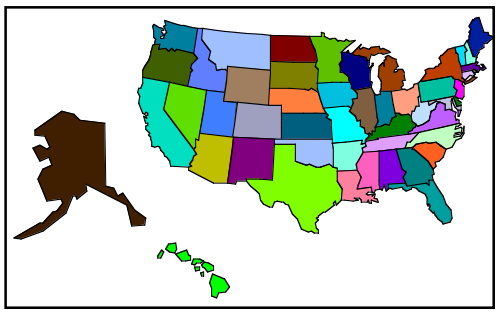
Data Matters
An Evaluation Newsletter
Summer 1999 #1

National Scan of Children's Services Evaluation

The Georgetown TA Center State Survey

In a project entitled, The National Scan: State of the States in Children's Services Evaluation, researchers from the Evaluation Initiative at the Georgetown University National Technical Assistance (TA) Center for Children's Mental Health have been systematically examining each state/territory's evaluation program for children's mental health services. Over the last six months, information has been gathered from multiple sources including key informants, publications, and state agency Web pages *in all 50 states and 5 territories*. The researchers have investigated the evaluation design, process, outcome instrumentation, management information system, feedback structure, lessons learned, and technical assistance needs of each state and territory.



The data from the National Scan will be disseminated in Evaluation Initiative products including:

(1) Regular features in "Data Matters" to inform states and communities of evaluation endeavors nationwide;
(2) Publication of analyses of differences and commonalties in evaluation tools, procedures and instrumentation across the nation, and
(3) TA Center Web site searchable database containing personal contacts and sources of information for resources and technical assistance.

The Evaluation Initiative will also identify promising practices in evaluation to understand better the progress of the states, to promote and highlight advances in the field, and to customize technical assistance products to individual strengths and needs. Regular updates of the database are planned. Look for its unveiling soon at:

www.dml.georgetown.edu/depts/pediatrics/gucdc/

National Scan Analyses and Trends

Preliminary analysis of the National Scan reveals similarities in state-mandated children's mental health services evaluation requirements across the country. Although all states have been polled, a subset of 30 states has reviewed and approved the database information for publication. Within this sample of 30 states, the following instruments have been mandated for statewide administration in two or more states (see Table below). The Table also shows which of these instruments is being piloted for consideration in future statewide evaluation mandates. Future issues of "Data Matters" will address the merits and appropriate applications of these instruments.

(Sample n = 30 states)

Instrument	Number of States Requiring	Number of States Piloting	Percent Piloting or Requiring
Satisfaction	14	7	70%
CAFAS	12	7	63%
CGAS	5	1	20%
CBCL	4	6	33%
GAF	4	0	13%
BPRS	2	3	17%
YSR	2	2	13%
BERS	2	1	10%
CFARS	2	0	7%

CAFAS = Child & Adolescent Functional Assessment Scale
CGAS = Children's Global Assessment Scale
CBCL = Child Behavior Checklist
GAF = Global Assessment of Functioning
BPRS = Brief Psychiatric Rating Scale
YSR = Youth Self Report
BERS = Behavior & Emotional Rating Scale
CFARS = Children's Functional Assessment Rating Scale

Data Matters is a free publication of the
Georgetown University National Technical Assistance Center for Children's Mental Health
Funded by the Child, Adolescent, and Family Branch, federal Center for Mental Health Services (CMHS)
Substance Abuse and Mental Health Services Administration (SAMHSA)

Welcome to Data Matters

and the Evaluation Initiative at the Georgetown TA Center

Larke Huang & Michelle Woodbridge

We are pleased to present this first issue of "Data Matters," which we hope will become a useful venue for sharing information about children's service evaluation efforts taking place in states and communities around the country. With increasing federal and state emphasis on quality assurance, outcomes, standards, and costs, child-serving systems are developing new approaches to service evaluation. While the structure of evaluation efforts varies considerably across communities, there is a widespread effort to build evaluation infrastructure within systems and better integrate data into the working operations and decision-making process of agencies. Increasingly, "Data Matters."

"Data Matters" is a product of a new Evaluation Initiative at the Georgetown University National Technical Assistance Center for Children's Mental Health. The mission of this initiative is to facilitate the capacity-building of states and communities in their evaluation of children's services in systems of care and to identify promising practices in the design and implementation of evaluation programs and integrated information systems. The predecessor to this initiative was the TA Center at the Judge Baker Children's Center which brought visibility and voice to the evaluation of children's mental health services. Our goal is to integrate evaluation activities into technical assistance provided by the Georgetown TA Center for building systems of care.

