ADAMH Outcomes Evaluation Operating Guide
For Mental Health Adults
Treatment Services

&

Adult Consumer Form Instructional Manual

From

Alcohol, Drug and Mental Health
Board of Franklin County

This manual is subject to changes without prior notice in order to reflect needed updates from the input and work progress from the Mental Health Adults Treatment Evaluation Advisory group, or rules/regulations that become effective after the dissemination of this manual (July 2010).

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Preface

The Adult Consumer Form was adopted by the ADAMH Board of Franklin County for evaluating the treatment outcomes of adults who have severe mental illnesses and receive mental health treatment services in the ADAMH network of care. Submitting Adult Consumer forms is now a part of the ADAMH provider contract for all adult mental health consumers.

The overall intent of the Ohio Mental Health Consumer Outcomes System is to measure how people change in treatment and determine if the services they receive have an impact. To achieve that end, the Outcomes System is designed to capture information at the beginning and the end of treatment, and if there is long enough in between, to capture information at additional intervals between the beginning and the end.

The Outcomes process is about making evidence-based, informed decisions regarding the care and treatment of people. Therefore, in order to be an effective tool for treatment planning and quality improvement, each Outcomes administration should be timely, reviewed with the consumer, integrated into the treatment planning process, and aggregated with similar administrations for other consumers for the purposes of agency quality improvement.

The *Adult Consumer Form* gathers perceptions of quality of life, effects of health on functioning, medication concerns, symptom distress, and recovery/empowerment from adults experiencing serious and persistent mental illness. The instrument is not intended to be a diagnostic tool. Treatment agencies have discretion to develop or use instruments or ask questions deemed necessary to diagnose, develop a treatment plan, and determine the level of care a patient needs. The outcomes tool may provide aid to clinical utility and care management.

This manual together with other useful outcomes information can be downloaded from

http://www.adamhfranklin.org/accountability/planning-evaluation/adamh-outcomes/adamh-provider-resources/useful-downloads-for-adamh-providers.php

Additional questions or inquiries, please feel free to contact the Network Services, Planning and Evaluation team of ADAMH at (614) 224-1057.

Outcomes Evaluation Operating Guide

This guideline informs the following important questions/topics: 1) Who should receive Adult Consumer Form assessment, 2) Who should administer the instrument and when, 3) How to administer the instrument, 4) The instrument and administration protocols, 5) Data submission, and 6) Client satisfaction Survey, (CSQ-8).

1. Who should receive Adult Consumer Assessment

Adult consumer instrument should be administered at the scheduled intervals wherever

- Consumers are eligible for treatment services by the ADAMH system (i.e., client must have a valid MACSIS UCI Number)
- Adults 18 years of age and older
- Outcomes-qualifying services are delivered regardless of setting, including jails, prisons, hospitals, schools, nursing homes, etc. Outcomes-qualifying mental health services include:
    - Assertive Community Treatment (ACT),
    - Intensive Home Based Treatment (IHBT),
    - Community Psychiatric Supportive Treatment,
    - Behavioral Health Counseling and Therapy,
    - Partial Hospitalization,
    - Pharmacologic Management,
    - Employment and Vocational,
    - Social and Recreational,
    - Occupational Therapy, and
    - Adjunctive Therapy.

The following groups are exempt from the Outcomes measurement system:

- Individuals currently in service who are receiving only Mental Health Assessment, Crisis Intervention Mental Health or Forensic Evaluation
- Persons with organic illnesses (i.e., persons who do not respond).
- Consumers who receive AOD services & an ASI is submitted for them
- Consumers who turned 18 and the provider chose to submit a parent form

Notes: *If a problem exists with the client taking the survey, (*e.g., *refuses, is too ill) then the following pathway guides the administration of the survey:*

- *Maintain the principle with all clients of do no harm.*
- *Allow clients to stabilize prior to asking them to take the assessment.*
- *Use clinical judgment to determine the appropriateness of giving the survey to a particular client.*
- *If the person refuses to complete the survey, the staff person should attempt to understand why this person refuses. If the person continues to refuse to complete the survey even after the staff person has explained the situation to the person, then the staff person should record the refusal on the cover Tracking Sheet.*

2. *Who should administer the instrument and when*

The agency data flow manager (case manager or other appointed individual) is responsible for ensuring that the appropriate person completes the outcomes instrument in the proper setting.

Standard schedule:

At a minimum, the Adult Consumer Form should be administered at or as close as possible to the following intervals:

- **First Administration:** At intake/admission into one of the target services.
- **Second Administration:** At six months after the first administration.
- **Third Administration:** At six months after the second administration.
- **Subsequent Administrations:** Annually thereafter.
- **Termination:** Administer at the time of any termination.

The administration intervals above represent minimum required administration intervals. Other factors (e.g., other funding and regulatory requirements, clinical preference, nature of the consumer-base and its service patterns) may require that individual organizations increase the frequency of administration, but in no case should actual administration intervals be less frequent than those listed above.

Providers should make every effort to get a second administration or termination in order to meet two-point compliance.

New Clients/Transfers/Referrals

The primary treatment agency is also responsible for measuring and submitting outcomes for new clients. However, when a client transfers to another agency, tracking outcomes becomes more complex. When a case is transferred from one agency to another, it is strongly recommended that hard copies of the outcomes instruments be included in any clinical information sent to the new provider. Use of outcomes data sent from a previous agency is left to the new agency's discretion.

Existing Clients

Any current consumers who are not yet in the Outcomes System should be incorporated immediately and the date of the first administration should be the date used to anchor all subsequent administrations.

Note*: It is important to avoid "administration creep" where late administrations can decrease the frequency with which actual administrations occur. In cases where the instruments are administered later than scheduled, follow-up administrations should be anchored to the consumer's originally scheduled initial administration date, even if this means there is a shorter time between some administrations. However, agencies have the option of shortening the time interval preceding an annual administration to coincide with some other annually occurring event and anchor subsequent annual administrations to that event.*

3. How to administer the instrument

Guidelines for the Administrator

- **Eligibility:** Ensure that the potential respondent meets the eligibility criteria for completing this instrument.

- **Site Selection:** Secure the site of the administration as you would for any assessment process. There should be adequate privacy, lighting, and a minimum of background distractions.

