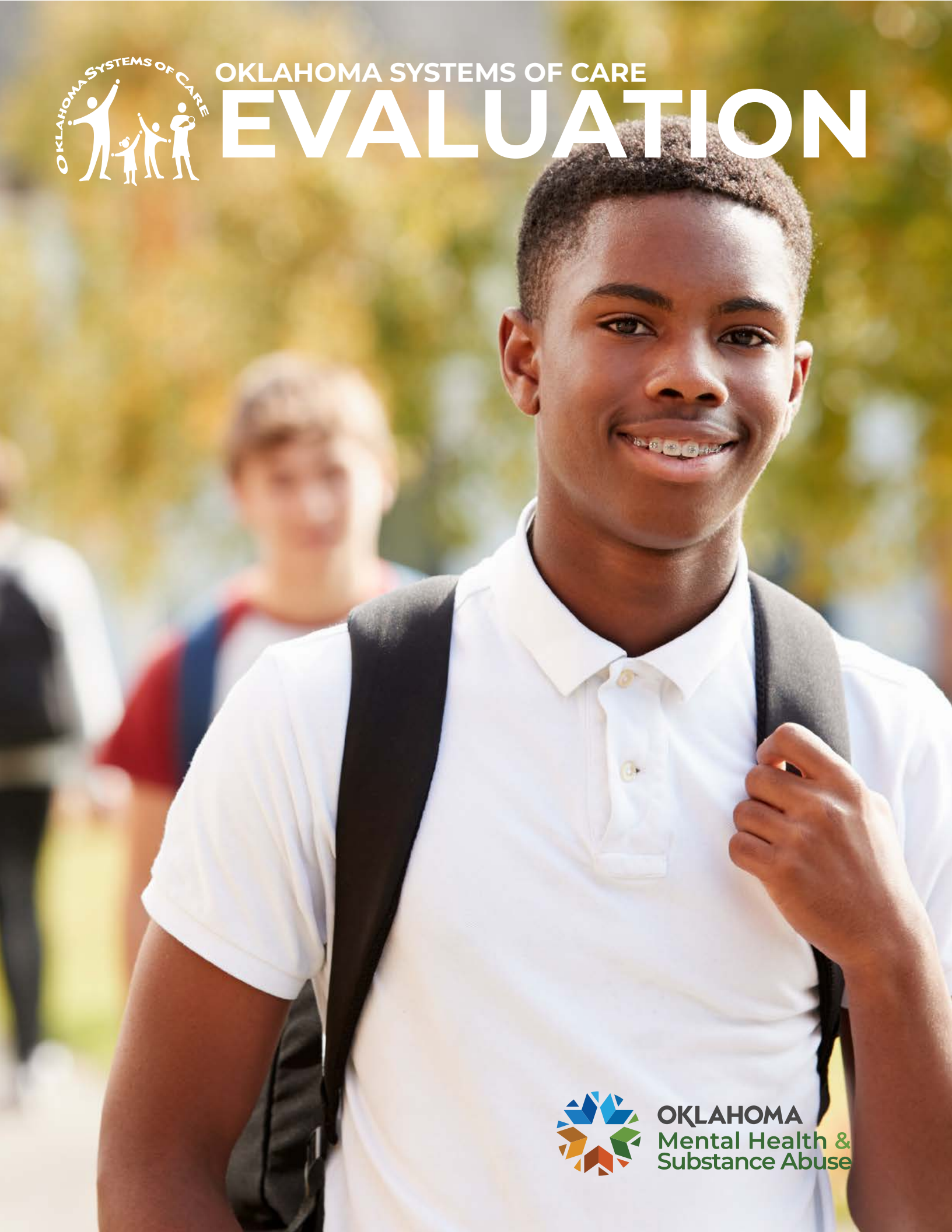OKLAHOMA SYSTEMS OF CARE

OKLAHOMA SYSTEMS OF CARE
EVALUATION

OKLAHOMA
Mental Health &
Substance Abuse

Oklahoma Systems of Care (OKSOC) Evaluation

Oklahoma Systems of Care (OKSOC) provides services and supports to children, youth, and young adults experiencing serious emotional disturbance. Their families are also provided services and supports. OKSOC began in 2 communities in 1999. State and federal financing and the active sponsorship of the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) have helped OKSOC expand across the state to all 77 Oklahoma counties. OKSOC supports, maintains, and grows local systems of care communities by providing infrastructure, training and technical assistance, and staff professional development.

