

CIBHS and LACDMH: Evidence-Based Practices Symposium: Outreach to Outcome: Continuum of Prevention and Early Intervention Services

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

Why invest time in program
evaluation activities?

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

Importance of Measurement (cont.)

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

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

Design

Based on MHSA state requirements with additional stakeholder input

What is the participant's age?

What is the participant's military status?

Does the participant have any disability?

What is the participant's primary language?

What is the participant's race/ethnicity?

What is the participant's gender identity?

What sex was the participant assigned on his/her original birth certificate?

What is the participant's sexual orientation?

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

Participant Identifier: _____
Staff ID: _____

Only complete when information is unavailable from EHR		
1. Date of Service: ____/____/____ (MM/DD/YYYY)	2. Time of Service: ____:____ ○ AM ○ PM (HH:MM)	3. Zip Code of Service: _____
4. Services Received – Service Strategies: (Check all that apply)		
<input type="checkbox"/> Peer and/or Family Delivered Services <input type="checkbox"/> Psychoeducation <input type="checkbox"/> Family Support <input type="checkbox"/> Supportive Education <input type="checkbox"/> Health Navigation <input type="checkbox"/> Delivered in Partnership with Law Enforcement (includes courts, probation, etc.) <input type="checkbox"/> Delivered in Partnership with Health Care <input type="checkbox"/> Delivered in Partnership with Social Services <input type="checkbox"/> Delivered in Partnership with Substance Abuse Services		
<input type="checkbox"/> Integrated Services for Mental Health and Aging <input type="checkbox"/> Integrated Services for Mental Health and Developmental Disability <input type="checkbox"/> Ethnic-Specific Service Strategy <input type="checkbox"/> Age-Specific Service Strategy <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown Service Strategy		
5. Type of Service – Service Type Indicators: (Check all that apply)		
<input type="checkbox"/> Assessment <input type="checkbox"/> Education <input type="checkbox"/> Physical Health Care <input type="checkbox"/> Substance Abuse Treatment <input type="checkbox"/> Discharge Planning <input type="checkbox"/> Family Involved Therapy <input type="checkbox"/> Trauma Informed Therapy		
<input type="checkbox"/> Cognitive Behavioral Therapy <input type="checkbox"/> SAMHSA Illness Management and Recovery <input type="checkbox"/> Housing Services <input type="checkbox"/> Employment Services <input type="checkbox"/> Benefits <input type="checkbox"/> Peer Counseling <input type="checkbox"/> Peer Navigation		
<input type="checkbox"/> Group Psychotherapy <input type="checkbox"/> Group Education <input type="checkbox"/> Group Support – Medication Management <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____		
6. Service Time: _____ (minutes)	7. Travel Time: _____ (minutes)	8. Documentation Time: _____ (minutes)
9. Person Contacted: (Check all that apply)		10. Contact Type: (Check all that apply)
<input type="checkbox"/> Participant <input type="checkbox"/> Family <input type="checkbox"/> Other _____		<input type="checkbox"/> Face to Face <input type="checkbox"/> Telephone <input type="checkbox"/> Electronic Messaging (includes email, text, etc.) <input type="checkbox"/> Postal Mail <input type="checkbox"/> Other _____ <input type="checkbox"/> No Contact _____
11. Place of Service: (Check all that apply)		
<input type="checkbox"/> Office (mental health clinic, mental health center, etc.) <input type="checkbox"/> Emergency Room (ER) <input type="checkbox"/> Inpatient (hospital, PHF, SNF, IMD, MHRC, etc.) <input type="checkbox"/> Health Care / Primary Care <input type="checkbox"/> Correctional Facility (jail, prison, camp/ranch, etc.) <input type="checkbox"/> Homeless / Emergency Shelter <input type="checkbox"/> Residential Care or Crisis House <input type="checkbox"/> Residential Treatment Program (AOD) <input type="checkbox"/> Faith-based (church, temple, etc.) <input type="checkbox"/> Age-specific Community Center		
<input type="checkbox"/> Home <input type="checkbox"/> Participant's Job Site <input type="checkbox"/> School <input type="checkbox"/> Mobile Service <input type="checkbox"/> Phone <input type="checkbox"/> Telehealth <input type="checkbox"/> Non-traditional Service Location (park bench, on street, under bridge, abandoned building, etc.) <input type="checkbox"/> Other Community Location _____ <input type="checkbox"/> Unknown / Not Reported		