- **Materials:** Make sure you have the following materials at hand:
    - Several sharpened pencils with good erasers.
    - A blank survey instrument.
    - Cover tracking page.
    - The card or sheet of paper describing the person's rights as a participant.
    - All explanatory materials (most notably these guidelines).
    - A schedule book to reschedule the administration, if necessary.

- **Respondent Willingness:** If the person is eligible, first apply the principle of *do no harm.* Experience suggests that more than 90 percent of people, whether or not they are experiencing a severe or persistent mental illness, are able and willing to complete such surveys if they are provided clear, courteous explanations. Infrequently, you will encounter someone who may want to cooperate, but can't. Neither you nor the respondent may readily recognize that the respondent's ability to comprehend questions, discriminate between response choices or concentrate long or well enough to do so, or is insufficient to guarantee valid and reliable information. However, if you observe the person to be in an emotional, physical, or cognitive state that strongly suggests that he/she may not be up to the task, then ask directly if he/she thinks he/she can participate. You may want to "test" the respondent's readiness by having him/her respond to an actual survey question. If the respondent is not able to participate, thank him/her for his/her time, and reschedule the survey administration, if warranted.

Respondent Refusal to Complete the Survey

We strongly recommend that you rehearse these guidelines before attempting to use them. Experience with similar situations indicates that survey administrators who appear comfortable with the material and exude confidence have the lowest refusal rates, generally three to six percent. Inexperienced administrators tend to "invite" more refusals by unintentionally:

- Confusing the potential respondent.
- Contributing to the person's suspiciousness or paranoia by not acting in a forthright manner.
- Not being able to answer questions clearly and easily.
- Not conveying confidence in the importance of the survey information.
- Subtly or overtly giving the person multiple opportunities to say "no".

What the person offers as a refusal may be a screen for the real reason. An example would be an illiterate person who states he/she doesn't have time to do the survey. We suggest that your first response should be a literal one, responding directly to the issue that the person raises. Many people will reconsider and participate at this juncture. The remainder will usually either reiterate their first concern or give you another reason for refusing. You should politely acknowledge what the respondent says, briefly and clearly state that the information will prove important to treatment, and then give him/her a chance to respond.

If the person still refuses, then you have two new objectives. The first objective is to determine if the refusal is permanent or temporary. The easiest way to determine this is to ask the person if he/she would be willing to do the survey at another time. Your second objective is to learn as much as you can about why he/she is refusing, so you may be able to offer additional information to encourage participation.

The more you know about why people typically refuse to participate, the better prepared you will be to deal with the problem. Two commonly encountered reasons for refusal are:

- **Insufficient Time**: Perhaps the most common reason is insufficient time to participate. Specifically, you will hear reasons such as the person is waiting to see a provider and doesn't want to inadvertently miss the appointment, or he/she will miss a bus or someone is waiting to drive them somewhere. For this reason, it's important to tell the person fairly quickly in the introduction how long it takes to complete the survey. The other preventative action you should take is one of assurance. You need to do what's necessary to allay the person's anxiety that his/her routine will not be negatively disrupted — that the appointment will not be missed, for instance, because someone will come and tell them when the clinician is ready to see him/her.
- **Fatigue**: Other common reasons for refusal have to do with the context in which the survey is presented. If the survey is introduced at the end of a long assessment session, the person may be either too fatigued to participate, or irritated and frustrated at having to answer more questions and complete yet another form.

Explaining the Purpose of the Survey

The consumer's successful completion of the Outcomes instrument depends in part on his/her understanding the purpose and importance of the endeavor. Therefore, you should explain a number of things to the consumer when introducing the instrument:

- The name of the instrument.
- A brief overview of what is in the specific instrument.
- The purpose for collecting Outcomes data is to let the agency know how the consumer is doing in a number of areas. This information can then be used for discussion with the worker about treatment planning and progress.
- Approximately how long it will take to fill out the instrument (10 to 40 minutes depending upon consumer functionality).
- How your agency protects the confidentiality of the data, in accordance with agency policies and HIPAA requirements.
- A final assurance that the information from or about the consumer is really important to the agency.
- An offer to answer questions about the instrument, if the person filing it out doesn't understand something.

Below is a sample script that can be used for administering consumer outcomes instruments. Please follow the script provided as closely as possible. The description is written to represent the first time the survey is administered. During subsequent administrations, you should re-orient the respondent in the same way, paraphrasing or summarizing in order to reaffirm that the respondent recalls what the survey is about, what his/her rights are, and how to make response choices.

If you know or suspect that the respondent's comprehension could be improved by adding or substituting words or phrases, then do so. However, please follow the order/sequence of the ideas as displayed below. You may want to display the survey as you introduce it, but do not hand it to the respondent until you are finished, as people have a tendency to start reading something handed to them.

SAMPLE: Introduction Script

"The form I am asking you to complete is called the Adult Consumer Form.

The instrument is used to gather important intake information about you and also to measure outcome information.

The instrument gives you a chance to express important feelings and opinions in the form of ratings.

You and I (<u>substitute the Provider of Record's name if it is not you</u>) will use these ratings to plan your treatment, and to monitor your progress.

It will take you about 15- 20 minutes to complete.

Your name is on ***the assessment forms****, but will go no further in the data gathering. Only you and I (<u>substitute the Provider of Record's name if it is not you</u>) will know these are your ratings.*

This assessment *has questions about a number of areas that consumers <u>in treatment</u> are concerned about.*

"The questionnaire will ask about how satisfied you are with various aspects of your life, your health and medications, how much you are distressed or bothered by symptoms, and your views on life and having to make decisions."

"Next I will tell you about your rights as a participant in this survey. Do you have any questions at this point?"

Explain the Person's Rights as a Participant

Each agency should have a card or sheet of paper that contains the points outlined above and also indicates that the individual is very much encouraged, but is not required to fill out the survey, and that if he/she chooses not to fill it out, he/she will still be able to receive services.

If you do not know, or you suspect that the person has reading and/or comprehension problems, have the person read the card out loud. Then ask the person to tell you what he/she thinks those points mean. Clarify any misunderstanding he/she may have. This process will give you an idea of how much assistance the person may need in completing the survey without embarrassing him/her.

