An Evaluation Toolkit For SUD Providers:

MEASURING CHANGE IN CHANGING TIMES

Janus of Santa Cruz
The Leader In Addiction Treatment

Community Recovery Resources

Operating under the Drug Medi-CAL Organized Delivery System Waiver
Developed by Community Recovery Resources and Janus of Santa Cruz
with funding from the Blue Shield Foundation of California, 2018.

PROJECT BACKGROUND

Substance use is acknowledged by many as the greatest challenge to community health and sustainability, a challenge that is recognized regionally, across California, and nationally. Substance use disorder is the largest preventable--and most costly--health problem in America. As our nation focuses on improving the experience of care, improving the health of populations, and reducing per capita costs of health care, effective substance use disorder treatment is critical to achieving those goals. In response to the ongoing public health challenges of SUD, California is restructuring its Medi-Cal SUD services (Drug Medi-Cal, DMC), through a Section 1115 demonstration waiver, approved by the Centers for Medicare and Medicaid Services (CMS) in 2015. California's DMC restructuring effort aims to improve access to and quality of SUD care, control costs, and facilitate improved service coordination and integration within the SUD treatment system and across other systems of care (e.g., mental and physical health care). Counties that participate in the demonstration project agree to operate as a DMC organized delivery system (DMC-ODS) that provides a continuum of SUD care based on the American Society of Addiction Medicine's Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions (ASAM Criteria); facilitates implementation of evidence-based practice; provides efficient use of resources through utilization oversight; and increases coordination of SUD treatment with other systems of care.

Evaluations of the impact of system changes invoked by the Section 1115 waiver will involve analysis of metadata from counties and the state. Correspondingly, funders (e.g., county governments, insurance companies) and accrediting agencies (e.g., CARF, Joint Commission) are recommending, if not requiring, that treatment agencies measure indicators of client outcomes and quality services access and implementation as well as systematically incorporate such metrics into ongoing quality improvement programs. Historically, California has required counties and SUD treatment agencies that serve Medi-Cal beneficiaries to report data monthly to its Outcomes Measurement Service (Cal-OMS), yet these data are not used often by agencies due to low accessibility, quality, perceived utility, and other reasons. Thus, there is considerable opportunity to improve evaluation of SUD treatment services, particularly at the provider level. To understand the impact of shifts being made at the system and provider levels, evaluations need to go beyond traditional yet accessible metrics of program completion and graduation. The ASAM-driven DMC system promoting patient-centered, fluid movement between levels of care calls for a review of basic benchmarks for success, particularly as these benchmarks relate to treatment access; ASAM dimensions; patient perceptions of care, care coordination, and recovery; costs; and decision making by funders and policymakers.

The time is right to develop an evaluation framework to share with the SUD treatment profession to support meaningful and realistic evaluation of substance use disorder treatment while supporting continuous quality improvement for providers. To that end, Blue Shield of California Foundation awarded a grant to Community Recovery Resources (CoRR) in 2016 to develop and test an evaluation framework for measuring the impact of substance use disorder treatment grounded in the needs and preferences of patients and providers and aligned with the proposed delivery system reforms under the state's Drug Medi-Cal Organized Delivery System waiver. In its proposal to Blue Shield, CoRR posed the following evaluation questions:

- 1. What does success look like at different ASAM levels?
- 2. How do clients/patients participating in SUD treatment services define success
- 3. How can SUD treatment providers use data to improve services as people enter and move between levels of care?
- 4. What demonstrable cost savings are achieved?
- 5. How can SUD treatment providers communicate success to inform policy and funding decisions?

Upon receiving funding, CoRR contracted with Orion Healthcare Technology and Janus of Santa Cruz (Janus) to support development of the evaluation framework and enable data collection across two northern California agencies offering comprehensive levels of substance use disorder treatment. Development of the evaluation framework was informed by surveys and interviews with staff, clients, and families; reviews of peer reviewed and other professional literature; and informal conversations with other SUD treatment providers and evaluators. Administrators from CoRR and Janus determined which indicators and measures from the evaluation framework were feasible and meaningful to test during the pilot period. Preliminary findings were presented and discussed at the 2016 annual meeting of the California Consortium of Addiction Programs and Professionals (CCAPP). Plans for additional dissemination mechanisms are under way and include an additional conference presentation as well as a web page linked to CoRR or some other entity associated with SUD treatment resources in California.

EVALUATION TOOLKIT FOR MEASURING CLIENT OUTCOMES

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- Lisa Russell, Ph.D., Director of Research and Evaluation, Janus of Santa Cruz
- Ariel Lovett, MNA, Deputy CEO, Community Recovery Resources
- Warren Daniels, M.A., CEO, Community Recovery Resources

WHY EVALUATE PROGRAM IMPACT?

