KY Kids Recovery Program (KKRP) and AHARTT Client Information System



KENTUCKY KIDS RECOVERY PROGRAMS



A Collaboration between the Department for Behavioral Health, Developmental and Intellectual Disabilities, the University of Kentucky Department of Psychiatry, and the University of Kentucky Center on Drug and Alcohol Research

July 2015





KY Kids Recovery & AHARTT Client Information System Overview

KY KIDS Recovery Programs (KKRP)

 19 funded substance abuse treatment programs that were developed/expanded with one-time funding from the Attorney General's office **Adolescent Health & Recovery**Treatment & Training (AHARTT)

- One component of AHARTT: Provide training in two evidence-based therapies to clinicians statewide
 - Functional Family Therapy (FFT) and
 - Cognitive Behavioral Therapy (CBT)





KY Kids Recovery & AHARTT Client Information System Overview

This Client Information System is to be used with adolescent clients who are being provided services:

- 1) With funds from the AG's Office to KY Kids Recovery Programs including clients who receive prevention, early intervention, or treatment services at the individual level; OR
- 2) FFT or CBT by a clinician who received AHARTT-sponsored training and will use one of these therapies with this client.
- All adolescent clients served with AG funds (either through KY Kids Recovery Programs or AHARTT-sponsored training) should be entered into this Client Information System.
- Thus, the number of clients in this data system represents the "universe" of adolescents served through individualized services.

AHARTT Client-Level Outcome Evaluation

Purpose

- Describe characteristics and functioning of adolescents served within this funding as compared to adolescents served through publicly-funded treatment
 - Provide a count of the number of adolescents served with these funds
- Examine pre-treatment to post-treatment change in substance use and other key targeted factors (i.e., outcomes)
 - Treatment intake, discharge, and 12-month follow-up

AHARTT Client-Level Outcome Evaluation

Key Targeted Factors

- Substance Use
- Problems Related to Substance Use
- Education
- Family/Caregiver Relationship
- Mental Health and Emotion Regulation
- Involvement with the Justice System
- Recovery Supports

AHARTT Client-Level Outcome Evaluation

This Power Point will show you:

- The key components of the outcome evaluation
- How to use features in the KKRP & AHARTT Client
 Information System
- How to enter data in the surveys
- How to obtain informed consent for the follow-up interview
- How to download Client Narrative Intake Report

AHARTT Client-Level Outcome Evaluation Workflow

Client Registration

Clinician/staff member enters basic client information as client enters the program

Intake Interview

Clinician uses the online, secure intake survey to conduct interview with client at treatment intake. Explain the Follow-Up Interview to clients and obtain consent (if client agrees)

Discharge Status & Services

Clinician/staff member enters discharge and service encounter data for client's treatment episode into the online, secure system

Exit Interview

Clinician uses the online, secure intake survey to conduct interview with client at treatment discharge

12-Month Follow-Up Interview

Telephone interviews conducted by UK CDAR research team with clients who give consent to be in the follow-up study

Terms of Use

By logging into the Client Information System, you agree to the Terms of Use for the system. These terms describe who is allowed to use the system and highlight that the ASAM recommendation will be based on user entered information.



Kentucky Kids Recovery Programs

Adolescent Health and Recovery Treatment & Training (AHARTT)

Login

Home » Login

Login

Please fill out the following form with your login credentials:

Fields with * are required.

Username *

Password *

Login

Client Self-Report Recovery Life History Terms of Use

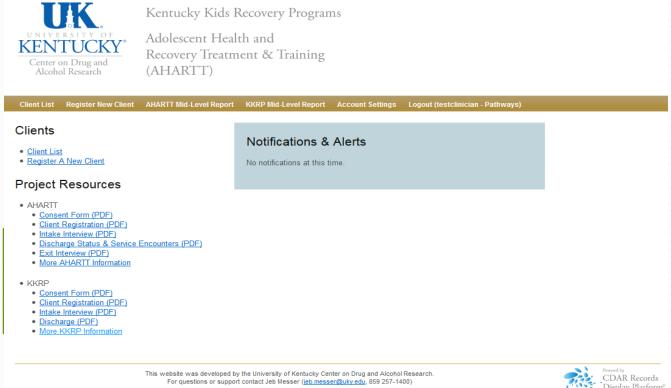
By logging on and accessing the Client Self-Report Recovery Life History Report, you agree to the following conditions:

- You are an authorized user with permission to access and view client files and are bound by your agency's
 rules regarding protection of personal client information.
- Though every effort has been made to provide accurate information, the user is responsible for verifying accuracy and appropriateness of the information in the report.
- You understand that reports produce an editable word document that can be saved locally on an agency computer, though any edits made locally to the saved document are not saved in the database at CDAR.
- 4. Information in the reports was entered by the clinical or staff person interviewing the client at Phase 1 intake. UK CDAR disclaims liability of any kind for quality or fitness for a particular purpose arising out of the use, or inability to use the data.



Logging In

- The KY Kids Recovery & AHARTT Client Information System requires users to have a unique case-sensitive Username and password
- To obtain a Username and password, you must contact the AHARTT Training Coordinator who is responsible for assignments, Miriam Silman.
- Once you have your Username and password, you may log on to the at https://ukcdar.uky.edu/kykids





Logging Out

For security purposes, please always be sure to select the Logout tab when ending a session.



Kentucky Kids Recovery Programs

Adolescent Health and Recovery Treatment & Training (AHARTT)



Client List Register New Client AHARTT Mid-Level Report KKRP Mid-Level Report Account Settings Logout (testclinician - Pathways)

Clients

- Client List
- · Register A New Client

Project Resources

- AHARTT
 - · Consent Form (PDF)
 - . Client Registration (PDF)
 - Intake Interview (PDF)
 - · Discharge Status & Service Encounters (PDF)
 - Exit Interview (PDF)
 - More AHARTT Information
- KKRP
 - . Consent Form (PDF)
 - Client Registration (PDF)
 - Intake Interview (PDF)
 - Discharge (PDF)
 - More KKRP Information

Notifications & Alerts

No notifications at this time



Home Screen

After logging into the Client Information System, the user is presented with the home screen. We may post notifications on this screen. You will also see Tabs at the top of the screen to navigate through the system. On the left hand lower portion of the screen there are links to project resources.



Kentucky Kids Recovery Programs

Adolescent Health and Recovery Treatment & Training (AHARTT)





Project Resources

- AHARTT
 - Consent Form (PDF)
 - Client Registration (PDF)
 - Intake Interview (PDF)
 - Discharge Status & Service Encounters (PDF)
 - Exit Interview (PDF)
 - More AHARTT Information
- KKRP
 - Consent Form (PDF)
 - Client Registration (PDF)
 - Intake Interview (PDF)
 - Discharge (PDF)
 - More KKRP Information



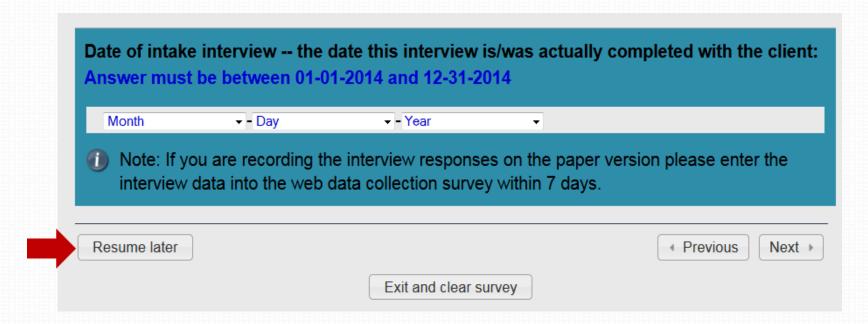
Please use the buttons within the screen to move from one page to the next (Next) or to the previous pages (Previous).

If you realize you have entered a survey in error, you can select "Exit and clear survey," which will *delete* all data entered for the survey.