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

Current
living
situation

HOUSING

1. 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

EMPLOYMENT

1. Identify the participant's current employment. Select all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Competitive employment | <input type="checkbox"/> Student |
| <input type="checkbox"/> Supported employment | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Transitional employment/enclave | <input type="checkbox"/> Homemaker |
| <input type="checkbox"/> Paid in-house work | <input type="checkbox"/> Not employed (complete #2 below) |
| <input type="checkbox"/> Non-paid (volunteer) work experience | <input type="checkbox"/> Unknown/not reported |
| <input type="checkbox"/> Other gainful/employment activity | <input type="checkbox"/> Item not assessed |
| <input type="checkbox"/> Job training/employment service program | |

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:

	# Emergency interventions	Unknown/not reported	Item not assessed
Physical health related	_____	<input type="radio"/>	<input type="radio"/>
Mental health/substance abuse related	_____	<input type="radio"/>	<input type="radio"/>
Physical AND mental health/substance abuse related	_____	<input type="radio"/>	<input type="radio"/>

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

	# Times in past 30 days	# Days in past 30 days	Unknown/not reported	Item not assessed
Psychiatric hospitalization	_____	_____	<input type="radio"/>	<input type="radio"/>
Crisis residential	_____	_____	<input type="radio"/>	<input type="radio"/>
Non-psychiatric hospitalization	_____	_____	<input type="radio"/>	<input type="radio"/>
Jail/prison	_____	_____	<input type="radio"/>	<input type="radio"/>
Police custody (under arrest)	_____	N/A	<input type="radio"/>	<input type="radio"/>

Progress Towards Goals

Eight goal areas might be measured

GOALS

<i>How much progress did the client make in each of the following goal areas since the last assessment?</i>	Achieved goal	A lot of progress	A little progress	No progress	No goal
1. Employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Substance Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Family Reunification	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Social Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Physical Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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.

- | | |
|--|--|
| <input type="checkbox"/> Physical Health | <input type="checkbox"/> Occupation/Education |
| <input type="checkbox"/> Social Health | <input type="checkbox"/> Financial Assistance/Benefits |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Identification |
| <input type="checkbox"/> Housing | <input type="checkbox"/> 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.

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.

- | | |
|--|--|
| <input type="checkbox"/> Physical Health | <input type="checkbox"/> Occupation/Education |
| <input type="checkbox"/> Social Health | <input type="checkbox"/> Financial Assistance/Benefits |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Identification |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Basic Needs |

Linkage & Referral Tracker Actions

Action	Description
Discussed	Talked about a specific tool and/or service with a participant (for example, if you discussed the prospect of the participant renting an apartment)
Referred	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)
Linked	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)
Successfully Connected	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)

Comments:

Client Username: _____	Client's Phone Number: _____
Client or System ID (if known): _____	Client's Address: _____
Program: _____	_____
County: _____	Staff ID: _____

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

Date	Action(s) (Circle)	Item(s) #	Notes (include specific service name, if possible)
	D R L S		
	D R L S		
	D R L S		
	D R L S		

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

Dimension of Wellness	Discussed	Referred	Linked	Successfully Connected
Physical Health	5	2	2	0
Social Health	30	1	4	10
Mental Health	80	52	45	19
Substance Abuse	25	5	15	21
Housing	2	1	1	1
Occupation/Education	61	42	48	26
Financial Assistance/Benefits	12	8	7	5
Transportation	2	1	0	0
Identification	0	0	1	1
Basic Needs	17	5	0	6
Total	234	117	123	89

Example summary table for “Mental Health” dimension

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

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.