- Accountability to stakeholders and general community
- Accreditation, licensing
- Community accountability
- Mandate: internal or external
- Marketing and public opinion
- Performance monitoring and improvement
- Program impact
- Reimbursement

EVALUATION TOOLKIT FOR MEASURING CLIENT OUTCOMES

WHO WOULD BE INTERESTED IN HAVING THIS INFORMATION?

Keep stakeholder interests in mind when designing evaluation and communication strategies.

- Primary stakeholders, for example:
  - Clients and family members
  - Program and agency staff
  - Funders
- Secondary stakeholders, for example:
  - Accreditation agencies
  - Regulatory bodies
  - Referral partners
  - Housing agencies and shelters
  - Educational institutions
  - Job training/employment support
  - Neighborhood safety groups
  - Business community
  - Recreation facilities
  - Transportation providers
  - Nutrition resources

EVALUATION TOOLKIT FOR MEASURING CLIENT OUTCOMES

WHAT ARE YOUR EVALUATION QUESTIONS?

›› **Logic Models-How does your program work?** With your primary stakeholders, create a logic model outlining the resources and activities that are believed to yield specific client outcomes (see example and template). Do the projected client outcomes make sense, given the treatment and case management practices being used and the quantity of direct services clients receive? If you are using evidence-based practices, are you implementing those with fidelity to their models?

›› **Outcome Targets.** What targets do you want to set for your client outcomes? State the origins of these targets (e.g., research literature, historical data from program, averages from aggregated treatment programs, funder targets, industry benchmarks, etc.).

›› **Evaluation Questions.** Clearly state your primary and secondary evaluation questions. Use the primary question to guide development of your evaluation design and resources. For example,

- ›› **Primary question:** What % of program completersreport significant decreases in desire to use their substance(s) of choice?
- ›› **Secondary question:** Does the pattern of completers who report decreases in desire to use their substance(s) of choice stay the same across client age, gender, and ethnic groups?

EVALUATION TOOLKIT FOR MEASURING CLIENT OUTCOMES

HOW WILL YOU ANSWER YOUR EVALUATION QUESTIONS?

What resources will you need?

›› **Agency Support:** Prioritization of evaluation activities by executive, management and direct service staff

›› **Designated, Trained Staff.** Having a Lead Evaluator and convening an evaluation stakeholder advisory workgroup are highly recommended approaches for leading, planning, and monitoring program evaluations. Trained and supervised data collection and analyst staff. Consider contracting with a statistician or data analyst trained in statistics, if staff have not had this training.

›› **Design.** Review the strengths and weaknesses of evaluation designs (e.g., single group pretest-posttest) that can be used to answer your primary evaluation questions and select the best fit design, considering the program's history of implementation and evaluation as well as available resources. Consider whether sampling of groups or individuals will be desirable.

›› **Measurement.** Create a measurement grid that links selected measures, data sources/ respondents, persons responsible, and data collection mode and timing with evaluation question or objective. Consider whether objectives are best met by quantitative or qualitative data, or both. Aim to include both types of measures in your project to enhance understanding.

›› **Analysis.** Create an analysis grid that links analytic strategies with measures, evaluation questions, and objectives. The analysis grid would accompany a written data management, cleaning, analysis, and reporting plan.

›› **Procedures.** Create written procedures for participant recruitment, consent, incentives, and engagement in evaluation activities. Detail which staff are responsible for each activity, such as participant recruitment and data collection and how/ when data collection is expected to occur. Include instructions for handling client refusals, adverse reactions, missing data, questions, and data entry. Train and monitor all data collection personnel on these procedures. To gauge the representativeness of your participant sample compared with you overall service population, include a mechanism for documenting demographic and other descriptive characteristics of persons who do not participate or who drop out before completion.

›› **Compliance with Regulations for Protection of Health Information and Human Subjects.** See guidance documents from the State of California Office of Health Information Integrity regarding protection of health information (chhs.ca.gov/ OHII/). Determine whether the purpose of your inquiry is evaluation or research. If it is research, you will be required to secure services for protocol review and oversight by a qualified Institutional Review Board. Here is a resource that may assist you in that determination: humansubjects.nih.gov/. With any data collection activities, it is expected that procedures are established, implemented and monitored to protect the confidentiality and safety of participants and their private information.

›› **Technology.** Standard business computer and software suite and possibly survey and/or scanning software for instrument and procedures development, data collection, analysis, and reporting. Encrypted, regulation-compliant data storage.