 Insurance through family member's employer Insurance through Health Exchange Other private insurance (self-employed) Medicaid (Medical card, Passport) Medicare VA/Champus/Tricare Other: Vill insurance cover any part of this prevention/treatment episode? No Yes 		
Other private insurance (self-employed) Medicaid (Medical card, Passport) Medicare VA/Champus/Tricare Other: Vill insurance cover any part of this prevention/treatment episode? No	Insurance through family	member's employer
Medicaid (Medical card, Passport) Medicare VA/Champus/Tricare Other: Vill insurance cover any part of this prevention/treatment episode? No	 Insurance through Health 	n Exchange
Medicare VA/Champus/Tricare Other: Vill insurance cover any part of this prevention/treatment episode? No	Other private insurance	(self-employed)
 ○ VA/Champus/Tricare ○ Other: /ill insurance cover any part of this prevention/treatment episode? ● No 	Medicaid (Medical card, I	Passport)
Other: /ill insurance cover any part of this prevention/treatment episode? No	Medicare	
/ill insurance cover any part of this prevention/treatment episode?	○ VA/Champus/Tricare	
No	Other:	
No		
No	/ill insurance cover any n	art of this prevention/treatment enisode?
	in insurance cover any p	art of and prevention area and the episode.
○ Yes	○ N-	
-		

When you are entering data in the Intake Interview, Exit Interview, or Discharge Status and Service Encounter surveys, you can select "Resume later" if you cannot finish entering the data in a single session.

The data will be saved for 30 days and you can resume the survey within 30 days, picking up where you left off.



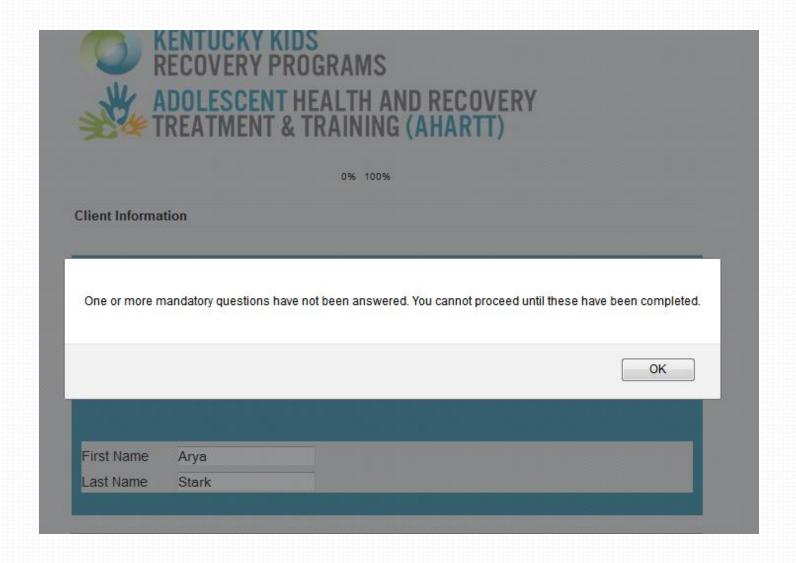
This is not an option in the Client Registration Survey, which takes only a few minutes to fill out.

To resume a survey, go to the client list and in the Client Status you will see the link to resume the specific survey you partially saved.

10/14/2014	<u>Madison</u>	<u>Jefferson</u>	09/09/1998	Donna Ross	11/24/2014	KKRP	11/24/2014	Completed (Early Intervention/Prevention)
10/14/2014	Ronald	McDonald	01/02/2000	George White		KKRP	\Rightarrow	Resume Saved Intake Interview



If you skip a question, you will see an error message after you hit next for that screen.



Click OK and then scroll down the page until you see "This question is mandatory" in blue text. Please fill in an answer for the question.

	KENTUCKY KIDS RECOVERY PROGRAMS
	ADOLESCENT HEALTH AND RECOVERY TREATMENT & TRAINING (AHARTT)
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I	Provider Information
	To track clients accurately and to allow us to contact program staff if we have questions, please enter the contact information for the clinician or admitting staff person. Admitting clinician's or staff person's name
	This question is mandatory. Please complete all parts.
	First Name Linda Last Name
ı	Email address of the admitting clinician or staff mambers
	Email address of the admitting clinician or staff member: lj123@pathways.org
	Work phone number of admitting clinician/staff member: (including area code) Enter only numbers

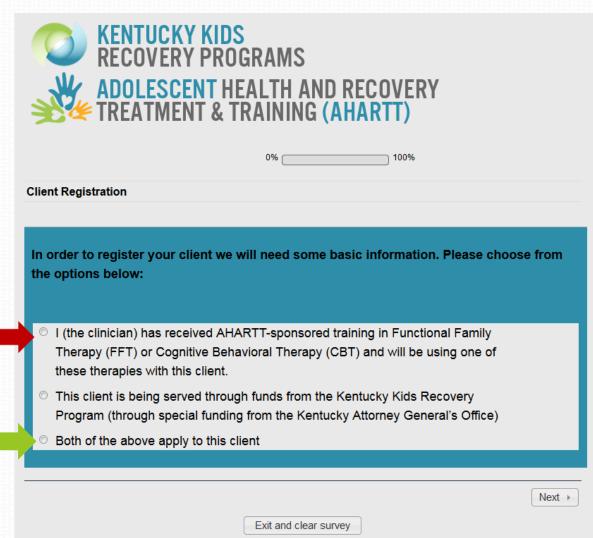
- A staff member or clinician will enter basic information about each adolescent client in the secure, online Client Registration Survey.
- This serves as the database for all clients served through Attorney General funds including:
 - All adolescent clients who receive prevention, early intervention, and treatment services at the individual level offered by KY Kids Recovery Programs, AND
 - All adolescent clients who receive FFT or CBT by a clinician trained through AHARTT.

- The client does not need to be present for collecting this information.
 - Typically this information can be gathered from your program's intake/admission paperwork.
- Information collected includes:
 - Program and provider contact information
 - Client identifying information (to correctly match all the data elements in the system)
 - Type of services to be provided: prevention, early intervention, or treatment
 - Client's type of insurance and whether the carrier will cover the episode
 - City, county, and zip code of client's residence

On the first page of the Client Registration you will select whether the client is a KY Kids Recovery Program or AHARTT client. This selection is important for correctly navigating the client's data through the Client Information System.

In most cases you will select the first option: AHARTT.

Some programs also received funds from the KY Attorney General's Office for KY Kids Recovery. These programs may select the **last option** if an AHARTT-trained clinician is providing services and services to the client are also funded through the KY Kids Recovery grant.



On the second page of the Client Registration you will enter contact information for the provider who will be providing treatment to the client.

This may or may not be the same person who is entering the client registration

information.

KENTUCKY KIDS RECOVERY PROGRAMS
ADOLESCENT HEALTH AND RECOVERY TREATMENT & TRAINING (AHARTT)
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Provider Information
To track clients accurately and to allow us to contact program staff if we have questions, please enter the contact information for the clinician or admitting staff person. Admitting clinician's or staff person's name
First Name Delta
Last Name Dawn
Email address of the admitting clinician or staff member: ddawn@pathways.org
Work phone number of admitting clinician/staff member: (including area code) Enter only numbers 6065555555

TIP: When entering dates, select the year first, then the month and day. Selecting the year first allows the system to display the correct month calendar.



If the clinician enters an admission date (e.g., 11-26-2014) after today's date (e.g., 11-25-2014) after selecting the Next button, a warning message will appear on the following screen.

