Prevention Outcomes Monitoring

Data Collection Companion Guide for Prevention Program Providers

Need Help? Email peiprevention@dmh.lacounty.gov

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Overview of Prevention Program Outcomes Monitoring

Los Angeles County Department of Mental Health (LACDMH), like all counties in CA, is required under state regulations to report to the Mental Health Service Oversight and Accountability Commission (MHSOAC) on outcomes that result from prevention programs operating under the MHSA. Similar MHSOAC regulations, but with a different set of outcomes, apply to MHSA Early Intervention programs. Complying with these regulations concerning prevention programs requires the participation of every DMH unit and contract agency that provides prevention programing. This participation involves collecting information from your program participants. While every prevention program is different, taken together they all are intended to improve the wellness of Angelinos and ensure that key risk factors are reduced and key protective factors are increased.

How much of a change occurs for prevention program participants (i.e., reduction in risk factors, strengthening protective factors) is being measured across several populations targeted by different LA prevention programs for:

> ➢ Youth (Ages 12-17);
> ➢ Adults (Ages 18+);
> ➢ Parents; and
> ➢ Program providers and staff who work with young children – To be added (TBA)

Working with RAND Health researchers, LACDMH has developed questionnaires that ask individuals to report on general wellness and risk and protective factors. The results of these surveys can be used by individual programs to improve services and by LACDMH to comply with state regulations concerning PEI outcomes monitoring.

This companion guide is for:

> ➢ Provider staff who carry out data collection using these questionnaires;
> ➢ Staff who enter the data from the questionnaires and upload it to LACDMH;
> ➢ Program staff and managers who use the survey results.

It is divided into three corresponding sections.

You will find .pdf versions of all the individual surveys and survey materials at:
http://dmhoma.pbworks.com/w/page/127149482/Prevention%20Program%20Surveys

If you have questions or need help with data collection or data entry of youth, adult, or parent surveys, please email:

peiprevention@dmh.la.county.gov for the support team.

Guidance for Data Collection

This section of the Guide contains some frequently asked questions and answers that providers can use to answer questions that program participants often ask; a checklist to follow during survey administration; a sample script to guide you through a data collection session; a log to document the number of participants in each session who completed surveys and who did not complete them; and a survey batch transmittal sheet to document the total number of surveys collected and then data entered into the DESRT reporting tool.

For each different population (Adult, Parent, Youth) there are Program Entry surveys, to be administered to clients at the start of a program session, and Follow Up surveys to be administered to clients after they have participated in the program.

For specific programs that are pre-enrolled and have "closed" enrollment, meaning that the same clients will attend each group in a fixed number of sessions, we recommend administering the Program Entry surveys at the start of the first session, and the Follow-Up surveys at the end of the final session.

For specific programs that have "open" enrollment and a fixed number of sessions, meaning that new clients can join the existing group at any time, we recommend administering the Program Entry surveys to each new client at the start of the session and the Follow-Up surveys at the end of the final session.

For specific programs that are "drop-in" and may contain both new clients and returning clients with no fixed end date, we recommend administering both types of surveys at the start of each session, a Program Entry survey for new clients, and a Follow-Up survey for any returning clients.

In some circumstances, the program may only be a single session, in which case you might consider administering a Program Entry survey to all clients at the start of the session AND a Follow Up survey to all clients at the end of the session.

Frequently Asked Questions and Answers for

Data Collectors to use with Survey Participants

How long will this take?

- The Youth Program Entry survey takes about 8 minutes and Youth Follow-Up about 6 minutes.

- The Parent Program Entry survey takes about 8 minutes and Parent Follow-Up about 7 minutes.

- The Adult Program Entry survey takes about 7 minutes and Adult Follow-Up about 5 minutes.

Why should I participate?

- These surveys are an important part of an evidence-based approach to assessing and reporting outcome measures for the program.

- You can help the Department of Mental Health improve their programs and learn how to better help other people in the future.

- This project is important and we would appreciate your input.

When do I have to complete these surveys?

- The Program Entry surveys are designed to be completed on the day that you enter the program and the Follow-up Surveys are designed to be completed at the end of the program.

- Some programs are only a single day and then the Entry survey would be completed at the start of the session and the Follow-up survey at the end of the session.

Why are you asking me to do this? Can't you get someone else? Why is this project important?

- All programs are helping the Department of Mental Health by participating.

- It's important that we talk to as many different people as possible so that the survey results truly represent the community of participants. We are interested in your opinions.

