

University of Kansas  
School of Social Welfare  
Twente Hall  
1545 Lilac Lane  
Lawrence, Kansas 66044-3184  
785-864-2269

Task Order #18  
Results Oriented Management Software in Kansas  
Children's Community Based Services:  
Expanding Local Uses of Automated Information  
Management System Data  
FY 2008/2009

Stephen A. Kapp, Ph. D.  
Principal Investigator

Karen Stipp, MSW, LSCSW  
Research Assistant

June 30, 2009

This report has been supported through a contract with the Kansas Department of Social and Rehabilitation Services and prepared under grant No. 0704-HCP-0605-030.

## **Executive Summary**

### ***Purpose of the Study***

The University of Kansas, School of Social Welfare developed Client Status Reports (CSR) to track outcomes of Kansas children's community mental health services, and an automated information management system (AIMS) to collect and aggregate CSR data. The CSR was developed for state and federal accountability, and to inform local quality improvement.

Studies conducted in 2006/2007 and 2007/2008 indicated limited local uses for CSR/AIMS. Aggregation that obscured outcomes for individual clients, programs, and providers, and the long lag time between data collection and quarterly CSR publication, were barriers to local CSR/AIMS utilization.

In FY 2008/2009, results oriented management (ROM) software was introduced to further support local CSR/AIMS utilization. The current study examines whether ROM supports local CSR utilization.

### ***Implementation***

A literature review suggested that the accessibility and utilization of computerized data can be improved by local software applications. The literature review and consultation with the ROM developer informed development of an interview guide. Approval for implementation of this project was granted in February 2009 by the Human Subject's Committee Lawrence Campus, University of Kansas Institutional Review Board.

Seven of the state's directors of community-based mental health programs for children were members of the outcomes subcommittee that served as the ROM field test audience. Telephone interviews with six of the seven outcomes subcommittee members were recorded, transcribed, and analyzed, using qualitative data analysis methods.

### ***Study Challenges***

ROM implementation had to precede the study interviews. Only the outcomes subcommittee had sufficient exposure to the software to provide feedback about its usefulness during this study year.

### ***Findings***

Study participants were encouraged at the possibility of ROM access to the CSR. Participants were complimentary of ROM development, of the ROM training they received, and of ROM project staff responsiveness. Directors anticipate that their ROM utilization will increase as their proficiency with the software improves, and as their agency-specific client and team identifiers are loaded.

Findings explore participants' experiences in learning ROM, ongoing supports they need, their current uses for ROM, and their planning for future uses of ROM. Planned uses include (1) tracking outcomes for individual clients, (2) tracking outcomes for homogeneous groups of clients, (3) tracking agency-wide outcomes by domain, and (4) supporting outcome data utilization by team leaders.

***Implications***

ROM implementation is ongoing. The current locus for implementation is training potential data users and supporting integration of ROM into local CBS management activities.

CBS directors continue to need support for integrating the software into their management routines. Recommendations include ongoing training, exchange of ideas between data users about their ROM reports and integration, time for learning ROM, a ROM “event” that draws data users’ attention to the website at prescribed intervals, and IT support for ROM within each CMHC.

## CONTENTS

<b>1</b>	<b>BACKGROUND</b>	<b>6</b>
	1.1 Children’s Status Reports (CSR) and Automated Information Management System (AIMS)	
	1.2 Results Oriented Management (ROM) Software	
	1.3 Study Purpose	
<b>2</b>	<b>LITERATURE REVIEW</b>	<b>9</b>
	ETCHING A DOOR IN THE GLASS WALL: IMPLEMENTING ROM TO EXPAND AIMS DATA UTILIZATION IN KANSAS CBS	
<b>3</b>	<b>METHODS</b>	<b>10</b>
	3.1 Research Question	
	3.2 Research Design and Instrumentation	
	3.3 Sample and Data Collection	
	3.4 Data Analysis	
<b>4</b>	<b>FINDINGS</b>	<b>11</b>
	4.1 Learning ROM	
	4.1.1 CBS Directors’ ROM Exposure and Training	
	4.1.2 Satisfaction with Training	
	4.1.3 Other CMHC Personnel ROM Exposure and Training	
	4.1.4 Web-Based Is Better (But Not Easier) Than Print	
	4.2 Beyond Training	
	4.2.1 Time for Familiarization	
	4.2.2 Follow-Up Training	
	4.2.3 A ROM “Event”	
	4.2.4 IT Support for Loading Local Identifiers	
	4.3 Current Uses for ROM	
	4.3.1 Managing with a Targeted Approach Instead of a “Shotgun Approach”	
	4.3.2 Reporting to Collateral Agencies	
	4.3.3 Comparing Local to State Outcomes	
	4.3.4 Improving Data Accuracy	
	4.4 Planned Uses for ROM: “I Don’t Feel Like I’m Quite There, Yet.”	
	4.4.1 Outcomes by Client	
	4.4.2 Outcomes by Homogeneous Groups	
	4.4.3 Outcomes by Domain, for Agency-to-State and Between-Agency Comparisons	
	4.4.4 Use of ROM by Team Leaders: Finding local best practices	

<b>5.</b>	<b>DISCUSSION</b>	<b>26</b>
	5.1 Study Limitations	
	5.2 Implications	
	5.3 Recommendations	
	5.3.1 ROM Training is a Multi-Stage Process	
	5.3.2 Idea Exchange: Not All Exploration has to be by Trial and Error	
	5.3.3 Data Users Need Time for Learning and Integrating ROM into their CBS Management Routines	
	5.3.4 A ROM “Event” Would Facilitate ROM Utilization	
	5.3.5 Agencies Need Local IT Support for Loading Local Identifiers	
<b>6.</b>	<b>REFERENCES</b>	<b>30</b>
	Appendix A – IRB Project Approval Letter	
	Appendix B – Information Statement	
	Appendix C – Interview Guide	
	Appendix D – Living in Permanent Home - Trend View	
	Appendix E – Living in Permanent Home - Trend View, filtered for Not SRS/child welfare or JJA Involvement	
	Appendix F – Living in Permanent Home - Trend View, filtered for SRS/child welfare custody and supervisions	
	Appendix G – Living in Permanent Home - Trend View, filtered for JJA custody and supervisions	

<p style="text-align: center;"><b>Results Oriented Management Software in Kansas Children's Community Based Services: Expanding Local Uses of Automated Information Management System Data</b></p>
--

## 1. BACKGROUND

The State of Kansas administers children's mental health services through a system of community mental health centers (CMHCs), which are gateways to services within geographically-defined catchment areas across the state. Services for children and youth include community based services (CBS), which were developed to reduce the risk of state psychiatric hospitalization (Kansas Social and Rehabilitative Services [SRS], 2005a). CBS include case management, attendant care, psychosocial groups, partial hospitalization, home based family therapy, and respite care.

Outcome evaluation, and particularly evaluation that informs local decision making, is foundational to community mental health services (Kansas SRS, 2005a; President's New Freedom Commission, 2003; World Health Organization, 2004). The Kansas Mental Health Authority collects data related to state goals, for state and federal contract reporting and to inform quality improvement within each CMHC (Kansas SRS, 2005b).