	NTUCKY KIDS COVERY PROGRAMS	
**************************************	OLESCENT HEALTH AND RECOVERY EATMENT & TRAINING (AHARTT)	
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Admission Verific	100%	
diffision verific	auon	
Please verify:		
	ovember 26, 2014 as the date this client was admitted to treatment	
You entered N	ovember 26, 2014 as the date this client was admitted to treatment.	
You entered N	e future. Please select the Previous button and enter the correct	
This date in the	e future. Please select the Previous button and enter the correct	
You entered N	e future. Please select the Previous button and enter the correct	
You entered N	e future. Please select the Previous button and enter the correct	
You entered N	e future. Please select the Previous button and enter the correct	
You entered N This date in the	e future. Please select the Previous button and enter the correct	
You entered N	e future. Please select the Previous button and enter the correct	Next ▶

For clients who are classified as AHARTT/KKRP clients, you will choose which broad category of services your program will provide the client. Because an

AHARTT clinician is providing services the client the type of service selected

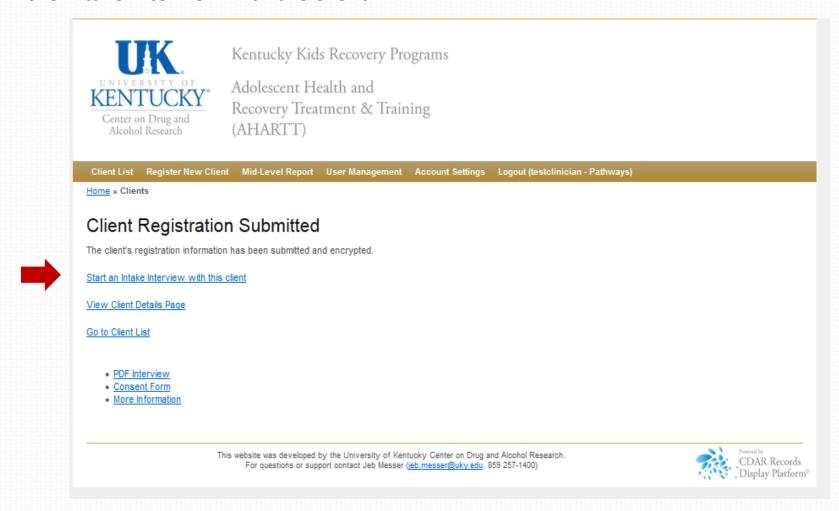
should always be tre

client inform encrypted (o	r information about the client so we can register him/her in the system. All ation is confidential (with identifiers stored separately from survey data), is r scrambled) such that only those with a specific key can read them, and can essed by authorized staff.
Client's nam	e:
	Date
First Name Last Name	Paris Hill
Last Name	
What is the o	client's date of birth?
05-07-199	6
M/hat in the	liantia assista assurity munica?
what is the c	client's social security number?
00445566	
Enter 9 c	digits with no slashes or dashes.
Pleace india	ate the type of convince the client in receiving at your program.
	ate the type of services the client is receiving at your program: of the following answers
Choose one	
Ohoose one Prevention	of the following answers
Choose onePreventionPrevention	on, universal (education for all) on, selected (education with individuals with risk factors) on, indicated or targeted (information and referral with high-risk
Choose onePreventionPreventionPrevention	of the following answers on, universal (education for all) on, selected (education with individuals with risk factors) on, indicated or targeted (information and referral with high-risk lls)
Preventic Preventic Preventic Preventic individua	of the following answers on, universal (education for all) on, selected (education with individuals with risk factors) on, indicated or targeted (information and referral with high-risk ls) ervention

Because an
AHARTT clinician is
providing services
the client the type
of service selected
should always be
treatment

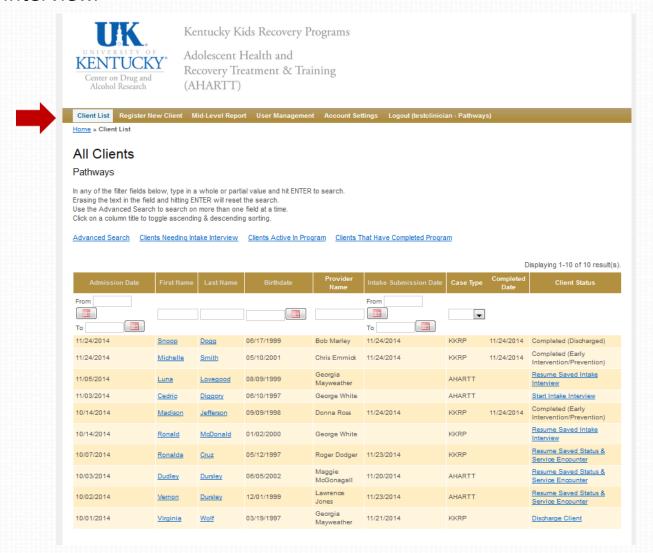
Once you hit submit, the system will let you know the survey has been submitted in encrypted form.

From here, you can go directly to the Intake Interview if you are ready to conduct the Intake Interview with the client.



Client List

Registered clients make up the list of clients from which to select when entering data into the Intake Interview, Discharge Status and Service Encounter Survey, and Exit Interview.



Client List - Refreshing the Browser

If you don't see your recently added client. Select the refresh button on your browser. The images below show three different browser examples.

The **black** arrow is a **Google Chrome** browser.

The red arrow is an Internet Explorer browser.

The green arrow is a Firefox browser.

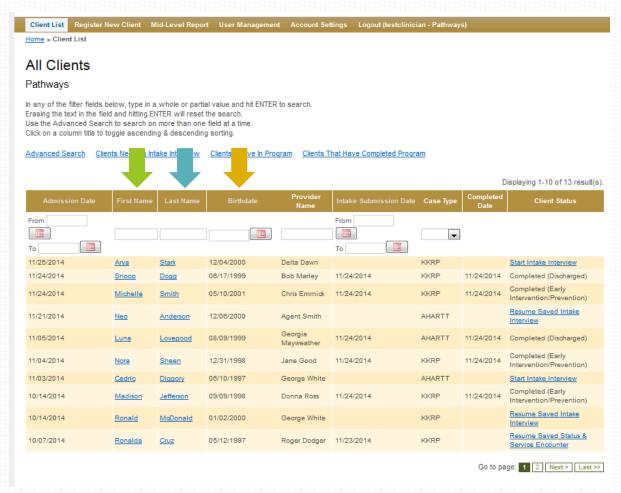
If you still do not see the client on your list, please contact CDAR. Do not reenter the data. CDAR contact information is located on the Login page.



Home Screen - Search by Name

To search the system for a specific client, enter a First or Last name, or birthdate and press Enter. You can search for partial names or numbers, but you need a minimum of one letter in whatever field you want to search.

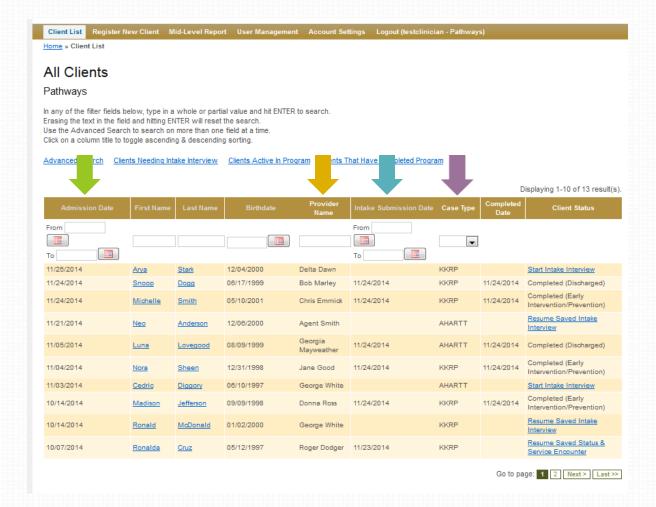
Always be sure to press **ENTER** on your keyboard to start your search.



Client List—Search

You can also search by Admission Date, Provider Name, Intake Submission Date, or Case Type (KKRP or AHARTT).

Always be sure to press **ENTER** on your keyboard to start your search.



Home Screen - New Intake Interview

You can filter by "Clients Needing Intake Interview", "Clients Active in Program", and "Clients That Have Completed Program"



Home Screen - New Intake Interview

If you select a client's name, it will pull up the Client Page, showing more detail about the client. The system shows the next step in the data collection process.



- Clinicians complete the Intake Interview with:
 - All AHARTT clients
- Intake Interviews (average of 30 min.) must be completed as soon as possible after beginning treatment to accurately represent the adolescent's situation and behavior before receiving treatment.
 - Within the first 72 hours of an inpatient/residential stay, OR
 - Within the first 3 sessions for outpatient care.
 - If you save a partial survey, you must complete it within 30 days
- Intake data is considered treatment program data.
- There is NO compensation and NO research consent form for intake interviews since the interview is considered part of intake into treatment.

