Dynamic Data Dashboards and Best Practices in Evaluation

Monica Payne, MA - Evaluation Director - University of Pittsburgh / Youth and Family Training Institute
Samantha Pulleo, BS - Systems Analyst - University of Pittsburgh / Youth and Family Training Institute
Ryan Slanicka, BS - Systems Analyst - University of Pittsburgh / Youth and Family Training Institute
Maria Silva - Chief Program Officer - Allegheny Family Network
Corey Ludden - Technical Assistance and Engagement Coordinator - Youth M.O.V.E. PA
Ten years ago, YFTI was conceived by Pennsylvania’s Office of Mental Health and Substance Abuse Services (OMHSAS) to transform Pennsylvania’s children’s Behavioral Health system.

Through a competitive process, it became a partnership between OMHSAS, the University of Pittsburgh, Community Care Behavioral Health Organization (a Medicaid Managed Care Organization) and the University of Pittsburgh’s Department of Psychiatry.
YFTI was established to provide the training, coaching, credentialing, and evaluation of the High Fidelity Wraparound (HFW) workforce in Pennsylvania.

The HFW workforce includes:
- Coaches/Supervisors
- Facilitators
- Family Support Partners
- Youth Support Partners

HFW became the gold standard practice model in future SOC efforts.
YFTI Expansion

Current SAMHSA Grants
- PA CARE Partnership (State-wide) SOC Expansion Implementation Grant (Evaluation)
- PA Healthy Transitions Partnership Grant (Evaluation)
- PA Targeted Capacity Expansion: Medication Assisted Treatment Grant (Evaluation)
- Behavioral Health Alliance of Rural Pennsylvania (BHARP) System of Care Project (Evaluation)
- Erie and Luzerne System of Care Initiative (Evaluation)
- Allegheny County Community of Practice System of Care (Evaluation)
- UPMC Addiction Medicine Services, SBIRT Student Training (Evaluation Consultation)

Other Areas of Expansion
- Commonwealth of Virginia (training and coaching)
- State of Utah (training and coaching)
- HFW for Type 1 Diabetes with Co-occurring Mental Health Issues (training, coaching, evaluation)
- Family Peer Specialist (training, coaching, evaluation)
Our staff (Family Support Partners) have a wealth of knowledge and experience in the areas of mental health and behavioral challenges. They not only understand family and children’s rights but also know how and when to advocate on behalf of children with special needs.

Our Family Support Partners not only understand what families are going through but use their personal experiences and expertise to support, inform, and empower families that are working to bring about positive change for their own children.

Allegheny Family Network (AFN) is a family-run agency - all of our employees are parents or caregivers who have raised a child with mental health and/or emotional challenges.

http://www.alleghenyfamilynetwork.org
Youth M.O.V.E. PA

Youthquake: a significant cultural, political, or social change arising from the actions or influence of young people.

Our mission is to represent, empower, and unify youth and youth adult voices, to act as an agent of meaningful change, in partnership with state youth organizations, youth allies, and system advisors, to foster an environment where youth are true equal partners ensuring accessible and high quality supports and services across the Commonwealth of Pennsylvania.

http://pmhca.org/YouthMOVE/
Learning Objectives

1. Discuss data collection strategies to assess process and outcomes related to High Fidelity Wraparound and other System of Care services.

2. Understand the value of data dashboard software to engage stakeholders in real-time data utilization to identify training needs, to assess for cultural or linguistic disparities, and to make decisions.

3. Understand how to use data for program oversight, monitoring the progress of youth and families, reporting important outcomes and fidelity data to key stakeholders, and implementing a comprehensive CQI process.