Kansas SRS, and the University of Kansas, School of Social Welfare (KU) are now in their second generation of collaborative efforts in support of children's mental health service evaluation. The collaboration commenced in 2002 with introduction of Children's Client Status Reports (CSR) for outcome measurement, and an automated information management system (AIMS) for data management. The 2009 iteration of the collaborative introduced web-based results oriented management (ROM) software, which provides nearly real-time access to local CSR data (Kansas SRS, 2009).

### 1.1 Children's Client Status Reports (CSR) and Automated Information Management System (AIMS)

The first generation of the evaluation collaborative was the CSR in tandem with AIMS. Client status, the level of restriction in client living situations, is a Kansas CBS outcome measure that is rated on a continuum from least restrictive (permanent home) to most restrictive (institutional placement). Client status is a measure of effectiveness for community programs receiving state funds for treatment of severe mental illness (Rapp, Gowdy, Sullivan & Wintersteen, 1988). AIMS aggregates data to the agency and state levels for state and federal contract reporting. Kansas AIMS meets and exceeds federal mental health outcome requirements of the Uniform Reporting System Basic and Developmental tables.

KU has collected and disseminated quarterly client status data for adults since 1987. CSR and AIMS were introduced for Kansas children's community mental health services in 2002. CSR fields include client status data, as well as educational, social service, and behavior score data. Case managers collect local data for the CSR, which is then entered into the AIMS database either by themselves or by local data entry staff.

Despite the auspicious history of CSR/AIMS, prior study indicated barriers to utilization of CSR/AIMS for local decision making (Kapp & Stipp, 2007; 2008). After data were submitted to AIMS, the data became locally unavailable, and the print CSR was the means of access to local data. The print CSR became locally available as late as six months after data were submitted. Further, because all local data were aggregated to the agency and state levels, variance unique to heterogeneous groups of clients was obscured. CBS directors wanted timely access to their CSR data, and wanted to drill down into their own data, using subpopulations such as children and youth admitted for services in the same timeframe, case management team, psychosocial group, and site in multi-county catchment areas (Kapp & Stipp).

## 1.2 Results Oriented Management (ROM) Software

The second generation of the evaluation collaborative added ROM software, developed by project staff for KU's Office of Child Welfare and Children's Mental Health, and made available to CBS in early 2009. Terry Moore is the ROM project staff, the project's principal investigator, the web administrator, and the trainer. Training has been provided to the state's CBS directors, ROM site managers, team leaders, and other CMHC personnel. ROM is accessible through a secure website on a KU server, <https://rom.socwel.ku.edu/csr/Login.aspx> (Kansas SRS, 2009).

ROM users select whether to view their reports according to state or agency unit, according to state or agency trend, or according to cross tabulated displays of two measures. ROM users select a measure, and if desired, a second measure for cross tabulated data. Measures operational at the time of these interviews included:

- Outcome data:
  - school performance
  - residential setting (a.k.a. client status)
  - law enforcement contact
  
- Descriptive data:
  - school information including IEPs and educational placement
  - clinically significant behavior scores
  
- Caseload per 10,000 child population (a.k.a. penetration rate)

The second measures available for cross tabulation include client age, custody status, SED waiver, ethnic group, gender, Medicaid eligibility, grade level, and IEP.

Data are displayed in tables; users additionally select data counts or percentages that are displayed in graphs.

ROM users select the time period of interest, either monthly, quarterly, or annual, or according to time parameters set by month and year.

ROM users can also select a filter that allows them to generate subgroup-specific reports. Filters allow directors to narrow their subpopulation and time period of interest, also known as drilling down. There are six filters available directly from the Report page:

- time period (e.g., monthly, quarterly, and annual)
- Medicaid waiver for clients with severe emotional disturbance (yes/no)
- Medicaid eligibility (yes/no)
- custody status (e.g., juvenile justice authority [JJA], SRS/child welfare)
- therapeutic preschool (yes/no, for preschool-age children)
- grade level (five levels, preschool through high school)

Additional filters are available from the Filter page, including client age, gender, and scores on internalizing and externalizing behavior score domains.

The state's CBS clients have an AIMS identification number, but these numbers are not typically used within the CMHC. ROM project staff will load AIMS identifiers, but other identifiers, including local client identifiers and case management team identifiers, must be loaded locally. Once loaded, identifiers will also be available for filtering data. ROM was new to the agencies and none had yet completed entering their local identifiers at the time of these interviews.

### **1.3 Study Purpose**

This study examines whether ROM is moving Kansas SRS closer to its goal of supporting use of CSR/AIMS for local community mental health center quality improvement. The study was developed to explore the effectiveness of ROM orientation and training, supports needed for ROM utilization, CBS directors' current uses for ROM, and CBS directors' planned uses for ROM.

## 2. LITERATURE REVIEW – ETCHING A DOOR IN THE GLASS WALL: IMPLEMENTING ROM TO EXPAND AIMS DATA UTILIZATION IN KANSAS CHILDREN’S COMMUNITY BASED SERVICES

Computers were once viewed with optimism as a tool for replacing middle management decision making with formulaic “scientific” decisions. Emphasis has shifted, however, from creating central information repositories, to providing simple and flexible tools that support data utilization (Avram, 2006). Computer output cannot stand alone, but is useful only when “endowed with relevance and purpose” (Drucker, 1988, p. 46). It is for managers to interpret what computer output means.

A recent Wall Street Journal article observed that something of a glass wall still separates IT staff from management staff, because of the differences between the groups in mind set and language, in social influences, in expertise with technology and its changes, and in areas of control (Basu & Jarnagin, 2008).

*In many industries, IT consumes a significant amount of capital expenditures and gross revenue. . . . The result isn’t just missed opportunity – it’s also wasted money. . . . The reason for all this is the metaphorical glass wall that separates the IT group from the rest of the business at most companies.* (Basu & Jarnagin, R.4)

IT personnel deal with clear cut numeric sequences, whereas managers deal in “gray areas” (R.4), leading to exasperation and minimized interaction between the two groups.

Mental health managers in particular do indeed deal in the “gray areas”, and it is exactly in the “gray areas” where mental health managers need data with the capacity to inform, in a way that helps them decide what to do (Grasso & Epstein, 1992). Despite the devotion of their time and agency resources to computerized program evaluation, however, mental health managers have found limited uses for computer output, often laying output aside to pursue information, from less formalized systems, that helps them build knowledge about what to do and when (Kirkhart & Attkisson, 1986; Kapp & Stipp).

Computerized data are a mainstay of mental health evaluation, but can be experienced as a data collection duty rather than as a program evaluation benefit (Kapp & Stipp, in press). The community mental health movement came of age in the 1960s, alongside the glass wall that separated IT from managers. By now the wall is old and has proven sturdy, not be easily brought down. Program evaluators want the data they generate to be utilized, and mental health managers want information for local decision making. Crashing a glass wall, however, seems fraught with danger for all parties.

It may be that maximizing interactions between IT and management can etch an opening in the wall, creating safe passage between managers who need local and timely information, and the data that holds indicators of what should be done. This study examines whether ROM implementation processes in Kansas CBS hold potential for creating safe passage through the glass wall.