OKSOC Evaluation

Evaluation is an integral part of Oklahoma Systems of Care and provides evidence documenting service utilization, program effectiveness for children, youth, young adults, and families, and system costs.   In support of its commitment to data-driven decision-making, OKSOC has contracted with the E-TEAM at the University of Oklahoma since 2002 to design and implement a statewide evaluation plan. OKSOC's state evaluation was developed in 2003-04 by OKSOC's evaluation team, which included state leadership, community leadership and frontline staff, family members, youth, young adults and E-TEAM evaluators. The following key evaluation questions were identified:

1. Are we enrolling and serving the youths and families in our communities that are most in need?
2. How do we measure and compare outcomes across so many families and communities to accomplish effective quality improvement and document change over time?

The evaluation provides feedback to ODMHSAS and OKSOC state leadership and staff, county/community leadership and staff, families, and partners on whether OKSOC goals and objectives are being achieved so changes and adjustments can be made in practice. The evaluation is used to inform program design, to improve service delivery, and, ultimately, to contribute to better outcomes in the lives of Oklahoma children, youth, young adults, and families.

Youth Information System

As the evaluator for OKSOC, E-TEAM designed and maintains a statewide evaluation data collection effort based on data collected through the Youth Information System (YIS) by OKSOC community behavioral health providers. The YIS is a secure, web-based application which provides real-time access to evaluation and program monitoring data to state management, to individual county/community leadership and staff. A significant amount of demographic, outcome, and process data are collected to evaluate change across time.

Outcomes Measures

OKSOC outcomes measures continue to show substantial positive program impacts with decreases in school suspensions and detentions, decreases in contacts with law enforcement, decreases in self-harm and suicide attempts, decreases in problem behaviors and clinically significant improvement in functioning and resiliency. These measures are presented to the Oklahoma State Legislature every year and have been instrumental in the sustainability and continued growth of OKSOC services.

OKSOC Assessments with Embedded Ohio Scales

The evaluation team—composed of state leadership and staff; provider leadership and staff; E-TEAM evaluators; family members; and youth and young adults—adopted the Ohio Scales as our primary measure of psychological impairment and social functioning and embedded them within the OKSOC
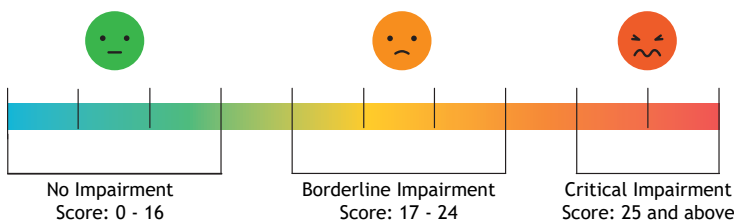
"OKSOC outcomes are presented to the Oklahoma State Legislature every year and have been instrumental in the sustainability of both the OKSOC services and the evaluation."

Assessments. The Ohio Scales offers several benefits, including self-administration; no credentialing requirement; nominal cost; brevity; simple language and item content; easily understood scoring and interpretation of results; and a good and growing research base. Results from the Ohio Scales have been incorporated into OKSOC evaluation protocols to assess the overall effectiveness of our system of care. The Ohio Scales has 2 measures—Problems and Functioning. The Problems scale has 3 subscales—Externalizing, Delinquency, and Internalizing. The Functioning scale has 1 subscale—Resiliency.
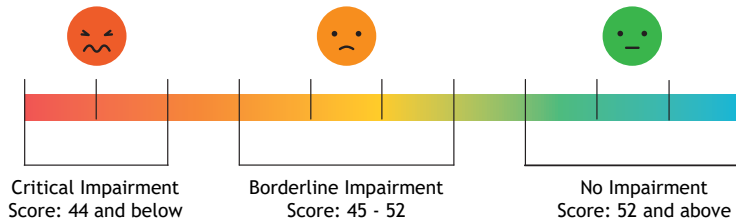
Ohio Scales Youth Problems Scale

| No Impairment Score: 0 - 16 | Borderline Impairment Score: 17 - 24 | Critical Impairment Score: 25 and above |

