Adventures of an Evaluator:

Reflections on different methods for conducting process evaluations of peer interventions in substance use treatment

Acknowledgements
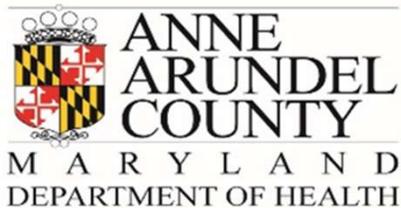
University of Maryland Baltimore Systems Evaluation Center (SEC)

- Funded by the Maryland Behavioral Health Administration (BHA)

- Evaluation activities include program evaluation, consultation, and technical assistance

- SEC collaborates with stakeholders during project development and implementation

Some Recent Projects

- Hospital-based Peer Intervention Evaluation
  (CDC PfS and SAMHSA SBIRT)

- SBIRT Peer Recovery Coach Training Needs
  (SAMHSA SBIRT)

- Program Evaluation for Maryland Medication Assisted Treatment and Recovery Support
  (MD-MATRS; SAMHSA MAT-PDOA)

Presenters

Everybody plays (almost): Collaborating across organizations in evaluation design and implementation
Alejandro Ortiz, PhD

Peers on the Move: A Survey of Peer Training Needs
Firoozeh Taherpoor, PhD

Why Recreate the Wheel? The Promises and Pitfalls of using Administrative Data in Multisite Formative Evaluations of Peer Interventions
Karen McNamara, LCSW-C, PhD

Diana Seybolt, PhD, Panel Coordinator

Everybody plays (almost):

Collaborating across organizations in evaluation design and implementation

Alejandro Ortiz, PhD

Project Background

- Process evaluation related to the implementation of three hospital-based peer support interventions:
  - Screening, Brief Intervention, and Referral to Treatment (SBIRT)
  - Overdose Survivors Outreach Program (OSOP)
  - Bup in the ED, also knowns as Hospital Based Buprenorphine Induction (HBBI)

Evaluation Questions

- What has gone well during implementation?

- What has been challenging?

- What strategies have been used to address challenges?

- What must be in place for each (or all) of the components to be successfully implemented?

Methods

- Site Selection
- Respondents
- Instrument
- Data Collection
- Validation
- Report

Lessons Learned

- What are the effects of inclusion and collaboration?

- Do Peers and ED staff play?

Peers on the Move
A Survey of Peer Training Needs

Firoozeh Taherpoor, PhD

Goal

➢Identifying PRC and PRC Supervisor perspectives on the type of training needed for PRCs to be successful in their jobs

Key Questions to be addressed

➢What additional training do PRCs need when they first begin working as a PRC?

➢What are the current training needs of PRCs?

➢What are the current training needs of PRC Supervisors?

➢What suggestions do PRCs and PRC Supervisors have for future training?

Stakeholder Collaboration from the Beginning

- ➢ Behavioral Health System Baltimore, Inc (BHSB)
- ➢ Maryland Department of Health, Behavioral Health Administration (BHA)
- ➢ Mosaic Group

Methods: *Participants & Site Selection*

➢ PRCs and PRC Supervisors working in 16 hospitals were chosen to participate in the project

➢ Hospitals were identified by the stakeholders

Collaboration with Stakeholders

Methods: *Preliminary Planning*
Identifying Topic Areas
Resources for the Ideas

Collaboration with Stakeholders

Job Descriptions

SAMHSA Peer Support Role Outlines

SAMHSA Core Competencies

Interpersonal & Communication Skills Questionnaires

Maryland Behavioral-health Professional Certification Board Manual

HPSIE Report

General Training Needs Questionnaires
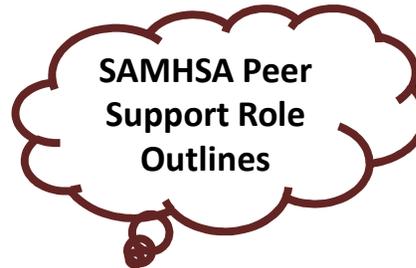
Methods: *Designing the Survey Questionnaires*

1. Writing effective questions

2. Choosing question formats

3. Choosing best order for the questions

4. Writing introduction for encouragement and informed consent

5. Presenting survey questions in a consistent way (visual design)

Methods: *Questions and Questions' formats*

Part 1
Background Information

- Certified — **Yes/No**
- Length of work (as a peer/in general) — **2 answer choices**
- Training received — **Multiple choices**

Collaboration with Stakeholders

Part 2
Initial Training Needs

- Administrative Skills — **5 point Likert scale**
- Communication Skills — **5 point Likert scale**
- Work-related Knowledge — **5 point Likert scale**
- Three most important initial training needs — **Open-ended question**

Part 3
Current Training Needs

- Administrative Skills — **5 point Likert scale**
- Communication skills — **5 point Likert scale**
- Work-related knowledge — **5 point Likert scale**
- Three most important current training needs — **Open-ended question**
- PRC Supervisor's training needs — **Open-ended Question**
- Comments/Suggestions — **Open-ended question**