Secure the respondent's cooperation. End by deliberately asking the person if he/she wants to or is ready to participate. Here's a suggested script:

Instructions to the Respondent

Once you are as sure as you can be that the person understands his/her rights, agrees to proceed, and appears capable of participating, move on to showing him/her how to complete the survey. You should address the following points:

- **Understanding the Items:** Emphasize that the respondent should never proceed with a survey question if he/she is unsure of either its meaning or how to respond. Tell him/her to ask you or some other designated person for clarification.
- **How to Select a Response:** Make sure the respondent knows how to select/choose his/her survey answers (*i.e.,* how to use the response formats).
- **Changing Responses**: Tell the respondent that he/she can change the answers by erasing and putting a new check mark or "X" in the better response choice.
- **Completing All Items:** Ask the respondent to please answer all the questions, unless of course there are ones that they would rather not, as explained in their rights as a participant.

Providing Assistance to the Respondent

If you apply these guidelines, you will have a fairly good idea whether or not the respondent will need assistance to complete the survey. Suggestions for assistance include:

- Providing Limited Guidance: Tell the consumer that his or her own understanding of the question is what counts. If the consumer does not understand a word, give them the dictionary definition of the word. Do not script or re-interpret questions for the consumer.
- Providing Focus: As a way of helping the respondent focus, read the question and each response choice aloud, using a pencil to focus the person's eye on each word as you read it. Use a sheet of paper to cover extraneous sections.
- Probing: Probing is a set of interviewing skills designed to help a respondent choose a response when they are unclear about which response best suits what they feel, think or believe. The art of probing is to lead the person to choosing what he/she ends up feeling or believing is the best-fitting choice for him/her, without unduly leading or biasing the respondent in the process.

When a respondent isn't sure about an answer, the first principle is to break a multiple choice response format down into a series of choices between two responses (i.e., you effectively change the format from multiple choice to a dichotomous yes–no format). If the person has no idea which of multiple choices makes the most sense, start at the extremes of the response format – with the first and the last choices. Ask the respondent which end feels "more right." More typically, respondents have difficulty choosing amongst choices in the middles of scales. Rephrasing works well in many cases. Real-world examples to which the particular respondent can relate are often helpful in assisting him/her to choose a response.

- Issues to Avoid When Probing: Don't try to sum up the respondent's response in your own words; stick to the choices in the response format. Don't define the respondent's answer for him or her – get him/her to do it. Don't over probe. If the respondent becomes irritated, annoyed or very frustrated, stop and go on to the next question.

Completing the Survey Process

After the person has completed the survey, thank him/her and provide assurance that the information will be very helpful in treatment. For a respondent who has low self-esteem, is timid or otherwise doesn't express much self-confidence, you may want to make him/her aware that in a few minutes, he/she made dozens of decisions!

Ask the person to review his/her responses and make sure each is answered the way he/she intended.

Collect the survey packet and quickly review the person's response pattern. If, for instance, the person consistently selected the first response choice for every question, you need to ask the person if that's how he/she truly meant to answer. In other words, did he/she understand the questions and the response format?

4. The instrument (i.e., Adult Consumer Form) and administration protocols

Focus and Intent

Adult Consumer Form gathers perceptions of quality of life, effects of health on functioning, medication concerns, symptom distress and recovery/empowerment from Mental Health adults.

Scale Items

Part 1: Questions 1 through 12 are Quality of Life items. Questions 2, 3 and 4 form a subscale labeled Financial Status.

Part 2: Questions 8, 9, 11, 13, 14, 15 and 16 represent Safety and Health Outcomes. There are no subscales. The last four items were devised by the OTF.

Part 3: Questions 17 through 31 (15 items) represent the Symptom Distress Scale. There are no subscales; the responses to these items are summed to get an overall Symptom Distress score.

Questions 32 and 33, relating to symptom recognition and taking action when early warning signs of decompensation/relapse occur, were taken from the OPER-sponsored longitudinal study of consumers in the community.

Part 4: Questions 34 through 61 represent the Making Decisions empowerment instrument. There are six subscales:

- Self Esteem/Self-Efficacy (Questions **38**, **39**, **42**, **45**, **47**, **51**, **52**, **57**, and **59**)
- Power/Powerlessness (Questions 40, 41, 43, 49, 50, 54, 55 and 56),
- Community Activism and Autonomy (Questions **36**, **44**, **53**, **58**, **60** and **61**),
- Optimism and Control Over the Future (Questions **34**, **35**, **46** and **60**),
- Righteous Anger (Questions 37, 40, 43 and **48**),
- Overall Empowerment (Questions 34 through 61).

> ***Note:*** *The Data Entry and Reports Template will automatically reverse score the items in bold. If the agency is not using the Data Entry and Reports Template for data entry, items in bold must be reverse scored before computing the subscale.*

Scoring

Note: *Outcomes are measured by single items/questions or by a composite score (consisting of two or more items/questions combined to create a subscale). In all cases where an outcome is represented by the average of the ratings of two or more responses, the reader should keep in mind that items that are left blank – not answered – should not be counted when averaging.*

A) Part 1: Quality of Life (QOL)

Within the Quality of Life Part/Domain, Questions 1, 5, 6, 7, 8, 9, 10, 11, and 12 each represent a particular QOL outcome. Question 1 represents the QOL outcome 'Amount of friendship.' Question 5 represents 'Amount of meaningful activity.' Responses to Question 1 and Questions 5 through 11 represent a five-point satisfaction continuum. The response values are as follows:

- 1 = Terrible
- 2 = Mostly Dissatisfied
- 3 = Equally Satisfied/Dissatisfied
- 4 = Mostly Satisfied
- 5 = Very Pleased
- 9 = Missing

Question 7, which is about family interaction, has an additional response value:

- 8 = Does Not Apply

Note*: For a "Does Not Apply" response, no value should be used when computing the Overall Quality of Life Scale arithmetic average. Rather, the question should be treated as if the consumer did not answer. This means that no value is added in the numerator to the sum of the responses. Additionally, the question is not counted in the denominator as an answered question.*

Question 12 inquires about opportunity to spend time with others. The response format is frequency, with the following assigned categorical values:

- 1 = Never
- 2 = Seldom/Rarely
- 3 = Sometimes
- 4 = Often
- 5 = Always
- 9 = Missing

Financial Status: Questions 2, 3, and 4 measure a single outcome — Financial Status. Responses represent a five-point satisfaction continuum. The response categories range from 1-5 where:

- 1 = Terrible
- 2 = Mostly Dissatisfied
- 3 = Equally Satisfied/Dissatisfied
- 4 = Mostly Satisfied
- 5 = Very Pleased
- 9 = Missing

The Data Entry and Reports Template will create a Financial Status subscale by adding the responses to these questions and then dividing the sum by 3. Thus, the score for this outcome will be an average of the three questions.