Clinically Significant Improvement =
Decrease of 11 or more points

Youth Problem Scale (Copyright © January 2000, Benjamin M. Ogles & Southern Consortium for Children)

Instructions: Please rate the degree to which your child has experienced the following problems in the past 30 days	Not at All	Once or Twice	Several Times	Often	Most of the Time	All of the Time
1. Arguing with others	0	1	2	3	4	5
2. Getting into fights	0	1	2	3	4	5
3. Yelling, swearing, or screaming at others	0	1	2	3	4	5
4. Fits of anger	0	1	2	3	4	5
5. Refusing to do things teachers or parents ask	0	1	2	3	4	5
6. Causing trouble for no reason	0	1	2	3	4	5
7. Using drugs or alcohol	0	1	2	3	4	5
8. Breaking rules or breaking the law (out past curfew, stealing)	0	1	2	3	4	5
9. Skipping school or classes	0	1	2	3	4	5
10. Lying	0	1	2	3	4	5
11. Can't seem to sit still, having too much energy	0	1	2	3	4	5
12. Hurting self (cutting or scratching self, taking pills)	0	1	2	3	4	5
13. Talking or thinking about death	0	1	2	3	4	5
14. Feeling worthless or useless	0	1	2	3	4	5
15. Feeling lonely and having no friends	0	1	2	3	4	5
16. Feeling anxious or fearful	0	1	2	3	4	5
17. Worrying that something bad is going to happen	0	1	2	3	4	5
18. Feeling sad or depressed	0	1	2	3	4	5
19. Nightmares	0	1	2	3	4	5
20. Eating problems	0	1	2	3	4	5

Items 1-6, 10-11: **Externalizing Subscale**
Items 7-9: **Delinquency Subscale**
Items 12-20: **Internalizing Subscale**

Produces a score of 0 - 100.

Ohio Scales Youth Functioning Scale

Critical Impairment
Score: 44 and below

Borderline Impairment
Score: 45 - 52

No Impairment
Score: 52 and above

Clinically Significant Improvement =
Increase of 8 or more points

Youth Functioning Scale (Copyright © January 2000, Benjamin M. Ogles & Southern Consortium for Children)

	Extreme Troubles	Quite a Few Troubles	Some Troubles	OK	Doing Very Well
Instructions: Please rate the degree to which your child's problems affect his or her current ability in everyday activities. Consider your child's current level of functioning.					
1. Getting along with friends	0	1	2	3	4
2. Getting along with family	0	1	2	3	4
3. Dating or developing relationships with boyfriends or girlfriends	0	1	2	3	4
4. Getting along with adults outside the family (teachers, principal)	0	1	2	3	4
5. Keeping neat and clean, looking good	0	1	2	3	4
6. Caring for health needs and keeping good health habits (taking medicines or brushing teeth)	0	1	2	3	4
7. Controlling emotions and staying out of trouble	0	1	2	3	4
8. Being motivated and finishing projects	0	1	2	3	4
9. Participating in hobbies (baseball cards, coins, stamps, art)	0	1	2	3	4
10. Participating in recreational activities (sports, swimming, bike riding)	0	1	2	3	4
11. Completing household chores (cleaning room, other chores)	0	1	2	3	4
12. Attending school and getting passing grades in school	0	1	2	3	4
13. Learning skills that will be useful for future jobs	0	1	2	3	4
14. Feeling good about self	0	1	2	3	4
15. Thinking clearly and making good decisions	0	1	2	3	4
16. Concentrating, paying attention, and completing tasks	0	1	2	3	4
17. Earning money and learning how to use money wisely	0	1	2	3	4
18. Doing things without supervision or restrictions	0	1	2	3	4
19. Accepting responsibility for actions	0	1	2	3	4
20. Ability to express feelings	0	1	2	3	4

Resiliency Subscale (items 1–4, 14, 18–20)

Produces a score of 0 - 80.