### **3. METHODS**

#### **3.1 Research Questions**

Study questions were developed in consultation with Terry Moore, the ROM project staff member who had designed and implemented the software and website, and had trained the data users. Study questions were also informed by the literature review of data utilization in management. This study was designed to create feedback about (1) the effectiveness of ROM training, including CBS directors' satisfaction with the training, (2) suggestions for follow-up support, (3) directors' current uses for ROM, and (4) directors' planned uses for ROM.

#### **3.2 Research Design and Instrumentation**

This was a qualitative exploration of local mental health service delivery processes, following in the qualitative tradition that has proven useful in mental health professions including rehabilitation, psychiatry, psychology, and social work (Luchins, 2003; Shaw & Gould, 2001).

The interviewer attended six web-based ROM trainings with CBS directors and other potential data users, to develop an understanding of what was available in the software and website, and to observe directors' training experiences. The interviewer also attended a CBS directors' meeting at which there was a ROM presentation by project staff.

Approval for implementation of this project was granted in February 2009 by the Human Subject's Committee Lawrence Campus, University of Kansas Institutional Review Board (see Appendices A & B).

#### **3.3 Sample and Data Collection**

A seven member CBS outcomes subcommittee had served as field test audience for ROM. Each of the outcomes subcommittee members was invited via email to participate in this study; six of the seven subcommittee members participated.

In following email exchanges, the interviewer sent an interview guide (Appendix C) to each participant and set appointments for telephone interviews. The interviewer followed the interview guide in 30-45 minute telephone conversations with each of the six participants. One of the participants included the agency's ROM site coordinator in the conversation.

The interviewer asked for and obtained permission of each participant to audio record the interviews. Study data consists of the six transcribed interviews.

#### **3.4 Data Analysis**

The research team consisted of a principal investigator and a graduate research assistant. Researchers identified themes and codes from the uniqueness and commonality of CBS director responses (Boeije, 2002; Drisko, 2001). Researchers met regularly to discuss patterns and themes. Data management was supported by word processing software.

## 4. FINDINGS

These findings examine CBS directors' (4.1) learning ROM, (4.2) familiarization with ROM, (4.3) current uses for ROM, and (4.3) planned uses for ROM. Findings include barriers to ROM utilization, and comparisons between former uses of the print CSR and current and planned uses of the web-based ROM.

### 4.1 Learning ROM

Following are details about the exposure and training CBS directors and other personnel have received from ROM, how directors are familiarizing themselves with ROM, how easy or difficult they are finding it to use ROM, and what they anticipate for follow-up ROM training and development.

#### 4.1.1 CBS directors' ROM exposure and training

Study participants had several exposures to ROM before the program was operational, as members of the CBS directors' outcomes subcommittee with whom project staff field tested ROM. Participants have also received ROM training and continued their communication with ROM project staff (see Table 4.1.1).

**Outcomes subcommittee meetings.** Participants attended as few as one and as many as five outcomes subcommittee meetings in which ROM was presented as part of the field testing process.

**CBS directors' meetings.** Participants attended as few as one and as many as three CBS directors meetings, in which ROM was presented and explained to the CBS directors in attendance at that month's meeting, in preparation for ROM availability statewide.

**Training.** After ROM was operational, participants attended as few as one and as many as three web-based online/telephone ROM training sessions, of about an hour each. One director additionally attended a training provided at the CBS by ROM project staff.

**Post-training.** After training, each participant experienced follow-up contact by ROM project staff, by phone, email, or face-to-face.

Table 4.1.1. ROM Project Staff Exposure/Training with Six CBS Directors

	CBS Outcomes Subcommittee Meetings	CBS Directors' Meetings	Web-Based Trainings	On-Site Training
Meeting/Training Participation	6 directors, 1-5 meetings each	6 directors, 1-3 meetings each	6 directors, 1-3 sessions each	1 director, 1 session

### 4.1.2 Satisfaction with initial ROM training

Directors were pleased with the training they received, and none had suggestions for how it could have been improved. Each study participant was satisfied that their training had adequately prepared them to use ROM.

The materials Terry prepared, and the way the webinar's set up, that it's all very helpful, you can see what you're doing, and you can see how to use the program.

The fact that you can do it on your computer and you don't leave anywhere, that really makes it very successful.

### 4.1.3 Other CMHC Personnel ROM Exposure and Training

Other CMHC personnel participated in ROM training or received consultation from ROM project staff. As with CBS directors, training for other personnel was primarily web-based, but ROM project staff also provided onsite training and telephone consultation (see Table 4.1.3). Most directors broadcast notification of ROM training widely, in order to:

Get it into the hands of people who would use the data, perhaps actively.

**Team leaders.** Team leaders received training in five of the six settings represented in this study. Team leaders from four CMHCs attended web-based training, along with CBS directors and other CMHC personnel. Team leaders from one CMHC attended training on site, along with the CBS director and an IT manager.

**IT personnel.** Although ROM is new to most CBS directors, ROM is familiar to IT professionals.

Terry was here at our shop recently doing training in person. . . . Our IT manager was there. . . . very interested, mostly from a technology standpoint, but still interested. . . . He actually was very familiar with how it works, and that's going to be a great benefit to us.

IT directors did not need training to use ROM software or learn what it could do, but did need conversations with ROM project staff about the personal identifiers.

My IT person and I had a phone conference with Terry, in regards to if we could put the client ID numbers, or names in there.

[IT] is so conservative, he's always afraid personal information's going to get out there that shouldn't, and so Terry really had to tell him it's a secure website.

Four of the CMHCs in this study were planning to load local identifiers in ROM. In one of the four, the CBS director and the IT director were in

communication about ROM. In three of the four CMHCs loading local identifiers, IT had also been in communication with ROM project staff.

I've talked to the head of our IT department about it pretty extensively, and I've talked to her about what I want to do, and she's in support of it.

**Administrative personnel.** CMHC personnel with administrative duties, including a chief operations officer, a quality manager, clinical directors, and an assistant CBS director, attended a ROM training.

The chief operations officer is my supervisor, and on the executive committee here, they're always looking at different data stuff, and the same for the clinical director. Our CEO has looked at it.

One director had believed that only the director and site manager would be interested in ROM. That director was re-evaluating that decision, and considering inviting quality assurance personnel to a ROM training.

It would be a benefit to get our quality assurance coordinator maybe on there, because she does some quarterly report stuff that tracks hospitalization and stuff.

Table 4.1.3. ROM Project Staff Training/Consultation with Other CMHC Personnel, by Type of Contact

	Web-Based Training	Onsite Training	Phone Consultation
Team Leaders	4	1	
IT Personnel	1	1	1
Other Administrative Personnel	2	1	

#### 4.1.4 Web-based is better (but not easier) than print

Directors described the web-based ROM as “elegant” and “intuitive.” At the same time, however, creating reports in ROM was more complicated than was browsing through the print CSR. ROM provided options, but these came with a price tag in what was required of the directors. Web-based access was, at least at the time of these interviews, more time consuming than the print CSR had been, yet the end product was more valued.

**Options are good; options are hard work.** Directors were impressed with all that ROM would allow them to do; directors had encountered the work that options create.