Note: *If one item out of the three is missing, this subscale score should <u>not</u> be calculated.*

Overall Quality of Life: The Overall Quality of Life Scale is an arithmetic average of the completed Quality of Life items. To compute the scale score, sum the responses to all items in the scale and then divide the sum by the number of questions the consumer has answered.

Note: *If two or more items out of the twelve are missing, this subscale score should* <u>*not*</u> *be calculated.*

B) Part 2: Safety and Health

The Safety and Health section covers several outcomes.

Questions 8 and 9 address the degree to which an individual is free from physical and psychological harm or neglect in various environments.

Questions 11 and 13 represent Physical Condition, but also have implications for level of daily functioning, as the focus is on the interference of physical condition on functioning.

Question 14, labeled Medication, assesses whether concerns about medications have been addressed. Question 15 concerns the way an individual has been treated at the agency and Question 16 concerns the public stigma of emotional problems.

The responses for questions 8, 9 and 11 represent a five-point satisfaction continuum with the following values.

- 1 = Terrible
- 2 = Mostly Dissatisfied
- 3 = Equally Satisfied/Dissatisfied
- 4 = Mostly Satisfied
- 5 = Very Pleased
- 9 = Missing

The responses for Questions 13, 14, 15 and 16 represent frequency categories with the following assigned categorical values:

- 1 = Never
- 2 = Seldom/Rarely
- 3 = Sometimes
- 4 = Often
- 5 = Always
- 9 = Missing

Question 14 has an additional response category:

- 8 = Not Applicable/No Medications

A single response should be entered for each question.

Note: *Items 13, 14, 15 and 16 are "stand-alone" measures of individual Outcomes related to Safety and Health; no inter-item comparisons or relationships (e.g., sums, averages) are appropriate. Even though the individual items should not be combined with each other, for consistency purposes, you should reverse score items 13 and 16 so that the most "positive" response carries the highest value. The Data Entry and Reports Template automatically reverse scores the two items.*

C) Part 3: Symptoms

Part 3 concerns the individual's level of symptom distress. The Symptoms Domain has three components.

Symptom Distress: Symptom Distress is a subscale measured by Questions 17-31. The response format is a five-point scale representing the amount of distress. The categorical values range from 1-5 where:

- 1 = Not at All
- 2 = A Little Bit
- 3 = Some
- 4 = Quite a Bit
- 5 = Extremely
- 9 = Missing

The Data Entry and Reports Template will create a Symptom Distress subscale score by summing the responses to Questions 17 through 31. The total possible score is 75, with a higher score indicating a greater level of symptom distress. (**Note:** If four or fewer items are missing, the individual's mean score on all the other items should be substituted for each missing item before the total score is calculated. If five or more items are missing, the total score should not be calculated.)

Symptom Recognition: The second component of the Symptom Domain is Symptom Recognition, and is measured by Question 32. The response format represents frequency categories with the following assigned categorical values:

- 1 = Never
- 2 = Seldom/Rarely
- 3 = Sometimes
- 4 = Often
- 5 = Always
- 9 = Missing

A single value is entered as the score.

Symptom Prevention: The third component of the Symptom Domain is Symptom Prevention and is measured by Question 33. The response format represents frequency categories with the following assigned categorical values:

- 1 = Never
- 2 = Seldom/Rarely
- 3 = Sometimes
- 4 = Often
- 5 = Always
- 9 = Missing

***Note**: If four or fewer items are missing, the individual's mean score on all the other items should be substituted for each missing item before the total score is calculated. If five or more items are missing, the total score should not be calculated.*

D) Part 4: Empowerment *(*Optional)*

Empowerment concerns the degree to which the individual is feeling a sense of overall fulfillment, purpose in life, hope for the future, and personal empowerment. This part consists of six components. The response format for all the questions is a four-point agree-disagree scale with assigned categorical values of 1-4 where:

- 1 = Strongly Agree
- 2 = Agree
- 3 = Disagree
- 4 = Strongly Disagree
- 9 = Missing

Six (6) Empowerment subscales *(**Note:** If more than one subscale item is left blank by the client, the subscale is no longer valid.)*

1. **Self-Esteem/Self-Efficacy:** questions are **38**, **39**, **42**, **45**, **47**, **51**, **52**, **57**, and **59**. The Data Entry and Reports Template will reverse score the bolded items, and then calculate an arithmetic average derived from these items. (***Note:*** *If more than one subscale item is left blank by the consumer, the subscale is no longer valid.)*
2. **Power/Powerlessness:** questions are 40, 41, 43, 49, 50, 54, 55, and 56. The Data Entry and Reports Template will calculate an arithmetic average derived from these items.
3. **Community Activism and Autonomy:** questions are: **36**, **44**, **53**, **58**, **60**, and **61**. The Data Entry and Reports Template will reverse-score the bolded items, and then calculate an arithmetic average.
4. **Optimism and Control over the Future:** questions are **34**, **35**, **46**, and **60**. The Data Entry and Reports Template will reverse-score the bolded items, and then calculate an arithmetic average. *If more than one subscale item is left blank by the client, the subscale is no longer valid.*
5. **Righteous Anger:** the questions making up the subscale are: 37, 40, 43, and **48**. The Data Entry and Reports Template will reverse-score the bolded item, and then calculate an arithmetic average.
6. **Overall Empowerment:** this is a composite score called the *Overall Index*. The Index is scored by the Data Entry and Reports Template by summing the responses to Questions 34 through 61 (incorporating reverse-scores, as appropriate). The summed value is then divided by the number of questions the client has answered. Thus, the subscale score that appears on reports for Overall Empowerment Index is an arithmetic average.