As we embark on the "second stage" of this initiative funded by the federal Center for Mental Health Services, we are guided by a set of operating principles, some of which build upon those established by the Judge Baker Center. The Evaluation Initiative will:

- Promote the "culture of evaluation" such that all stakeholders will understand the value and utility of evaluation efforts, effective strategies for obtaining meaningful buy-in and participation, and optimal uses of evaluation techniques and products. Through these efforts, we hope to encourage the use of data in all routine practices and decision-making aspects of child services.
- Continue efforts to build an evaluation infrastructure within children's mental health systems focusing on integrated information systems and development of evaluation expertise.
- Operate in the context of a total system of care for children and their families, by promoting within system and cross-system evaluation, including child welfare, juvenile justice and education.
- Showcase promising practices in the design and implementation of sound evaluation programs and outcomes reporting so that different communities may learn from one another.
- Develop a database of state- and community-level evaluation efforts with key contacts and resources.
- Promote evaluation as essential in the development, improvement, and sustaining of children's services.
- Develop practical and relevant products useful to a variety of stakeholders.

Mission
of the Evaluation Initiative:

To facilitate the capacity-building of states and communities in their evaluation of child and family services in systems of care, and to identify promising practices in the design and implementation of sound evaluation programs and interagency management information systems.

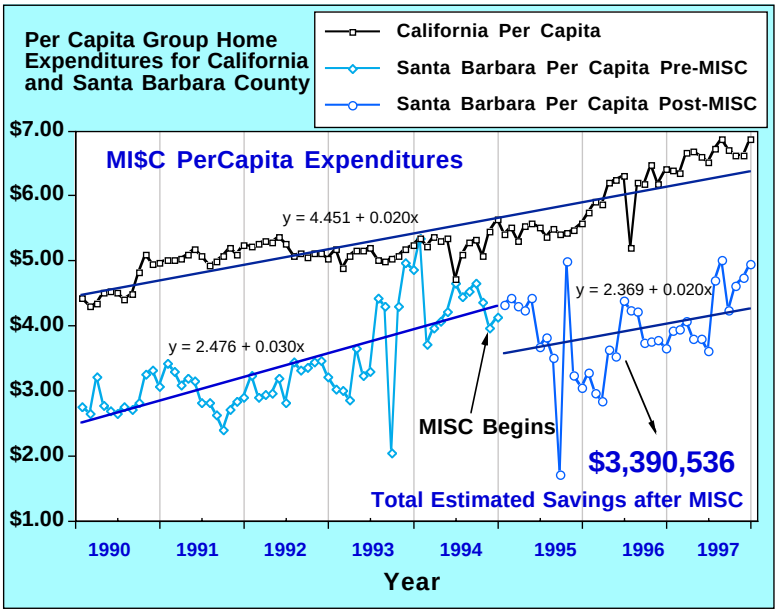
A key value underlying this initiative is **collaboration**. Excellence in evaluation must build upon collaboration across disciplines, departments, and stakeholders, across child-serving systems and levels of authority. Information managers must collaborate with frontline clinicians. Collaboration must occur among consumers, family members, providers, program staff, and policymakers. Based on this value, we encourage collaboration among evaluators and others involved in the process to better inform our evaluation efforts. We invite you to share your experiences in services evaluation efforts and look forward to disseminating this information in "Data Matters" (please contact us at the numbers below). Through this **collaborative** effort, we hope to contribute to serving children and families in the best ways possible.

For further information about the Evaluation Initiative and Georgetown University's National TA Center contact:
Michelle Woodbridge, Ph.D. or Larke Huang, Ph.D.
Senior Policy Associates
Georgetown University
National Technical Assistance Center
for Children's Mental Health
3307 M Street, NW, Suite 401
Washington, D.C. 20007
(202) 687-6878; (202) 687-8855
fax (202) 687-1954
woodmich@gunet.georgetown.edu
huangl@gunet.georgetown.edu

Data Can Speak Volumes!