Everybody’s excited. It’s just a matter of knowing it’s there and getting used to using it. [But] we’ve been used to everything coming to us. . . . It’s less convenient, so it’s just something that you just have to make sure you’re thinking about.

It requires more work on your part. . . . I don’t think it’s a simple system, and I think you have to be willing to get in and dig in it and play with it, whereas the CSR was just bloop, there you were presented the report and that was it, and you didn’t really have much ability to maneuver the data. So it requires more work, but I think the information’s better.

**Timeliness.** Directors were optimistic that once they learned how to use ROM, and how to find what they needed, that the timeliness of the data would make the search worth their while.

The [print CSR] information was so late that it was nonsense. By the time we got it, usually about five months from the day it was submitted, that doesn’t help. The thing that is very good about [ROM] is the timeliness of it. I love the very near real time component to it.

ROM is significantly more timely. . . . I’m not saying the [print] CSR reports were not useful; it’s just that in comparison, ROM is significantly an improvement.

## 4.2 Beyond Training

Learning how to use the website is only the beginning. After participants received their initial training, they needed to become what one director called “savvy” about what ROM could and could not do.

ROM provides access to existing data, but it does not provide new data. Most of what can be done from ROM is either an expansion or contraction of what could be done from the CSR.

### 4.2.1 Time for familiarization

Directors were finding that when they went back into ROM after training, they were forgetting part of what they learned.

If you don't probably use it steadily, you get a little rusty with it.

We just are going to forget or not know how to get to, because we saw it once and we forgot about it.

Although ROM created access, directors had been more familiar with where to find information in the print CSR. As an example, three of the six participants could not find information that had been on the state average summary sheets, information that they had found easily in the print CSR. Directors had used summary sheets to compare local-to-state and between-agency outcomes.

You don't have the state averages like you used to have. Across the top of that state report was kind of a state average, and that was your marker.

A lot of what I'd used in the past was comparing us to other centers, and we always were given kind of a state average, and I don't think that exists now in the ROM system.

If I can cruise to that one piece, then as we need other data then it's available and we can go back through.

Directors were actively familiarizing themselves with ROM, by “playing” with it to see what it could do. Some directors were already creating reports that looked promising to them.

**“Playing” with ROM.** Director estimates of the time they had spent exploring their ROM websites ranged from one to nine hours. Directors referred to the time they spent familiarizing themselves with the software as “playing” in ROM, an apt description. Each of the directors “played” with ROM on their own; four directors additionally involved other CBS staff with them in exploring the data, including team leaders, a site manager, IT personnel, and CMHC administrators.

Familiarization was taking more time, however, than directors had anticipated they would need to commit, and “playing” was not always something that always seemed like a productive use of management time.

We played for awhile. I mean, there’s a point at which I can’t play. We must’ve taken half an hour at that point, and that’s probably as much time as, it’s probably more time than I could spare.

**Familiarizing team leaders with ROM.** Participants recognized that just as they were familiarizing themselves with ROM, so they would have to support ROM time for familiarization by their team leaders. Directors hope to be able to support team leaders’ ROM utilization, even as they are integrating ROM into their own work.

I have to check with the team leaders, because they really are not used to using this. . . . It’s just not on their list of many things to do, I’m sure.

My plan is that team leaders will at least monthly, and that I’ll do it at least monthly, too, use it to track trends and consumers of, you know, this is the ones that’s, their grades aren’t getting better, or they’re missing this much school.

**Learning to drill down.** Directors were exploring filters that drill down into measures for subpopulations, looking at measures and filters by time period, and looking at change in measures and filters across time. None of the directors had yet used the cross tabulation feature (see Table 4.1.4).

Table 4.1.4: Learning to Drill Down.

Exploration of Reports Available in ROM	Number of Directors
Measures , all CBS clients	6
Measures, filtered to subpopulations	3
Measures, filtered to subpopulations, by time period	3
Measures trends (change across time), filtered to subpopulations	3
Cross tabulated measures	0

## 4.2.2 Follow-up training

Directors had asked questions of ROM project staff by phone, email, and a link from ROM, and were complimentary of the quick and helpful responses they had received. Beyond just sending questions to ROM project staff, however, directors also had specific ideas about follow-up training they would like to receive. Five of the six directors wanted follow-up training. Half of the directors additionally wanted training that provided interaction with other directors, and two directors wanted training with a face-to-face component.

**Two-session training experience.** Directors believed that a set time for follow-up training would be helpful.

It would be helpful just to have a follow up, you know a couple weeks, or maybe a month later . . . a set time for me to look at it, and say, “You know, how’s this working?”

It is useful to have that go-to-meeting format, because you can actually see. Manipulating the stuff yourself, though, is a different story. I do think it’s a two-session training experience. [The site manager] and I were looking for something in particular, and the format was different enough that I’m not sure we ever found what I was looking for.

Directors were somewhat concerned that they were not ROM savvy enough to support team leaders’ ROM utilization, and hoped that there would be follow-up training for new staff until they themselves had mastered the software and the website.

When you go back into it you sort of get that deer in the headlights look. . . . We always have staff turnover and so being able to have [web-based training] set up so that you can have our supervisors or whoever is going to be looking at the data to get the training for themselves versus us trying. I think the more you depend on somebody like me to do the training then it starts to get watered down, and they’re stripped, and then people aren’t using it anymore.

**Hearing from other directors.** Three directors requested a training venue that would allow them to hear how other directors were using ROM.

I would be very interested in hearing how other centers are using it, what they’re finding helpful, that kind of thing.

. . . to hear what other people are doing, and maybe what reports people have been able to put together, and how they’ve done that.

**Face-to-face training.** Acknowledging the logistical difficulty of travel time and expense, two directors nonetheless requested follow-up training with ROM project staff, as well as other directors, in the room.

I think doing things over the computer is fine, but I think sometimes there's richer conversation and more thought, and more provocative thought that comes out of doing things at a location face-to-face, and that seems to me to be a limitation of doing it just on the phone, on the computer. Sometimes I get more out of it if I'm setting in a room with other people. And I know people hate to travel, I know that's a big thing now, but once we've kind of been rolling for awhile with it, I'd like to go back and look at it again, and I kind of hope for that, once he gets all his revisions done the way he wants them.

Table 4.1.6. Directors' Requests for Follow-Up Training

	Number of Directors
Two-Session Training Experience	5
Hear from Other Directors	3
Face-to-Face Venue with ROM Project Staff and Directors	2

### 4.2.3 Need for a ROM "event"

Current CSR data is always available to CBS directors in the web-based ROM. What directors missed from the print CSR, however, was the quarterly "event" that receipt of the reports created.

There was one thing that was probably good about the CSRs, is that they came to us. . . . So there were periodic times of the year when that information was delivered to us, and subsequently drew our attention to it, whereas with ROM, we have to remember and build into our system to go look at the data, because if it's not, our attention won't automatically be drawn to it in any way.

Three of the six study participants requested what one called a ROM "event," that would compete for their attention with the other events they faced daily.

I even tried setting a reminder in the system to go and check it, and I still didn't get to it. Whereas before, we used to get a report that came to us, and that triggered, "Oh." With everything that I have to cover in my day-to-day existence here at the office, if it's not put in front of me, it's easy for it to slip by me.

