Tools to Support and Evaluate Evidence-Based Practices in Prevention and Early Intervention

UC San Diego Health Services Research Center (HSRC)

Andrew Sarkin, PhD | Edith Wilson, PhD | Frances Reyes, MA

Tuesday, April 4, 2017
Summary

Presentation 1 – Evaluation
✓ Improved Understanding and Selection of Evaluation Tools

Presentation 2 – Linkage and Referral Tracker
✓ Effective Linkage and Referral Management in Evidence-Based Programs

Presentation 3 – "Creating Healthy Outcomes - Integrated Self-Assessment" (CHOIS)
✓ Effective Utilization of Screening and Outcomes Measurement in PEI
Importance of Evaluation for PEI programs

Presenter: Andrew Sarkin, PhD

Learning Objective:
Improved Understanding and Selection of Evaluation Tools
Importance of Measurement

Continuous Program Improvement
- Identifying training and technical assistance needs
- Test program changes or new programs
- Identifying client groups that need attention

Accountability to Stakeholders
Staff, Funders, Community, Clients and Families

Securing Future Funding
How will this help our individual clients?

- Tracking Individual Progress and Treatment Plans
- Promoting an Integrated Recovery Orientation
- Facilitating Recovery and Communication
  - Between people receiving and providing services
  - Between service providers in an integrated system
Selection of Measures – Qualities

Maximize
- Usefulness to Staff
- Usefulness to People Getting Services
- Validity for Measuring Goals and Outcomes
- Cultural Competence and Sensitivity

Minimize
- Burden to Staff
- Burden to People Getting Services
- Costs to the Programs
Selection of Measures – Process

**Review of Available Measures**
- Relevance to Goals
- Clinical Utility
- Psychometric Validity
- Cultural Competence
- Cost, Copyright, and Translation Issues

**Development of Specific Questions based on Goals**

**Meetings with Stakeholders**
- Program Directors
- CORs and Administration
- Local Experts and Academics
- Staff delivering services
- People getting services
Important Tools for PEI Programs

Programs need tools!

• Encounter forms to track services in a standardized way
• Tracking linkages and referrals (e.g., via the Linkage and Referral tracker – Presentation 2)
• Tracking key outcomes and progress towards goals
• Track client-rated progress based on self-report measures (e.g., like the CHOIS – Presentation 3)
• Screen people for mental health needs (also the CHOIS)
Tools for Evidence-Based PEI

General forms needed across all programs
  ◦ Demographics
  ◦ Satisfaction
  ◦ Referral tracking

Specific measures to meet specific program goals and evaluation needs
## Demographics Form

### Design
Based on MHSA state requirements with additional stakeholder input

<table>
<thead>
<tr>
<th>What is the participant’s age?</th>
<th>What is the participant’s race/ethnicity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the participant’s military status?</td>
<td>What is the participant’s gender identity?</td>
</tr>
<tr>
<td>Does the participant have any disability?</td>
<td>What sex was the participant assigned on his/her original birth certificate?</td>
</tr>
<tr>
<td>What is the participant’s primary language?</td>
<td>What is the participant’s sexual orientation?</td>
</tr>
</tbody>
</table>

Tips for increasing completion rate: Printing form on colored paper or heavier cardstock
Satisfaction Items

- Four core satisfaction items that might be common across programs
- Participants rate items on a scale from 1 (Strongly Disagree) to 5 (Strongly Agree)
- Adding items for specific programs to reflect their specific goals

As a result of this program...

I know where to get help when I need it.

I am more comfortable seeking help.

I am better able to handle things.

Overall, I am satisfied with the services I received.
**Encounter Form**

- Filled in once per every appointment
- Tracks services delivered in a standardized way
- Tracks which EBPs were used in each encounter
Key Outcomes/Indicators Form

Tracking of key indicators and progress towards goals in a standardized way

• Form encourages standardized data collection.
• Key indicators: Housing, Employment, Critical Events
• Progress towards relevant treatment goals
• Some programs also use Illness Management and Recovery Scales (IMR) and Milestones of Recovery Scales (MORS)
• Provides a common language for progress and goal setting
### Key Outcomes – Housing