Well-composed evaluation reports can clearly and powerfully illustrate information about a service program, target specific audiences, and highlight important objectives without requiring audiences to have expertise in statistical analysis. Many evaluators around the country have used insight, creativity, and graphical skills in presentations of evaluation data that have made significant statements, given their programs public exposure, and encouraged system improvements. The administrators of these projects have skillfully made their data visible in meaningful ways that leave audiences with concrete take-away messages and readily comprehensible facts. Some of the more compelling examples include the following:

In Santa Barbara County, evaluators of their federally-funded system of care project (the "Multiagency Integrated System of Care" or "MISC") were able to depict per capita group home expenditures for the state and compare them to the county costs over an eight year period. The graph (right) shows that the county group home expenditures had been lower than the statewide average but were increasing at a faster rate prior to the implementation of MISC. Since the system of care began in October, 1994, group home expenditures were reduced by approximately $3.4 million (projected). The clear message: system of care services can result in dramatic decreases in residential placement costs. (For more information, please contact Mike Furlong at <mfurlong@education.ucsb.edu>)



The state of California has also presented extensive preliminary data from their statewide California Children's Performance Outcome System: An Examination of Youth Functioning. A detailed report and colorful graphs demonstrate a decrease in scores on standardized behavioral measures newly required for all children served in public mental health. The clear message: according to their caregivers, children who receive public mental health services in California demonstrate marked decreases in problem behaviors after six months. (For more information and accompanying graphs, view their Web site at: http://www.dmh.cahwnet.gov/rpod/children.html).

We would appreciate the opportunity to publicize other interesting evaluation findings from around the country. If you would like to submit other examples of information depicted in compelling, thought-provoking, and innovative ways, please contact us at the addresses/numbers below. More sites that are practicing promising approaches to data reporting are showcased in a new monograph described in the "Promising Practices" article on page 5.

Access Vermont
Feedback Report Card

In a unique effort to assess themselves, evaluators for the "Access" program of Vermont's Department of Developmental and Mental Health Services have provided information to the community about the reception of their evaluation reports. Through community surveys, their evaluation reports were rated for clarity, relevance, and utility. The scores were translated into "grades," and the evaluation reports received the following "report card." The clear message: our evaluators intend to produce information that is relevant, clear, and helpful to the community.
(For more information, please contact Ted Tighe at <ttighe@ddmhs.state.vt.us>)

Satisfaction with Community Services Report	Grade
Overall, the report is helpful	A-
The report will be helpful in improving services	B
The following aspects of the report were helpful:	
Level of youth functioning	B+
Level of empowerment of caregiver	B+
Family involvement	B+
Youth involvement	B+
Comments of caregivers: What's helpful?	A-
Comments of caregivers: What would have made things better?	A-

Copies of **Data Matters** may be distributed freely.
If you have suggestions or corrections for the mailing list, please send them to
Michelle Woodbridge
Fax: (202) 687-8899,
e-mail: woodmich@gunet.georgetown.edu
www.dml.georgetown.edu/depts/pediatrics/gucdc/
Please bookmark the Web site!

Cultural Competence
Standards and Evaluation

In 1997, 30% of the U.S. population were from ethnically and racially diverse populations. Currently, nonwhite and Hispanic youth constitute 35% of the nation's public schools. By the year 2000, 40% of consumers of human services will be children and adults from culturally diverse groups. These population trends create a demographic imperative for child and family-serving systems to examine the cultural competence of their programs to serve culturally diverse youth and their families more effectively.

Recent efforts at the Federal and State levels have addressed the need for cultural competence standards and evaluation strategies in behavioral health service delivery:

Federal Activities: In an activity sponsored by the federal Center for Mental Health Services, the Western Interstate Commission for Higher Education Mental Health Program and the University of Pennsylvania convened four ethnic-specific (Latino, African American, Asian/Pacific Islander Americans, and Native American/Alaska Natives) multi-stakeholder work groups to address cultural competence in managed behavioral healthcare. Their resulting product, Cultural Competence Standards in Managed Mental Health Care for Four Underserved/ Underrepresented Racial/Ethnic Groups (1998), delineates principles and guidelines for defining cultural competence in consumer-driven, community-based systems of care. Also included are standards, guidelines, recommended performance indicators and outcomes at the system and clinical levels as well as provider competencies in cultural knowledge, skills, and attitudes. (www.wiche.edu)