Best Practice for Conducting the Intake Interview

- The clinician uses the secure, online Client Information System to guide the interview with the client
 - Efficient: Allows for simultaneous data collection and data entry

Alternative Practice

- If the clinician does not have online access at the time of the interview (e.g., no Wifi), the clinician can download the Intake Interview PDF before the interview from http://cdar.uky.edu/AHARTT/ and complete the interview on the paper copy
 - Will need to enter the information from the paper copy into the online Client Information System within 7 days

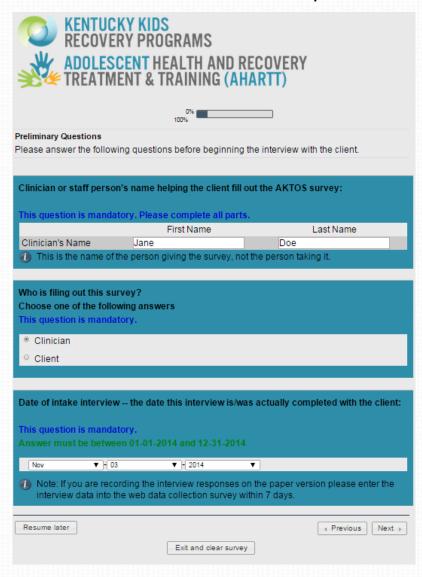
- CMHC clinicians familiar with the Adolescent Kentucky Treatment
 Outcome Study (AKTOS) will note that the AHARTT Interview Intake
 questions are the same as the AKTOS Intake Interview questions.
- It is very important that you enter AHARTT clients in this client information system and not in the AKTOS Client Information System.

Please always look for the KKRP & AHARTT logos.





The first screen you will see in the Intake Interview includes questions you can answer before beginning the interview with the client: Preliminary Questions.



The Introduction provides a brief explanation of the outcome evaluation to the client. **Part B** applies specifically to AHARTT clients.



B.If you are receiving Functional Family Therapy or Cognitive Behavioral Therapy provided by a counselor who was trained through AHARTT:

Part one is a face-to-face interview with your counselor completed as part of your treatment intake process and takes about 30 minutes. You will answer a series of questions about physical and mental health, education and employment, substance use, legal involvement, family, and recovery support.

Part two is a face-to-face interview with your counselor when you finish this treatment episode. This interview is shorter than the first interview but will ask some of the same questions.

Part three is a phone interview about 12 months from now. At the end of part one, you'll be asked to volunteer for the second half of the study. If you agree, your name will be included in the pool of clients who may get a phone call from the University of Kentucky Health Follow-up Study to answer similar questions in about one year. Clients who complete the second half of the survey are sent a "thank you" check for \$20 from the University of Kentucky

It is very important for you to know that all of your Follow-Up Interview information is confidential. Your name will never be reported or even linked with the answers given in the follow-up surveys. When we write up reports they include overall findings about the entire group of participants, not individuals. We have a Federal Certificate of Confidentiality that prohibits us from ever revealing information about a person, even under a court order. Your responses to the follow-up questions are well protected.

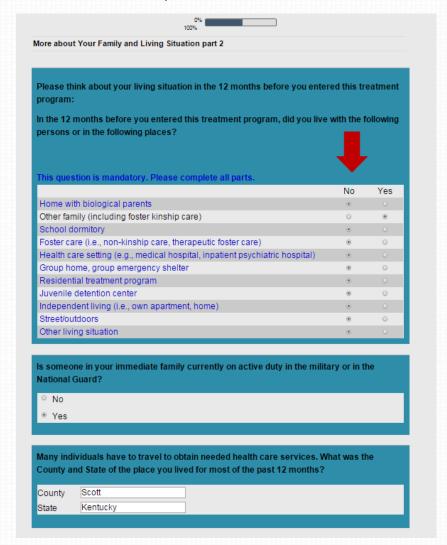
Your participation also helps improve future treatment for others and provides important information about the experiences of people in substance abuse treatment.

The third screen you will see in the Intake Interview begins the questions you will need to ask the client.

KENTUCKY KIDS RECOVERY PROGRAMS
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ADOLESCENT HEALTH AND RECOVERY TREATMENT & TRAINING (AHARTT)
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100%
Basic Client Information These first few questions are basic questions we need to get the interview started and to learn a
little more about what services you might be interested in. Please keep in mind that information
that identifies you, like your name and SSN, is kept confidential.
Certain groups of people are under-represented in health studies. This means many people may not be able to get the help and resources needed for their unique health needs. The private information you give us is kept confidential. We are asking so that we might better understand the diversity among young people like yourself.
What is your gender?
○ Male
○ Female
Transgender (male to female) Transgender (female to male)
Transgender (female to male)
How would you describe your sexual orientation?
Heterosexual (Straight, attracted to opposite sex)
Bisexual (Attracted to both males and females)
 Gay (male attracted to other males) or Lesbian (female attracted to other females)
O Unsure
Decline to respond/ refuse
Other:
What race/ethnicity do you consider yourself to be?
Please choose ALL that apply

Intake Interview

In the More about Your Family and Living Section part 2, you will notice that Kentucky is automatically in the State field. You can type over this if the client lived most of the past 12 months in a state other than KY.



Please select "Yes" for each situation that applies to the client.

You do NOT need to select "No" for the situations that do not apply.

Intake Interview

In the Substance Use Section, please enter 0 for the fields on age of first use if the client did not use the type of substance.

	•	ntered this treatment program, how	
	•	obacco products (e.g., cigarettes, cig	ars, 11
pipes,	bidis, or cigarillos)?		
Tobac	co use, 30 days		
If you	enswer 12 months in the		nse at least 1 day i
last m		o providuo quodion, y ou muot onot	
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		red this treatment program, how mar	*
	•	roducts (e.g., cigarettes, cigars, pipe	s, 10
	or cigarillos)? Iter 0 if none		
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041			
		ettes, how many cigarettes on aver	rage do you smoke
(ZU IN a	ı pack)?		
-			
5 How o	cigarettes per day	egan smoking regularly (on a daily	basis)?
	d were you when you b	egan smoking regularly (on a daily	basis)?
How o	d were you when you b		basis)?
How o	d were you when you b	egan smoking regularly (on a daily started smoking regularly.	basis)?
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How of	d were you when you b	started smoking regularly.	basis)?
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Informed Consent for Follow-Up Interview

- At the end of the Intake Interview, treatment clients (under 18 years old) are asked to volunteer for the follow-up interview of the outcome study
 - Clients who are 18+ years old are not eligible for the follow-up survey
- Follow-Up Interview is a 20 minute telephone interview about 12 months later.
 - This is the "research" part of the study. Client participation is completely voluntary. There is compensation and a consent form for the follow-up interview.
 - Please explain that researchers (outside the program) will conduct the follow-up interview.
 - Please let clients know how important their participation is for understanding and improving treatment in Kentucky.
 - Adolescent clients give their consent to participate using an electronic consent form on the web survey
 - Approved by the UK Medical Institutional Review Board (IRB).

AHARTT Information for Follow-Up Interview

You can give the flyer to clients to help highlight the most important information to share when explaining the follow-up interview. The flyer is available under Project Resources, "Participant Flyer."

AHARTT

University of Kentucky Health Follow-Up Study

November 2014

What will I do?

In about 12 months, we may contact you to do a quick 20 minute phone survey. In the survey we will ask you to:

- Tell us what you liked and didn't like about your treatment
- . Tell us how you think it could be better
- · Tell us how you are doing

Why should I sign up?

Why not? Everyone has a different treatment experience and we want to hear about yours!

After you finish the survey, the University of Kentucky will send you a \$20 check to thank you for your time.

Who will see my answers?

No one.

Not even your parents, guardians, or counselor will know what you say. Your name is never attached to your answers so they can't be traced back to you.

Why should I trust my information will stay private?

We have a Federal Certificate of Confidentiality for this project. That means we can't be forced to give out any of your information, even under a court subpoena.

For just 20 minutes of your time, you can help make treatment programs in Kentucky better.

Your opinions matter!

Let your voice be heard!

How do I sign-up?

You won't need your parent or guardian's permission to sign-up.