#### Identify the participant’s current living situation.

- House or apartment (includes trailers, hotels, dorms, barracks, SRO, etc.)
- House or apartment and requiring some support with daily living activities (includes sober living facility, applies to adults only)
- House or apartment and requiring daily support and supervision (applies to adults only)
- Supported housing (applies to adults only)
- Foster family home
- Group home (includes Levels 1-12 for children)
- Residential treatment center (includes levels 13-14 for children) or residential treatment facility (applies to adults only and includes community treatment facility, adult residential facility, social rehabilitation facility, crisis residential, transitional residential, drug facility, alcohol facility)
- Board and care
- Mental health rehabilitation center (24 hour)
- Skilled nursing facility/intermediate care facility/Institute of Mental Disease (IMD)
- Inpatient psychiatric hospital, Psychiatric health facility (PHF), or Veterans Affairs (VA) hospital
- State hospital
- Justice related (Juvenile Hall, CYA home, correctional facility, jail, etc.)
- Homeless, unsheltered (living on the streets, camping outdoors, or living in cars or abandoned buildings)
- Homeless, sheltered (staying in emergency shelters or transitional housing)
- Homeless, doubled-up (staying with friends or family temporarily)
- Other
- Unknown/not reported
- Item not assessed
### Key Outcomes – Housing (cont.)

| Level 6 | House or apartment |
| Level 5 | House or apartment requiring some support with daily living skills |
| Level 4 | House or apartment requiring daily support; supported housing; foster family home; group home |
| Level 3 | Residential treatment center; residential treatment facility; board and care |
| Level 2 | MH rehabilitation center; skilled nursing facility/intermediate care facility/institute for mental disease; inpatient psychiatric hospital, or VA hospital; state hospital |
| Level 1 | Homeless, sheltered (staying in emergency shelters or transitional housing); doubled up (staying with friends or family temporarily) |
| Level 0 | Homeless, no identifiable residence |
| Level -1 | Justice-related (juvenile hall, CYA home, correctional facility, jail, etc.) |
Key Outcomes - Employment

Identify the participant’s current employment.

If NOT EMPLOYED: Select the response that best describes the participant’s current employment-seeking activities.

<table>
<thead>
<tr>
<th>EMPLOYMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Identify the participant’s current employment. Select all that apply.</td>
</tr>
<tr>
<td>□ Competitive employment</td>
</tr>
<tr>
<td>□ Supported employment</td>
</tr>
<tr>
<td>□ Transitional employment/enclave</td>
</tr>
<tr>
<td>□ Paid in-house work</td>
</tr>
<tr>
<td>□ Non-paid (volunteer) work experience</td>
</tr>
<tr>
<td>□ Other gainful/employment activity</td>
</tr>
<tr>
<td>□ Job training/employment service program</td>
</tr>
<tr>
<td>□ Student</td>
</tr>
<tr>
<td>□ Retired</td>
</tr>
<tr>
<td>□ Homemaker</td>
</tr>
<tr>
<td>□ Not employed (complete #2 below)</td>
</tr>
<tr>
<td>□ Unknown/not reported</td>
</tr>
<tr>
<td>□ Item not assessed</td>
</tr>
</tbody>
</table>
## Key Outcomes - Critical Events

**CRITICAL EVENTS**

1. Please indicate the number of emergency interventions (e.g., emergency room visits) the participant had during the PAST 30 DAYS that were:

<table>
<thead>
<tr>
<th>Outcome</th>
<th># Emergency interventions</th>
<th>Unknown/not reported</th>
<th>Item not assessed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical health related</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health/substance abuse related</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical AND mental health/substance abuse related</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. In the PAST 30 DAYS, how many times AND how many days was the participant in:

<table>
<thead>
<tr>
<th>Event</th>
<th># Times in past 30 days</th>
<th># Days in past 30 days</th>
<th>Unknown/not reported</th>
<th>Item not assessed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatric hospitalization</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crisis residential</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-psychiatric hospitalization</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jail/prison</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Police custody (under arrest)</td>
<td></td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Progress Towards Goals

Eight goal areas might be measured

**GOALS**

<table>
<thead>
<tr>
<th>How much progress did the client make in each of the following goal areas since the last assessment?</th>
<th>Achieved goal</th>
<th>A lot of progress</th>
<th>A little progress</th>
<th>No progress</th>
<th>No goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Employment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Housing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Mental Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Substance Use</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Family Reunification</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Social Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Physical Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Special Tools for Peer Programs

Peer programs and other healthcare navigation and referral PEI programs sometimes do not have access to County Electronic Data Capture Systems.

As mentioned earlier, programs need to ...