In a second activity, the Substance Abuse and Mental Health Services Administration contracted with the New York State Office of Mental Health to develop performance measures to assess mental health services to multicultural groups. This document, Cultural Competence Performance Measures for Managed Behavioral Healthcare Programs (1998) includes measurement of 6 domains (needs assessment; information exchange; services; human resources; plans and policies; and outcomes) at 3 levels (administrative, provider network, and individual). Within each domain, factors are operationalized into indicators and specific measures. (hmccombs@samhsa.gov)

State Activities: A number of states are pursuing initiatives to assess and improve cultural competence in their service delivery. In future editions of "Data Matters" we will present more detailed discussions of these approaches. A few highlights:

The California Department of Mental Health requires their 58 counties to develop and implement cultural competence plans for mental health services. Implementation includes standards for cultural/linguistic competence, performance indicators for measuring access, quality of care, management, and outcomes. The requirements also include assessment of population (including ethnicity and language) and organizational/provider assessment (including cultural competence policies, practices and human resources). (www.dmh.cahwnet.gov/multicultural/objective.htm)

The New Jersey Division of Mental Health Services Multicultural Services Advisory Committee developed the Program Self-Assessment Survey for Cultural Competence to be administered in state-funded community programs. This survey focuses on program practices that enhance cultural competence and respondent views regarding adoption and expansion of these practices.

Don't Be Left Out of the Loop!
Sign up for TAMIS-L
(TA on MIS/Evaluation Listserv)

The Evaluation Initiative has recently begun operating a listserv to provide current information about children's system of care services evaluation and interagency management information systems. The listserv will provide relevant and timely information to a diverse audience including various children's services stakeholders, researchers, evaluators, administrators, and others with interest in evaluation, technology advancement, and information systems.

Be one of our first subscribers, and submit your views on:

Interagency Management Information Systems in Children's Services: What's All the Fuss?

You may subscribe to the list by sending the following email message (no need to include a subject) to **listproc@listproc.georgetown.edu**:

subscribe TAMIS-L <Firstname> <Lastname>

HOT Evaluation TA Topics

A goal of the Georgetown TA Center is to be able to individualize technical assistance to states and communities and/or to connect peers who can provide technical assistance to each other based on their own strengths and needs.

Preliminary data from the National Scan reveal "hot topics" with which sites are struggling and desire information. These requests and suggestions will assist the TA Center in creating learning tools and activities that will have the most impact on children's services evaluation. The topics that we intend to focus on first for technical assistance include:

- Design of instruments
- Effective statistical analyses of outcome data
- Linking to databases of other child-serving agencies
- Operational definitions of disorders and indicators for measurement
- Utilization of data for clinical and legislative work
- Strategies to convince state agencies to share data, trust, and fund data integration

Promising Practices in Data Reporting

The Georgetown TA Center is in the process of developing a Promising Practices monograph on the topic "Reporting Evaluation Data to Manage, Improve, Market, and Sustain Children's Services." It will be part of a series funded by the federal Center for Mental Health Services (CMHS), released in January 2000, to highlight lessons learned in their Children's Mental Health Services Program sites (For more information on this series, see: www.air-dc.org/cecp/default.htm). This monograph will address:

- the use of evaluation and data reporting to drive or sustain systems change
- the processes in establishing a "culture of evaluation"
- the design of effective outcomes reporting formats for presentations to different stakeholder groups
- family partnership and cultural considerations, and
- marketing principles for presenting data.

Preliminary analyses have been conducted on interview data and evaluation products in sites that have revealed trends in the use of evaluation information and the establishment of support for data collection. All sites have reported strong *initial and on-going training* in addition to *timely, consistent production of data reports.* Recurring themes to garner buy-in from multiple stakeholders include:

- an emphasis on supporting staff in their collection of data
- ensuring accountability to practice and procedures
- family involvement in the development, dissemination, and interpretation of evaluation findings
- multiple venues for discussion about the evaluation program and outcomes; and
- use of integrated cost and outcome data for advocacy to state legislatures and additional funding sources.

Data have also been utilized to support numerous activities including:

- to plan, fine-tune, and sustain services
- to support parents and strengthen the family voice
- to build partnerships and give credence to interagency efforts
- to market achievements
- to boost morale and demonstrate progress to frontline staff and family members
- to ensure equitability and accountability of services
- to promote strengths-based service planning and the values of system of care
- to encourage the development of sophisticated interagency information systems.