Methods: *Participant Recruitment and Data Collection*

➢ Introductory email sent by Mosaic Group

➢ Survey sent via SurveyMonkey

➢ Reminders sent via emails using weblink by SEC

➢ Reminder sent via email using weblink by Mosaic Group

➢ Data collection lasted for six weeks

Collaboration with Stakeholders

Methods: *Analyzing the Data*

Filtering the results based on the goals

Cross-examining the data

Coding open-ended responses

Drawing conclusions

Methods: *Analyzing the Data* (Examples)

Filtering the results based on the goals

Table 3
Trainings Received (choose all that apply)

	% (n)
Recovery Coach Academy (Connecticut Community for Addiction Recovery (CCAR)	89% (33)
Mosaic Group: Certified Peer Specialist Training	73% (27)
Mental Health First Aid (MHFA)	27% (10)
Wellness Recovery Action Plan (WRAP) Basic Class	19% (7)
Domain Specific Trainings (Offered by the State of Maryland)	16% (6)

Note: Total respondents = 37; The total exceeds 37 and the sum of the percentages is greater than 100% because respondents could endorse more than one training.

Current Training Needs
Administrative Skills

Legend: ▪ Not/Slightly Important ▪ Moderately Important ▪ Important/Very Important

Categories: Basic computer skills (41%, 9%, 50%); Using Office applications (28%, 22%, 50%); Organizing paperwork/ files (41%, 16%, 44%); Effective use of... (39%, 13%, 48%); Prioritizing tasks/ ... (41%, 13%, 47%); Adapting to changes (38%, 16%, 47%); Dealing effectively with... (38%, 13%, 50%)

Methods: *Analyzing the Data (Examples)*

Methods: *Analyzing the Data* (Example)

Current 3 Most Important Training Needs		
Themes	New?	
Knowledge	new	mental health first-aid
Knowledge		Resourses
Admin		Time Managerment
Knowledge		ETHICS
Knowledge	new	Learning how to be certified.
Knowledge		Trauma informed care
Knowledge		Effective cannabis treatment p
Knowledge		Resources
Knowledge	new	WRAP
Knowledge		Medical terminology
Knowledge		trauma informed cre
Admin		excel microsoft
Knowledge	new	Peer Certification
Knowledge		Trauma-informed care
?Know	new	How to approach someone wit
Admin		prioritizing
Admin		How to prioritize certain multi-
Knowledge		understanding Emergency dep
Knowledge		Knowledge of Community Trea
Knowledge		Resources
Knowledge		protocols and procedures
Communication		networking with community re

Coding open-ended responses

Table 9
Themes identified by PRCs as Current Training Needs

Administrative Skills	• Office applications, such as Excel (3) • Prioritizing tasks/multitasking/time-management (3) • Basic computer skills (1) • Using organizational tools (1)
Communication Skills	• Networking with community resources (2) • Oral communication skills (2)
Work-related Knowledge	• Knowledge of community treatment resources (13) • Knowledge of trauma-informed care (10) • Knowledge of medical and hospital terminology (8) • Knowledge of medication assisted treatment (5) • Knowledge of insurance & relationship to treatment access (5) • Self-care (3) • Understanding boundaries and professional ethics (3) • Understanding of ED protocols and procedures (2) • Documentation in EMR (1) • Coordinating care with other hospitals services and resources (1)
New Themes	• Knowledge of mental health and Mental Health First Aid (6) • Learning about peer certification and what happens after that (6) • WRAP training (4) • Understanding other team members including social workers' responsibilities (4) • Current information regarding substances that are being used (1) • Understanding how certain forms of care can affect patients (1) • CEUs (1) • CPR (1)

Methods: *Analyzing the Data*

Drawing conclusions

- ➤ Sharing information beyond percentages and data breakouts
- ➤ Shedding light on the comparisons
- ➤ Considering limitations

Presenting Results & Writing Reports

Main Report

➢ Background
➢ Results
➢ Summary & Discussion

Technical Report

➢ Background
➢ Methods
➢ Results
➢ Appendices

Executive Summary

➢ One page summary

Collaboration with Stakeholders

➤ Utilize all available means for increasing response rate, such as:
- Simplifying the survey instrument
- Sending frequent reminders
- Involving different stakeholders in the outreach efforts more

➤ Adapt as needed
- Stay calm when expectations shift suddenly
- Be flexible in changing course of the project

➤ Preview carefully before sending
- Populating items on the survey platform cautiously, and check (and re-check!)

Why Recreate the Wheel?

