is shorter * Goal statement will be written in language of the client, then restated by therapist in more therapeutic language * Excel data and reports will be sent immediately to therapist   Drawbacks:   * Difficulty identifying client * Therapists forgetting to conduct follow-up * Client buy in necessary for completion of symptom screener, QOL, Goal statement * Potential for inaccurate data entry * Having to use multiple tools to collect and create data and reports (Valant, SurveyMonkey, Excel) |

**Appendix III: SYMPTOM SCREENER INSTRUMENTS (SELECTED EXAMPLES)**







**Appendix IV: QUALITY OF LIFE INDEX INSTRUMENT (SELECTED EXAMPLES)**