Note*: If more than one subscale item is left blank by the consumer, that particular subscale is no longer valid.*

Note*: If more than five empowerment items are left blank by the consumer, Overall Empowerment score is no longer valid.*

** The providers may choose to skip this section.*

Special Topic: Reverse Scoring

Some items on the instrument are worded such that a given response (e.g., "never") represents a desirable or positive response for one question, but a less desirable response for another. In order to compare items or combine items into a numeric subscale, certain items may need to be "reverse scored" for consistency. When reverse scoring an item, the highest and lowest numerical values are substituted for each other, the next highest and next lowest values are substituted for each other, and so on.

Four-Point Scale

Original Score		Reverse Score
1	⇨	4
2	⇨	3
3	⇨	2
4	⇨	1

Five-Point Scale

Original Score		Reverse Score
1	⇨	5
2	⇨	4
3	⇨	3
4	⇨	2
5	⇨	1

Items that represent non-scaled values (e.g., missing, not-applicable) should not be included in either reverse scoring or computation of subscales.

Cautions and Qualifications

Foremost, the reader is cautioned against over-interpreting responses. Nearly all of the items and subscales in the Adult Consumer Form have known validity and reliability from previous research. Furthermore, the full instrument has achieved high levels of reliability in large-scale testing in the pilot. However, the anticipated varying conditions of use, and the newness of the instrument to some users, should preclude the user from making summary judgments based on scores. "Best practices" for interpretation and use of the data will be identified and disseminated countywide as they surface. In any outcomes system, scores alone are not sufficient for determining treatment needs. Scores must be considered in context with other variables when making treatment decisions or comparisons.

Threats to the Validity of Responses

These are, primarily, known or suspected respondent characteristics or motivations that result in an individual answering in a way that doesn't really convey what he/she believes or feels. The most common are:

- Measurement error – an "inaccurate" response due to the respondent not understanding what is being asked or how to answer (how to use the response format).
- Faulty memory.
- Social response bias – wanting to be thought of well by answering in a way that is perceived as pleasing to an important other(s).
- Lying – giving deliberately inaccurate responses for shock value, attention-getting or as a way of manipulating others to take or not take some action.
- Confidentiality/privacy – not answering questions or falsifying because the person views the item as an unwarranted intrusion on privacy.
- Denial/resistance – not wanting to "admit" something to self or others.

Other Factors to Consider

- Whether the person perceives his/her treatment as voluntary or involuntary.
- Whether the person demonstrates behaviors, which put him/her or others at risk, and the degree of judged risk. Included here are critical incidents and sentinel events that may strongly influence responses.
- The person's satisfaction with various aspects of treatment/services may influence responses to Outcomes questions.
- The person's awareness of his/her problems and willingness to work on them.
- The tenure, intensity and type(s) of services the person has received.
- The resources available in the family and community for managing the person's behaviors and meeting his/her needs.
- The ability of various providers to collaboratively work in a model aimed at providing the most appropriate, medically necessary interventions in the right amount at the right time.
- Economic incentives/disincentives that affect the person's functional and treatment status and quality of life.
- Whether there exists a treatment guideline/protocol or set of best practices to guide treatment toward better outcomes, and the willingness of providers and the person served to use it.

Copy of Tracking Sheet and Adult Consumer Form

The Tracking Sheet and Adult Consumer Form instrument can be found in the Appendix A and B respectively.

The instrument copies in this manual are provided for reference purposes only and should not be used as photocopy or reproduction masters for instruments that will be used for collecting data. Reproduction masters of all Ohio Consumer Outcomes Systems Instruments can be obtained from the Planning, Evaluation and Quality Improvement team of the ADAMH Board of Franklin County, or downloaded directly from the ADAMH Web Site:

http://www.adamhfranklin.org/accountability/planning-evaluation/adamh-outcomes/adamh-provider-resources/useful-downloads-for-adamh-providers.php

5. Data Submission

Agency designated person should do the following for internal tracking purpose:

- Fill out a tracking sheet with each Consumer Adult Form
- Make sure to fill out all required fields

Regardless of which technology or methods you choose to process outcomes data, outcomes files will need to meet ADAMH file specifications, naming convention and verification rules. Please follow the same procedures as submitting claims files, and coordinate with your IS staff who are familiar with the protocols to submit your outcomes files.

- Post the data file on the ADAMH Extranet under 'Outcomes Files' by last Friday of the month
- Upon data submission, please fill out the Other Data Files Information Sheet (See Appendix D for a sample), which serves as a receipt or notification per data file submission via ADAMH Extranet. Fax the form to
  Attn: Network Services, Planning and Evaluation
  Information Services Team
  Fax No: 224-2697.
  (The form can be downloaded from http://www.adamhfranklin.org/accountability/planning-evaluation/adamh-outcomes/adamh-provider-resources/useful-downloads-for-adamh-providers.php)

6. Client Satisfaction Survey, (CSQ-8)

This section consists of basic guidelines and procedures pertinent to the administration of the client satisfaction survey that will be routinely conducted by the ADAMH Board of Franklin County to evaluate the level of client satisfaction regarding the services clients received from ADAMH-funded treatment agencies. From 2010, we will survey all mental health adults in the same round. We will then analyze the results for all mental health adults combined as well as perform separate analyses by their SMD/GAOA status during the period of service.

Confidentiality

- Client will sign a consent form for the release of information at the time of admission/or returning for services (See Appendix C for a sample). Agencies are strongly encouraged to integrate the information into their current consent forms to *streamline duplicated paperwork or to meet different funding requirements or accreditation/certification standards*.
- Interviewers will not discuss the nature of the phone calls with anyone other than the clients
- Clients will be ensured about confidentiality before a survey starts and can terminate the survey at anytime if they choose to do so.
- Interviewers will be trained and prepared to answer questions pertinent to confidentiality, including questions such as what is the purpose of the survey, who has access to the data once the survey is completed, and how will the data be stored and used

Administration

Primary Mode: Telephone survey

Time/Interval:	Annually
Instrument:	Client Satisfaction Questionnaire (CSQ-8) with cover scripts for adults receiving mental health treatment services
Interviewer:	Independent administration by trained interviewers representing ADAMH

Sampling Method

Selection:	stratified random sample by agency
Sampling error:	no greater than ± 5%
Sample size:	depend on the size of agency population at the time of administration. Adjusted sample size: the sample size will be adjusted for non-responses and unusable responses by using an estimated response rate.