- | | |
|--|--|
| <input type="checkbox"/> Physical Health | <input type="checkbox"/> Occupation/Education |
| <input type="checkbox"/> Social Health | <input type="checkbox"/> Financial Assistance/Benefits |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Identification |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Basic Needs |

Linkage & Referral Tracker Actions

Action	Description
Discussed	Talked about a specific tool and/or service with a participant (for example, if you discussed the prospect of the participant renting an apartment)
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Linked	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)
Successfully Connected	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)

Comments:

Client Username: _____	Client's Phone Number: _____
Client or System ID (if known): _____	Client's Address: _____
Program: _____	_____
County: _____	Staff ID: _____

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"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)

Populations

- TAY (16+) and adults
- Use of the CHOIS has included a racially diverse sample, many of whom had a mental health diagnosis

Service Settings

- Appropriate for both behavioral health treatment programs and service settings that do not focus primarily on mental health issues

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

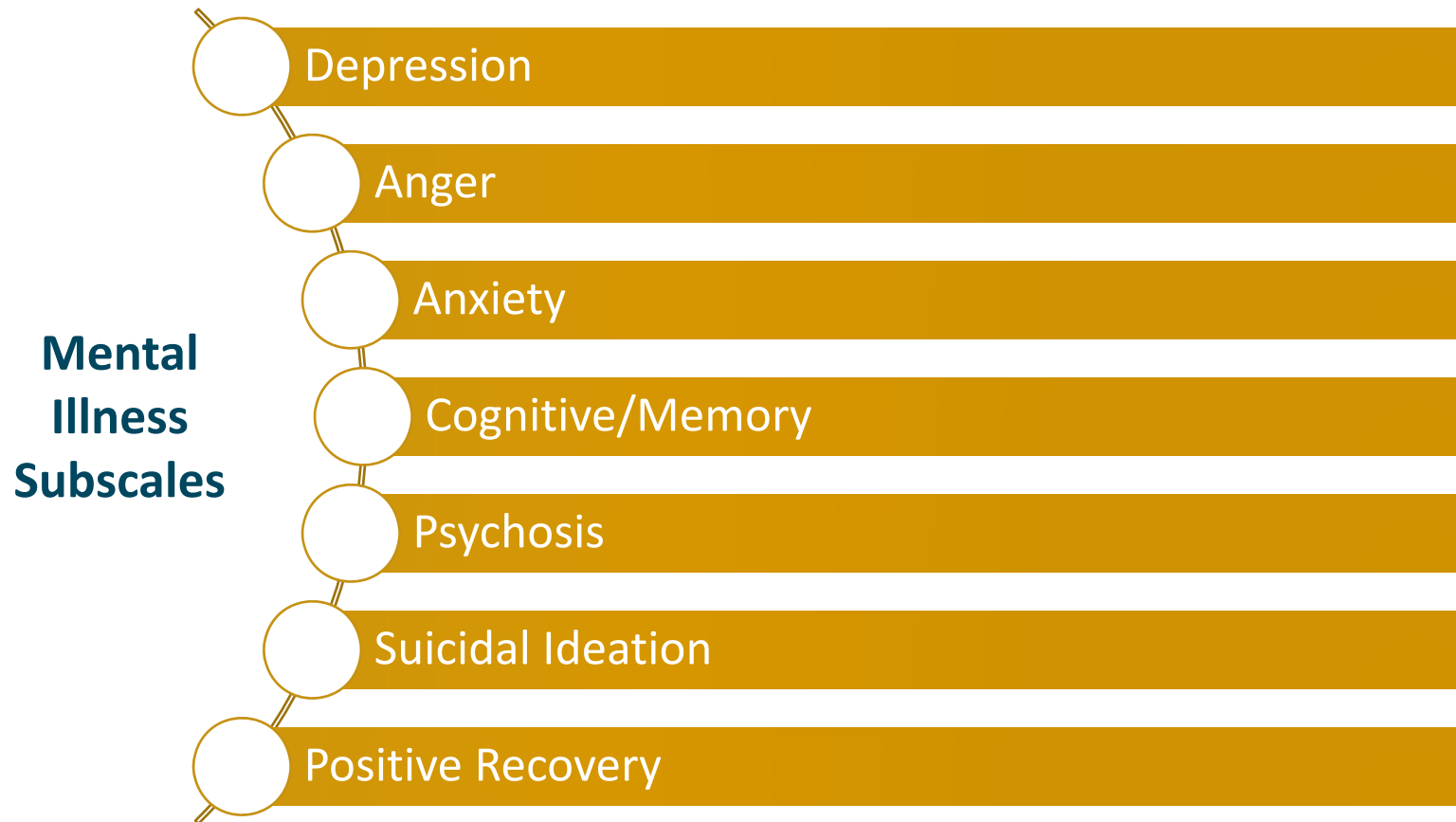
Development

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)



CHOIS Subscale

Depression

<i>In the last 7 days...</i>	Never	Rarely	Sometimes	Often	Always
1. I felt sad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I felt depressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I felt helpless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I felt worthless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I felt hopeless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I felt little interest or pleasure in things I used to enjoy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHOIS Subscale

Anger

<i>In the last 7 days...</i>	Never	Rarely	Sometimes	Often	Always
7. I felt angry.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I stayed angry for hours.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I felt angrier than I thought I should.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHOIS Subscale

Anxiety

<i>In the last 7 days...</i>	Never	Rarely	Sometimes	Often	Always