The Promises and Pitfalls of using Administrative Data in Multisite Formative Evaluations of Peer Interventions

Karen McNamara, LCSW-C, PhD

kmcnamar@som.umaryland.edu

Benefits of Integrating Evaluation into Business Workflow

- Reduces data collection burden

- Makes the evaluation process "Value Added"

- Increases data accuracy as data are used as a part of regular business

- May provide ongoing feedback long after the official evaluation ends

Maryland Medication Assisted Treatment and Recovery Support (MD-MATRS) *simplified*

| Jurisdiction One Only | Both Jurisdictions | Jurisdiction Two Only |

A. Buprenorphine Induction at Residential Treatment Facility

B. Peer Outreach to Overdose Survivors in Emergency Department

D. MAT Programs

E. Care Coordination

F. MARS and Peer Support Services

G. RecoveryNet "wrap-around" services
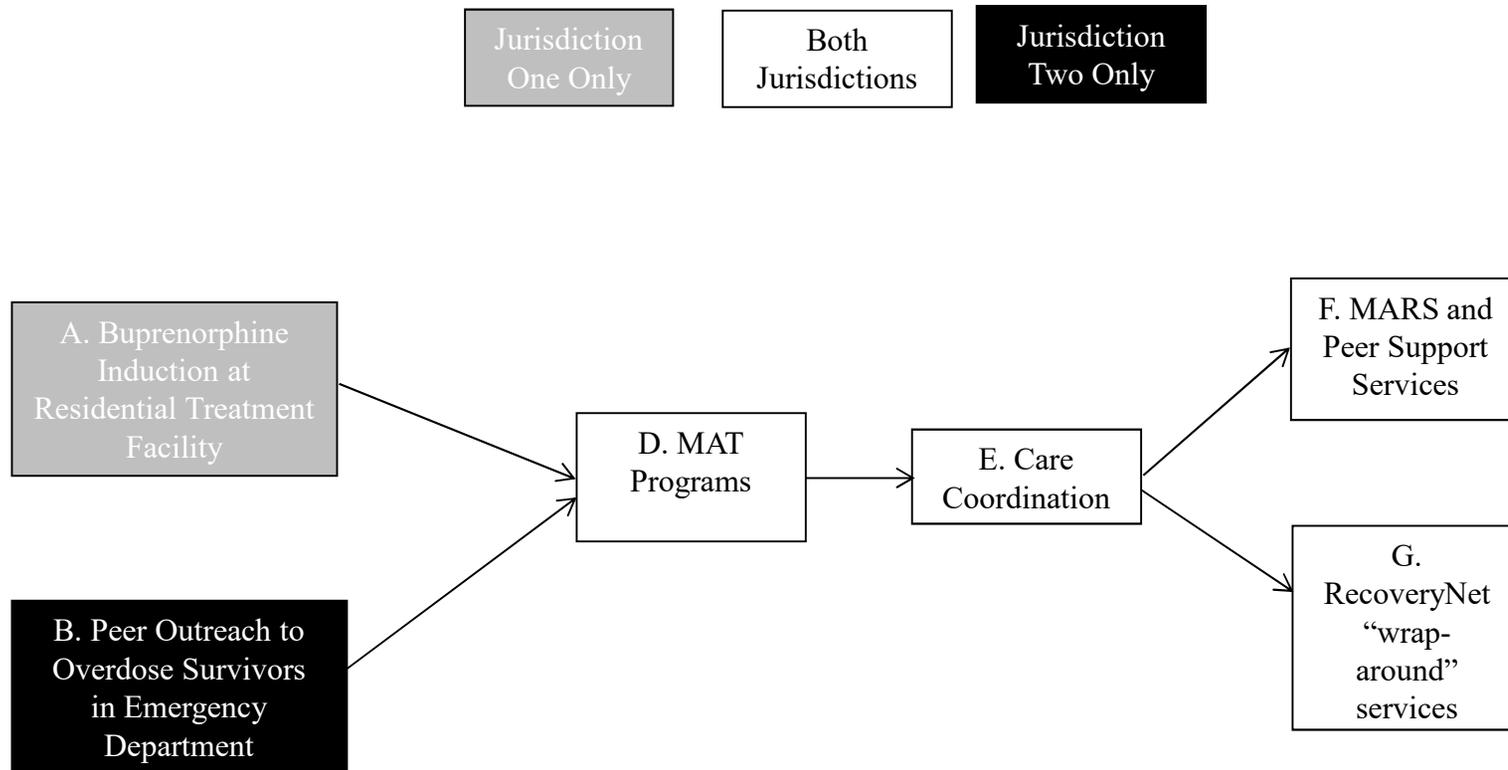
Five Easy (?!) Steps

1. Mapping Data and Workflow
2. Designing Data Collection and Linkage Across Systems
3. Establishing New Procedures and Workflows
4. Importing to Centralized Database
5. Exporting to Formative Evaluation and Grantor Reports

Step One: Mapping Data and Workflow

- Identify data elements required for evaluation

- Review workflow

- Identify currently available paper and electronic data sources

- Identify which data elements are
  - Available
  - Missing

Identify Data Elements Required

Required Data Elements
Demographics for Outreach and Enrollees
Outcomes for each enrollee as specified by SAMHSA
Peer Activities for Outreach and Enrollees
Admission, Enrollment and Retention
Service Utilization of Recovery Supports

Review Workflow

Emergency Department

Outpatient Clinics
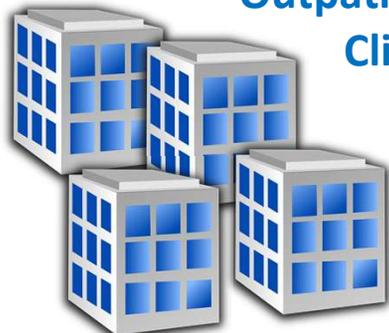
Residential Treatment