EVALUATION TOOLKIT FOR MEASURING CLIENT OUTCOMES

HOW WILL YOU ASSURE QUALITY AND RELEVANCE?

›› **Project Management.** Approach program evaluation as a project to be managed, with goals, objectives, timeline, staff, and budget.

›› **Evaluation Expertise.** Consult with a trained evaluator, if you do not have these skills, to confirm that selected evaluation design and methods can answer the questions being posed. Your design and methods will determine the language you use to describe your results and whether you met your evaluation objectives.

›› **Triangulation of Information.** Integrate multiple sources and types of information, whenever feasible, to provide different perspectives and a more complete understanding of the subject.

›› **Choice of Measures and Data Collection Procedures.** Whenever possible, select measures from existing validated, reliable scales or instruments tested with persons like your clients and designed to measure the outcome of interest. When selecting measures, consider client age, preferred language and mode of communication, literacy level, cultural and experiential characteristics, cognitive functioning, motivation, relevance, and potential burden of multiple measures.

›› **Pilot Test, Revise as Necessary, Train.** Do a test run of data collection procedures and instruments with a convenience sample of volunteers (e.g., role play and gather feedback from clients and staff); revise procedures and instruments as necessary. Train data collection staff in finalized procedures and instruments and begin data collection.

›› **Monitor.** Monitor fidelity to data collection procedures, review data quality regularly, and provide feedback and corrective actions (if needed).

›› **Data Preparation and Analysis.** Clean and prepare data for analysis. Assess and analyze rate of missing values and existence of extreme values. Describe similarities and differences in characteristics of those who participated in evaluation activities with those who did not participate and those who dropped out. Conduct preparatory, primary, and secondary analyses as described in analysis plan.

›› **Transparency.** Document lessons learned along the way. Be transparent in reports about known and potential weaknesses and strengths of your approach, context, and implementation of activities.

›› **Include Perspective of Patient-centered Practical Significance.** Consider whether findings are significant from a practice or clinical perspective. For example, do the improvements correspond to meaningful improvements in functioning and quality of life?

EVALUATION TOOLKIT FOR MEASURING CLIENT OUTCOMES

HOW WILL YOU COMMUNICATE AND UTILIZE THE RESULTS?

›› **Evaluation Workgroup.** Review data summaries and discuss implications for program improvement and future evaluation efforts; plan data communication strategies for specific stakeholder groups (see sample communication planning template)

›› **Internal Stakeholder Feedback.** Gather primary stakeholders to review and interpret findings and suggest an action plan if warranted. Such discussions would include linkage to the agency's ongoing quality improvement efforts.

›› **Executive Team.** Work with agency's executive team and marketing staff to develop, review/refine, and disseminate data reports for external stakeholder groups.

›› **Performance Improvement.** Continue the process described above, focusing on the agency benefits of ongoing learning and quality improvement. Review and discuss data regularly with all staff and update evaluation plan, as warranted.

EVALUATION RESOURCES

The following list represents a sampling of general program evaluation process references and specific resources relevant for SUD treatment agencies.

A Core Set of Outcome Measures for Behavioral Health Across Service Settings
https://www.thekennedyforum.org/resources/resource-list/page/2/#resource-list

Basic Guide to Outcomes-Based Evaluation for Nonprofit Organizations with Very Limited Resources
https://managementhelp.org/evaluation/outcomes-evaluation-guide.htm

Better Evaluation
http://www.betterevaluation.org/

California's Drug Medi-Cal Organized Delivery System Evaluation
http://www.uclaisap.org/ca-policy/html/evaluation.html

California EQRO (External Quality Review Organization) for Drug Medi-Cal Organized Delivery System
http://caleqro.com/dmc-eqro

CDC Coffee Break Briefs (see evaluation topics)
https://search.cdc.gov/search/?query=coffee+breaks&utf8=%E2%9C%93&affiliate=cdc-main

CDC Evaluation Self-study, Documents, Workbooks, and Tools
https://www.cdc.gov/eval/guide/introduction/index.htm
https://www.cdc.gov/dhdsp/evaluation_resources/index.htm

CDC Success Stories Application
https://www.cdc.gov/nccdphp/dch/success-stories/index.htm

HHS Plain Language website
www.plainlanguage.gov

Measuring Recovery from Substance Use or Mental Disorders: Workshop Summary
https://www.nap.edu/read/23589/chapter/7#61

National Cancer Institute. Making Data Talk: A Workbook. 2011
https://www.cancer.gov/publications/health-communication/making-data-talk.pdf