All we need is:

- · Your agreement to be in the study
- · The best phone number to reach you
- · An address where you get mail

NONE of your information will ever be given out and we're not a part of your treatment program.

Many others just like you have already finished the survey.

Join them today!

How do I know this is real?

Check out our website!

http://www.cdar.uky.edu/AHARTT/

You can also call Dr. Jennifer Cole at 1-866-304-5467 with any questions or concerns.

Informed Consent for Follow-Up Interview

- Because Kentucky law allows minors (< 18 years old) to obtain substance abuse and mental health treatment without the consent of a parent/guardian (KRS 222.441):
 - Federal regulations state minors may provide their own informed consent if the research is conducted on a specific treatment for which minors can give consent, outside the research context (45 CFR 46.402; Code of Federal Regulations, Title 45, Part 46, 1994).

- Adolescents (not their guardians) give consent to be in the followup study
- Adolescent clients give their consent to participate using an electronic consent form in the Client Information System

Intake Interview

Informed Consent for the Follow-Up Interview

meet the requirements of the federal Food and Drug Administration (FDA). You should understand that a Certificate of Confidentiality does not prevent you from voluntarily releasing information about yourself or your involvement in this research. In addition, the staff of the University of Kentucky may also see your information if necessary.

WILL I RECEIVE ANY REWARDS FOR TAKING PART IN THIS STUDY?

You will receive \$20 for a completed follow-up interview at 12 months after treatment. In order to get the \$20 you must take part in the follow-up interview, and then payment will be mailed to you. If you are paid over \$600 in any year from various studies, the University of Kentucky has to report this as income to the IRS.

WHAT IF I HAVE QUESTIONS?

Before you decide whether to participate in this follow-up study, please ask any questions that might come to mind now. Later, if you have questions about the study, you can contact the Principal Investigator, Jennifer Cole at 859-257-9332. If you have any questions about your rights as a volunteer in this research, contact the staff in the Office of Research Integrity at the University of Kentucky at 859-257-9428 or toll-free at 1-866-400-9428. You may also contact the Cabinet for Health and Family Services Institutional Review Board (CHFS-IRB) at 502-564-5497 ext. 4102. We will give you a copy of this consent form to take with you.

WHAT ELSE DO I NEED TO KNOW?

This study is funded by the Kentucky Division of Behavioral Health and the CHFS through the Attorney General's Office to better understand the treatment of substance abuse in state-funded programs and the impact the Attorney General's Office funds have on the effectiveness and scope of adolescent substance abuse treatment in the state. You will be told if any new information is learned which may influence your willingness to continue taking part in this study.

By choosing the appropriate option below, the client agrees to being contacted by telephone in approximately 12 months for a follow-up interview.

- I agree to participation in the research study
- I do NOT agree to participation in the research study



After explaining the follow-up interview and going over the consent form with clients, please select the appropriate response

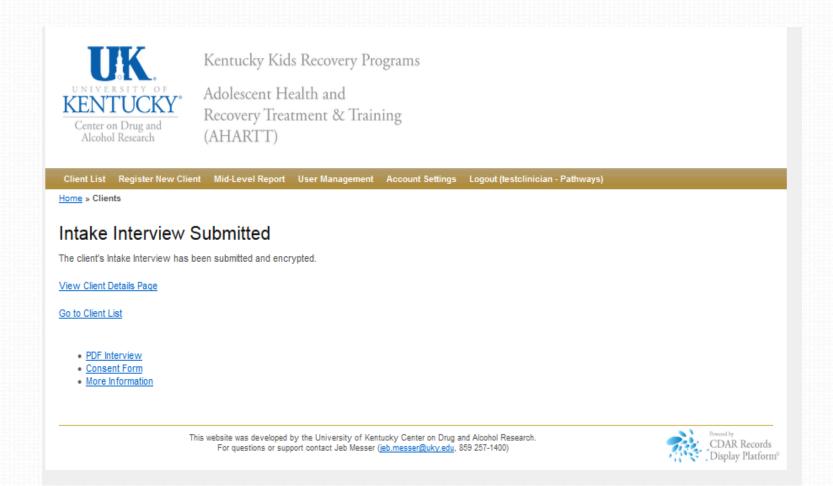


Contact Information for the Follow-Up Interview

- The outcome evaluation is possible ONLY if follow-up interviews are conducted with a reasonable number of clients.
- Contact information is collected ONLY for clients who give consent to participating in the 12-month follow-up interview.
- This information is VERY important for successfully locating adolescents 12 months after they enter treatment.
 - Please let clients know contact persons will be asked for information to locate the client and not to gather any other information.
 - The interviewers will not reveal the nature of the study to contact persons.
- Please enter as much information as possible.
- Try to collect contact information for 2 relatives or close friends who will know how to get in touch with adolescents.
 - Mothers, aunts, sisters, grandmothers are usually the best contact persons.

Intake Interview Submission

Once you have completed an Intake Interview, you will receive confirmation that the interview has been submitted in encrypted form.



Client Narrative Report

- After completing an Intake Interview, users can download a client narrative as a Word document:
 - Summarizes, in narrative form, responses from the client,
 - Including DSM-V substance use disorder criteria
 - Includes ASAM-level of care recommendations consistent with the American Association of Addiction Medicine Placement Criteria (PPC2-R).
- This narrative report can be placed in the client's file for future reference.
- The clinician can edit (add, delete, change) the document to suit his/her own needs.

Client Narrative Report

The Intake Report will look like the example below and will vary in length (4 - 6 pages) based on the presentation of each client and the depth of responses the client gave during the interview.



Identifying data

Walter White Client ID Number 6789 Survey Number 394

Clinician conducting interview: Peter Lawrence

Intake Interview Completed: 11/21/2014

The summary information and recommendations generated from this report are based on selfreported information and can be adjusted if the clinician feels the client self-report information is not reflective of the situation.

Walter is a 16 year old male who was born on 5/27/1998. His race/ethnicity is White (not of Hispanic origin) and Hispanic-Mexican.

Referral Source

Walter was referred to treatment by the court system.

Family and living situation

Walter's current primary caregiver is a grandparent. He states that he is fairly close to his caregiver and his caregiver gives him slightly less affection than he wants. In the 12 months before entering this treatment program Walter lived in the following places:

- Home with biological parent(s)
- · Other family (including foster kinship care)

Walter also adds that he has been in a controlled environment where he could not come and go at will for 14 days in the past 30 days before entering treatment.

Health

Walter has been told by a doctor at some time that he has chronic medical conditions including:

- Asthma
- Allergies
- Learning disorder or ADHD

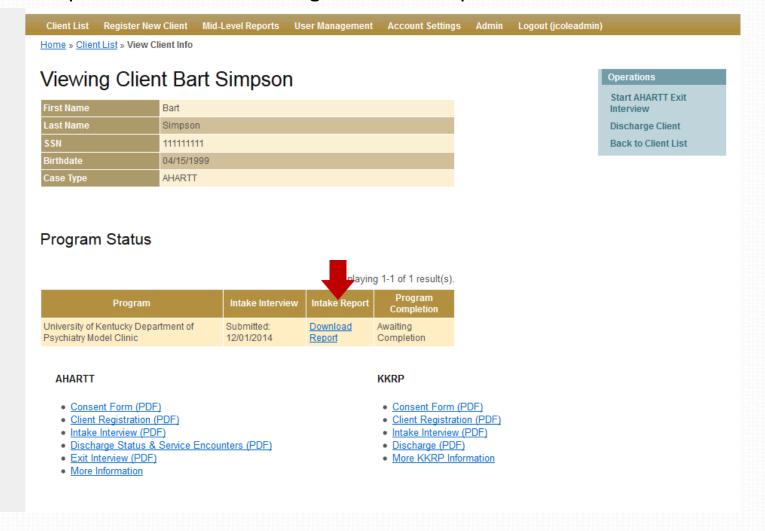
Education and Employment

Walter has completed the 11th grade and is currently attending public school. Walter had a C grade average on his last report card. Walter attended school during the last 3 months it was in session. Over those 3 months he missed a total of 10 days in school while school was in session. Specifically Walter reports:

- 5 days skipping school
- · 2 days in detention or in-school suspension
- 3 days for any other reason (including illness)

Client Narrative Report

To view an Intake Report, select your client from the list of active clients. The Client Screen will appear. Under Program Status, you will see in the third column, Intake Report. Click on this link to generate the report.