Conclusion

Oklahoma Systems of Care and local communities have become partners in providing community based, child centered, family focused, and culturally competent behavioral health services to Oklahoma children, youth, young adults, and families. Evaluation findings confirm that OKSOC's infrastructure and foundation are in place and serve its goals and objectives. All OKSOC outcomes measures continue to show substantial positive program impacts. Youth in OKSOC show decreases in school suspensions and detentions, decreases in contacts with law enforcement, decreases in self-harm and suicide attempts, decreases in problem behaviors and clinically significant improvement in functioning.

OU E-TEAM

The E-TEAM at the University of Oklahoma (OU) has served as the Oklahoma Systems of Care evaluator since 2002. The E-TEAM provides ongoing design and implementation of OKSOC's statewide evaluation, including development of the Youth Information System (YIS)—a secure web-based application which provides real-time access to evaluation and program monitoring data to state management, individual site leadership, and community behavioral health providers. The E-TEAM gathers and assesses evidence documenting service utilization; program effectiveness for children, youth, young adults, and their families; and system costs. The E-TEAM also partners with OKSOC on eLearning and in-person trainings to facilitate continuing professional education for children's behavioral health provider staff across the state. This partnership provides meaningful interactions for learners, promotes and fosters fidelity to OKSOC core values, and reduces travel costs and staff time away from work.

Resources

Ash, S., & Weis, R. (2009). Recovery Among Youths Referred to Outpatient Psychotherapy: Reliable Change, Clinical Significance, and Predictors of Outcome. Child and Adolescent Social Work Journal 26, 399-413.

Davis, T., Gavazzi, S., Scheer, S., Kwon, I., Lammers, A., Fristad, M., & Uppal, R. (2011): Measuring Family Caregiver Perceptions of Support in Caring for Children and Youth with Mental Health Concerns, Journal of Social Service Research, 37:5, 500-515.

Ogles, B. M., Carlson, B. Hatfield, D. R., & Karpenkov, V. V. (2008). Models of Case Mix Adjustment for Ohio Mental Health Consumer Outcomes among Children and Adolescents. Administration and Policy in Mental Health and Mental Health Services Research, 35, 295-304.

Dowell, K. A. & Ogles, B. M. (2008). The Ohio Scales Youth Form: Expansion and Validation of a Self-Report Outcome Measure for Young Children. Journal of Child and Family Studies, 17, 291-305.

Turchik, J., Karpenkov, V.V., & Ogles, B. M. (2007). Further Evidence of the Utility and Validity of a Measure of Outcome for Children and Adolescents. Journal of Emotional and Behavioral Disorders, 15, 119-128.

Carlston, D. L. & Ogles, B. M. (2006). The impact of items and anchors on parent-child reports of problem behavior. The Child & Adolescent Social Work Journal, 27, 24-37.

Ogles, B. M., Carlston, D. L., Hatfield, D.R., Melendez, G., Dowell, K., and Fields, S. A. (2006). The role of fidelity and feedback in the wraparound approach. Journal of Child and Family Studies, 15, 114-128.

Ogles, B. M., Dowell, K., Hatfield, D, Melendez, G., & Carlston, D. (2004). The Ohio Scales. In M. E. Maruish (Ed.), The use of psychological testing for treatment planning and outcome assessment (3rd ed., Vol. 2) (pp. 275-304). Hillsdale, New Jersey: Lawrence Earlbaum.

Ogles, B. M., Melendez, G., Davis, D. C., & Lunnen, K. M. (2001). The Ohio Scales: Practical Outcome Assessment. Journal of Child and Family Studies, 10, 199-212.

Texas Department of Mental Health Mental Retardation. (2003). Validation and norms for the Ohio Scales among children served by the Texas Department of Mental Health and Mental Retardation. http://www.dshs.state.tx.us/mhprograms/RDMCAtrag.shtm