Reuben Engagement Center Evaluation Matrix (DRAFT 1-26-16)

***NOTE* This document is open to public comment until April 4. Any suggestions or edits should be addressed to Julie Fidler and sent via email.**

Reuben Engagement Center Evaluation Plan				
Evaluation Goal	**Specific Success Metrics**	**Measurement Tool(s) or Strategy**	**Frequency Reported or Collected**	**Anticipated First Collection Date**
Track monthly client admissions, services provided, and referrals made	1. Total clients admitted and demographics (gender, age, race/ethnicity, homeless) 2. Route of admission (homeless provider or jail diversion) 3. Diversion Anticipated (jail or hospital) 4. Average length of stay 5. Total clients & time for completing detox 6. Frequency of repeat clients 7. Discharge location type 8. Referrals to treatment and other services (based on care plans)	• Eskenazi database or IEMS database?? • IMPD system?? • HMIS database	Monthly	08-16
Track client symptoms relevant to multiple chronic conditions*	1. Clinically practical brief questionnaire, non-disease specific, covering symptoms from multiple domains such as physical, emotional, cognitive, functional, and including sleep, fatigue, pain.	• 23-item SymTrak tool, or its ultra-brief 7-item version. • 2 global items, general emotional and physical health	Intake, discharge; potentially 50 clients at follow-up in treatment.	08-16
Process improvement**	1. Document how outcomes and impact were achieved. 2. Document the process of a program's implementation. 3. Document how REC develops itself, its structures, its supporting programs including communications and marketing. 4. Document the program, management and infrastructure capacity to deliver on REC promised outcomes. 5. Document and evaluate process to solidify the letters of agreement/ commitment with supportive service	• Documentation. • Focus groups with clients and providers.	Every 6 months	08-16

	providers. 6. Types and quantities of services delivered. 7. Beneficiaries of those services. 8. Resources used to deliver the services. 9. Practical problems encountered. 10. Ways that problems were resolved.			
Improve the services and procedures conducted in the Reuben Engagement Center	1. External referral success from law enforcement and homeless providers 2. Success of collecting needed metrics 3. Metric trends 4. Comparative metrics to other diversion programs 5. Why transferred from REC to ED - What uncontrolled medical issue? Seizure/fall? Delirium tremens? 6. Why transferred from REC to jail - What issue? 7. Agreed to detox but then preferred to go through APC? If so, why? 8. Difficulty in accessing primary care or other off-site health care? ***	• Review of law enforcement records ?? • Surveys to community providers • Interviews with key stakeholders • Focus groups with clients and providers • Review data from other diversion programs	Annually	01-17 (six month and then annually)
Measure the estimated cost savings to the community based on clients served	Estimated costs from: 1. Hospital costs including emergency department and inpatient costs 2. Jail costs following public intoxication 3. Court costs following public intoxication 4. Law enforcement costs – arrest, transportation costs. 5. Emergency Medical Services (EMS) – ambulance	Establish estimated cost of services most often accessed by those current brought in from public intoxication	Every six months	01-17
Measure the actual cost per client to provide services	1. Actual per diem per client 2. Actual per stay cost per client (e.g., detox costs of meds, provider/staff time). 3. Comparative costs per client to other diversion programs	Actual budget expenses compared to actual clients accessing services	Annually	01-17 (six month and then annually)

Measure actual cost aversion for 50 Engagement Center clients	1. Retrospective data on all medical and criminal justice expenses over a five year period prior to entering the Engagement Center 2. Actual medical and criminal justice data after exiting the Engagement Center for a three year period	• Collect five year retrospective data on prior hospital, criminal justice and medical services • Collect actual comparable data for 2016-2019	Annually	08-17
Measure three year success of clients completing services at the Engagement Center	1. Hospital costs including emergency department and inpatient costs 2. Jail costs following public intoxication 3. Court costs following public intoxication 4. Law enforcement costs – arrest, transportation costs. 5. Emergency Medical Services (EMS) – ambulance 6. Long-term impact on permanent housing . 7. Impact on linking client with disability income.****	• Review data collection from the 50 clients • Review all client data on predetermined data elements • Collect and review long-term data from HMIS	Three year assessment	08-18

*From Dr. Aaron Kalinowski: The baseline data we get here could be very interesting and help direct resources / services.

** From Johnie Underwood: Information from process evaluations is useful for understanding how program impact and outcome were achieved and for program replication. Looking at outcomes – without analyzing how they were achieved – fails to account for the human capital (e.g., over-worked staff) involved in getting to good outcomes and the true costs of the program. Examples of questions asked for process improvement: Did the program succeed in helping people to stop smoking? Was the program more successful with certain groups of people than with others? What aspects of the program did participants find gave the greatest benefit? What specific interventions were put into place by the program in order to fight the problem being tackled? Did the interventions work or not – and how and why? What were the kinds of problems encountered in delivering the program – were there enough resources from the beginning to do it well? Was it well managed? Were staff trained or educated to the right level of the program design? Is their skill level at facilitating the program processes sufficient from beginning to end? Was there adequate support to the program?

***Dr. Kalinowski's Pedigo clinic at Horizon House is not fully staffed; there will be times when we won't have a provider available to see a client on-demand. If this leads to increased costs, then potentially could be helpful to justify expense of adding a provider (though Dr. Kalinowski is already working on increasing staffing).

****Some individuals may have a mental health / medical impairment that precludes employment but may qualify for disability income which can then be used to support housing.