Generating the Client Narrative Report

Once you select the report link, the Intake Report will be requested from the system. For security purposes, each report is generated upon request, thus it can take up to 5 minutes (Ave. = 1 min.) to generate the report. You will see this screen as the report generates.



Kentucky Kids Recovery Programs

Adolescent Health and Recovery Treatment & Training (AHARTT)

Client List Register New Client Mid-Level Reports User Management Account Settings Admin Logout (jcoleadmin)

Home » Client List » Report Request

Requesting Client Narrative for Bart Simpson



It will take up to 5 minutes for the report to be generated. This page will automatically update once the report is ready to download.

AHARTT

- Consent Form (PDF)
- Client Registration (PDF)
- Intake Interview (PDF)
- Discharge Status & Service Encounters (PDF)
- Exit Interview (PDF)
- More Information

KKRP

- Consent Form (PDF)
- Client Registration (PDF)
- Intake Interview (PDF)
- Discharge (PDF)
- More KKRP Information



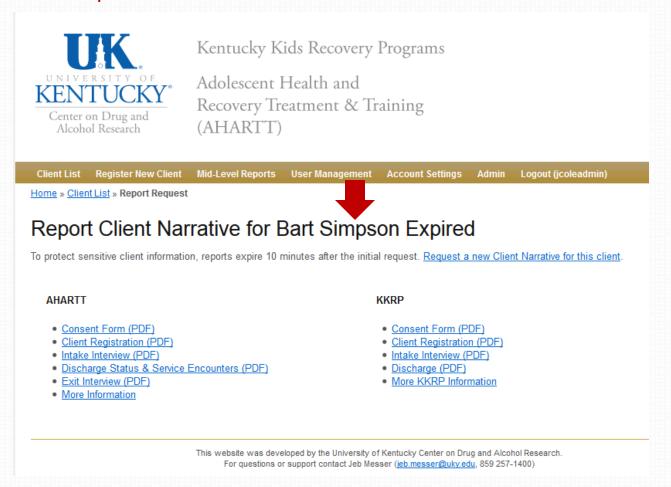
Saving the Client Narrative Report

After the report generation has completed, a link will appear titled "Adolescent KTOS Intake Interview." To save this file to your computer, <u>right</u> click on the <u>Intake Interview</u> link and then click on "Save link as..." or "Save target as..." and save according to protocols at your site. (You may also left click on the link to open the document and then save as with any word document if permissible at your site.)



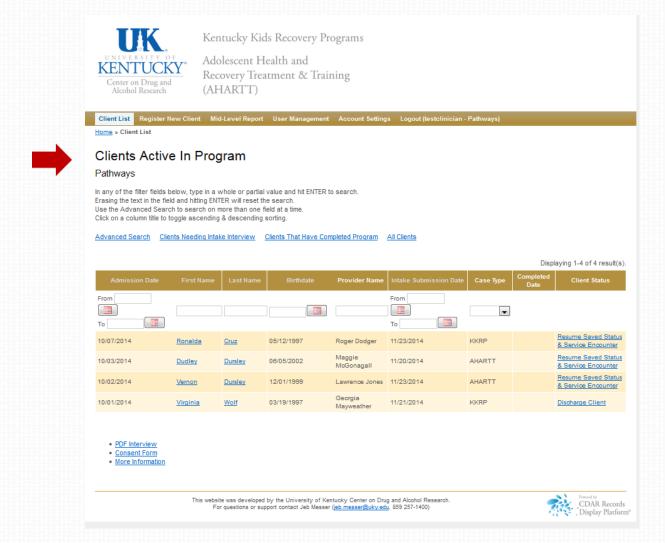
Report Timing Out

For security and confidentiality reasons, the Client Narrative Report is only available to download for 10 minutes. If you do not download and save it within 10 minutes of creating the report, you will see the message below and need to request a new report for this client.



Client List

Filtering by "Clients Active in Program" shows those clients who have not yet been discharged from the system (i.e., had a Discharge Status and Service Encounter Survey and Exit Interview completed).



Discharge

Two surveys need to be filled out when a client completes, quits, or is terminated for another reason from treatment. The order in which the two surveys are completed is up to the clinician/program.

Exit Interview

- Conducted with the client
- If the client drops out of treatment, you will likely not have the opportunity to complete this
- Similar to the Intake Interview, but shorter
- Allows us to look at change in targeted factors from pretreatment to discharge

2. Discharge Status and Service Encounter Survey

- Not completed with the client
- An administrative person can fill out the information from the client record

Client List—Discharge

Once an Intake Interview has been completed the client's status will include two options (Start AHARTT Exit Interview and Discharge Client), which will be selected and completed once treatment is completed or terminated.

All Clients

Pathways

In any of the filter fields below, type in a whole or partial value and hit ENTER to search. Erasing the text in the field and hitting ENTER will reset the search. Use the Advanced Search to search on more than one field at a time. Click on a column title to toggle ascending & descending sorting.

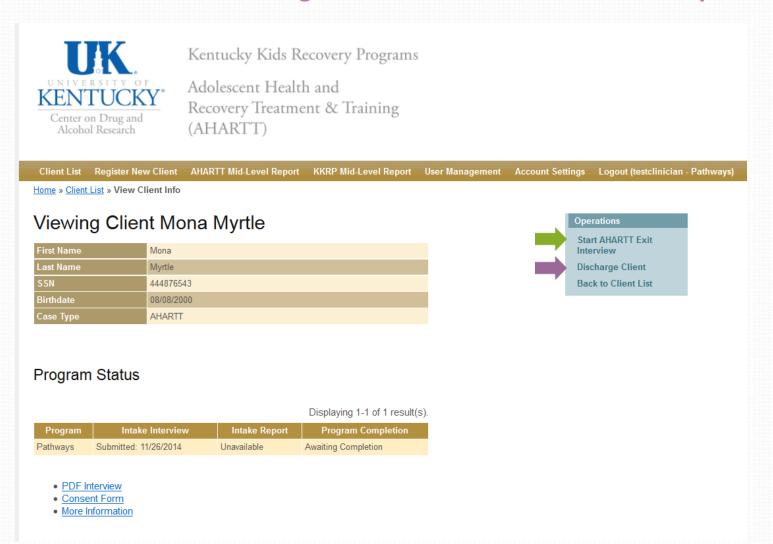
Advanced Search Clients Needing Intake Interview Clients Active In Program Clients That Have Completed Program

Displaying 1-10 of 14 result(s).

Admission Date	First Name	Last Name	Birthdate	Provider Name	Intake Submission Date	Case Type	Completed Date	Client Status
From To					From To	_		
11/25/2014	<u>Arya</u>	Stark	12/04/2000	Delta Dawn		KKRP		Start Intake Interview
11/24/2014	Snoop	Dogg	06/17/1999	Bob Marley	11/24/2014	KKRP	11/24/2014	Completed (Discharged)
11/24/2014	Michelle	Smith	05/10/2001	Chris Emmick	11/24/2014	KKRP	11/24/2014	Completed (Early Intervention/Prevention)
11/21/2014	Neo	Anderson	12/06/2000	Agent Smith		AHARTT		Resume Saved Intake Interview
11/05/2014	Luna	Lovegood	08/09/1999	Georgia Mayweather	11/24/2014	AHARTT	11/24/2014	Completed (Discharged)
11/04/2014	Nora	Sheen	12/31/1998	Jane Good	11/24/2014	KKRP	11/24/2014	Completed (Early Intervention/Prevention)
11/03/2014	Cedric	Diggory	06/10/1997	George White		AHARTT		Start Intake Interview
10/14/2014	<u>Mona</u>	<u>Myrtle</u>	08/08/2000	Lynn O'Ryan	11/26/2014	AHARTT	\rightarrow	Start AHARTT Exit Interview Discharge Client
10/14/2014	Madison	<u>Jefferson</u>	09/09/1998	Donna Ross	11/24/2014	KKRP	11/24/2014	Completed (Early Intervention/Prevention)
10/14/2014	Ronald	McDonald	01/02/2000	George White		KKRP		Resume Saved Intake Interview

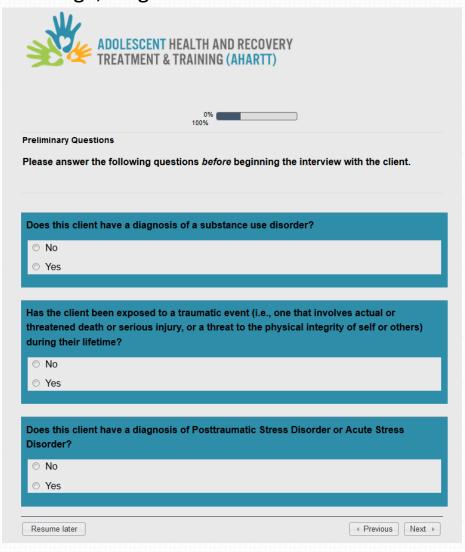
Client Page—Discharge

When a client is ready for discharge you can select to do either the **Exit**Interview or the Discharge Status & Service Encounter Survey.