4. Learn how to partner with community providers, families, youth, and young adults around evaluation and CQI.
Part One: Data Collection Strategies
Digging deeper into the HFW process to understand:

- When and how changes were happening
- How the roles on the team worked together
- How the skills were implemented differently by each role
- How the plan was matching up with what was actually happening throughout the process
- How much time was spent by each role on the team
- How long the phases (and the whole process) typically last – connected to the number of needs and the complexity of issues
- Benchmarks to strive toward while implementing the process
The HFW Chart Forms

Engagement Form and Post Comparison Forms
(One year prior to HFW enrollment compared to discharge from HFW in the following areas):
• Demographics (including expanded cultural, linguistic, and disability information following CLAS standards)
• Living Situations
• Trauma
• Core Family Information
• Supports (Natural and Professional)
• Community Involvement

Contact Note (Contact info, Participants, Primary Purpose, Life Domains, and Skills)

Team Meeting Form (Family Vision Progress and Goal Progress)

Transition Form (Discharge/Transition categories and Final Vision Rating)
The HFW Chart Forms are required for all PA HFW providers.

In addition, they must complete the Wraparound Fidelity Index – Short Form (WFI-EZ) at 90-days after enrollment and Transition.
UNIVERSITY OF MARYLAND, BALTIMORE
TRAINING INSTITUTES
JULY 25-28, 2018 | WASHINGTON, D.C.
Hewlett Packard Teleform Software

• We purchased a software package that allows us to scan paper forms or PDF files directly into our database to cut down on the burden of data entry.

• It is important that providers fill out the ID number clearly on the teleforms and mark each answer within the circle or square so they are processed accurately.
HFW providers have options for how they can get data to us...

- Copies of completed paper forms can be mailed to the Evaluation Team in large self-addressed postage paid envelopes.

- PDF forms that were either completed on paper and scanned or typed into via Adobe Professional can be uploaded to us securely through the YFTI Registration Website.

- Some counties have built the forms into their electronic medical record systems and do monthly data dumps.
System of Care NOMS and National Evaluation

System Level Data
- **IPPS** – SAMHSA’s Infrastructure Development, Prevention, and Mental Health Promotion – collected quarterly from counties by the Project Director at the State Level.

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

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

- We obtain approval from the University of Pittsburgh Institutional Review Board (IRB) to conduct the evaluation in collaboration with each grant partner if we are hired to conduct the interviews.
Family Member Interviewers

• We hire family members (full-time or part-time with benefits) to complete interviews.

• We give out brochures of their picture, contact info and story to youth/families so that they are comfortable with who will be contacting them.
Permission to Contact Form

If our team is hired to conduct the evaluations, we give providers and county partners a Permission to Contact form to use to explain the basics of the process to families and youth to get permission to contact them.

One of our family member interviewers calls the family to explain the evaluation and obtain verbal consent to schedule the appointment in their home/community.

They obtain written informed consent when arriving to the interview and leave a copy of the consent form with the youth and caregiver.
Interview Payments

The family member (youth and caregiver) who complete the interview/self-reports will receive $20

They will be paid for EACH interview that they participate in

All payments will be made on WePay credit cards.
Training local providers to conduct evaluations

If the grant partners choose to have the county/providers conduct the NOMS/National Evaluation interviews independently, we provide training that includes the following topics:

- Background and context for System of Care
- How to collect data / interviewing skills
- Trauma-informed interviewing techniques
- How to ask sensitive demographic/descriptive questions
- How to complete the forms
- How to send data to the Evaluation Team – *we always do all local and SPARS/CMHI data entry to ensure quality and accuracy of data
- Continuous Quality Improvement (CQI) and Data Dashboards
- Training can include role-play/practice if requested.
De-identified Data

• All of the data collected from providers is de-identified and therefore is considered program evaluation and not research by our IRB.