Non-Researcher's Guide to Evidence-Based Program Evaluation
http://www.eblcprograms.org/docs/pdfs/NREPP_Non-researchers_guide_to_eval.pdf

Performance Measures for Alcohol and Other Drug Services
https://pubs.niaaa.nih.gov/publications/arh291/19-26.htm

PROMIS (Patient-Reported Outcomes Measurement Information System)
http://www.healthmeasures.net/explore-measurement-systems/promis

SAMHSA Developing a Logic Model to Guide Program Evaluation
https://www.samhsa.gov/capt/tools-learning-resources/logic-model-program-evaluation

SAMHSA Evaluation Tools and Resources
https://www.samhsa.gov/capt/tools-learning-resources/evaluation-tools-resources

Also review your agency's accreditation requirements (e.g., CARF, the Joint Commission)

COMMONLY MEASURED DOMAINS OF RECOVERY

ASI & Cal-OMS

1. Alcohol & Drug Use
2. Family/Social Relationships
3. Medical/Physical Health
4. Employment/ Support Status
5. Psychiatric/Mental Health
6. Legal/Criminal Justice Status

CSAT Discretionary Services Data Collection Tools

1. Alcohol & Drug Use
2. Family & Living Conditions
3. Education, Employment & Income
4. Crime And Criminal Justice Status
5. Mental And Physical Health Problems & Treatment/Recovery
6. Social Connectedness

ASAM Dimensions

1. Acute Intoxication & Withdrawal Potential
2. Biomedical Conditions And/Or Complications
3. Emotional, Behavioral, Or Cognitive Conditions And/Or Complications
4. Readiness To Change
5. Relapse, Continued Use Or Continued Problem Potential
6. Recovery Environment

SAMPLING OF NO/LOW-COST SUBSTANCE USE DISORDER TREATMENT OUTCOMES MEASURE FOR ADULTS

Outcomes Substance Use & Health (ASAM D1-D6)	***Sample Measures***
Reduced AOD Craving	›› Brief Addiction Monitor (BAM) ›› Brief Substance Craving Scale ›› Urge to Drink Scale ›› Yale Craving Scale
Reduced symptoms associated with AOD withdrawl	›› Clinical Institute Narcotic Assessment (CINA) Clinical Institute Withdrawal Assessment for Alcohol (CIWA-Ar) Clinical Opiate Withdrawal Scale (COWS)
Improved understanding, attitudes and beliefs about AOD use, treatment, and recovery	›› PROMIS ›› Readiness to Change Questionnaire ›› Readiness to Change Scale-ASAM Dimension 4 ›› Stages of Change Readiness & Treatment Eagerness Scale (SOCRATES) ›› TCU Treatment Engagement ›› TCU Treatment Needs and Motivation ›› Treatment Entry Questionnaire ›› Treatment Motivation Scales ›› Treatment Self-Regulation Questionnaire ›› University of Rhode Island Change Assessment Scale (URICA) ›› What I Want from Treatment

SAMPLING OF NO/LOW-COST SUBSTANCE USE DISORDER TREATMENT OUTCOMES MEASURE FOR ADULTS

Outcomes Substance Use & Health (ASAM D1-D6)	***Sample Measures***
Strengthened self-efficacy to use healthy coping skills rather than AOD	›› Alcohol Abstinence and Self-efficacy Scale ›› Brief Addiction Monitor (BAM) ›› Drug Avoidance and Self-efficacy Scale ›› Situational Confidence Scale (SCQ-9)
Intentions to decrease or abstain from AOD use	›› Advanced Warning of Relapse (AWARE) Questionnaire ›› Intention to use alcohol or drugs in the next 6 months
Decreased AOD use or maintenance of abstinence	›› Addiction Severity Index (ASI) ›› BAM ›› Biological samples-toxicology tests: breath, urine, hair, blood ›› Cal-OMS ›› Global Appraisal of Individual Needs (GAIN) ›› SAMHSA-GPRA ›› Timeline Follow Back Assessment
Spending time with persons supportive of recovery	›› ASI ›› BAM ›› Cal-OMS ›› SAMHSA-GPRA (National Quality Standards)

SAMPLING OF NO/LOW-COST SUBSTANCE USE DISORDER TREATMENT OUTCOMES MEASURE FOR ADULTS

Outcomes Substance Use & Health (ASAM D1-D6)	***Sample Measures***
Improved management of chronic illnesses	›› Clinical laboratory tests ›› Health Education Impact Questionnaire ›› Patient Activation Measure ›› PROMIS
Testing and treatment of infectious disease and other acute illnesses	›› Cal-OMS ›› Clinical laboratory tests ›› Patient health record ›› SAMHSA-GPRA
Improved emotional self-regulation/ mood management	›› Negative Mood Regulation Scale
Improved psychological functioning	›› ASI ›› ANSA/CANS ›› BAM ›› Cal-OMS ›› Eating Attitudes Test (EAT) ›› GAD-7 ›› GAIN-SS ›› PHQ-9 ›› PROMIS ›› PTSD Checklist ›› SAMHSA-GPRA