- Your experiences are unique and valuable; someone else cannot replace the information you can give us.

What questions will be asked?

- The survey asks questions about your participation and satisfaction with the program, about you and your family, and a few demographic questions to help us describe the participants in the program.

- You can decline to answer any question that bothers you, and just go on with the next question.

Do I have to do this? Is this required? Is this mandatory?

- No. We think this project is important and would appreciate your input, but you do not have to complete the survey if you do not want to. Although it is mandated that LACDMH collect these

outcomes, it is up to you if you decide to take part in the project or not.

- You can participate in this program whether you choose to do the survey or not

What is going to happen to the answers I give you? Is this private? Are you going to tell anyone what I say?

- The survey is anonymous. This means your name is not part of the survey. Your answers will not be associated with your name or other personal information.

- [IF NECESSARY:] Everyone's answers will be combined to produce a summary report of all the answers so that we can learn how program participants are doing and how we can improve the program.

✓ Checklist for Data Collection of Surveys

BEFORE THE START OF A DATA COLLECTION SESSION:

☐ **Check Survey Booklet Types and supplies needed for the specific session:**

- **Youth (Ages 12-17), Adult (Ages 18+), Parent, or Provider surveys**
- **Determine the correct Program Entry Surveys and/or Follow-Up surveys**
  - **If your program is a MULTIPLE SESSION program (i.e., you will or plan to see program participants more than once), administer the PROGRAM ENTRY survey at the start of the first session and the FOLLOW-UP survey at the end of the final session.**
  - **In some programs with open enrollment you may administer a PROGRAM ENTRY survey only to new clients and a FOLLOW-UP survey to returning clients at the start of each session.**
  - **If your program is a SINGLE EVENT or ONE-TIME session (i.e., it is NOT a multiple session program and you do NOT expect to see program participants at follow-up sessions), administer the PROGRAM ENTRY survey at the start of the session, then consider administering the PROGRAM FOLLOW-UP survey at the end of the session.**
- **Black pens**
- **Your Frequently Asked Questions sheet**
- **Your Survey Administration Script**
- **A Survey Administration Log**

☐ **Fill out the top of the Survey Administration Log**

- **Date**
- **Type of Group (Youth, Adult, Parent, Provider)**
- **Provider Name, Program Name**
- **Data Collector's Name**

☐ **Decide clock/watch to use for timing (All times start when instructions begin)**

AT START OF DATA COLLECTION SESSION:

☐ **Confirm date each participant started this prevention program (if a multi-session program)**

☐ **Pass out correct survey (Entry or Follow-up) and a pen. Confirm survey type**

- ▪ **If you are administering PROGRAM ENTRY surveys, say: This is a survey for people who have not taken part in this program before. If you have been to this program before, please tell a program staff person.**
- ▪ **If you are administering FOLLOW-UP surveys, say: This is a survey for people who have taken part in/attended this program more than once. If you have never been to this program before, please tell a program staff person.**

☐ **Mark the start time on Survey Administration Log**

☐ **READ SURVEY ADMINISTRATION SCRIPT ON NEXT PAGE**

DURING SURVEY ADMINISTRATION

☐ **Keep an eye on the time and give reminder when 3 minutes remain**

- ▪ **Program Entry Surveys should take between 7-15 minutes to complete**
- ▪ **Follow-Up Surveys should take between 7-10 minutes to complete**

☐ **Ask participants to answer as best they can; remind them their answers are confidential**

☐ **Do not offer interpretation of individual items**

☐ **Use responses to FAQs to answer questions if needed**

AFTER SURVEY ADMINISTRATION

☐ **Thank participants, collect and place completed questionnaires in manila envelope (please <u>do not </u>have them passed in, which could risk disclosing how someone answered a question)**

☐ **Mark end time on Survey Administration Log**

☐ **Complete total number of surveys completed and not completed on Survey Administration Log. Fill in "0" for each category if there are no refused, cognitive, language etc.**

☐ **Record any notes about the session on the Survey Administration Log**

☐ **Batch surveys together and fill out top portion of Session Cover Sheet**

☐ **Deliver surveys and Session Cover Sheet to Data Entry Clerk**

PREVENTION OUTCOMES SURVEY ADMINISTRATION SCRIPT

DATA COLLECTORS: BOLDED notes are instructions to you and should not be read aloud. Please read aloud all other sections. Please go through the script prior to administration so you are familiar with the guidance to give participants.