• We use an ID system for data:
  • First 3 digits are the Grant ID
  • Second 2 digits are County ID numbers (Alphabetical list of 67 PA Counties)
  • Last 4 digits are assigned by the provider in groups depending on how many programs participate:
    • First Provider is 0000-0999
    • Second Provider is 1000-1999, etc.
Web Data Collection Portal – Integrated Data Collection

• Targeted Capacity Expansion: Medication Assisted Treatment – Prescription Drug and Opioid Addiction (Short Title: MAT-PDOA)

• Web Data Collection Portal Forms:
  • Grant Intake Form – completed on all clients at initial enrollment
  • Universal Assessment Checklist – optional checklist that is editable
  • GPRA Screen – optional to assess if a client is appropriate for the GPRA
  • GPRA Assessment (baseline, 6-month follow-up, discharge)
  • Patient Reported Data (PRD) Assessment – brief version of just a few GPRA questions for those not enrolled in the full GPRA (baseline, discharge)
  • Monthly Client Data Form – due between the 1st and 7th of each month regarding every client’s status in the previous calendar month
Launch Page of the Web Data Collection Portal

Welcome to the PA MAT-PDOA OPIOID Study.

Please enter your credentials to continue.

EMAIL:

PASSWORD:

LOG IN
Create New ID to start Grant Intake for new client

If you would like to enroll a client who has already been discharged you should do so through Re-Enroll Client

Select Client ID to find a client in the system in order to complete the monthly client data, the universal assessment checklist or any follow up or discharge assessments

To Resume or Recover a previous session that timed out use this
Part Two: Data Visualization
Data Dashboards

- Information management tools that visually track, analyze, and display key performance indicators (KPIs) and metrics
- Used to monitor the health/effectiveness of a business, service, agency, or process
- Term “dashboard” originates from the automobile dashboard that allows drivers to monitor major functions at a glance on one display
- Customizable to meet the specific needs of the users
- Can display data in various formats such as tables, charts, etc.
- Tracks multiple data sources in a central location (single interface) to monitor and analyze performance
- Designed not exclusively for executives but also used by the general workforce, communication with clients, funders, and others
Benefits of Dashboards

- Visual presentation of performance measures
- Ability to identify and correct negative trends
- Measure efficiencies/inefficiencies
- Ability to generate detailed reports showing new trends
- Ability to make more informed decisions
- Align strategies and organizational goals
- Saves time compared to running multiple reports
- Gain total visibility of all indicators instantly
- Quick identification of data outliers and correlations

- Data Transparency
- Access to Data
- Better Decision Making
- Accountability
- Interactivity

With shared funding from a number of these diverse sources, we have been able to support and sustain a robust Evaluation Team across a number of projects, and commit resources, staff, and technology to a comprehensive evaluation and continuous quality improvement function.

This has allowed us to purchase our dashboard software and annual licenses from:

- [https://www.idashboards.com/](https://www.idashboards.com/)

Dashboard menus are developed with the goals of each grant or contract in mind and dashboards are organized into themes so that different stakeholders can easily identify and utilize relevant information.

Our Data Dashboard Visualization Hub is located at:

- [https://yftidash.upmc.com/idashboards/](https://yftidash.upmc.com/idashboards/)
Key functionality of the data dashboard software is that there is:

- A connection to our local SQL (Structured Query Language) database so that data can be accessible in real-time (updates every 4 hours)
- Security restrictions and role-based permissions so that users (state, county, and provider partners) can access only their own (de-identified) local data
- Compatibility with all web-browsers and mobile devices
- Ability for users to drill down through data to look at detailed ID numbers or aggregate information
- Ability to sort and filter information instantly based on demographic data or other parameters to look for disparities among populations
- Ability to save charts or dashboards as JPEG or PDF files, as well as print, email, export data to a text report or to Excel, etc. so that users can embed the data in other reports and summaries that they have to provide to their stakeholders
We developed a format that allows dashboards users to ask and answer questions such as:

- What is the population of youth and young adults that we are engaging?
- Are there cultural or linguistic disparities in access or outcomes from certain populations?
- Are certain programs or counties better able to implement the treatments or processes than others?
- What are the strengths and challenges of each program for training and coaching purposes?
- When and how do youth and families begin to experience positive outcomes and changes in functioning?
- How can we provide easy to understand visual reports to youth and families as a record of the goals they met or the vision they achieved?
Each menu hub is customized and branded for each project and includes clickable screenshots of menus so that it is easy to identify which type of data dashboard the user wants to access.
Sub-menus are created and organized to provide an overview of the project. Each dashboard has a clickable dashboard screenshot so users can easily choose and click data they want to see.