10. I felt fearful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I found it hard to focus on anything other than my anxiety.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. My worries overwhelmed me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Thoughts entered my mind that I had trouble getting rid of.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I did things I couldn't resist or did things more often than I should.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I had disturbing memories or images of a stressful experience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHOIS Subscale

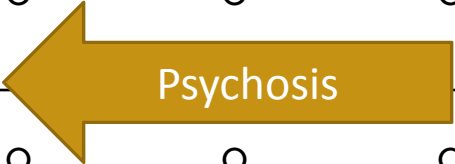
Cognitive/Memory

<i>In the last 7 days...</i>	Never	Rarely	Sometimes	Often	Always
16. I had memory problems, such as forgetting names or appointments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I had difficulty thinking clearly while doing familiar tasks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

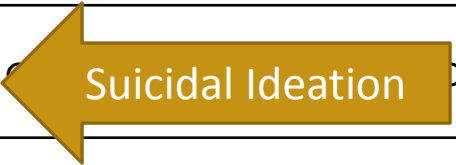
CHOIS Subscale

Psychosis and Suicidal Ideation

<i>In the last 7 days...</i>	Never	Rarely	Sometimes	Often	Always
18. I believed people were following me or trying to harm me and my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I heard voices that no one else could hear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



<i>In the last 7 days...</i>	Never	Rarely	Sometimes	Often	Always
20. I had thoughts of ending my life or harming myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



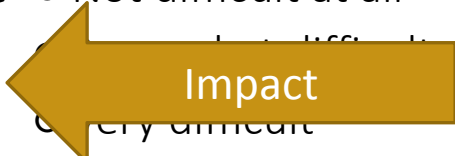
CHOIS Subscale

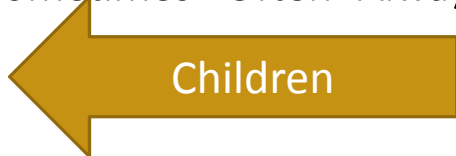
Positive Recovery

<i>In the last 7 days...</i>	Never	Rarely	Sometimes	Often	Always
22. I felt good about myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I had goals and worked towards achieving them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I felt hopeful about the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I was able to handle things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I felt happy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. I had energy and was full of life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. I felt spiritually connected.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. I had contact with people that care about me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I lived in a home that made me feel safe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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.
- Check here if you do not have any children living at home.
- Never Rarely Sometimes Often Always
-
- 