Agency Responsibility

- Inform clients about the survey and obtaining authorization whenever applicable
- Obtain and keep most up-to-date client contact information
- Complete and Submit ADAMH generated client roster by *due date* (agencies will receive reminders before each routine administration).

The roster should include all adult consumers who meet the following criteria:

- Received mental health services funded by the ADAMH Board of Franklin County, AND
- Terminated from treatment in the specified one year period, OR
- Received treatment longer than 180 days in that specified one year period
- Consented to be surveyed

The roster contains nine fields:

1. UCI – seven-digit Unique Client Identifier
2. First Name – as per Members database
3. Last Name – as per Members database
4. Start Date – first date of service as per Claims database
5. Last Date – last date of service as per Claims database
6. # Tx – number of billed services during treatment episode
7. Phone # – 10-digit phone number (i.e., 3-digit area code + 7-digit phone number)
8. Code – the code field should be used in special cases
    - C – clinical reason not to call
    - D – hearing impaired
    - FL – foreign language
    - H – homeless
    - NP – no phone
9. Explanation – the explanation field should be used to elaborate on special cases (as described above under codes). For example, if a consumer primarily speaks a foreign language, please indicate the type of language interpretation needed (e.g., Spanish).

Example of Roster

UCI	last name	first name	phone number	code	explanation
9999990	LastName1	FirstName1	(614) 555-1000		
9999991	LastName2	FirstName2	(614) 555-1001		
9999992	LastName3	FirstName3		H	
9999993	LastName4	FirstName4	(614) 555-1002		
9999994	LastName5	FirstName5		D	
9999995	LastName6	FirstName6	(614) 555-1003	FL	Somali
9999996	LastName7	FirstName7	(614) 555-1004		
9999997	LastName8	FirstName8	(614) 555-1005		
9999998	LastName9	FirstName9		C	295.30 - does not like to talk to strangers
9999999	LastName10	FirstName10		NP	

C = clinical reason not to call D = hearing impaired FL = foreign language H = homeless NP = no phone

Roster Completion/Submission

At least 75% of those clients identified by ADAMH on its MH adult roster must be completed and returned by the specified due date. Failure to meet the 75% threshold or this deadline will require a letter of explanation from the CEO or director of the agency.

Rosters should be submitted on the ADAMH Extranet under Outcomes Files folder.

Appendix A – Tracking Sheet

ADAMH
Alcohol, Drug and Mental Health Board of Franklin County

Ohio Mental Health Consumer Outcomes System Tracking Sheet

TS

Instructions: Agency staff should complete this form and submit it with completed survey instruments.

Transaction Type: ☐ New Record ☐ Revised Record

Refusal Type: ☐ Person refused ☐ Person unable to complete ☐ Person completed

Instrument Type:

☐ Adult A Consumer ☐ Adult A Provider ☐ Adult B Consumer ☐ Ohio Scales Youth ☐ Ohio Scales Agency Worker ☐ Ohio Scales Parent ☐ CAFAS ☐ PECFAS

Administration:
(Adult A, Ohio Scales, CAFAS/PECFAS)
☐ Initial ☐ 3 months ☐ 6 months ☐ 9 months ☐ Annual ☐ Termination

Administration:
(Adult B Only)
☐ 1st Administration ☐ 2nd Administration ☐ 3rd Administration ☐ 4th Administration ☐ 5th - Nth Administration ☐ Termination

MACSIS UCI#: ☐☐☐☐☐☐☐☐☐☐☐☐

Agency ID# (UPID): ☐☐☐☐☐☐☐☐☐☐☐☐

Agency Provider ID#: ☐☐☐☐☐☐☐☐☐☐

Board ID# (Company Code): ☐☐☐☐☐

Client's county of residence (Group): ☐☐☐☐

Date of admission: ☐☐ / ☐☐ / ☐☐☐☐

Diagnosis Type: ☐ DSM III-R ☐ DSM IV ☐ ICD-9

Primary Diagnosis: ☐☐☐☐☐

Secondary Diagnosis: ☐☐☐☐☐

Agency-defined Information:

Date field: ☐☐ / ☐☐ / ☐☐☐☐

Text field: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

04/01/2010 .... Page 1 of 1

Appendix B – Adult Consumer Form

Ohio Mental Health Consumer Outcomes System
Adult Consumer Form

Today's Date ___ ___/___ ___/___ ___ ___ ___ Name ______________________ Date of Birth ___ ___/___ ___/_______ ___ ___ Gender (check one): Male ☐ Female ☐	**Agency Use Only** Client's Medical Record Number ______________________

We are very interested in how you are doing, and how our services may or may not be helping you. Please answer all of the questions below, then give the questionnaire to your case manager or another staff person at the mental health agency.

Part 1

Below are some questions about how satisfied you are with various aspects of your life in ***the past 6 months***. For each question, checkmark ☑ the answer that best describes how you feel.

How do you feel about:

1. The amount of friendship in your life?
- ☐ Terrible
- ☐ Mostly dissatisfied
- ☐ Equally satisfied/dissatisfied
- ☐ Mostly satisfied
- ☐ Very pleased

2. The amount of money you get?
- ☐ Terrible
- ☐ Mostly dissatisfied
- ☐ Equally satisfied/dissatisfied
- ☐ Mostly satisfied
- ☐ Very pleased

3. How comfortable and well-off you are financially?
- ☐ Terrible
- ☐ Mostly dissatisfied
- ☐ Equally satisfied/dissatisfied
- ☐ Mostly satisfied
- ☐ Very pleased

4. How much money you have to spend for fun?
- ☐ Terrible
- ☐ Mostly dissatisfied
- ☐ Equally satisfied/dissatisfied
- ☐ Mostly satisfied
- ☐ Very pleased

5. The amount of meaningful activity in your life (such as work, school, volunteer activity, leisure activity)?
- ☐ Terrible
- ☐ Mostly dissatisfied
- ☐ Equally satisfied/dissatisfied
- ☐ Mostly satisfied
- ☐ Very pleased