I've had someone standing at my door while I'm talking to you here, going "I need to talk to you." If it's not an event for me, it's not going to happen, so I've not been using the system as effectively as I could.

#### 4.2.4 IT support for loading local identifiers

Four of the six CMHCs represented in this study were choosing to load local identifiers into the secure website, so that they could drill down into fields by client, team, site, and the like. Directors reported that they were awaiting local IT support for loading local identifiers. In one of the four CMHCs, loading local identifiers had already begun (see Table 4.2.5).

For two CMHCs, IT was working to correct glitches in the data that was currently available to them, before beginning to load local identifiers.

We got a new EMR [electronic medical records] a little over a year ago, and our stuff isn't pulling right. . . . It's not consistent, some of it pulls, some of it doesn't.

For another CMHC, IT had to finish building the agency's EMR, before beginning to load local identifiers.

We're building our EMR, and we just have to get to a point where our IT department can make a few adjustments where we can get this information to [managed care] so then it can get to KU. We're on a bit of a timeline for our EMR stuff, so this isn't a priority project, so I just kind of have to wait in line a little bit.

One director had encountered data entry errors, and was retraining staff on definitions before IT loaded their local identifiers.

Table 4.2.5. Support Needed before Local Identifiers Could be Loaded

	IT Support	Other Support
Correcting Data "Glitches"	2	
Building EMR	1	
Retraining Staff in Definitions		1

### 4.3 Current Uses for ROM

The commonality of ways directors searched ROM was that each was searching in the same fields that had been of interest to them in the print CSR. Unlike the print CSR, however, ROM supported simultaneous reports in multiple fields.

Running different combinations, like of waiver kids, and I just keep going back to [behavior] scores, because we tend to have high [behavior] scores, and then just trying to break down looking at those [behavior] scores, and how many of those kids are on IEPs, or how many of those kids have a lot of absences, so just kind running combination types of things, and kind of looking at that kind of stuff, so I haven't done anything real fancy, by any means. . . . Kids with high [behavior] scores who also have IEPs, or maybe who *aren't* on IEPs.

The most commonly reviewed field was whether a child was living in a permanent home, also known as client status, the optimal CSR outcome and the field for which the CSR was named. Four of the six directors reported that they had looked at client status in ROM. In addition to client status, three directors looked at payment sources/SED waiver.

Beyond client status and SED waiver, there was little apparent pattern across directors as to the fields and combinations of fields that were being used. Two directors looked at clinically significant behavior scores and two directors looked at school absences. Three fields, caseload per 10,000 child population (penetration rate), IEP, and client age, were looked at by one director each (see Table 4.2).

Table 4.3. Reports Created.

Domain	Number of Directors
Living in Permanent Home (Client Status)	4
SED waiver	3
Behavior scores	2
School absences	2
Caseload per 10,000 Child Population (Penetration rate)	1
Age	1
IEP	1

#### 4.3.1 Managing with a targeted approach instead of a “shotgun approach”

Directors used filters to focus their attention on need within particular subpopulations. In the following example, the director was beginning to use ROM to drill down into subpopulations of children and youth not living in a permanent home.

ROM already provides information available to me in terms of being able to look at more specifics of the caseload, in terms of looking at custody status, because it would make sense if 20% of our caseload are foster care or JJA kids, and we're only at 90% of home permanency, and 99% of the kids not in a permanent home are JJA or SRS [child welfare] kids, that tends to make more sense. And with the old CSR reports we were not able to get that specific info, so that's very exciting.

To illustrate, reports generated in ROM are included in Appendices D-F, trend views for April, May, and June 2009, for the unit level “Statewide” and for the measure “Living in a Permanent Home.” The reports indicate that in June 2009, 85% of all CBS clients were living in a permanent home (Appendix D), but only 95% of children and youth without SRS/child welfare or JJA involvement were living in a permanent home (Appendix E). The other 10% of CBS clients outside a permanent home had SRS/child welfare and/or JJA involvement. Only 36% of children and youth with SRS/child welfare involvement were living in a permanent home (Appendix F). Seventy percent of children and youth with JJA involvement were living in a permanent home (Appendix G).

This type of information at the agency unit level could help focus resources on the 5% of all clients without SRS/child welfare or JJA involvement, the 64% of clients with SRS/child welfare involvement, and the 30% of clients with JJA involvement, who were living outside a permanent home. That kind of information helps directors commit resources to appropriate client subpopulations, rather than using a “shotgun approach.”

The director went on to explain that this made good management sense.

My experience in management is that the shotgun approach is really not very effective, and the only thing we've been able to do forever is that if we were low in an outcome area, we've developed performance improvement plans, but that's a very broad shotgun approach, and doesn't necessarily target the specific part of the program that's falling short, because maybe it's the whole program, but oftentimes it's really smaller portions or subsets of the program that are struggling more than others. . . . We'll actually end up with better outcomes, because when you do very broad trainings, or broad interventions, oftentimes the people that are struggling don't respond to that anyway. And so you have to really get more specific, and ROM, even as it stands now, really helps us do that in a way that's far superior to the old reporting system from the CSRs, and when we start being able get information reported back by case management team, it's even going to be better.

### 4.3.2 Reporting to collateral agencies

A director generated a report by foster care contractor and client age, in preparation for meeting with foster care contractors.

You can set [the filter] for foster care . . . I was getting ready to have a meeting with the foster care contractors here, and I looked at that. I also set it in that same kind of perusal thing to look at ages. I was looking at specific age groups.

### 4.3.3 Comparing local to state outcomes

Section 4.1.4 described the frustration of three directors who had not yet located agency and state summaries in ROM. The other three directors, however, had located and were using the agency-to-state comparison information.

I just kind of compared state versus ours, and kind of drilled down into ours, setting different filters, seeing what kinds of things came from that.

### 4.3.4 Improving data accuracy

Directors had discovered that the timeliness of data access, and the delineation of time periods, made it possible to find and correct data entry errors. Directors had found data entry errors and accessed IT support for correcting those errors. Four directors were using ROM to monitor whether current month data looked correct and to improve their reporting. Following are four directors' descriptions of the value of ROM timeliness and accessibility, for their self-monitoring of data accuracy.

People were entering all kinds of different ways . . . So we went back and retrained all our staff, so as we go forward, we know that everybody is reporting it the same. . . . Things like how they were reporting out-of-home placement, and counting residential days. . . . We had tons of missing [behavior] scores we didn't know about . . . so now we're catching up with all those things.

In the old system, when there was something missing and you had a report . . . we had to take the identification number, look it up, track it down. Well with this, we shouldn't have to do that, because it's going to give you the name.

We found a significant error on our side of the reporting process that I think now has been corrected. We were not reporting on a monthly basis. . . . So we went to our IT folks, and said, "Can you help us find out what the problem is and what we need to do?" And they did. So now we're kind of monitoring it to see if it's actually working right.

It's really driven us to really looking at, "are we reporting data accurately?" I hadn't thought about this before, but when we were getting this data three or four months after we reported it, it was hard to go back and even know where you start to look, where the problems might be, so again, it's a timeliness that is really helpful.