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

<i>In the past 7 days...</i>	Never	Rarely	Sometimes	Often	Almost Always
I used substances (alcohol, illegal drugs, etc.) too much.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that I should cut down on my alcohol or substance use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

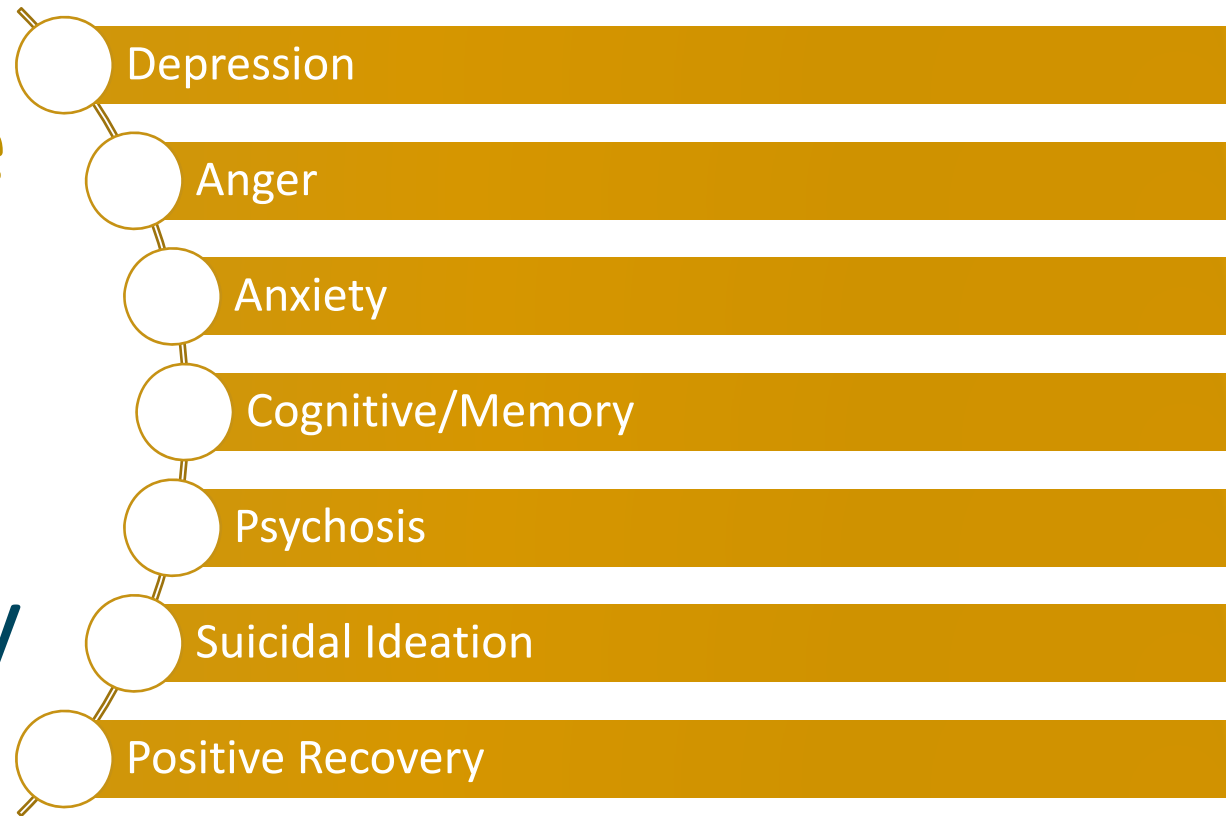
- Assess mental health status as a whole
- Interpret changes in overall mental health status when follow-up is available

CHOIS Interpretation

- Compare follow-ups to previous assessments
- Look for items that fall Items within a certain range
- Review specific items

Interactive Exercise

CHOIS Case Study



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?

Contact Information

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