6. The amount of freedom you have?
- ☐ Terrible
- ☐ Mostly dissatisfied
- ☐ Equally satisfied/dissatisfied
- ☐ Mostly satisfied
- ☐ Very pleased

7. The way you and your family act toward each other?
- ☐ Terrible
- ☐ Mostly dissatisfied
- ☐ Equally satisfied/dissatisfied
- ☐ Mostly satisfied
- ☐ Very pleased
- ☐ Does not apply

Please turn to the next page ➔

8. Your personal safety?

- ☐ Terrible
- ☐ Mostly dissatisfied
- ☐ Equally satisfied/dissatisfied
- ☐ Mostly satisfied
- ☐ Very pleased

9. The neighborhood in which you live?

- ☐ Terrible
- ☐ Mostly dissatisfied
- ☐ Equally satisfied/dissatisfied
- ☐ Mostly satisfied
- ☐ Very pleased

10. Your housing/living arrangements?

- ☐ Terrible
- ☐ Mostly dissatisfied
- ☐ Equally satisfied/dissatisfied
- ☐ Mostly satisfied
- ☐ Very pleased

11. Your health in general?

- ☐ Terrible
- ☐ Mostly dissatisfied
- ☐ Equally satisfied/dissatisfied
- ☐ Mostly satisfied
- ☐ Very pleased

12. How often do you have the opportunity to spend time with people you really like?

- ☐ Never
- ☐ Seldom/rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

Part 2

The next few items ask you about your health and medications ***within the past 6 months***.

13. How often does your physical condition interfere with your day-to-day functioning?

- ☐ Never
- ☐ Seldom/rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

14. Concerns about my medications (such as side effects, dosage, type of medication) are addressed:

- ☐ Never
- ☐ Seldom/rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always
- ☐ Not applicable/no medications

The next two items deal with how you have been treated by other people.

15. I have been treated with dignity and respect at this agency.

- ☐ Never
- ☐ Seldom/rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

16. How often do you feel threatened by people's reactions to your mental health problems?

- ☐ Never
- ☐ Seldom/rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

Part 3

The following questions ask you about how much you were distressed or bothered by some things ***during the last seven days***. Please mark the answer that best describes how you feel.

During the past 7 days, about how much were you distressed or bothered by:

17. Nervousness or shakiness inside

- ☐ Not at all A
- ☐ little bit
- ☐ Some
- ☐ Quite a bit
- ☐ Extremely

Please turn to the next page ➔

18. Being suddenly scared for no reason

- ☐ Not at all A
- ☐ little bit
- ☐ Some
- ☐ Quite a bit
- ☐ Extremely

19. Feeling fearful

- ☐ Not at all A
- ☐ little bit
- ☐ Some
- ☐ Quite a bit
- ☐ Extremely

20. Feeling tense or keyed up

- ☐ Not at all A
- ☐ little bit
- ☐ Some
- ☐ Quite a bit
- ☐ Extremely

21. Spells of terror or panic

- ☐ Not at all A
- ☐ little bit
- ☐ Some
- ☐ Quite a bit
- ☐ Extremely

22. Feeling so restless you couldn't sit still

- ☐ Not at all A
- ☐ little bit
- ☐ Some
- ☐ Quite a bit
- ☐ Extremely

23. Heavy feelings in arms or legs

- ☐ Not at all A
- ☐ little bit
- ☐ Some
- ☐ Quite a bit
- ☐ Extremely

24. Feeling afraid to go out of your home alone

- ☐ Not at all A
- ☐ little bit
- ☐ Some
- ☐ Quite a bit
- ☐ Extremely

25. Feeling of worthlessness

- ☐ Not at all A
- ☐ little bit
- ☐ Some
- ☐ Quite a bit
- ☐ Extremely

26. Feeling lonely even when you are with people

- ☐ Not at all A
- ☐ little bit
- ☐ Some
- ☐ Quite a bit
- ☐ Extremely

27. Feeling weak in parts of your body

- ☐ Not at all A
- ☐ little bit
- ☐ Some
- ☐ Quite a bit
- ☐ Extremely

28. Feeling blue

- ☐ Not at all A
- ☐ little bit
- ☐ Some
- ☐ Quite a bit
- ☐ Extremely

29. Feeling lonely

- ☐ Not at all A
- ☐ little bit
- ☐ Some
- ☐ Quite a bit
- ☐ Extremely

30. Feeling no interest in things

- ☐ Not at all A
- ☐ little bit
- ☐ Some
- ☐ Quite a bit
- ☐ Extremely

31. Feeling afraid in open spaces or on the streets

- ☐ Not at all A
- ☐ little bit
- ☐ Some
- ☐ Quite a bit
- ☐ Extremely

Please turn to the next page ➔

32. How often can you tell when mental or emotional problems are about to occur?
   - ☐ Never
   - ☐ Seldom/rarely
   - ☐ Sometimes
   - ☐ Often
   - ☐ Always

33. When you can tell, how often can you take care of the problems before they become worse?
   - ☐ Never
   - ☐ Seldom/rarely
   - ☐ Sometimes
   - ☐ Often
   - ☐ Always

Part 4

Below are several statements relating to one's view about life and having to make decisions. Please check the response that is closest to how you feel about the statement. Check the word or words that best describes how you feel now.

34. I can pretty much determine what will happen in my life.
   - ☐ Strongly agree
   - ☐ Agree
   - ☐ Disagree
   - ☐ Strongly Disagree

35. People are limited only by what they think is possible.
   - ☐ Strongly agree
   - ☐ Agree
   - ☐ Disagree
   - ☐ Strongly Disagree

36. People have more power if they join together as a group.
   - ☐ Strongly agree
   - ☐ Agree
   - ☐ Disagree
   - ☐ Strongly Disagree

37. Getting angry about something never helps.
   - ☐ Strongly agree
   - ☐ Agree
   - ☐ Disagree
   - ☐ Strongly Disagree

38. I have a positive attitude toward myself.
   - ☐ Strongly agree
   - ☐ Agree
   - ☐ Disagree
   - ☐ Strongly Disagree

39. I am usually confident about the decisions I make.
   - ☐ Strongly agree
   - ☐ Agree
   - ☐ Disagree
   - ☐ Strongly Disagree

40. People have no right to get angry just because they don't like something.
   - ☐ Strongly agree
   - ☐ Agree
   - ☐ Disagree
   - ☐ Strongly Disagree