**Program Oversight Dashboards**

<table>
<thead>
<tr>
<th>Enrollment</th>
<th>Demographics</th>
<th>Capacity</th>
<th>AVG Days in HFW Process</th>
<th>Workforce Time</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1.png" alt="Image" /></td>
<td><img src="image2.png" alt="Image" /></td>
<td><img src="image3.png" alt="Image" /></td>
<td><img src="image4.png" alt="Image" /></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Presenting Problems</th>
<th>Diagnostic Categories</th>
<th>Trauma Information</th>
<th>Family Vision Summary</th>
<th>Family Vision by Youth</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image5.png" alt="Image" /></td>
<td><img src="image6.png" alt="Image" /></td>
<td><img src="image7.png" alt="Image" /></td>
<td><img src="image8.png" alt="Image" /></td>
<td><img src="image9.png" alt="Image" /></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transition</th>
<th>Do For, Do With, Cheer On</th>
<th>Behavioral Health Services Summary</th>
<th>Behavioral Health Services Detail</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image10.png" alt="Image" /></td>
<td><img src="image11.png" alt="Image" /></td>
<td><img src="image12.png" alt="Image" /></td>
<td><img src="image13.png" alt="Image" /></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Systems</th>
<th>How are youth entering the HFW process?</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image14.png" alt="Image" /></td>
<td>This dashboard shows an overview of HFW enrollment information. How many youth are currently enrolled in each county? What is the average number of days it takes to get to the first team meeting? How are youth referred to HPW? In which systems are youth involved? How many systems are youth involved in at the start of HFW?</td>
</tr>
</tbody>
</table>

Clicking the logo in the left corner of every dashboard takes you right to the corresponding website.
Each section of the GPRA-NOMS and National Evaluation requirements are built into clickable menus for System of Care grantees.
The Enrollment screen shows a snapshot of system involvement for SOC youth and allows users to click on their county on the map to switch to see county-level data.
Tracking Enrollments and Reassessments

Tracking dashboards show the progress the grant and each county is making toward their enrollment goals.

Tracking dashboards show the reassessment windows for each ID number.
Reassessment Rates

Total Enrollments: 36

Any time you see this hand symbol, it means that you can click on the chart to drill down into detailed client ID level data.
### Monthly Client Data

<table>
<thead>
<tr>
<th>County</th>
<th>Unit</th>
<th>County #</th>
<th>Client ID</th>
<th>Form Name</th>
<th>Completed</th>
<th>Working</th>
<th>Year</th>
<th>Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. John's</td>
<td>753079022</td>
<td>1</td>
<td>0</td>
<td>5</td>
<td>2018</td>
<td>S</td>
<td>MCD</td>
<td></td>
</tr>
<tr>
<td>St. John's</td>
<td>753079023</td>
<td>1</td>
<td>0</td>
<td>2018</td>
<td>S</td>
<td>MCD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>St. John's</td>
<td>753079024</td>
<td>1</td>
<td>0</td>
<td>2018</td>
<td>S</td>
<td>MCD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>St. John's</td>
<td>753079025</td>
<td>1</td>
<td>0</td>
<td>2018</td>
<td>S</td>
<td>MCD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>St. John's</td>
<td>753079026</td>
<td>1</td>
<td>0</td>
<td>2018</td>
<td>S</td>
<td>MCD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>St. John's</td>
<td>753079027</td>
<td>1</td>
<td>0</td>
<td>2018</td>
<td>S</td>
<td>MCD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>St. John's</td>
<td>753079028</td>
<td>1</td>
<td>0</td>
<td>2018</td>
<td>S</td>
<td>MCD</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The table will show every ID number, the month or date that data was due and whether we have received it or not.
Part Three: Data Utilization and Decision Making
Demographic summary information is available and also built into dropdown box filters on every dashboard so it is possible to click and assess for cultural disparities on every topic.
Some projects have identified additional filters for analyzing data. Here you will see the ability to sort by different demographics as well as by special populations.
Dropdown box filters can also be used to sort by a role on the wraparound team or a phase of wraparound. This shows type and location of time Family Support Partners spend in the Engagement phase.
Calendar contacts are shown for each family and each HFW role so that they can be monitored by coaches for gaps in contact.
Family Vision Summary