#### 4.4 Planned Uses for ROM: “I Don’t Feel Like I’m Quite There, Yet.”

Directors plan to run reports in ROM that allow them to look at change across time for individual clients and for homogeneous groups of children and youth such as teams, duration of services, school, and referral source. Directors plan to use ROM for comparing their agency to other agencies, for school outcomes, behavior scores, level of restriction in living situation, and penetration rate. Directors plan to use ROM for supporting team leaders’ comparisons of outcomes by programs and practices.

##### 4.4.1 Outcomes by client

Directors were eager to drill down by consumer, to run reports on individual children that track outcomes such as school performance, as measured by attendance and grades.

If we want to see on a consumer that has school absences, we’ll be able to pull that up and know . . . if the child’s actually making progress. Because if you consistently see a child that came in, and they’re making Ds and Fs in school, and 6 months down the road they’re still making Ds and Fs, and we’re still missing this much school, then we have a problem.

In the past, we’d get a quarterly report, and I would use the information to go in and say these are areas that are low and this is what we’re getting good in, but really, people didn’t use that so much individually for consumers . . . . With this new ROM report we’re going to be able to do that, we’re going to be able to find on each consumer, and track their trends, and really know areas of who we need to work with, for CPST providers and consumers.

Behavior scores provide the only clinical information in the CSR. Directors were eager to use the ROM to generate longitudinal comparisons of behavior scores for individual clients.

Getting that more specific information . . . whether or not that client’s [behavior score] was going up or down, so you would have an idea of that parent’s perception of that client, whether that client was improving or getting worse. . . . You can [already] do all of those things, just without getting to specific individual clients.

CBS directors also wanted to combine individual clients’ clinical information and functional outcomes, to see:

How certain clients are doing and just for instance if there are kids who are not doing well in school, we can match them up with [behavior] scores, and their grades, and how many days they’re missing.

#### 4.4.2 Outcomes by homogeneous groups

Directors plan to look at outcomes according to homogeneous groupings such as team, duration of services, school, and referral source, for specific time periods

Looking at outcomes by team will facilitate supervision of caseloads, and focus attention on clients within the teams that are experiencing poorer outcomes, on comparative severity of caseloads, and on

Over the summer we're going to be developing a system by which we can send info by team, and by case manager, which clients are on the caseloads for each case manager, and then by their team, so that when we go in and look at the information we can actually drill down and see, well how does this team compare to that team?

In multi-county agencies, not being able to drill down by county was a particular hindrance to a director's use of the print CSR. A director in such an agency was eager to drill down for indicators of which sites were having the problem.

#### 4.4.3 Outcomes by domain, for agency-to-state and between-agency comparisons

Directors plan to look at agency-wide outcomes by domain for interagency and agency-to-state comparisons. Directors wanted to compare their agency's behavior scores, level of restriction in living situation, and penetration rate, for specific time periods, to agencies across the state that were serving similar demographics.

One director plans to continue looking primarily at comparative outcomes, with a focus on community wellness rather than individual client outcomes.

Are we getting better relative to our peer agencies? As we get better at that, then we're going to do a better job of serving our community as a whole . . . making sure that we're serving our population, both in terms of numbers and the quality of service.

Directors agree that CSR domains are important for tracking agency-wide outcomes, and as such, it remains important to compare local CSR outcomes to others' CSR outcomes.

[The CSR has] material that we value, put in the system for a purpose.

Other directors plan to use the summary reports available to them in ROM, not only to draw their attention to areas of need, but also to support their drilling down to discover which subpopulations are particularly experiencing poorer than anticipated outcomes.

If we're lower than the state average on permanent home or whatever, then which kids are those kids that are lower? Are they the ones that just came in? Are they the one that have been here for awhile? Where are their [behavior] scores? You know kind of figure out, who are those kids. . . . More than just to say we're a little bit below the state average, or we're above the state average so we don't have to worry about that one. It's really helpful to us as a program, where we can really see, are we, are our kids doing better, are they doing worse, and the ones that are doing worse, what else is going on with them.

#### **4.4.4 Use of ROM by team leaders: Finding local best practices**

Directors want team leaders to use ROM for recognition of which sets of practices are proving locally effective. Directors plan to support ROM comparisons by their team leaders, of outcomes specific to local programs and practices, and for specific time periods

It's going to be more valuable to them when they can drill down and actually look at their team and how their team is doing, compared to the state standards, compared to the other teams within our own mental health center.

I had hoped my team leaders would go in and look at the data, and use it more actively than they had in the past, because they were pretty dismissive of the CSR reports. So I was trying to show them that they could go in and look at the data, and learn different things from it.

## 5. DISCUSSION

### 5.1 Study Limitations

That the interviewer is known to interviewees could have encouraged participants to provide what they believed to be socially desirable responses (Dillman, 2000). Alternatively, familiarity with the interviewer might improve directors' forthrightness about their local experiences with ROM.

The interviewer asked CBS directors to recall what data they have used to inform decisions, but it is difficult to recall data use after the fact (Reid & Fortune, 1992). An *in vivo* study, in which directors record the decisions they make daily and the data that inform those decisions, would provide a more accurate picture of data utilization. This study occurred only weeks after participants were introduced to ROM, however, so that interviewees were being asked to recall over a very short timeframe.

The time proximity of directors' training and the follow-up interviews created a study limitation. Directors protested that not enough time had elapsed for them to develop a sense of the ways they will use ROM. There may be salient information about ROM training, utilization, and potential utilization, for which this study may have occurred too early to detect.

This study focuses specifically on ROM utilization in Kansas CBS. The methodology, including the small sample size and qualitative method, does not support transferability to other settings. The in-depth information about IT and mental health management cooperation in bringing AIMS data into local management processes, however, suggests transferability at least across Kansas CBS, and perhaps within other children's community-based mental health settings (Lincoln & Guba, 1985).

### 5.2 Implications

ROM software, which was made available CBS directors in 2008/2009 through a ROM website, represents years of development, and has the feel of being a finished, or at least a nearly-finished product. As elegant as it is, however, ROM is a means to an end rather than an end in itself.

A prior study of local CSR utilization by Kansas CBS directors indicated that there was limited use to the quarterly printed reports, because of the lag time between data collection and the print CSR, and because the print CSR did not allow for drill down into subpopulations and time periods (Kapp & Stipp, 2007; 2008). It should not be overlooked that it is the drilling that now befalls the directors, and as the verb implies, drilling requires equipment and time.

The time commitment required for ROM extends beyond its development by information technologists, to its integration into CBS management routines by data users. The glass wall that separates IT from data utilization has been unbreachable for decades, but in the ROM project, information technologists and data users are working together to etch out safe passage.

Study participants found the web-based ROM harder to use than the print CSR, perhaps in the sense that preparing a meal is more difficult than ordering takeout. Meal preparation involves learning to cook, deciding what to cook, finding time for cooking, and in the end, eating the meal. ROM utilization similarly involves learning the software, deciding which reports are useful, finding time to run reports, and using the reports to inform program and treatment decisions.

ROM may allow passage through the glass wall, but ROM does not create a shortcut. ROM is a new program to learn, with promised but largely untested applications. There remains distance between CBS directors' current tasks of learning what CSR can and cannot be generated through ROM, and how to get those reports, with the ultimate goal of integrating CSR into CBS information utilization.