We recommend that participants use black pens to complete the survey.

Introduction: If I can have everyone's attention… today we are completing a short survey, as part of an initiative by the Department of Mental Health to monitor and improve prevention programs in our community.

Survey content: The surveys are about <u>your</u> ideas, attitudes, and behaviors. The questions are about your life, family, and experiences with this program. Before you begin the survey, I need to give you some important information about the survey and what we're asking you to do.

Voluntary activities: We hope you will do the survey, but you can choose not to do this survey if you do not want to. If you decide at any point that you do not want to do it anymore, you may stop without any penalty. You can also skip any questions you do not want to answer.

Confidentiality: The survey does not ask for your name so please give your honest opinions and ideas. DO NOT place your name on the survey.

Survey: I have a few more important instructions for you before you start:

- Please answer honestly and please do not talk with anyone else while everyone is doing the survey. There are no right or wrong answers here. This is NOT a test.
- Some of the questions may sound similar. Please be sure to read them carefully.
- Please note that some questions require you to choose only one answer and other questions allow you to choose all answers that apply to you.
- If you need to change an answer clearly draw a line through the incorrect answer and then select and fill in the correct answer.
- **[ONLY IF ADMINISTERING FOLLOW-UP SURVEYS]** Please pay attention to the different time frames in the first question asking about the number of times you attended sessions during the past 6 months, past 3 months, and past 30 days.

Questions: Please read the information and instructions on the cover page of the survey and raise your hand if you have any questions.

Please open the survey and begin.

PLEASE FOLLOW THESE GUIDELINES TO AVOID INFLUENCING THE RESPONSES:

- o **DO NOT DEFINE TERMS THAT ARE INCLUDED IN THE QUESTION**
- o **DO NOT EXPLAIN QUESTIONS: YOU CAN REPEAT THE QUESTION**
- o **DON'T SUGGEST AN ANSWER**
- o **DO NOT GIVE YOUR OPINIONS**
- o **DO NOT AGREE OR DISAGREE**
- o **DO NOT SHOW APPROVAL OR DISAPPROVAL OF THE ANSWER OR OF THE RESPONDENT'S EXPERIENCE**

3-Minute Mark: There are about 3 minutes left to finish and then I will collect the surveys. Please continue if you are not finished.

End of SURVEY: **AS EACH PARTICIPANT COMPLETES THEIR SURVEY, COLLECT THE SURVEY AND THANK THEM FOR THEIR PARTICIPATION.**

PLEASE MARK THE END TIME ON THE SURVEY ADMINISTRATION LOG.

PLEASE FILL OUT THE SURVEY ADMINISTRATION LOG TALLIES AND ANY

NOTES.

PLEASE FILL OUT SECTION ONE (TOP PART) OF THE SESSION COVER SHEET.

Prevention Outcomes Survey Administration Log

Date: _____/_____/_____   Type of Group (circle one): YOUTH   ADULT   PARENT   PROVIDER

Program Name: _____

Data Collector's Name: _____   Provider Name: _____

Start Time: _____   End Time: _____

Participants Not Surveyed – Count Tally

Refused Survey: _____

of Cognitive Issues: _____

# of Language Issues: _____

Arrived after Survey: _____

of Other Not Completed: _____

Completed Surveys – Count Tally

# of Completed Entry Surveys: _____

# of Completed Follow-Up Surveys: _____

Record Any Notes About Session

(problems encountered, questions about survey items, anything unusual that might have impacted data collection, etc.)

Prevention Outcomes Survey Administration – Session Cover Sheet

Section 1:

To Be Filled in by Data Collector and affixed to each batch of completed surveys:

Site Information:

Program Name:	Date:	Group Type: (Youth; Adult; Parent; Provider)	Data Collector Name:

Tally of Participants:

		1	2	3
		ENTRY	**FU**	**TOTAL**
Provider Name:	**Provider ID:**	Total # Completed Entry Surveys	Total # Completed Follow-up (FU) Surveys	Total # Of Surveys to Data Entry (Entry & FU)

Total Surveys for data entry:_____   **Date sent to Data Entry:**_____/_____/_____

Section 2:
To Be Filled in by Data Entry Staff and reattached to batch of entered surveys:

Total # of Surveys in Batch Entered in DESRT: (check that this matches column 3 above) _____		**Range of ID #'s Data Entered in DESRT:** _____ - _____

Data Entry Staff Name: _____   **Date Entered into DESRT:**_____/_____/_____

Guidance for Data Entry

This section will give you the steps to follow to enter the survey responses from the paper surveys into the Data Entry Scoring Reporting Tool (DESRT).