Peer Support Services

Community

Recovery Groups

MARS™
Medication-Assisted Recovery Services

Recovery Supports

Identify paper and electronic data sources
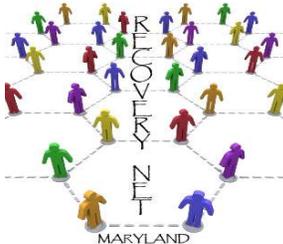
Emergency Department

Electronic Health Record

Outpatient Clinics
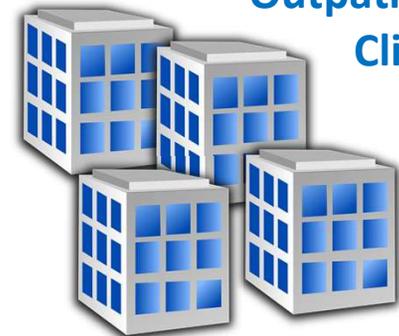
Multiple electronic and paper health systems

Residential Treatment

Electronic Health Record and Paper Logs

Peer Support Services

Paper Logs

Recovery Groups

MARS™
Medication-Assisted Recovery Services

Four sites, no records

Community

No records

Recovery Supports
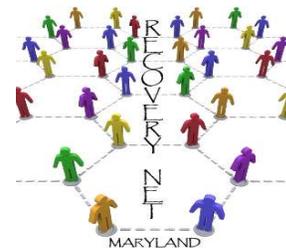
Electronic Claims Records

Identify Available and Missing Data

Data Elements Required	Available	Missing
Demographics for Outreach and Enrollees	• Enrollees in Electronic Medical Records (EMRs)	• Any data prior to admission • Specific elements for some EMRs (Sexual Orientation, Gender Identity , Ethnicity)
Outcomes for each enrollee as specified by SAMHSA	• Government Performance Results Act (GPRA) Assessment	• None
Peer Activities for Outreach and Enrollees	• None	• Contacts before and after enrollment • MARS Group
Enrollment and Retention	• GPRA • Claims Administrative Data	• None
Service Utilization of Recovery Supports	• Claims Administrative Data	• None

Step Two: Designing Data Collection and Linking: *Data Collection*

- Electronic Data
  - Connect with technical support and data owners
  - Determine if missing data can be added
  - Request periodic extracts [recommend cumulative]
  - Use algorithms if applicable (e.g. outreach to all individuals with opioid misuse)
  - Test extracts and imports
- Develop databases and tracking spreadsheets
- Develop paper logs as needed
- Be mindful of clinical workflow

Step Two: Designing Data Collection and Linking: *Data Linking*

- Establish data linking methods
  - Use location identifier numbering if possible (AA001; TH001)
  - Maintain an single linking log with limited identifiers

Source	EHR#	Claims#	GPRA#	First	Last	Date of Birth
Emergency	46549879	M56462560	ED001	Gidget	McNamara	4/23/1990
Residential	45654673	M54660236	RS001	Joe	Smith	9/18/1985

Clean regularly!

Example

- Peer Referral Database

File | Home | Create | External Data | Database Tools | Tell me what you want to do...   McNamara, Karen

Views | Clipboard | Sort & Filter | Records | Find | Text Formatting

Cut | Copy | Format Painter
Ascending | Descending | Remove Sort | Filter | Selection | Advanced | Toggle Filter
Refresh All | New | Save | Delete | Totals | Spelling | More
Find | Go To | Select | Replace
B I U | A

» | Switchboard | Active Referrals | ×

Active Peer Referrals   Gidget McNamara   ID: 1   Close Form

Referral Date	First Name	Last Name
1/29/2016	Gidget	McNamara

Referrals
Gidget   McNamara
Joe   Smith

Referral Information

Made By
Counselor/Clinician

Specify Other Made By

Referral Source
Pathways

Specify Other Referral Source

Referral Source Person
Josie

Referral Type
ODSOS

Specify Other Referral Type

Status Information

Assigned Peer
Richard

Peer Status
Active and Not Enrolled

MAT Status
Never Enrolled

Notes

Date Closed

Add Referral

Demographic Information (for ODSOS only)

Gender
Female

Race
Black/African American

Ethnicity
Non-hispanic or Latino

Age at Referral
0-17 y/o

Sexual Orientation
Bisexual or pansexual

Veteran Status
Yes, Family Member

Contacts subform

ContactDate	Contact Type	Notes
9/7/2017	Phone	Left message

Navigation Pane

Record: 1 of 2   No Filter   Search

Form View   Num Lock

File | Home | Create | External Data | Database Tools | Tell me what you want to do...