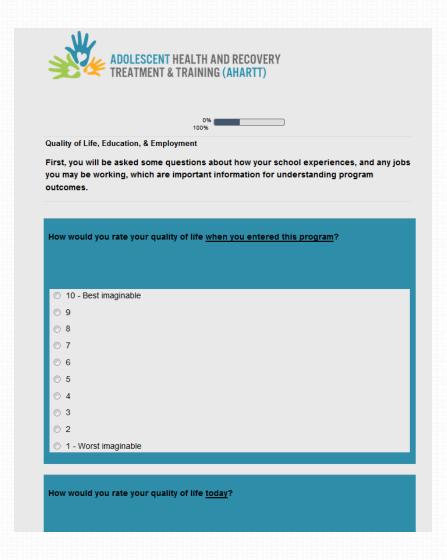
Exit Interview

The first couple pages ask for information from the clinician: date of Exit Interview, date of discharge, diagnosis information.



Exit Interview

The section, "Quality of Life, Education, & Employment" is the first section to begin the interview with the client.



When a client is discharged from the program, a staff member can complete the Discharge Status and Service Encounter Survey.

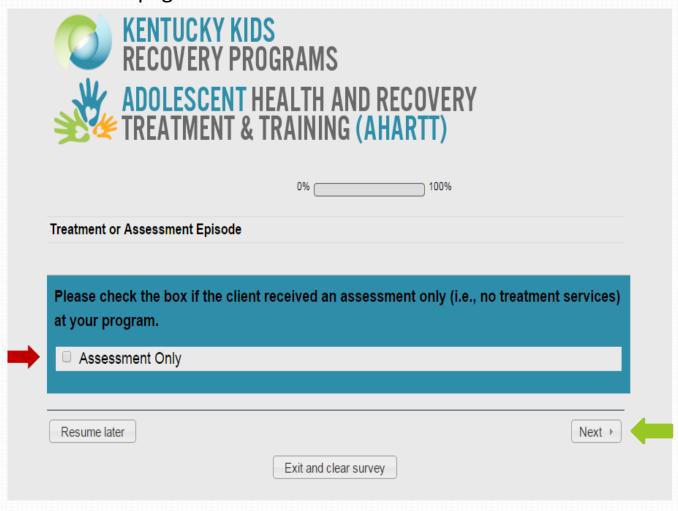
This is information that will come from the client's program records and not from an interview with the client. In other words, the client does not need to be present.



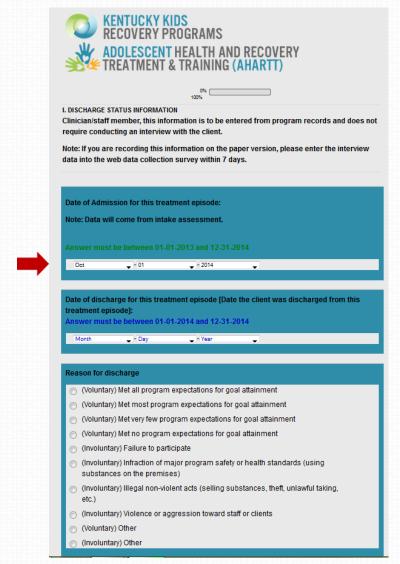
Filling out the information in the survey

- When?
 - Client completes treatment
 - Client drops out of treatment
 - Follow your program's guidelines for making this determination
 - Discharged involuntarily from treatment
- Who?
 - Not necessarily the clinician
 - Could be an administrative person who has access to records:
 - Discharge date, reason for discharge, conditions for readmission,
 - EBT provided to client, and
 - Number and type of services provided each month between admission and discharge date
- The client is not present when this information is entered.

Clients who are provided services by an AHARTT-trained clinician are NEVER considered assessment only clients so please leave the box blank and select NEXT to move to the next page.



The second page of the survey has the date of admission to treatment. This is auto-filled with the admission date entered in the Client Registration Survey.



The next section asks about the EBTs used during the treatment episode.

. SERVICE ENCOUNTER INFORMATION Please indicate which types of evidence-based treatments was adolescent Community Reinforcement Approach (ACRA) Cognitive Behavior Therapy Contingency Management	No	Yes
Adolescent Community Reinforcement Approach (ACRA) Cognitive Behavior Therapy	No	Yes
Adolescent Community Reinforcement Approach (ACRA) Cognitive Behavior Therapy	No	Yes
Cognitive Behavior Therapy	0	
Cognitive Behavior Therapy		0
17	0	0
	0	0
Family Behavior Therapy	0	0
Functional Family Therapy	0	0
Motivational Enhancement Therapy	0	0
Seeking Safety	0	0
Seven Challenges	0	0
Trauma-Focused Cognitive Behavioral Therapy	0	0
Other evidence-based therapy	©	0
ou entered October 1, 2014 as the admission date and Dece		

Text at the bottom of the page reminds you of the timeframe between admission and discharge. You will be asked to fill out service encounter information for these months.

Please fill in the number of service encounters for each type of service for the month.

Services Octob Please enter da 2014	er 2014 ata about the number of each type of service provided	d to the client
Outpatient Se	rvices are defined as services conducted in a profe	essional offic
setting lasting field.	less than 3 hours. Case management may either l	be in the offic
For October 2	014	
Outpatient cou	ınseling – individual (# of sessions)	
Outpatient cou	ınseling – group (# of sessions)	
Outpatient cou	inseling – family with client (# of sessions)	
Outpatient cou	inseling – parent/caregiver only (# of sessions)	
Outpatient cas	e management – face-to-face (# of sessions)	
Outpatient cas	e management – telephone contacts (# of sessions	s)
	ces (consists of professional staff making home visit nily) (# of sessions)	ts to meet with
program setti	ratient services are defined as services conducted ng lasting at least 3 hours and at least 3 days per v in the office or in the field.	
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program setti may either be For October 2 Intensive outp Intensive outp	ng lasting at least 3 hours and at least 3 days per v in the office or in the field. 014 atient counseling — individual (# of sessions)	week. Case m
program setti may either be For October 2 Intensive outp Intensive outp Intensive outp	ng lasting at least 3 hours and at least 3 days per v in the office or in the field. O14 atient counseling — individual (# of sessions) atient counseling — group (# of sessions)	veek. Case m
program setti may either be For October 2 Intensive outp Intensive outp Intensive outp Intensive outp	ng lasting at least 3 hours and at least 3 days per v in the office or in the field. 1014 atient counseling – individual (# of sessions) atient counseling – group (# of sessions) atient counseling – family with client (# of sessions)	week. Case m

Completion of Data Collection in the CIS

Once you have completed an Exit Interview and Discharge Status & Service Encounter Survey, data collection is completed in the system.