Data Entry Scoring Reporting Tool (DESRT) is different from what you may be familiar with for early intervention outcomes. Enter data from surveys your program participants complete and DESRT will score the measures automatically and generate charts showing the results. These will be particularly informative when you have entered both program entry and follow up data.

DESRT Survey Data Workbook
Data Entry Instructions

IMPORTANT: DO NOT CHANGE anything on any other sheets except the Data sheet. Each DESRT contains hidden sheets labeled Scoresheet Calculations and Report Calculations. These sheets contain the scoring and reporting calculations for each of the measures. The sheets are hidden but can be made visible for staff interested in viewing the specifics of the calculations. They are locked against editing to preserve calculations needed to generate the reports. We anticipate most program staff will not need to review these sheets, and recommend that they remain hidden to simplify viewing and using the DESRT workbook. We caution that they must remain intact in the workbook. **These tabs should be hidden but if they are not please do not edit them.**

1. Open the workbook for the survey data you are preparing to enter (Youth, Adult, Parent).

2. Save the file using a naming convention that includes the program name and date you are entering the data. For example, "CARE_Adult_2018-06-22"

3. Locate the "Data" tab (Youth Data, Adult Data, Parent Data) worksheet (first tab from left at bottom of workbook).

4. Enter the first 3 columns of the Data sheet using the drop-down menu options for Age Group (i.e., Youth or Adult), survey language, and survey version (i.e., whether it was an Entry or Follow-up survey). You will find this information on the cover of the survey and the footer of each page. Then enter the provider ID (consisting of four letters or initials identifying the provider administering the survey), the program ID (consisting of four letters or initials identifying the program administering the survey), the six-digit survey date, and a unique five-digit ID assigned by staff to identify individual surveys (e.g., 10001, 10002, etc.). See code list below as well as in top row of DESRT Tool for each column.

5. The first three columns of the worksheet force you to choose from a drop-down list, **PLEASE BE CAREFUL WHICH OPTION YOU SELECT.**

   ➢ **NOTE: The version type (1=Program Entry or 2=Follow-Up) in Column D MUST BE FILLED IN for formulas to function properly!**

Identifier	Explanation	Options
Age Group	Indicates which version of the survey was administered, (copy from cover or bottom of each survey page)	Youth Adult Parent
Language	Language version	English Spanish Vietnamese Other
Survey Version	Indicates whether survey was administered at entry or follow-up, (copy from bottom of survey page)	1 = Entry/Time1/Pre 2 = Post/Follow Up
Provider ID	4-digit ID of the provider collecting the data	Ex. 1234, 2345, 9876
Program ID	4 letter initials of the program collecting the data	**(Examples)** TPPP = Triple P AILS = American Indian Life Skills MPAP = Making Parenting a Pleasure
Survey Date	6-digit date survey was administered (from Session Cover Sheet)	Format: MMDDYY
Unique ID	Unique consecutive numbers assigned by staff entering data. Each survey should have a unique identification number. **Record this number on the top right corner of paper survey so you can refer back if needed and avoid duplication**	Unique consecutive 5-digit number. Ex. 10001, 10002, 10003

6. Record the unique ID number on the top right corner of each paper survey cover sheet as you enter it - use the number that corresponds with the number in **column F** on the worksheet so you can refer back to it later and avoid duplication.

7. Enter the responses from each survey on a separate row. Each survey is an individual record.

8. **FOR ENTRY SURVEYS: If you are entering data from an Entry survey, respondents are not asked questions 1a, 1b, 1c, 2, and 3: For each of these cells enter the letter 'E'. DO NOT LEAVE THESE CELLS BLANK** or they will be counted as missing data.

9. Enter the numeric value of each answer *(the numeric value of each answer is in small font adjacent to or above each check box associated with a survey question. See inside the circles in Figure 1, below).*

Figure 1. Numeric values of responses.

10. Most of the survey responses must fall within a specific range (i.e., 1 to 4 or 1 to 5). If you enter a value outside of the range the entire cell will turn **RED** to alert you that there is a problem.

11. If a participant circles two answers on a "choose only one" item, record the **higher of the two values.**

12. If a participant checks in between two answers or records something other than a whole number (e.g. 4 ½), round up or record the **higher of the two values**.