McNamara, Karen

Views | Clipboard | Sort & Filter | Records | Find | Text Formatting

Switchboard | Active_Referrals_Report

Active Referrals Report

Thursday, October 26, 2017   3:57:34 PM

	Last Name	First Name	Referral Date	Referral Type		Status
Richard						
	McNamara	Gidget	1/29/2016	ODSOS	Peer	Active and Not Enrolled
					MAT:	Never Enrolled
			Notes:			
	1 Total Active for Richard					
Samuel						
	Smith	Joe	9/7/2017	Housing	Peer	Active and Not Enrolled
					MAT:	Never Enrolled
			Notes:			
	1 Total Active for Samuel					

Total Active for All Peers 2

Page 1 of 1

Report View

Num Lock

Pitfall: Existing Technology

- Stakeholders unaware of systems
- Wary technology department

Example

- Integration into EMR

Program Data

File   Options   Administration   Help

Addr | Name | Testing S. Lastname Sr
Pat. #: 10093   Has Allergies   Consent Given   Native Hawaiian/Pacific Island Female

English Age: 45   DOB: 01/01/1971
Priority Partr 23556876

Note Date 03/03/2016 ▼   Provider 183 - Jinlene Chan ▼   Sub Program PRSS Patient ▼

Select **View**

Enrollment Date [▼]
Client Status [▼]
Status Date [▼]
Referred by [   ]
Classification [▼]
Program Funding Source [▼]
GPRA Type [▼]
MDRN Date Referral Made [▼]
MDRN Status [▼]

MARS Status [▼]
Insurance [▼]
Drug of Choice [▼]
Drug of Choice Other [   ]
Method of Use [▼]
Frequency of Use [   ]
Smoking Status [▼]
Sexual Orientation [▼]

Cancel   Save   Close   Annapolis [New] ter   Netsmart Public Health

10093   SQL:10.50.6529.0 (HDPORT00) OS: Win   03/03/2016 07:38 am 7.1.6.155 PAMForm   Alert Level R

Referral Source	Opioid Related Condition	Overdose Survivor	Gender	Age at Referral	Race	Ethnicity	Sexual Orientation	Contact Made?	Total Peer Contacts Before Admission	Total Nurse Contacts Before Admission	Date of MAT PDOA Application	Date of Interim Methadone Admission	Date of MAT Admission	Total Peer Contacts After Admission	Total Nu Contacts A Admissi
BWMC ODSOS	FALSE	TRUE	Female	31	White	Not Hispanic or Latino	Unknown	FALSE	7						
BWMC ODSOS	TRUE	FALSE	Female	27	White	Not Hispanic or Latino	Unknown	FALSE	13						
BWMC ODSOS	TRUE	FALSE	Female	27	White	Hispanic	Unknown	TRUE	7						
BWMC ODSOS	TRUE	FALSE	Female	49	White	Hispanic	Unknown	FALSE	4						
BWMC ODSOS	TRUE	FALSE	Female	42	White	Not Hispanic or Latino	Unknown	TRUE	3	1	4/28/2017		5/5/2017	8	
BWMC ODSOS	TRUE	FALSE	Male	29	White	Not Hispanic or Latino	Unknown	TRUE	6						
BWMC ODSOS	TRUE	FALSE	Female	25	White	Not Hispanic or Latino	Unknown	TRUE			2/8/2016		2/9/2016	8	
BWMC ODSOS	FALSE	TRUE	Female	32	White	Not Hispanic or Latino	Unknown	FALSE	8						
BWMC ODSOS	TRUE	FALSE	Female	34	White	Not Hispanic or Latino	Unknown	TRUE	22	1					
BWMC ODSOS	TRUE	FALSE	Female	42	White	Not Hispanic or Latino	Unknown	TRUE	3						
BWMC ODSOS	FALSE	FALSE	Female	29	White	Not Hispanic or Latino	Unknown	TRUE	5	8					
BWMC ODSOS	TRUE	FALSE	Female	35	White	Not Hispanic or Latino	Unknown	FALSE	13	1					
BWMC ODSOS	TRUE	FALSE	Female	31	White	Not Hispanic or Latino	Unknown	TRUE	9						
BWMC ODSOS	TRUE	FALSE	Female	33	White	Not Hispanic or Latino	Unknown	TRUE			8/26/2016		8/25/2016	17	
BWMC ODSOS	TRUE	TRUE	Female	36	White	Not Hispanic or Latino	Unknown	FALSE	7						
BWMC ODSOS	FALSE	TRUE	Male	27	White	Not Hispanic or Latino	Unknown	FALSE	7						
BWMC ODSOS	TRUE	FALSE	Female	41	Black/African American	Not Hispanic or Latino	Unknown	FALSE		1					
BWMC ODSOS	FALSE	FALSE	Female	25	White	Not Hispanic or Latino	Unknown	TRUE	2						
BWMC ODSOS	FALSE	TRUE	Female	34	White	Not Hispanic or Latino	Unknown	TRUE	4						
BWMC ODSOS	TRUE	FALSE	Female	33	White	Not Hispanic or Latino	Heterosexual or Straight	TRUE	23	3					
BWMC ODSOS	FALSE	FALSE	Male	32	White	Not Hispanic or Latino	Unknown	FALSE							
BWMC ODSOS	FALSE	TRUE	Female	28	White	Not Hispanic or Latino	Heterosexual or Straight	FALSE	4	10					
BWMC ODSOS	FALSE	TRUE	Male	26	White	Not Hispanic or Latino	Heterosexual or Straight	TRUE			4/26/2016		4/26/2016	48	
BWMC ODSOS	TRUE	FALSE	Female	22	White	Not Hispanic or Latino	Unknown	TRUE	2	1	12/12/2016				
BWMC ODSOS	TRUE	FALSE	Female	32	Black/African American	Not Hispanic or Latino	Heterosexual or Straight	TRUE	6	2	6/30/2016		7/25/2016	20	
BWMC ODSOS	FALSE	TRUE	Male	28	Black/African American	Not Hispanic or Latino	Unknown	FALSE	12	2					
BWMC ODSOS	FALSE	TRUE	Male	28	White	Not Hispanic or Latino	Unknown	TRUE	12						
BWMC ODSOS	FALSE	TRUE	Female	35	White	Not Hispanic or Latino	Unknown	TRUE		2	9/26/2016		10/10/2016	2	
BWMC ODSOS	TRUE	FALSE	Male	33	White	Not Hispanic or Latino	Unknown	FALSE	8						
BWMC ODSOS	TRUE	FALSE	Male	60	Black/African American	Unknown	Unknown	TRUE	20	1	4/29/2016				
BWMC ODSOS	TRUE	FALSE	Male	52	Unknown	Unknown	Unknown	TRUE	2	1	9/6/2016		9/15/2016	20	
BWMC ODSOS	FALSE	TRUE	Male	31	White	Not Hispanic or Latino	Unknown	TRUE	6						
BWMC ODSOS	TRUE	FALSE	Male	27	Black/African American	Not Hispanic or Latino	Unknown	FALSE	16						
BWMC ODSOS	FALSE	FALSE	Male	53	White	Unknown	Unknown	FALSE	18						
BWMC ODSOS	FALSE	FALSE	Female	33	White	Not Hispanic or Latino	Unknown	TRUE							
BWMC ODSOS	TRUE	FALSE	Female	26	White	Not Hispanic or Latino	Unknown	TRUE	6	1					
BWMC ODSOS	FALSE	TRUE	Female	41	White	Unknown	Unknown	TRUE	2	2	10/4/2016		10/13/2016	13	