We have found progress to climb steadily for the first 12-15 months of wraparound for 729 youth and families evaluated. This helps coaches work with teams to transition families at the right time.

Family HFW teams are asked to rate their progress toward reaching their Family Vision at each team meeting. This dashboard shows aggregate ratings for each month of wraparound and across each phase.
Vision ratings are also available for each family and even show the dates of each team meeting. These can be printed and given to families as a record of their progress!
Dashboards have been built for each outcome section of the GPRA-NOMS interview from the aggregate to individual youth/family level with summary and question level changes to monitor outcomes.
We used the criteria for positive and negative outcomes for each section of the NOMS to show progress of youth enrolled over time. These are easy to read and understand in red/green for users.
Youth was asked about relationships with persons other than their mental health provider(s) in the last 30 days.

Threshold scores for positive outcomes for each NOMS section are built as a dotted line and the summary score at each time the youth was interviewed is shown to monitor when change happens.

Youth is considered to have an acceptable level of social connectedness (positive outcome) when the mean of the total valid case values is greater than 3.5.
Relationships with people other than mental health providers over *Past 30 Days*

Dashboard are also built to show how the youth answered each question at each interview so that users can assess which specific areas were a strength or challenge. These charts can be printed too!
BHARP System of Care used the demographic filters to look at how male and female youth progress through trauma treatment and found that while male youth reported having much less impairment at 12 months...female youth actually reported having much more impairment at 12 months. This information can be helpful to clinicians to find ways to engage and understand female clients differently.

They also noticed a big difference between how youth and their caregivers reported impairment, with caregivers being much less likely to report positive change than youth were about themselves.
We have recently moved to developing “scorecards” for various parts of the HFW process. We identify key metrics for the process and develop red/yellow/green benchmarks to help them know what areas are strengths and challenges.
By tracking concrete metrics, we can help local coaches plan where to invest their time by identifying strengths and challenges for their teams. We can then pair the coaches with other coaches who are successfully navigating certain metrics for peer to peer and group coaching opportunities.
Each scorecard metric has a drilldown dashboard where they can track each individual youth/family and determine where they had trouble meeting certain benchmarks.
Dashboards have allowed us to monitor and report significant reduction in HFW youth and families using high-level behavioral health services like residential treatment facilities, inpatient hospitalization, emergency room, mobile crisis, and intensive case management services.

This indicates the importance of utilizing the HFW process for youth and families who are the hardest to reach and who result in the highest cost to the child-serving systems. These data have helped to secure and sustain funding for this important process.
Counties who enroll the youth and families with the highest needs have done an amazing job reducing out of home placements and keeping youth at home, in school, and in their community.
Part Four: Partnering with youth, young adults and families around data
Evaluation Subcommittee

• Started in April 2014 – Maria and Corey are original members!
• Membership of the Subcommittee will be 50% system partners, 25% youth partners, and 25% family partners.
• “This subcommittee will advise the PA System of Care Partnership Evaluation Team on the Evaluation and Continuous Quality Improvement (CQI) Standard as it relates to the PA System of Care effort. This will include discussion and recommendations regarding evaluation activities and to assist in producing CQI reports and data driven presentations to various stakeholders across the state.”
Evaluation Subcommittee

- Developed Tip Sheets that are available on the PA SOC website:
  - County Data Resources
  - Data 101 – The Basics
  - How to Use Data