41. Most of the misfortunes in my life were due to bad luck.
   - ☐ Strongly agree
   - ☐ Agree
   - ☐ Disagree
   - ☐ Strongly Disagree

42. I see myself as a capable person.
   - ☐ Strongly agree
   - ☐ Agree
   - ☐ Disagree
   - ☐ Strongly Disagree

43. Making waves never gets you anywhere.
   - ☐ Strongly agree
   - ☐ Agree
   - ☐ Disagree
   - ☐ Strongly Disagree

Please turn to the next page ➔

44. People working together can have an effect on their community.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

45. I am often able to overcome barriers.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

46. I am generally optimistic about the future.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

47. When I make plans, I am almost certain to make them work.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

48. Getting angry about something is often the first step toward changing it.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

49. Usually I feel alone.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

50. Experts are in the best position to decide what people should do or learn.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

51. I am able to do things as well as most other people.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

52. I generally accomplish what I set out to do.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

53. People should try to live their lives the way they want to.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

54. You can't fight city hall (authority).

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

55. I feel powerless most of the time.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

56. When I am unsure about something, I usually go along with the rest of the group.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

57. I feel I am a person of worth, at least on an equal basis with others.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

Please turn to the next page ➔

58. People have a right to make their own decisions, even if they are bad ones.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

59. I feel I have a number of good qualities.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

60. Very often a problem can be solved by taking action.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

61. Working with others in my community can help to change things for the better.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

Part 5

Please tell us some things about yourself.

62. What was the last school grade you completed?

- ☐ Less than 1st grade
- ☐ 1st grade
- ☐ 2nd grade
- ☐ 3rd grade
- ☐ 4th grade
- ☐ 5th grade
- ☐ 6th grade
- ☐ 7th grade
- ☐ 8th grade
- ☐ 9th grade
- ☐ 10th grade
- ☐ 11th grade
- ☐ High school diploma/GED
- ☐ Trade/Tech school
- ☐ Some college
- ☐ 2 yr college/Associate degree
- ☐ 4 yr college/Undergraduate degree
- ☐ Graduate school courses
- ☐ Graduate degree
- ☐ Post-graduate studies
- ☐ Further special studies

63. Race (check all that apply):

- ☐ White
- ☐ Native American/Pacific Islander
- ☐ Black/African American
- ☐ Hispanic/Latino
- ☐ Asian
- ☐ Other ______________

64. What is your marital status?

- ☐ Never married
- ☐ Married
- ☐ Separated
- ☐ Divorced
- ☐ Widowed
- ☐ Living together

65. What is your current living situation?

- ☐ Your own house/apartment
- ☐ Friend's home
- ☐ Relative's home
- ☐ Supervised group living
- ☐ Supervised apartment
- ☐ Boarding home
- ☐ Crisis residential
- ☐ Child foster care
- ☐ Adult foster care
- ☐ Intermediate care facility
- ☐ Skilled nursing facility
- ☐ Respite care
- ☐ MR intermediate care facility
- ☐ Licensed MR facility
- ☐ State MR institution
- ☐ State MH institution
- ☐ Hospital
- ☐ Correctional facility
- ☐ Homeless
- ☐ Rest home
- ☐ Other ______________________

66. What is your employment status?

- ☐ Employed full time
- ☐ Employed part time
- ☐ Sheltered employment
- ☐ Unemployed
- ☐ Student
- ☐ Homemaker
- ☐ Retired
- ☐ Disabled
- ☐ Inmate of institution

67. Are you in treatment because you want to be?

- ☐ Yes
- ☐ No

Please stop here. Thanks!

Appendix C – Consent for Release of Client Contact Information

I, Jane Doe, authorize Treatment Agency ABC
(Name of Patient) (Name or general designation of program making disclosure)

To disclose the following information:

ADDRESS(ES) AND TELEPHONE NUMBER(S) WHERE I BELIEVE I CAN BE REACHED IN THE FUTURE
(Nature of information, as limited as possible)

to the following organization

ADAMH BOARD OF FRANKLIN COUNTY
(Name or person/organization to which disclosure is made.)

The purpose of this authorized disclosure is:
TO HELP US IMPROVE OUR SERVICES. YOU MAY BE CONTACTED BY THE ADAMH BOARD OF FRANKLIN COUNTY TO INQUIRE ABOUT YOUR SATISFACTION WITH BEHAVIORAL HEALTH CARE RECEIVED FROM THE AGENCY LISTED ABOVE

This consent is subject to revocation at any time except to the extent that the program which is to make the disclosure has already taken action in reliance on it. If not previously revoked, this consent terminates automatically upon the following condition: 365 DAYS AFTER MY LAST TREATMENT, AFTER DISCHARGE, COMPLETION OF TREATMENT OR LAST DATE OF TREATMENT.

(Specification of the date, event or condition upon which this consent expires)

I understand that all information I provide will be kept confidential and will be used to contact me for inquiring service satisfaction only.

Signature of client Date

Signature of guardian (where required) Date

Signature of person authorized to sign in lieu of the client (where required) Date

Appendix D – Other Data Files Information Sheet

Report Number: C-102

Other Data Files Information Sheet

Date: ____________________________

To: Attn: Network Services, Planning & Evaluation
Information Services Team
Fax Number: **224-2697**

From: Provider Contact____
Provider Name____
Provider Contact Phone Number___________________________
Provider Contact Fax Number_____________________________

RE: Other File Submission (BH, Outcomes, etc…)

Provider Section						
	File Name	**FTP Server (F)**	**Date Submitted**	**Software and Version #**	**Type of Data: BH, Out, etc.**	**Provider Comments**
1.						
2.						
3.						
4.						
5.						
6.						

Provider Representative Signature:_____________________________________ Date:_________________________________

****

ADAMH Board Section						
	Submission Date to State	**File Accepted?**	**File Rejected?**	**File Modified?**	**Reason Rejected/Modified**	**ADAMH Board Comments**
1.						
2.						
3.						
4.						
5.						
6.						

ADAMH Board Representative Signature________________________________ Date:_________________________________

NOTE: Each numbered line in ADAMH Board Section refers to the same line in the Provider Section.

1 07/13/10