Example

- Tracking spreadsheets
  - Creating dropdowns and managing lists with named ranges
  - Creating de-identified extracts

H2   Male

	A	B	C	D	E	F	G	H	I	J	K	L
1	Client Medical Record ID#	Beacon Health Option ID#	First Name	Last Name	# Peer Contacts this Month	MARS Client	Treatment Progress this Month	Gender	Age	Race	Ethnicity	Sexual Orienta
2	12345	M05656544	Joe	Schmoe	5	No	Yes, Some Progres	Male	-49 y/o	Black/African America	Hispanic or Latino	Heterosexual or S
3	65456	M19239300	Jane	Smith	2	Yes	No Progress M		-64 y/o	White	Non-hispanic or Latir	Heterosexual or S
4	45654	M50003920	Herman	Munster	1	Yes	Yes, Some Prog		-49 y/o	Black/African America	Non-hispanic or Latir	Heterosexual or S
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												
26												
27												

Create Extract

Gender dropdown:
Male
Female
Transgender
Other
Unknown

Tracking   Lists   +

Examples

- Peer Encounter Form
- Peer Encounter Database

Peer Encounter Form

- Completed daily by each peer

- Used to submit monthly reports to grantors

Today's Date: _____

Completed by: _____

PEER MENTOR SERVICE DELIVERY

 # Peer Encounters
_____ Unduplicated
_____ Duplicated   (_____ MD-MTRS)

_____ # Peer Re-Engagement Attempts

 # Behavioral Health Referrals
_____ Substance Abuse
_____ Mental Health
_____ Smoking Cessation

 # Recovery Service Referrals
_____ Education   _____ Employment
_____ Housing   _____ Transportation
_____ Nutrition   _____ Medical/Dental
_____ Financial Assistance

_____ # Peer Counseling Sessions

_____ # Peer Group Sessions

_____ # New Community Partnerships Established

Names of Clients Encounter

DUPLICATED	✓MD-MTRS	UNDUPLICATED
1.		1.
2.		2.
3.		3.
4.		4.
5.		5.

Additional Notes:

File | Home | Create | External Data | Database Tools | Tell me what you want to do...

McNamara, Karen

View | Paste | Cut | Copy | Format Painter | Filter | Ascending | Descending | Remove Sort | Selection | Advanced | Toggle Filter | Refresh All | New | Save | Delete | More | Totals | Spelling | Find | Go To | Select | Replace | B I U | A

Views | Clipboard | Sort & Filter | Records | Find | Text Formatting

» | Menu | Peer_Encounters | X

Today's Date 6/23/2016 **Completed By** Joseph ▼   Close

PEER MENTOR SERVICE DELIVERY

Select Encounter

 # Peer Encounters

| 7 | Unduplicated |
| 4 | Duplicated | 8 | MD-MTRS |

 # Recovery Service Referrals

4	Education	7	Employment
3	Housing		Transportation
4	Nutrition		Medical / Dental
6	Unduplicated

| 7 | # Peer Re-engagement Attempt |

 # Behavioral Health Referrals

8	Substance Abuse
7	Mental Health
5	Smoking Cessation

| 8 | # Peer Counseling Sessions |

| 8 | Peer Group Sessions |

| 8 | # New Community Partnerships Established |

10/5/2017	Lawrence
4/15/2016	Joseph
4/5/2016	Karen
3/26/2016	Lawrence
3/23/2016	Joseph