- Developed two workshop presentations which the Tri-chairs presented with the Evaluation Director in June of 2015 and 2016 at the PA System of Care Partnership Learning Institute

- Provided input to the annual PA County Assessment and other High Fidelity Wraparound data collection tools

- Developed recruitment and engagement tools for Subcommittee members

- Provided input to continuous quality improvement tools, data dashboards and data sharing protocols utilized across grants in PA
UNIVERSITY OF MARYLAND, BALTIMORE
TRAINING INSTITUTES
JULY 25-28, 2018 | WASHINGTON, D.C.

http://www.pasocpartnership.org/evaluation/resources/
Excerpt from the “How to Use Data” Tip sheet

3. Choose a reason to look at data and how to focus the discussion.
   - **Strengths-based** – look at positive things, discuss possible strengths of your county that may have led to the positive results, and celebrate successes around the work that your county has done that has made a difference.
   - **Challenges** – look at barriers to positive change, discuss what possible challenges your county has that may have led to the negative results, discuss the elephant in the room, and identify areas for improvement.
   - **Outcomes** – focus on one particular county program, service, support, etc. and look at a small number of outcomes to see how the program is functioning and what is working/not working. Bring in staff and/or family/youth who have participated to help think about the outcomes.
   - **Confusing/conflicting information** - spark discussion from different perspectives around the table (family, youth, systems, providers, community, etc.) - ask critical questions and reflect about why some information is mixed or conflicting.
   - **Lack of information** – identify areas where there is a need for more data and brainstorm ways that you could obtain more information about the topic.

4. Develop a plan about next steps.
   a. Identify what you want to do to make sure that the good work continues.
   b. Choose and prioritize areas that you want to improve or adjust.
   c. Discuss whether you have all the information you need or if you need to brainstorm more ideas/sources of data, etc.
   d. Discuss who, what, when, where, how, why the plan will be developed around CQI.
   e. Decide when updates will be made to the group and how the group will be informed of progress.

http://www.pasocpartnership.org/evaluation/resources/
Excerpt from the “How to Use Data” Tip sheet

<table>
<thead>
<tr>
<th>Family Partners</th>
<th>Youth Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Simple graphs, not lists of numbers, not overly busy with data</td>
<td></td>
</tr>
<tr>
<td>- Demographics/System involvement – are these families similar to my experience?</td>
<td></td>
</tr>
<tr>
<td>- Clearly observable so the untrained eye can easily see the point of the data</td>
<td></td>
</tr>
<tr>
<td>- Data to show the importance and impact of Family Voice and Choice</td>
<td></td>
</tr>
<tr>
<td>- How will it make a difference in family life? / Improvement in Family Functioning</td>
<td></td>
</tr>
<tr>
<td>- Education information – improvement in attendance/performance/discipline</td>
<td></td>
</tr>
<tr>
<td>- Data to show lower out of home residential placement/ youth returning home faster</td>
<td></td>
</tr>
<tr>
<td>- Family satisfaction / helpful and engaging</td>
<td></td>
</tr>
<tr>
<td>- Good outcomes for youth – at home, in school, out of trouble, and in the community</td>
<td></td>
</tr>
<tr>
<td>- Demographics/System involvement – are these youth similar to me and my experience?</td>
<td></td>
</tr>
<tr>
<td>- See simple information at a glance, with the choice to dig deeper</td>
<td></td>
</tr>
<tr>
<td>- Simple graphs – with more visual aspects</td>
<td></td>
</tr>
<tr>
<td>- Appeal to a variety of different learning styles</td>
<td></td>
</tr>
<tr>
<td>- Send data through Facebook and other social media formats that are already familiar</td>
<td></td>
</tr>
<tr>
<td>- More likely to listen to data if it is coming from a peer</td>
<td></td>
</tr>
<tr>
<td>- Youth satisfaction – have other youth found it beneficial / are they satisfied with outcomes?</td>
<td></td>
</tr>
<tr>
<td>- How will it make a difference in my life? / Will I feel better?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provider Partners</th>
<th>System Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Where referrals are coming from?</td>
<td></td>
</tr>
<tr>
<td>- Who is participating in the</td>
<td></td>
</tr>
<tr>
<td>- Improved access to care</td>
<td></td>
</tr>
<tr>
<td>- Lower cost to systems</td>
<td></td>
</tr>
</tbody>
</table>