• Use an Encounter Form to track services in a standardized way
• Track linkages and referrals (e.g., via the Linkage and Referral tracker – Presentation 2)
• Track provider-rated key outcomes, progress towards goals, satisfaction, and other outcomes that may be program specific
• Track client-rated progress based on self-report measures (e.g., like the CHOIS – Presentation 3)
Linkage and Referral Tracker

Presenter: Edith Wilson, PhD

Learning Objective:
Skills training in tracking referrals from evidence-based PEI programs
Purpose

1. Standardized tool for tracking linkages and referrals across 10 dimensions of wellness.
2. Records ongoing and pending connections to services, tracks successes (completed tasks).
3. Details clients’ connections to Evidence Based Practices and other interventions.
4. Standardized way for evaluating treatment progress and successful linkages that clients receive.
Purpose (continued)

5. Supports integrated teamwork – easy access to all referrals and linkages client received.

6. Creates a standardized record of activities.

7. Serves as a “shopping list of potential services” – inspiration for services client might benefit from.

8. Could support meeting state requirements on tracking referrals (might need additional info, such as duration of untreated mental illness).
Development

- Requested by some peer programs, who said it much better reflected their accomplishments by showing the linkages and referrals, rather than by clinical measures of symptoms.

- This type of evaluation tool had not been available in a standardized format.

- Developed over several iterations with input from peer groups and other stakeholders.
Use

**Population:** Designed for adult population but many items would still be relevant for children and adolescents

**Service Setting:** Developed for peer programs but can be used by any program

**Data Usage:** Individual client data or aggregated data across clients in a program
Dimensions of Wellness

Ten Dimension of Wellness

Each Dimension of Wellness captures a set of items.

Please select each Dimension of Wellness in which the person has a recovery or life goal.

- Physical Health
- Social Health
- Mental Health
- Substance Abuse
- Housing
- Occupation/Education
- Financial Assistance/Benefits
- Transportation
- Identification
- Basic Needs

Program can track “Actions” against relevant items, i.e. items can be discussed, referred, linked, or successfully connected.
Paper Form

Can be used to document referrals and linkages to evidence based practices and other resources.

Evidence based practices (e.g., motivational interviewing) can be used to help complete form.
Example:
Dimension – Physical Health

Linkage & Referral Tracker: PHYSICAL HEALTH

What things were DISCUSSED, REFERRED, AND LINKED with the person?

**Actions:**  
D = Discussed  
R = Referred to  
L = Linked to  
S = Successfully connected to

**Items:**
1. Primary care provider in independent practice  
2. Primary care provider in a clinic or FQHC  
3. Community health clinic (non-primary care provider)  
4. Dental clinic  
5. Eye care  
6. Support groups for chronic illness – led by a health care provider  
7. Support groups for chronic illness – led by peers  
8. Medication self-management education or support group  
9. Health and wellness groups/classes  
10. Exercise groups/classes  
11. Other: ____________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Action(s) (Circle)</th>
<th>Item(s) #</th>
<th>Notes (include specific service name, if possible)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>D R L S</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>D R L S</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>D R L S</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>D R L S</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Discussed

Select "Discussed" if you talked about a specific tool and/or service with a participant.

Example:
You discussed the prospect of the client renting an apartment.
Referred

Select "Referred" if you talked about a specific tool and/or service to enable the participant to obtain that tool and/or service.

Example:
You provided the participant with the phone number or location of a rental office for an apartment.
Linked

Select "Linked" if you made arrangements for a participant to obtain a specific tool and/or service.

Example:
You made an appointment for the participant to meet with a leasing agent to complete a rental application.
Successfully Connected

Select "Successfully Connected" if you were able to confirm that the participant actually obtained a specific tool and/or service.

Example:
The participant obtained an apartment.
Data Reporting

Example summary table for all 10 Dimensions of Wellness

<table>
<thead>
<tr>
<th>Dimension of Wellness</th>
<th>Discussed</th>
<th>Referred</th>
<th>Linked</th>
<th>Successfully Connected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Health</td>
<td>5</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Social Health</td>
<td>30</td>
<td>1</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>Mental Health</td>
<td>80</td>
<td>52</td>
<td>45</td>
<td>19</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>25</td>
<td>5</td>
<td>15</td>
<td>21</td>
</tr>
<tr>
<td>Housing</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Occupation/Education</td>
<td>61</td>
<td>42</td>
<td>48</td>
<td>26</td>
</tr>
<tr>
<td>Financial Assistance/Benefits</td>
<td>12</td>
<td>8</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Transportation</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Identification</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Basic Needs</td>
<td>17</td>
<td>5</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>234</td>
<td>117</td>
<td>123</td>
<td>89</td>
</tr>
</tbody>
</table>
Example summary table for “Mental Health” dimension