Add   Delete

Navigation Pane

Record: 1 of 5 | No Filter | Search

Form View | Num Lock

Menu   Summary_Report

Summary Report

Peer Encounters

Duplicated	15
Unduplicated	16
MD-MTRS	26

Re-engagement Attempts 17

Behavioral Health Referral

Substance Abuse	25
Mental Health	22
Smoking Cessation	25

Recovery Service Referral

Education	16	Employment	24
Housing	18	Transportation	16
Nutrition	12	Medical/Dental	34

Financial Assistance 25

Peer Counseling Sessions 23

Peer Group Sessions 14

New Community Partnerships 20

Report View   Num Lock

Step Three: Establishing New Procedures and Workflow

- Written user and workflow guides for each site

- Training sessions for each site

- Guide for yourself
  - Instructions for periodic processes
  - Quality assurance checks (e.g. row counts)

Examples

- Clinic policies and procedures
- My monthly procedures

Maryland Medication Assisted Treatment and Recovery Support
(MD-MATRS)
Evaluation Logs and Instructions

Workflow:

Identifying Potential Participants: Potential Participants Identified at Intake Log

- At intake, potential participants will be identified by the intake worker. The intake workers will maintain a log with demographic information for all the individuals that have survived an opioid overdose (see the potential participants Identified at Intake Log)
- The intake worker will briefly describe MD-MATRS to the client. If the client is interested in participating, they will be referred to peer support.

Administering the Quick Overdose Questionnaire

- The Quick Overdose Questionnaire will be administered [*by whom and when*]
- Completed questionnaires will be filed [*where*]
- Results of the questionnaire will be entered on the tracking sheet by [*peer name*]

Enrolling Clients in MD-MATRS: MD-MATRS Client Application and Enrollment

- Peer support will discuss the program in detail and complete the MD-MATRS application with interested clients. Completed MD-MATRS Applications will be
  - Given to [peer name] for entry into the MD-MATRS Tracking Log (in Excel)
  - Filed in the client's chart
- Complete a MD-MATRS Recovery Net referral and send to Sherita Hawkes (via e-mail or fax) for MD-MATRS tracking and approval for RecoveryNet services. *This must be completed at enrollment or the individual will not be counted as enrolled in MD-MATRS on the grant reports.*

Submitting Monthly Reports to the Systems Evaluation Center

All logs will be sent to the Systems Evaluation Center monthly. For [clinic name], this will include:

1. The Potential Participants Identified at Intake Log maintained on paper by the intake worker
2. The Tracking Log in Excel, maintained by [peer name]
3. The MARS logs in Excel, maintained by [peer name]
4. The SAMSHA Training Log, maintained by [supervisor name]

Please make sure that names are removed from the Tracking Log and the MARS Logs before they are sent via e-mail. Please send a copy of all logs and spreadsheets by e-mail or fax to:

<div align="center">

UMB Systems Evaluation Center
Attn: Karen McNamara
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Approximately five business days before the end of each month, Karen will e-mail reminders to [supervisor name] and [peer name] about sending your logs. If the Systems Evaluation Center hasn't received your logs by the 5th of each month, a second reminder will be sent by e-mail.

If you have any questions, concerns, or suggestions for improving this process, please contact Karen McNamara at the UMB Systems Evaluation Center at 410-646-0049. We welcome your feedback!

Update All Residential Data with New Admissions

a. Make a copy of EHR Admission Spreadsheet and indicate that this file if for opioid only.
    i. Delete any records with an intake date > current month.
    ii. Update it to remove individuals without a primary opioid diagnosis or a secondary / tertiary opioid diagnoses at a severe level.
b. Make a copy of the Opioid only file and indicate that it is for import. Delete extraneous columns to the right (they look blank, but they're not) < 255 (no more that column IS)
c. Import opioid EHR admissions for import file to Residential Admissions database as a new file
    i. Let access add primary key
    ii. Make sure the medical record number isn't indexed (Admission_ID Indexed=No)
    iii. Name the table Admission_yyyy_mm
d. Import monthly table to full table
    i. Open the Data Import query in design view SQL and modify the Data Import query with the current month admission table for all fields and in the FROM clause (can copy to notepad; search/replace; and copy back)
    ii. Get a count of rows in the Admission table for that month, then run the Data Import Query. Number of rows should be the same. If less, look for possible duplicate records in import record. If more DO NOT IMPORT
e. Run Query Set Null ApproachedForBUP to Yes (should update the same number of records as the import above)
f. Modify individuals not approached using the list of individuals already on MAT.
g. Look up MRN in All Residential Data for new Bup inductions and update the MRN on the Bupe_Induction table
h. Run query BUP without Admit to find out which records in the Bupe_Induction table have no matching record in All Residential Data. Resolve discrepancies between by reviewing admission data and contacting residential staff as appropriate.
i. Run query Find Duplicates for All Residential Data. These are likely discharge dates that came through on a subsequent extract. Examine each duplicate for differences, ensure that discharge dates are updated, then delete duplicate record.