13. If a survey question was not answered, do not enter a value in the worksheet for that question. Skip that question and move on to the next survey question. Enter the value associated with each question on the survey on a single row (Figure 2, below).

14. The Program Entry surveys have up to 18 categories for "places of origin or ancestries", but you can only enter up to 6 of them in the DESRT. If a client checks more than 6 boxes, list the remaining numbers in the final column, separated by commas (e.g., 11,14,17,18).

15. **Save frequently!** At a minimum, we recommend saving the file after each row of data you enter (press Ctrl + S on your keyboard or press the Save icon).

16. After you are finished entering all of the participant data, **save the file** again. Then, **PRESS F9 on your keyboard** (the F9 key is usually at the top right on a standard keyboard). Pressing F9 causes the spreadsheet to update the Reports tab with the data you just entered.
    - Each time you enter data and want to see the updated charts, you will need to press F9. **The Report tab charts will only automatically update after you press F9.**
    - The charts may take between 30 seconds and a few minutes to update, depending on how much data you have on the Data sheet. You can see the percentage of progress in the loading bar on the bottom right of the Excel document.
    - If any values have been entered that are invalid or out of range, that cell will turn **RED**. Please check the paper survey for that item and reenter the valid response.
    - Re-save the file after the charts have updated and any errors resolved.

Figure 2. Example of Data Entry.

Knowledge			Kessler-6					
Q2. How much did this program help you? (from 1 to 4)	Q3. I plan to use what I learned in this program (from 1 to 5)		Q4a. During the past 30 days, how often did you feel …**nervous**? (from 0 to 4)	Q4b. …**hopeless**? (from 0 to 4)	Q4c. …**restless or fidgety**? (from 0 to 4)	Q4d. …**so depressed that nothing could cheer you up**? (from 0 to 4)	Q4e. …**that everything was an effort**? (from 0 to 4)	Q4f. … **worthless**? (from 0 to 4)
2	1		2	1	2	4	1	1
3	2		4	2	4	2	1	2
1	5		3	2	0	0	2	2
2	3		2	0	2	3	4	1
4	3		2	4	4	4	2	4
	1		4	4	3	2	4	3
1	4		1	0	0	1	1	1
2	4		3	1	0	1	2	2

17. Once you have entered the data, place a check mark, or some identifying mark like initials, on each paper survey you received to avoid duplicate entries.

18. Once you have finished data entry, email the DESRT with cumulative data for each program you are implementing to: PEIPrevention@dmh.lacounty.gov. Title the file with the program name (Erica's Lighthouse, AILS, etc.), survey name (Youth, Adult, Parent), provider name, and dates of collection.

Guidance for Using Results

The following guidance will walk you through how to navigate the Reports sheet in a DESRT, interpret the report charts, and determine if the report suggests there was a significant program effect between program entry and follow up.

<u>**Navigating and Interpreting the Reports Sheet**</u>

At the top of the Report sheet in each DESRT you will see a box that looks like the example in Figure 3:

Figure 3. Example of Participant Totals.

TOTAL SURVEYS COMPLETED	12
TOTAL surveys completed at Entry:	5
TOTAL surveys completed at Follow-up:	7

Total surveys completed are the number of Entry and Follow-up questionnaires that have been entered into the Data sheet (e.g., Figure 2). The numbers below it show the **total completed at Entry** and **at Follow-Up**.

➢ Note: These totals are based on the Survey Version column in the Data sheet. **This is why it is critical that the Version column is always filled in.** If the version number (i.e., 1 or 2) is not filled in on the Data sheet, the participant is not counted in any of the report totals.

The next block of information on the Reports sheet is the report Contents table (see Figure 4). Each indicator (attendance, program helpfulness, etc.) is associated with a figure number to help you navigate to your outcome of interest.

Figure 4. Example Report Table of Contents from Youth DESRT.

CONTENTS	
Indicator	**Figure**
Attendance	1
Helpfulness	2
Intent to use knowledge	3
Depressive Symptoms	4
Psychological functioning	5
Behavioral problems	6
Self-efficacy	7
Attitudes towards drug and alcohol use	8, 9, 10
Peer social support	11
Family social support	12
School attendance	13
School behavioral engagement	14

Each report shows explanatory information on the left and a bar chart on the right (see Figure 5). The **Indicator** is the risk or protective factor shown in the report (e.g., depressive symptoms, family functioning, self-efficacy, etc.). The **Measure** is the name of the validated assessment tool from which the survey questions were drawn. **Question numbers** refer to the question numbers in the questionnaire. The **Description** explains what the questions measure and how the questions are scored to form the totals shown in the chart on the right. The **Figure** text box explains how to interpret the chart, including how decisions were made to exclude participants if they were missing answers to any of the questions.