<table>
<thead>
<tr>
<th>Activity</th>
<th>Discussed</th>
<th>Referred</th>
<th>Linked</th>
<th>Success Connected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent psychiatrist</td>
<td>20</td>
<td>7</td>
<td>15</td>
<td>3</td>
</tr>
<tr>
<td>Private counselor/therapist</td>
<td>15</td>
<td>10</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Specialty mental health clinic</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Primary care provider</td>
<td>18</td>
<td>15</td>
<td>12</td>
<td>5</td>
</tr>
<tr>
<td>Behavioral health within primary care clinic</td>
<td>5</td>
<td>5</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Intensive outpatient/day treatment</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Inpatient treatment</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Crisis house</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Self-help groups</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Clubhouse</td>
<td>17</td>
<td>10</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>80</td>
<td>52</td>
<td>45</td>
<td>19</td>
</tr>
</tbody>
</table>
Interactive Exercise

Case Studies

Linkage & Referral Tracker

The Linkage and Referral Tracker tracks discussions, referrals/recommendations, and linkages for specific resources and tools. The Linkage and Referral Tracker should be completed whenever there is a linkage or referral, and to confirm successful linkages.

Please select each Dimension of Wellness in which the person has a recovery or life goal:

- Physical Health
- Social Health
- Mental Health
- Substance Abuse
- Housing
- Occupation/Education
- Financial Assistance/Benefits
- Transportation
- Identification
- Basic Needs

Linkage & Referral Tracker Actions

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discussed</td>
<td>Talked about a specific tool and/or service with a participant (for example, if you discussed the prospect of the participant renting an apartment)</td>
</tr>
<tr>
<td>Referred</td>
<td>Provided a participant with information (for example, a phone number or address) about a specific tool and/or service to enable the participant to obtain that tool and/or service on his/her own (for example, if you provided the participant with the phone number or location of a rental office for an apartment)</td>
</tr>
<tr>
<td>Linked</td>
<td>Made an appointment for a participant to obtain a specific tool and/or service (for example, if you made an appointment for the participant to meet with a leasing agent to complete a rental application)</td>
</tr>
<tr>
<td>Successfully Connected</td>
<td>Confirmed that the participant actually obtained a specific tool and/or service (for example, if the participant submitted a rental application and obtained an apartment)</td>
</tr>
</tbody>
</table>

Comments:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Client Username: ___________________  Client’s Phone Number: ___________________
Client or System ID (if known): ___________________  Client’s Address: ___________________
Program: ___________________  Staff ID: ___________________
County: ___________________
"Creating Healthy Outcomes - Integrated Self-Assessment" (CHOIS)

Presenter: Frances Reyes, MA

Learning Objective:
Effective Utilization of Screening and Outcomes Measurement in PEI
Creating Healthy Outcomes – Integrated Self-Assessment

CHOIS

I. Overview of the instrument
II. Development
III. Domains and Items
IV. Administering the CHOIS
V. Scoring, Analysis, and Reporting
VI. Activity: Case Studies
Creating Healthy Outcomes – Integrated Self-Assessment (CHOIS)

- Recovery-oriented self-report measure
- Useful for screening and monitoring of behavioral health issues in settings outside of behavioral healthcare
- Developed with strong stakeholder input
- Produces an overall CHOIS score and seven subscales
- Available in multiple languages
- Can be used on paper or entered into any data system
- May reduce stigma and increase knowledge for PEI
Creating Healthy Outcomes – Integrated Self-Assessment (CHOIS)

<table>
<thead>
<tr>
<th>Populations</th>
<th>Service Settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>- TAY (16+) and adults</td>
<td>- Appropriate for both behavioral health treatment programs and service settings that do not focus primarily on mental health issues</td>
</tr>
<tr>
<td>- Use of the CHOIS has included a racially diverse sample, many of whom had a mental health diagnosis</td>
<td></td>
</tr>
</tbody>
</table>

38
Stakeholder Input for CHOIS

- Academic clinical psychologists with expertise in measurement
- Health outcomes and screening experts
- County mental health administrators
- Behavioral health program directors
- People who use mental health services
- Frontline clinicians and other program staff
Development

- Reviewed existing measures with various stakeholders
- Created a consolidated instrument for screening and tracking outcomes
- Further developed the consolidated instrument with stakeholder feedback
Creating Healthy Outcomes – Integrated Self-Assessment (CHOIS)

Mental Illness Subscales

- Depression
- Anger
- Anxiety
- Cognitive/Memory
- Psychosis
- Suicidal Ideation
- Positive Recovery
**CHOIS Subscale**

**Depression**

*In the last 7 days...*

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I felt sad.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>2. I felt depressed.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>3. I felt helpless.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>4. I felt worthless</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>5. I felt hopeless.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>6. I felt little interest or pleasure in things I used to enjoy.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
### CHOIS Subscale