Follow-Up Interviews and Outcomes

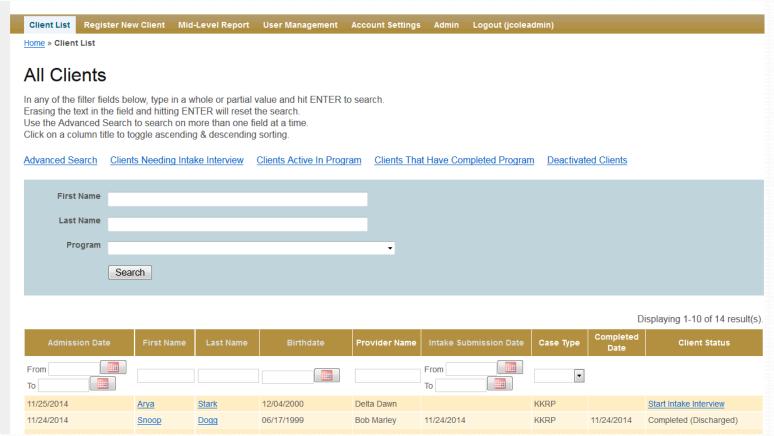
- UK CDAR will conduct the 12-month follow-up interviews with adolescents who agree to the follow-up interviews.
- Analysis and publication of findings
- Share the findings statewide in 2016
 - Policymakers
 - Government agencies
 - Treatment programs and clinicians
 - Other key stakeholders

Program Management Elements

Additional features for Program Managers allow them to add new staff to the system, manage current staff assignments, and view reports.

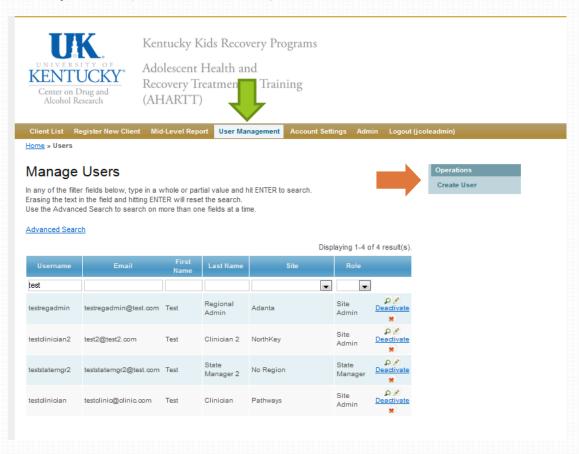
Program Administrator Options - Home Screen

- •When you log in as Program Administrator, the home screen displays All Clients for the program.
- •You can perform the same functions from the client lists as described in the training for clinicians.
- •In addition, there are several administrative functions which can be accessed and performed from this screen.



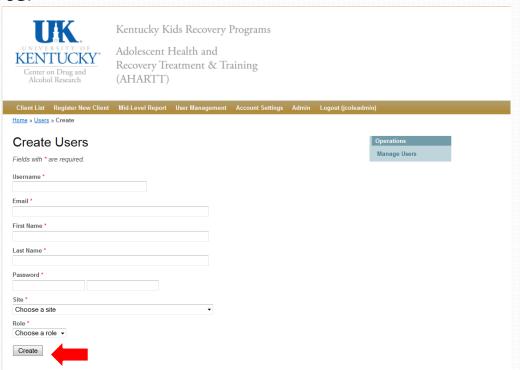
User Management

- •Clicking on the User Management tab at the top of the screen brings up the current list of authorized users for the site. The list includes all clinicians currently authorized to enter clients in the system.
- •Clicking on Create User brings up the screen that allows you to add authorized users for the system. (See next slide)



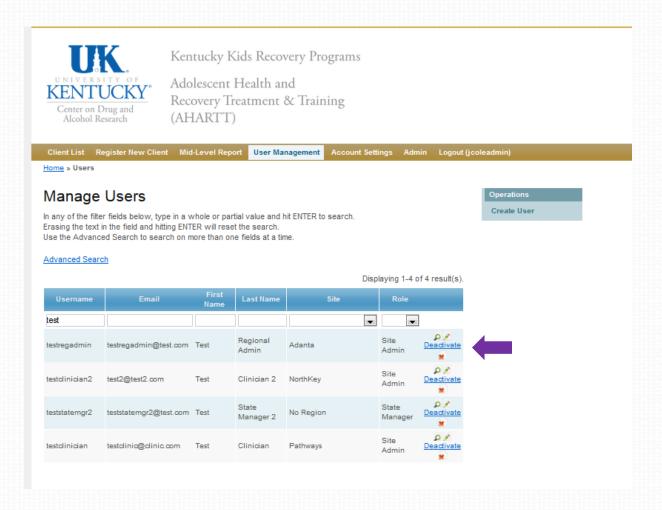
User Management - Create New Users

- •When you click on Create User from the User Management screen, you will see the screen below. You must fill out all fields completely and then click on Create to add the new user.
- •User name should be First Initial and Last name with no spaces, and passwords should be at least 8 characters with some mixture of capital and lower case letters (they are case sensitive!). We highly recommend using a random password generator for maximum security. www.freepasswordgenerator.com is a reliable source.



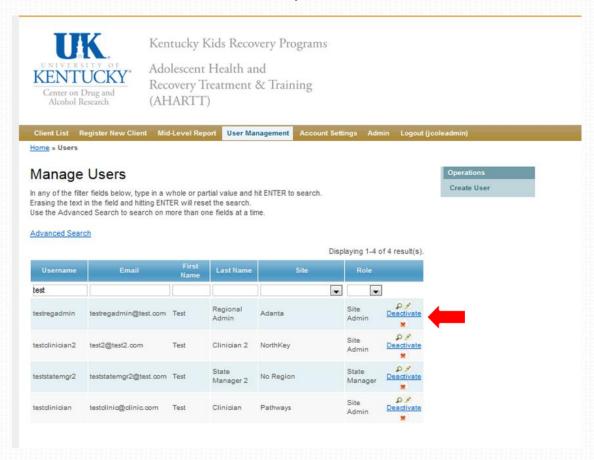
User Management

•Clicking on the Update icon next to a user's name brings up their current account information for updating or deleting.



User Management - Deleting Users

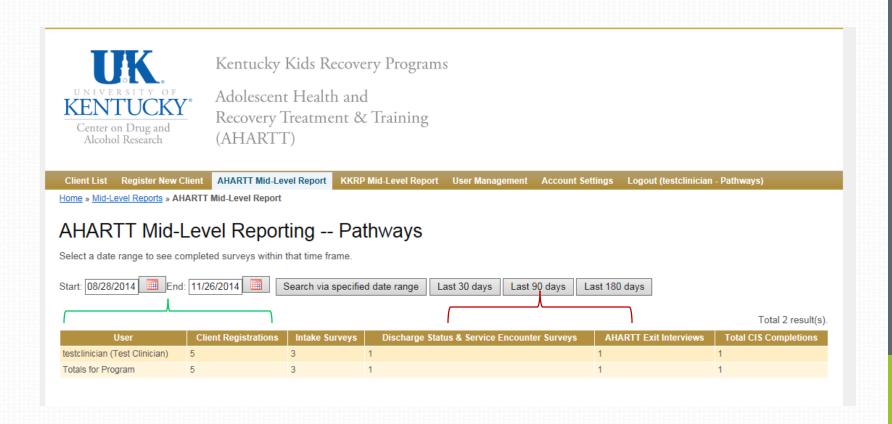
- •To delete a current user (as in the case of a staff resignation), locate the desired clinician from the user list displayed under the **User Management** tab and click on the **Delete** icon (red "x" shown below)
- •The system will ask if you are sure you want to delete the item. If so, click yes and clinician will be removed from the system.



Mid-Level Reporting

View AHARTT Mid-Level Reports to see summary counts of all clients and surveys completed in the program.

(You can specify certain date ranges or select the last 30, 90 or 180 days using the pre-set buttons).



Questions? Need more help?

Please contact us and we'll be glad to help you!

KKRP and AHARTT CIS Technical Questions

- Jeb Messer 859-257-1400 or jeb.messer@uky.edu
- Christopher Emmick 859-323-3799 or christopher.emmick@uky.edu

Outcome Evaluation Questions

Jennifer Cole 859-257-9332 or jecole2@uky.edu

Need a unique log-on ID and/or password

Contact Miriam Silman (859-543-0078) or Lisa Clark (859-797-1788)

Web address for KY Kids Recovery Program & AHARTT Client Information System

https://ukcdar.uky.edu/kykids