Figure 5. Example of Youth DESRT Report on Depressive Symptoms.

Indicator:	Depressive Symptoms
Measure:	Kessler-6
Question number(s):	Q4a-Q4f
Description:	The Kessler-6 measures the extent to which a respondent experienced depressive symptoms in the last 30 days. Respondents are asked to rate how often they felt nervous, hopeless, restless or fidgety, so depressed that nothing could cheer them up, that everything was an effort, and worthless, from (0) *All of the time*, to (4) *None of the time*. Responses are summed, and a total score that is 12 or below is considered within the normal range, and a total score above 12 is an elevated level of depressive symptomatology.
Figure:	Figure 4 depicts the percentage of respondents who completed entry or follow up surveys and scored within normal or elevated ranges for depressive symptomatology. Participants who did not answer one or more of the six questions were excluded. The error bars show the range of uncertainty using a 95% confidence interval.

	Total N	Excluded	n
Entry	5	1	4
Follow-up	5	0	5
Total:	10	1	9

In Figure 5 you can see that the bars on the left refer to the answers on the Entry survey and the bars on the right refer to answers on the Follow-up survey. At Entry, most participants reported "elevated" depressive symptoms (red column), while at Follow-up most participants were in the "normal" range for depressive symptoms, i.e., participants with this score do not score within a clinical range for depression. The change was from 20% normal at entry to 80% normal at follow up. This should be interpreted as a very positive outcome.

In the Figure 6 below, you can see that the blue bars refer to the answers on the Entry survey and the red bars on refer to answers on the Follow-up survey. At Entry, more participants reported that they did not disapprove of someone their age having one or two drinks of alcohol a day, and that number decreased slightly at Follow-up. Similarly, the number of participants who "somewhat disapproved" or "strongly disapproved" increased at Follow-up but only slightly. These might be interpreted as a moderately positive outcome.

Figure 6. Example of Youth DESRT Report on Attitudes towards Alcohol Use.

Indicator:	Attitudes towards drug and alcohol use
Measure:	National Survey on Drug Use and Health
Question number(s):	10
Description:	Respondents were asked how they felt about someone their age having one or two drinks of an alcoholic beverage nearly every day. Response options were (1) Do not disapprove, (2) Somewhat disapprove, or (3) Strongly disapprove.
Figure:	Figure 8 depicts the percentage of respondents completing entry or follow-up surveys who did not disapprove, somewhat disapproved, or strongly disapproved of someone their age having one or two drinks of an alcoholic beverage nearly every day. The error bars suggest the full range of uncertainty using a 95% confidence interval. The percentage of respondents who did not answer the question (the data were missing) are reported in the column labeled *Excluded*.
Measure citation:	SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002-2015.

Figure 6. How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?

	Total N	Excluded	*n*
Entry	5	0	5
Follow-up	5	1	4
Total:	10	1	9

Participant totals are reported in the table below the graph. The **Total N** is the total number of all participants who completed Entry or Follow-up questionnaires. The number **Excluded** are those who were missing responses to questions for this report (rules for excluding participants from calculations are always described in the **Figure** explanation to the left of each report). The ***n*** is the Total N minus the number of participants Excluded; therefore, ***n*** is the number of participants included in the report chart in the Entry and Follow-up bars.

What to look for if you have Entry data only:

If your program is a single session-only program and you have not collected follow-up data, or if you have not yet collected any follow-up data from your multiple-session program, your Reports can still give you important information.

➢ Reports can tell you about the characteristics of the individuals who participate in your program. For example, it may be helpful to know that many of your participants have elevated levels of depressive symptoms, or that they never or rarely have adequate social support. Information about the levels of risk or protective factors participants have when they enter your program can help you better tailor your activities to their specific needs.

➢ Similarly, demographic information will tell you about the characteristics of those who are accessing your services, which you can then use to compare to your target population to determine if you are reaching the right individuals.

What to look for if you have Entry and Follow-up data:

In addition to the Entry-only information above, if you have both Entry and Follow-up data from participants you can look for changes between the two groups.