A commonality that was apparent in the ways study participants were using ROM, was that each was beginning with what they had used from the print CSR. Directors are just beginning to drill down, and it may be that directors will be one another's best teachers about the use value of various ROM reports. The most valued aspect of the print CSR was for comparing local agency outcomes to sister agencies' outcomes. Similarly, an important aspect of ROM integration will be to learn the reports run by sister agencies, and the purposes for which the reports are used. It would take any one director a very long time to explore every possible combination of measures, filters, and time periods, but a report that has proven useful in one setting might also prove useful in another.

### 5.3 Recommendations

Based on feedback from CBS directors, this study's recommendations are for (5.3.1) ROM training to be multi-stage process, (5.3.2) ROM users to have the opportunity to hear from each other about how they are using measures, filters, and time frames, (5.3.3) CMHC awareness of the time commitment involved in learning to use ROM, (5.3.4) a ROM "event", and (5.3.5) local IT support for ROM, even in agencies without a fulltime IT department.

#### 5.3.1 ROM training is a multi-stage process.

**Web-based introductory trainings.** The web-based training format was useful, and directors recommend that it be repeated as a way of introducing new users to ROM.

**Follow-up trainings.** Study participants were requesting follow-up training opportunities, and as outcomes subcommittee members, study participants had more exposures to ROM than will most other CBS directors in the state. This indicates the need for multiple training opportunities for CBS directors statewide.

**Face-to-Face Venues.** Acknowledging the cost and inconvenience of travel, two study participants requested a face-to-face venue for follow up training.

**New hires.** Directors may need web-based ROM trainings repeated periodically for new hires.

**How to generate summary reports.** Directors were accustomed to receiving summary sheets in the paper CSRs, but only half of the directors interviewed knew how to create summary reports in ROM. Directors will need training specific to finding statewide summary information.

#### 5.3.2 Idea exchange: Not all exploration has to be by trial and error.

**Favorite measures.** Each director had their favorite measure(s). Knowing the purposes for which other data users are using ROM may increase the use value of ROM statewide.

**Peer training.** Exchange of ideas between CBS directors will be an important component of follow-up training. Once the software becomes somewhat familiar, CBS directors may become each others' best teachers in how to utilize the data. Knowing the ways that other directors are using ROM may be a way of cutting down on the time needed for ROM integration statewide. Directors suggested that face-to-face venues might facilitate idea exchange in follow-up training.

### 5.3.3 Data users need time for learning and integrating ROM into their CBS management routines.

**Repeated forays into ROM.** Directors and team leaders need repeated time increments for familiarizing themselves with the software and website.

**Digging sounds better than playing.** The process of becoming familiar with ROM looks like playing, but might be better framed as digging or exploring.

**CMHC support for CBS directors' familiarization activities.** It might be helpful for CMHCs to be made aware of the commitment of CBS directors' time that will be necessary for fully integrating ROM into CBS information management.

**CBS directors' support for team leaders' familiarization activities.** Directors want to know ROM well enough to oversee its use by team leaders.

### 5.3.4 A ROM "event" would facilitate ROM utilization.

### 5.3.5 Agencies need local IT support for loading local identifiers.

**Loading local identifiers requires IT support.** Agencies with limited IT resources might experience technical barriers in loading local identifiers.

**Attention to multi-site agencies.** As helpful as it is for a CBS with one site to drill down into, for example, which children and youth are not living in a permanent home, it is all the more essential for multi-site catchment areas to have reports specific to each county and site.

Multi-site agencies, particularly those serving rural and frontier areas, may have a great need for drilling down into their CSR data by site. There may need to be special attention given to assuring that multi-site agencies have the local IT support necessary for loading site-specific identifiers.

## 6. REFERENCES

- Avram, G. (2006). At the crossroads of knowledge management and social software. *Electronic Journal of Knowledge Management*, 4(1), 1-10.
- Basu, A. & Jarnagin, C. (2008, March 10). Business insight (a special report): Information technology; how to tap IT's hidden potential: Too often, there's a wall between a company's information-technology department and everything else. *The Wall Street Journal, Eastern Edition*, R.4.
- Boeije, H. (2002). A purposeful approach to the constant comparative method in the analysis of qualitative interviews. *Quality & Quantity* 36(4), 391-409. Retrieved July 18, 2006, from <http://www.springerlink.com/media/h7llxjytumb3m6xhdr02/contributions/l/5/w/2/l5w2772328h02033.pdf>
- Dillman, D. (2000). *Mail and internet surveys: The tailored design method*. New York: John Wiley & Sons, Inc.
- Drisko, J. (2001). How clinical social workers evaluate practice. *Smith College Studies in Social Work*, 71, 419-439.
- Drucker, P. (1988). The Coming of the New Organization. *Harvard Business Review*. January-February. pp. 4-11.
- Grasso, A. & Epstein, I. (1992). *Research utilization in the social services: Innovations for practice and administration*. New York: The Haworth Press.
- Kapp, S. & Stipp, K. (in press). Trolling for Useful Data in an Automated Information Management System: Experiences of Kansas Community Mental Health Managers. *Administration in Social Work*.
- Kapp, S. & Stipp, K. (2007). *Usefulness of Automated Information Management System Data and Other Data Sources in Kansas Children's Community Based Services* (Task Order #18). Lawrence, Kansas: University of Kansas, School of Social Welfare.
- Kapp, S. & Stipp, K. (2008). *Usefulness of Automated Information Management System Data and Other Data Sources in Kansas Children's Community Based Services* (Task Order #18). Lawrence, Kansas: University of Kansas, School of Social Welfare.
- Kansas Department of Social and Rehabilitative Services: Children's Mental Health Services (2009). *Result Oriented Management website*. Retrieved May 1 2009, from <https://rom.socwel.ku.edu/csr/Login.aspx>
- Kansas Department of Social and Rehabilitative Services (2005a). *Child welfare mental health referral guide*, Appendix 3J, p.2. Retrieved July 14, 2006, from [http://www.srskansas.org/CFS/cfp\\_manuals/ppmepmanuals/ppm\\_manual/revise](http://www.srskansas.org/CFS/cfp_manuals/ppmepmanuals/ppm_manual/revise)

d\_appendices/Appendix%20J%20Child%20Welfare%20Mental%20Health%20Referral%20Guide.doc

Kansas Department of Social and Rehabilitation Services (2005b.) *AIMS\_V3.0 manual*. Retrieved November 16, 2005, from [http://www.srskansas.org/hcp/MHSIP/AIMS/aims\\_v30entire\\_revjune272005.pdf](http://www.srskansas.org/hcp/MHSIP/AIMS/aims_v30entire_revjune272005.pdf)

Kirkhart, K. E. & Attkisson, C. C. (1986). Characteristics of useful evaluation data: An example from community mental health centers. *American journal of community psychology, 14*(3), 323-338.

Lincoln, Y. & Guba, E. (1985). *Naturalistic inquiry*. Newbury Park, CA.: Sage Publications.

Luchins, D. (2003). The qualitative and quantitative traditions within mental health administration. *Administration and Policy in Mental Health, 31*(2), 183-186.