http://www.pasocpartnership.org/evaluation/resources/
UNIVERSITY OF MARYLAND, BALTIMORE
TRAINING INSTITUTES
JULY 25-28, 2018 | WASHINGTON, D.C.

The Evaluation Subcommittee

WHO WE ARE

- Family Partners: 20%
- Youth Partners: 20%
- Supportive Partners: 20%
- System Partners: 30%
- Youth and Family Partners: 30%

WHAT WE DO

- Advise in design and use of evaluation activities
- Make data come alive through presentations and other materials
- Reach clear and concise strategies across grant initiatives
- Support and advise by staff from the YFTI Evaluation Team and representatives from SAMHSA grants across the state

WHEN WE MEET

- Monthly phone / webinar meetings on the second Thursday from 9:00 – 10:30 AM
- Annual in-person meeting to review goals, membership, and more

WHY JOIN US?

- Make meaningful connections with both people and counties across the state of Pennsylvania
- Voice your opinion on why data is important and why others should care
- Learn, guide, and drive decisions or data collection across the state of Pennsylvania

PERKS!

- No expertise or coaching required
- Annual event of the Evaluation Subcommittee
- Access to data collection and data reporting across the state

For more information about the Evaluation Subcommittee, contact Monica Weber at
weber@umaryland.edu or visit our website, http://www.maryland.edu/evaluationevaluationsubcommittee
THE EVALUATION SUBCOMMITTEE

WHO WE ARE & WHAT WE DO

THE EVALUATION SUBCOMMITTEE IS A GROUP OF PEOPLE WHO HAVE PERSONAL OR WORK EXPERIENCE IN THE BEHAVIORAL HEALTH, CHILD WELFARE, JUVENILE JUSTICE, AND OTHER SYSTEMS.

WE WANT TO IMPROVE THOSE SYSTEMS BY MAKING SURE INFORMATION IS BEING COLLECTED TO SHOW WHAT IS REALLY HAPPENING TO YOUTH, YOUNG ADULTS AND FAMILIES INVOLVED IN THOSE SYSTEMS.

WE WANT TO SHOW WHAT WORKS AND WHAT DOESN’T WORK IN THESE SYSTEMS TO MAKE LIVES BETTER — AND PART OF HOW WE DO THAT IS BY CREATING GRAPHICS, ANALYZING DATA, AND SHARING IMPORTANT RESULTS TO DIFFERENT AUDIENCES.

DO I QUALIFY?

• Are you between the ages of 16-29?
• Were you involved with the behavioral health, child welfare, juvenile justice, or other systems?
• Do you think the behavioral health, child welfare, juvenile justice, or other systems need to improve?
• Do you want to raise your voice and share your story to lift up the needs of young people involved in those systems?
• Do you have at least one-hour each month where you could participate in phone calls, and one day during the year to spend in State College?
• Do you have an interest in data and in learning how to use data and numbers to affect change?

IF YOU ANSWERED "YES" ...

• Contact: Monica Walker Payne at walkmph@pamc.edu

WHAT'S IN IT FOR ME?