Step Four:
Importing to Centralized Datasets

- Make friends with a database and query language

- Import entire files then append to shell as appropriate

- Use queries to set defaults, synchronize data categories and perform quality checks
  - Push to source data suppliers if possible

Pitfall: Data Mapping

- Need to translate demographics
- Not always 1:1 mapping

Step Five:
Exporting to Formative and Grantor Reports

- Start manually and automate as you go

- Write your own procedures and update regularly (six months is a long time!)

Example

- SAMHSA biannual report
  - Crosstab queries
  - Query wizards
  - Query edits

SAMHSA Biannual Report

J. **MEDICATION OPTIONS** Please enter the number of individuals enrolled in the MAT-PDOA program in the appropriate quarter for each medication listed in Rows 1-8.

MEDICATION OPTIONS			
A. Medications	Q3	Q4	B. TOTAL
1. # clients prescribed **Methadone**			0
2. # clients prescribed **Buprenorphine** (Subutex, Zubsolv)			0
3. # clients prescribed **Buprenorphine** (Suboxone)			0
4. # clients prescribed **Buprenorphine** (Probuphine)			0
5. # clients prescribed **Naltrexone** (Vivitrol, extended-release injectable)			0
6. # of clients prescribed **Naltrexone** (Revia, oral)			0
7. # clients prescribed **Naloxone** (Narcan)			0
8. # clients prescribed **Naloxone** (Evzio)			0

File   Home   Create   External Data   Database Tools   Tell me what you want to do...   McNamara, Karen

SQL View | Paste | Cut, Copy, Format Painter | Filter | Ascending, Descending, Remove Sort | Selection, Advanced, Toggle Filter | Refresh All | New, Save, Delete, More | Totals, Spelling | Find | Go To, Select | Replace | Size to Fit Form, Switch Windows | Calibri 11 | B I U, A, Text Formatting

Views | Clipboard | Sort & Filter | Records | Find | Window | Text Formatting

All Access Objects

Search...

- Biannual Report Data Referred_Crosstab
- Biannual Report Data Screened_OUD_Crosstab
- GPRA Gender by Age Group Crosstab
- Biannual Report Data Current Query
- Biannual Report Data Enrolled All
- Biannual Report Data Enrolled in OTP
- Biannual Report Data Enrolled w GPRA
- Biannual Report Data Referred
- Biannual Report Data Screened
- Tuerk Approached Query
- TuerkWithBUP
- White Males Referred FY 2016_Q2_Crosstab
- Disparities
- Report Section F Table 1 Referred
- Report Section F Table 1 Referred continued
- Report Section F Table 1 Screened
- Report Section F Table 1 Screened continued
- Report Section F Table 2 Medications
- Report Section F Table 3 clients served
- Report Section F Table 3 SUD Intake and Discharge
- Report Section F Table 3 SUD Intake and Discharge Continued
- Report Section G Disparities Gender 1 Black
- Report Section G Disparities Gender 1 Black Unknown
- Report Section G Disparities Gender 2 Native Am
- Report Section G Disparities Gender 2 Native Am Unknown
- Report Section G Disparities Gender 3 Asian
- Report Section G Disparities Gender 3 Asian Unknown

Report Section F Table 2 Medications

Medication	ProjQtr	FY	Count
Buprenorphine	Q2	2016	0
Buprenorphine	Q3	2016	6
Buprenorphine	Q4	2016	7
Buprenorphine	Q1	2017	9
Buprenorphine	Q2	2017	8
Buprenorphine	Q3	2017	15
Buprenorphine	Q4	2017	11
Buprenorphine	Q1	2018	0
Buprenorphine	Q2	2018	0
Buprenorphine	Q3	2018	0
Buprenorphine	Q4	2018	0
Vivitrol	Q2	2016	0
Vivitrol	Q3	2016	1
Vivitrol	Q4	2016	1
Vivitrol	Q1	2017	0
Vivitrol	Q2	2017	0
Vivitrol	Q3	2017	4
Vivitrol	Q4	2017	1
Vivitrol	Q1	2018	0
Vivitrol	Q2	2018	0
Vivitrol	Q3	2018	0
Vivitrol	Q4	2018	0
Methadone	Q2	2016	1
Methadone	Q3	2016	29
Methadone	Q4	2016	50
Methadone	Q1	2017	32
Methadone	Q2	2017	47
Methadone	Q3	2017	26
Methadone	Q4	2017	47
Methadone	Q1	2018	0
Methadone	Q2	2018	0

Record: 1 of 33   No Filter   Search

Datasheet View   Num Lock   SQL

Lessons Learned

- Inquire about planned system changes
  - Shift to fee for service
  - Phasing in or out of EMR or reporting systems
- Clean linking data regularly
- Encourage sites to run exception reporting (e.g. admission date without application date)
- Start with paper and migrate to automation
- Bootstrap / Retrain regularly
  - Beware of staff turnover!
- Expect and plan for change (e.g. SAMHSA reports)

Questions?

Sometimes the questions are complicated and the answers are simple.