Positive (desired) outcomes:
- ➢ A *decrease* in a risk factor from Entry to Follow-up
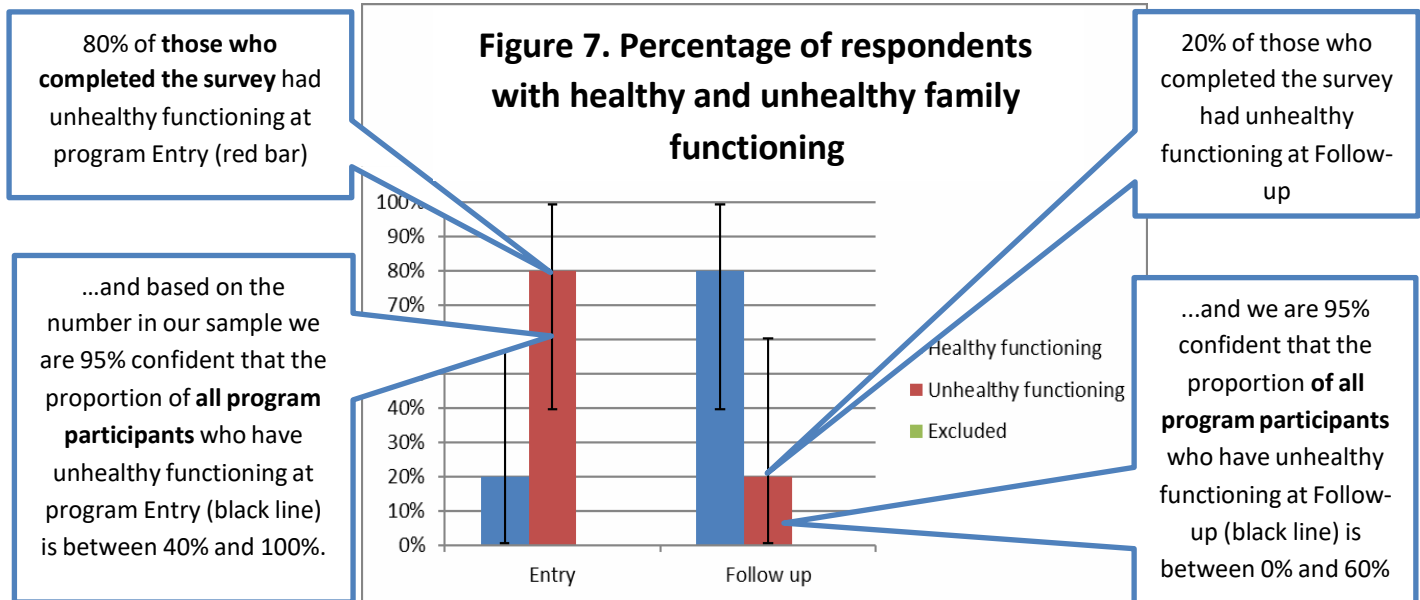- ➢ An *increase* in a protective factor from Entry to Follow-up

Outcomes indicating a need for improvement (undesired outcomes):
- ➢ An *increase* in a risk factor from Entry to Follow-up
- ➢ A *decrease* in a protective factor from Entry to Follow-up

Understanding confidence intervals:

The black lines on each bar indicate the 95% confidence interval for each item. Confidence intervals can be used to make inferences about how well your sample (i.e., those who completed the survey) represents everyone in your program (i.e., not just those who completed the survey). The bars show the range in which the percentage of all program participants are likely to fall versus the actual sample from which the data was collected, shown in the colored columns. With very few participant surveys entered the confidence intervals are large and often overlapping between entry and follow up. When confidence intervals overlap we cannot make any assumptions about whether the program had an effect on the outcome without doing other statistical calculations (such as a t-test). Figure 7 below shows data from 5 program participants who completed Entry surveys and 5 participants who completed Follow-up surveys. You can see that in this example the confidence intervals, depicted by the vertical black lines, overlap.