Interagency MIS: How to Avoid a MISmatch

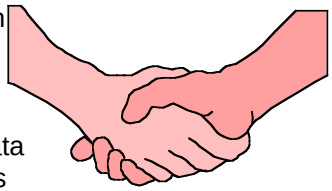
Outcome indicators, clinical/functional measures, administrative data, and service/cost statistics can provide invaluable information about the efficacy and cost effectiveness of children's services. Without an efficient, interagency management information system (MIS) that integrates information within and across child-serving organizations, however, these data are not sufficient to ensure quality improvement. Programs must be able:

- to calculate expenditures, cost shifting and total system cost savings
- to determine service utilization, and
- to assess individual child and family outcomes across systems.

To monitor service usage, to suggest program adjustments, and to contribute to decision-making, stakeholders need timely and integrated evaluation.

What are the first steps to readying an organization in designing, implementing, and managing an automated interagency MIS that will meet its needs?

Selecting and implementing an intra/inter-agency MIS for children's services is a complex and costly endeavor that requires unwavering commitment of resources, determined leadership, expert knowledge, bureaucratic flexibility, trusting relationships, and supportive policies. If and only if you have those in place, the project will then require realistic discussion and documentation of:



- budget requirements,
- expectations for outputs
- expectations for sharing data
- confidentiality requirements
- in-house technical skill and training requirements, and
- shared responsibilities for system maintenance.

Data sharing among child-serving agencies is not a routine occurrence, and long-standing cultural, political, or proprietary issues across agencies can create hurdles for interagency MIS. Only by building relationships among individual staff, creating formal linkages between agencies (via Memoranda of Understanding, etc.), promoting technological compatibility, and designing quality processes for valid and reliable data collection will systems be able to bridge these barriers into the next millennium.

References:

Bechamps, M. (1999, June). Examining data sharing among state governmental health agencies. Paper presented at the 48th National Conference on Mental Health Statistics, Washington, DC.

Hutcheson, S., & Snowdon, S. (1996). Selecting and implementing a children's mental health information system. Boston, MA: Judge Baker Children's Center.

Accreditation and Standards:
Unraveling the Acronyms

CARF, the Commission on Accreditation for Rehabilitation Facilities, is a private, non-profit organization that accredits programs and services in Adult Day Services, Behavioral Health, Employment and Community Services, and Medical Rehabilitation. CARF develops and maintains standards of quality for these programs, and these are applied through a peer review process to determine how well an organization is serving its clients. Each year the standards are reviewed to keep abreast of changing consumer needs. (More information can be found on their Web site at: www.carf.org)

JCAHO, the Joint Commission on Accreditation of Healthcare Organizations, is a private, non-profit organization that accredits mental health, substance abuse, or mental retardation developmental disabilities services to adults, adolescents or children. (see: www.jcaho.org)

NCQA, the National Committee for Quality Assurance, is a non-profit watchdog organization that assesses, measures, and reports on the quality of care provided by the nation's managed care organizations. More than three quarters of Americans enrolled in HMOs are in plans that have been reviewed by NCQA. NCQA also manages the evolution of HEDIS (Health Plan Employer Data and Information Set), the performance measurement tool used by more than 90% of the country's health plans. (see: www.ncqa.org)

COA, the Council on Accreditation, is an international non-profit organization that accredits 1,000 behavioral healthcare programs and 3,000 social service programs delivered in the United States and Canada. (see: www.coanet.org)

The accreditation bodies that determine the extent to which healthcare organizations have complied with standards and regulations should not be confused with the organizations of providers and professionals that have also developed standards and indicators of quality care. These associations include:

- The American Managed Behavioral Healthcare Association (**AMBHA**) who have developed the Performance and Effective Results Measurement System (**PERMS**) (see: www.ambha.org)
- CMHS's Mental Health Statistics Improvement Program (**MHSIP**) Report Card indicators (see: www.mhsip.org), and
- The American College of Mental Health Association's (**ACMHA**) Standards of Care (see: www.acmha.org).

In addition, the Child Welfare League of America (**CWLA**) (see: www.cwla.org), Juvenile Justice, the American Psychological Association, the National Association of Social Workers, the Academy of Child and Adolescent Psychiatry, and other professional organizations across child-serving agencies have designed standards and/or measurement systems spanning comprehensive child well-being indicators.

Data Matters

National TA Center for Children's Mental Health
Georgetown University Child Development Center
3307 M St., NW, Suite 401
Washington, DC 20007