**Anger**

*In the last 7 days...*  

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. I felt angry.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>8. I stayed angry for hours.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>9. I felt angrier than I thought I should.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
## CHOIS Subscale

### Anxiety

<table>
<thead>
<tr>
<th>In the last 7 days...</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. I felt fearful.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>11. I found it hard to focus on anything other than my anxiety.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>12. My worries overwhelmed me.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>13. Thoughts entered my mind that I had trouble getting rid of.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>14. I did things I couldn’t resist or did things more often than I should.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>15. I had disturbing memories or images of a stressful experience.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
**CHOIS Subscale**

**Cognitive/Memory**

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In the last 7 days...</strong></td>
<td>Never</td>
<td>Rarely</td>
<td>Sometimes</td>
<td>Often</td>
</tr>
<tr>
<td>16.</td>
<td>I had memory problems, such as forgetting names or appointments.</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>17.</td>
<td>I had difficulty thinking clearly while doing familiar tasks.</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
# CHOIS Subscale

## Psychosis and Suicidal Ideation

### In the last 7 days...

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>18.</strong> I believed people were following me or trying to harm me and my family.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

### Psychosis

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>19.</strong> I heard voices that no one else could hear.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

### Suicidal Ideation

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>20.</strong> I had thoughts of ending my life or harming myself.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
### CHOIS Subscale

### Positive Recovery

**In the last 7 days...**

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>22. I felt good about myself.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>23. I had goals and worked towards achieving them.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>24. I felt hopeful about the future.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>25. I was able to handle things.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>26. I felt happy.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>27. I had energy and was full of life.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>28. I felt spiritually connected.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>29. I had contact with people that care about me.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>30. I lived in a home that made me feel safe.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
Additional Items
Impact and Children

### 31. How difficult have any problems reported here made it for you to do your daily activities, work (including school), take care of things at home, or get along with other people?

- ○ Not difficult at all
- ○ Somewhat difficult
- ○ Very difficult
- ○ Extremely difficult

### In the last 7 days...

21. My child(ren) had emotional and/or behavioral problems.

- ○ Never
- ○ Rarely
- ○ Sometimes
- ○ Often
- ○ Always

☑ Check here if you do not have any children living at home.
Recommended Addition
Screening

Recommended for any mental health screener

Would you like to speak with someone about mental health issues for yourself, your spouse, your children, your parent, another family member, or a friend?

- [ ] No
- [ ] Yes
### Recommended Addition

#### Substance

*In the past 7 days...*

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Almost</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>I used substances (alcohol, illegal drugs, etc.) too much.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I felt that I should cut down on my alcohol or substance use.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
Administering the CHOIS

- Primary use for CHOIS in PEI is screening
- Follow-up assessments can be used to show client progress

  Recommended assessment schedule:
  - Within 30 days of intake (baseline)
  - At three months and/or discharge

  *CHOIS does not need to be administered again to be useful*
Presenting the CHOIS to Clients

- This is not just additional paperwork! It is an important part of your recovery activities.
- We hope that this opens up a discussion about your needs and goals.
- It shows us strengths that we can draw upon.
- It is useful for some people to track their own recovery and see their own progress.
- We can use it to set goals for shared decision making.
- Putting a goal in a treatment plan related to client responses may increase engagement.
Presenting the CHOIS to Clients

CHOIS Coversheet

Creating Health Outcomes: Integrated Self-Assessment (CHOIS)

This is the “Creating Health Outcomes: Integrated Self-Assessment.” Once you complete it, together we will use it to:

- Track your recovery over time
- Figure out your goals and how to reach them
- Give you some ideas to talk about with the team working with you as you heal

Your answers will be kept private.

It is okay to skip a question you do not want to answer. However, the more you tell us, the better we will be able to work together to help you reach your goals and speed your recovery.
CHOIS Scoring

- 5-point Likert Scale ranging from 0 (Never) to 4 (Always)

- Calculating scores
  - Overall score: Average of 20 symptom items
  - Subscale score: Average of items within each subscale

- Lower scores indicate greater recovery for all scales except Positive Recovery
CHOIS Analysis and Reporting

SUBSCALE SCORES
- Identify difficulties in specific areas of mental health
- Interpret changes in specific domains when follow-up is available

OVERALL SCORE
- Assess mental health status as a whole
- Interpret changes in overall mental health status when follow-up is available
CHOIS Interpretation

- Compare follow-ups to previous assessments
- Look for items that fall within a certain range
- Review specific items
General Questions and Answers

1. Comments and Questions
2. What other tools would we need for PEI programs?
3. Would you find these tools useful?
4. How can we make them more useful?
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