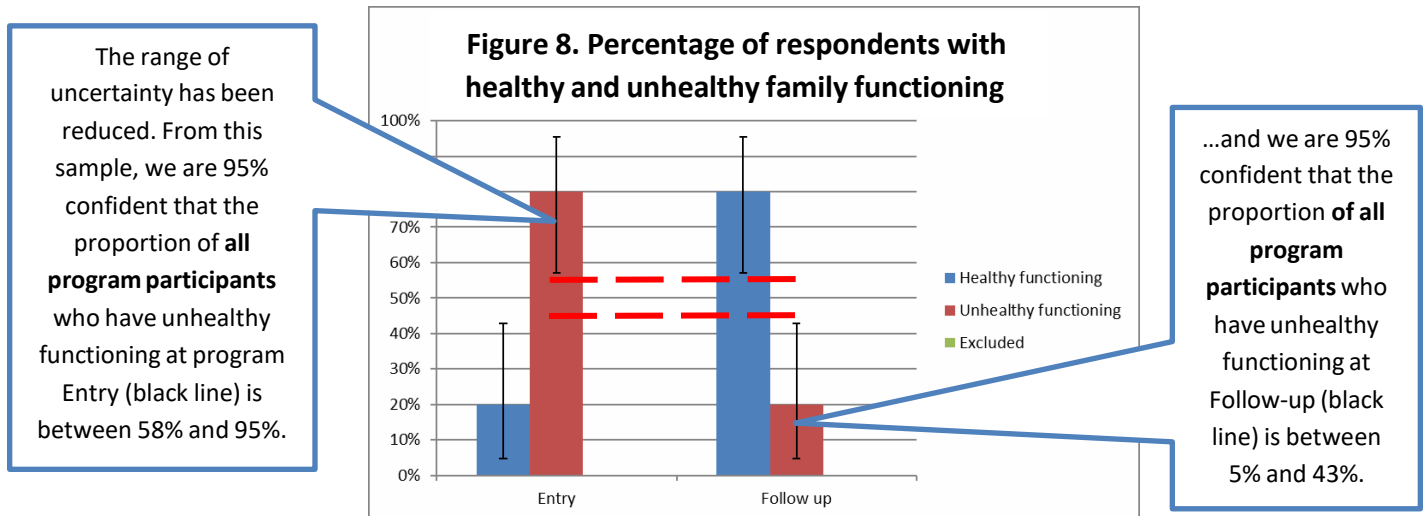Figure 7. Example of Adult DESRT Report on Family Functioning: 10 Participants.

80% of **those who completed the survey** had unhealthy functioning at program Entry (red bar)

...and based on the number in our sample we are 95% confident that the proportion of **all program participants** who have unhealthy functioning at program Entry (black line) is between 40% and 100%.

Figure 7. Percentage of respondents with healthy and unhealthy family functioning

Healthy functioning
Unhealthy functioning
Excluded

Entry   Follow up

20% of those who completed the survey had unhealthy functioning at Follow-up

...and we are 95% confident that the proportion **of all program participants** who have unhealthy functioning at Follow-up (black line) is between 0% and 60%

➢ **When confidence intervals overlap like this between Entry and Follow Up, we cannot make any conclusions as to whether the program had a significant effect on the outcome without conducting further statistical tests.** In this example, the percentage of those with unhealthy functioning at Entry and Follow Up cannot be said to be different.

From the example above you may be thinking, "*Between 40% and 100% of program participants have unhealthy functioning"? That's a wide range and doesn't tell us much!* You would be correct. That is why it is important to have as many people complete the surveys as possible:

➢ **As you add more and more data from additional program participants, the confidence intervals shrink.** The bigger your pool of sample data, the more accurate your inference about the whole population of participants, and the more likely you are to detect program effects if they exist.

The example in Figure 8 below is data from 15 participants at Entry and 15 participants at Follow-up. Notice how the error bars are smaller.

Figure 8. Example of Adult DESRT Report on Family Functioning: 30 Participants.

The range of uncertainty has been reduced. From this sample, we are 95% confident that the proportion of **all program participants** who have unhealthy functioning at program Entry (black line) is between 58% and 95%.

Figure 8. Percentage of respondents with healthy and unhealthy family functioning

…and we are 95% confident that the proportion **of all program participants** who have unhealthy functioning at Follow-up (black line) is between 5% and 43%.

➢ **When confidence intervals DO NOT overlap between Entry and Follow Up, the program likely had a statistically significant effect on the outcome.** In this example, we CAN conclude that the percentage of those with unhealthy functioning declined between Entry and Follow Up.

➢ **From this report we could conclude that the percentage of participants with unhealthy functioning significantly declined between program Entry and Follow-Up.**

   o **Note:** We can conclude this only if the sample sizes at Entry and Follow-up are equal or nearly equal, as they are in this example. If sample sizes are unequal it is best to rely on statistical analyses for conclusions about significant program effects.