President's New Freedom Commission on Mental Health (2003). *Achieving the promise: Transforming mental health care in America. Final report* (U.S. DHHS pub. No. SMA-03-3832). Rockville, MD: U.S. Department of Health and Human Services. Retrieved November 16, 2005, from <http://www.mentalhealthcommission.gov/reports/FinalReport/FullReport.htm>

Rapp, C., Gowdy, E., Sullivan, W. & Wintersteen, R. (1988). Client outcome reporting: The status method. *Community Mental Health Journal, 24*(2), 118-133.

Shaw, I., & Gould, N. (2001). *Qualitative research in social work*. Sage Publications: Thousand Oaks, CA.

World Health Organization (2004). *The world health report 2000: Changing history*. Geneva, Switzerland: Author.

Appendix A – IRB Project Approval Letter



2/26/2009  
HSCL #17871

Karen Stipp  
School of Social Welfare  
1545 Lilac Lane

The Human Subjects Committee Lawrence reviewed your research update application for project

17871 Stipp/Kapp (SOC WEL) Utilization of Automated Information Management System Data in Kansas Community Mental Health Centers

and approved this project under the expedited procedure provided in 45 CFR 46.110 (f) (7) Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies. As described, the project complies with all the requirements and policies established by the University for protection of human subjects in research. Unless renewed, approval lapses one year after approval date.

Since your research presents no risk to participants and involves no procedures for which written consent is normally required outside of the research context HSCL may waive the requirement for a signed consent form (45 CFR 46.117 (c) (2)). Your information statement meets HSCL requirements. The Office for Human Research Protections requires that your information statement must include the note of HSCL approval and expiration date, which has been entered on the form sent back to you with this approval.

1. At designated intervals until the project is completed, a Project Status Report must be returned to the HSCL office.
2. Any significant change in the experimental procedure as described should be reviewed by this Committee prior to altering the project.
3. Notify HSCL about any new investigators not named in original application. Note that new investigators must take the online tutorial at [http://www.rcr.ku.edu/hscsl/hsp\\_tutorial/000.shtml](http://www.rcr.ku.edu/hscsl/hsp_tutorial/000.shtml).
4. Any injury to a subject because of the research procedure must be reported to the Committee immediately.
5. When signed consent documents are required, the primary investigator must retain the signed consent documents for at least three years past completion of the research activity. If you use a signed consent form, provide a copy of the consent form to subjects at the time of consent.
6. If this is a funded project, keep a copy of this approval letter with your proposal/grant file.

Please inform HSCL when this project is terminated. You must also provide HSCL with an annual status report to maintain HSCL approval. Unless renewed, approval lapses one year after approval date. If your project receives funding which requests an annual update approval, you must request this from HSCL one month prior to the annual update. Thanks for your cooperation. If you have any questions, please contact me.

Sincerely,

David Hann  
HSCL Coordinator

cc: Stephen Kapp

Appendix B – Information Statement

## Information Statement

The School of Social Welfare at the University of Kansas supports the practice of protection for human subjects participating in research. The following information is provided for you to decide whether you wish to participate in the present study. You should be aware that even if you agree to participate, you are free to withdraw at any time without penalty.

We are conducting this study to better understand utilization of data sources for mental health decision making, including the Automated Information System (AIMS) as supported by newly developed results oriented management software, in Kansas Community Mental Health Centers (CMHCs). You will be asked to participate in an interview, either with a group of managers, one-on-one via telephone or face-to-face, or through a mailed or internet-based survey. The interview will last from half an hour to two hours, depending upon the length of your responses.

Although participation may not benefit you directly, we believe that the information obtained from this study will help us gain a better understanding of not only how data are currently utilized, but also about how data may be further supported to better serve your consumer population. Your participation is solicited, although strictly voluntary. Your name will not be associated in any way with the research findings. You may drop out of the investigation at any time. If you would like additional information concerning this study before or after it is completed, please feel free to contact us by phone or mail.

Meeting with a member of the research team indicates your willingness to participate in this project and that you are over the age of eighteen. If you have any additional questions about your rights as a research participant, you may call (785) 864-2269 or (785) 864-8972 or write the Human Subjects Committee Lawrence Campus (HSCL), University of Kansas, 2385 Irving Hill Road, Lawrence, Kansas 66045-7563, email [dhann@ku.edu](mailto:dhann@ku.edu) or [mdenning@ku.edu](mailto:mdenning@ku.edu).

Sincerely,

Stephen A. Kapp, Ph.D.  
Principal Investigator  
Faculty Supervisor  
School of Social Welfare  
Twente Hall  
University of Kansas  
Lawrence, KS 66045  
(785) 864-2269  
[stevek@ku.edu](mailto:stevek@ku.edu)

Karen Flint Stipp  
Graduate Research Assistant  
  
School of Social Welfare  
Twente Hall  
University of Kansas  
Lawrence, KS 66045  
(785) 864-8972  
[ksudu@ku.edu](mailto:ksudu@ku.edu)

Appendix C – Interview Guide

1. Please tell me about the exposure you've had to ROM
  - a. Webinar (#\_\_\_\_)
    - i. How long did each last?
    - ii. How far apart did you take the webinars?
  - b. Outcomes Subcommittee Member
  - c. Terry's presentation @ CBS directors' meeting
  - d. Conversations with other directors about ROM
  - e. Conversations with Terry
    - i. Note through ROM
    - ii. Email
    - iii. F2F
  - f. Other
2. How was your ROM training?
  - a. Did the training adequately prepare you to use the program?
  - b. What suggestions do you have for future training? Ongoing training?
3. After your training, how did you plan to use ROM?
  - a. How much time did you set aside to learn ROM?
  - b. What did you do to familiarize yourself with ROM?
4. A little time has passed since your training; how do you plan to use ROM now?
  - a. How will you do that?
  - b. What's influencing your planning for ROM utilization?
  - c. Where did the planning for AIMS utilization come from?
5. How would you compare ROM to the CSR?
  - a. Likes and dislikes of ROM, compared to CSR
  - b. Difficulty of using ROM, compared to difficulty of using the CSR
  - c. Usefulness of ROM compared to CSR
6. How have you used ROM so far?
  - a. I peruse ROM in much the same way that I perused the CSR, looking for \_\_\_\_\_.
  - b. I have adjusted the time period and look at the data to look at \_\_\_\_\_.
  - c. I have set the filters to look at \_\_\_\_\_.
  - d. I have cross tabulated the data to look at \_\_\_\_\_.
  - e. My designee or I have corrected incorrect or missing data values \_\_\_\_\_.
7. Besides yourself, who are the people from your setting who attended a webinar?
  - a. Site manager (yes/no)
  - b. Other (job title(s) \_\_\_\_\_)
8. Is there anyone else at your site who has looked at ROM? (job title(s) \_\_\_\_\_)
  - a. Why those people?
  - b. Why not other people?
  - c. Did you consider involving other people? Why/why not?

Appendix D

Living in Permanent Home - Trend View

Appendix E

Living in Permanent Home - Trend View

Filtered for Not SRS/child welfare or JJA Involvement

Appendix F

Living in Permanent Home - Trend View

Filtered for SRS/child welfare custody and supervision

Appendix G

Living in Permanent Home - Trend View

Filtered for JJA custody and supervisions