Professional connections and/or exposure across the state of Pennsylvania
Ability for professional growth and resultant building opportunities
Build your skills as an advocate — specifically how to advocate for change
The opportunity to raise your voice to advocate for professionals across the state
Stipends for attending training sessions and to support travel and childcare expenses
No expertise or training required — training will be provided as needed

For more information about the Evaluation Subcommittee, contact Monica Walker Payne at walkmph@pamc.edu or visit their website: https://www.pennstatehealth.org/evaluation-subcommittee

Hart's Ladder describing Youth-adult partnerships

Ladder of Youth Voice

8. Youth/Adult Equity
7. Completely Youth-Driven
6. Youth/Adult Equality
5. Youth Consulted
4. Youth Informed
3. Tokenism
2. Decoration
1. Manipulation

Adapted by Adam Fitzhugh (2011) from work by Roger Hart, et al. (1994)

Youth-Partner Expectations

What you might expect from us:

What we expect from you:
ALLEGHENY COUNTY PARENTS RAISING CHILDREN WITH EMOTIONAL AND/OR MENTAL HEALTH CHALLENGES: A NEEDS ASSESSMENT

SUPPORTING FAMILIES IN THE COURTROOM: AN EVALUATION OF ALLEGHENY FAMILY NETWORK’S COURT PROGRAM


Poster presentation available at this conference!
Youth and Young Adult (YYA) Network

- Lex Gingell, Youth Coordinator of the PA Healthy Transitions Partnership
- Chad Owens, Youth Support Partner Specialist of the Youth and Family Training Institute

Network Purpose
- Statewide authentic youth voice
- Building leadership & advocacy skills
- Personal & professional development
- Peer connections & support
- Young adult & system partner collaboration
- Use data to drive what we do
Everyday Leadership Skills Assessment (ELSA)

Mariam G. MacGregor, M.S.

49 Questions focused on 7 areas:

- Self Awareness
- Working With Others
- Qualities of Leadership
- Communicating, Listening and Being Heard
- Decision Making and Problem Solving
- Social Solutions
- Seeking Opportunities
ELSA

The Assessment uses a scale of 1-4:

1- Not Like Me (Never)
2- A Little Like Me (Sometimes)
3- Often Like Me (Usually)
4- This is Me! (Always)

When answered 1 or 2 the area is considered a **CHALLENGE**
When answered 3 or 4 the area is considered a **STRENGTH**

Thanks to Nancy Hood, PhD - Senior Evaluator at Apex, with the New Mexico Healthy Transitions grant for introducing us to the ELSA and sharing their strengths and challenges scoring method.
Everyday Leadership Skills and Attitude (ELSA)

ELSA Summary Outcomes
This dashboard shows average ELSA scores by Leadership Category and the Quarterly change.
The average score for each of the 7 Categories is then calculated to determine which areas are the biggest challenges.
Top 5 Challenge Questions Identified

Communicating Listening and Being Heard

"I know when and when not to share my opinions with others"

Decision Making and Problem Solving

"I deal with problems directly"

Working With Others

"I create ways for others in a group to share responsibilities"

Seeking Opportunities

"I can set realistic goals and understand what it takes to achieve them"

"I look for opportunities for me and my team to try new things or new ways to do old things"
Drilling Down into Individual Questions within Categories

"I know when and when not to share my opinions"

First Data collected
Quarter 2 of 2017

Creating Learning Objectives around Challenge areas and Reevaluating results over time
End goal is a Group Average that looks like this over time:

"I know when and when not to share my opinions"

* Charts Reflect 2017 Data
Looking at Individual Change

Asif Memon
Contact Information

Youth and Family Training Institute
University of Pittsburgh

Monica Walker Payne, MA
Evaluation Director
walkermm@upmc.edu

Samantha Pulleo, BS
Systems Analyst
bursics@upmc.edu

Ryan Slanicka, BS
Systems Analyst
slanickar@upmc.edu

Maria Silva
Chief Program Officer
Allegheny Family Network
msilva@alleghenyfamilynetwork.org

Corey Ludden
Technical Assistance and Engagement Coordinator
Youth M.O.V.E. PA
corey@youthmovepa.org
Discussion

• Any questions or comments?
• Thank you so much for your attendance and participation!

This presentation was developed [in part] under grant numbers SM61915, SM62468, SM63421, SM63411, SM80147, and TI80808 from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.