SAMPLING OF NO/LOW-COST SUBSTANCE USE DISORDER TREATMENT OUTCOMES MEASURE FOR ADULTS

Outcomes Substance Use & Health (ASAM D1-D6)	***Sample Measures***
Improved cognitive functioning	›› Cognitive Impairment Test (6-CIT) ›› Memory Impairment Screen ›› Mini-Cog ›› Montreal Cognitive Assessment (MoCA) ›› PROMIS ›› Short Portable Mental Status Questionnaire (SPMSQ)
Improved social functioning, connectivity, support not working link	›› Cal-OMS ›› Global Assessment of Functioning (GAF) ›› PROMIS ›› TCU Criminal Thinking Scales ›› TCU Social Functioning
Reduced threats to personal safety	›› ASI ›› Cal-OMS ›› SAMHSA-GPRA
Improved perceived & objective quality of life: physical, psychological, social relations	**Objective:** ›› ASI ›› Cal-OMS ›› SAMHSA-GPRA (National Quality Standards) **Perceived:** ›› Beh Hlth QOL: DUQOL, MHSIP ›› Health Related QOL: Short Form (36 or 12 item) Health Survey ›› Overall QOL: Treatment Effectiveness Assessment (TEA), WHOQOL

SAMPLING OF NO/LOW-COST SUBSTANCE USE DISORDER TREATMENT OUTCOMES MEASURE FOR ADULTS

Outcomes Substance Use & Health (ASAM D1-D6)	***Sample Measures***
Purpose and Community Connection (ASAM D3, D6)	
Improved activities of daily living and self-care	›› CDC Behavioral Risk Factor Surveillance System ›› Daily Living Activities (DLA) Functional Assessment ›› Lawton and Brody Instrumental Activities of Daily Living and Physical Self-Maintenance Scale ›› PROMIS ›› Sample Health Risk Assessment
Participation in work, school, volunteering, care-giving, creative activities	›› ASI ›› Brief Helper Therapy Scale ›› Cal-OMS ›› SAMHSA-GPRA (National Quality Standards)
Improved perceived quality of life: overall and spiritually	›› BAM ›› Measures of hope as a state ›› Overall QOL: TEA, WHOQOL ›› Spiritual Well-being Scale ›› WHOQOL-Spirituality, Religion, and Spiritual Beliefs (SRPB)

not working link

SAMPLING OF NO/LOW-COST SUBSTANCE USE DISORDER TREATMENT OUTCOMES MEASURE FOR ADULTS

Outcomes Substance Use & Health (ASAM D1-D6)	**Sample Measures**
Resources (ASAM D6)	
» Residing in a stable living environment » Cohabitants do not abuse alcohol or take non-prescribed drugs	» ASI » Cal-OMS » SAMHSA-GPRA (National Quality Standards)
Improved perceived & objective quality of life: environmental (housing, employment, income)	**Objective:** » ASI » Cal-OMS » SAMHSA-GPRA (National Quality Standards) **Perceived:** » BAM » Beh Hlth QOL: DUQOL, MHSIP » Overall QOL: TEA, WHOQOL
Value	
» Reduced re-admissions to residential treatment (ASAM, Washington Circle) » Per capita health care cost reduction (Triple Aim) » Reduced utilization of ED and inpatient stays in hospitals (Triple Aim)	» Administrative/cost data from county behavioral health agency and hospitals » Cal-OMS

SAMPLING OF NO/LOW-COST SUBSTANCE USE DISORDER TREATMENT OUTCOMES MEASURE FOR ADULTS

Outcomes Substance Use & Health (ASAM D1-D6)	***Sample Measures***
Public Safety	
Reduced threats to public safety, recidivism	›› Administrative/cost data from county criminal justice system and child welfare system ›› Cal-OMS ›› SAMHSA- GPRA (National Quality Standards) ›› TEA
Reduced Morbidity	
Reduced SUD-related morbidity (Triple Aim)	**Client level:** ›› Patient health record **Community level:** ›› Community morbidity and mortality reports
Reduced Morality	
Reduced SUD-related mortality	**Community level:** ›› Community morbidity and mortality reports