

AHEC Veterans Mental Health Project

Form Guidelines

The following guidelines were developed to explain the importance of each data element being collected for this project. Each data element is numbered to correspond with that element in the Registration, Evaluation, and Follow-up Evaluation forms and the Reporting worksheet. Items shaded in gray are not currently required by or reported to HRSA. All other items were captured in the most recent 2012 HRSA reporting.

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Participant Registration Form Guidelines

AHEC Project for the Behavioral/Mental Health of Veterans/Service Members & Families

The HRSA report does not require individual level data for Continuing Education participants. This form is built for individual participants to complete, as is typical for CE participants. You may have systems for tracking individual participants. This form will capture the current requirements for the Federal Performance Measures for AHECs. It may have a few data points that are not strictly required but are highly useful in program evaluation and performance measurement processes.

Form Item	Notations
¹Today's Date:	1. Today's Date– (internal use) Reporting period is July 1, 2011 to June 30, 2012.
²AHEC Center:	2. AHEC Center – Center name or identifier (internal use)
<i>³Information for this form is provided voluntarily. AHEC is required to report information about program participants. Data will be kept private to the extent allowed by law and will be referenced periodically to evaluate the effectiveness of AHEC services and programs. We appreciate your cooperation in the completion of this form. Please type or print clearly.</i>	3. Purpose Statement - is recommended. This is only an example and is not offered as a legal statement. You may also want to add the statement about the follow-up evaluation here. <i>"Within in the next month you may receive a request to complete a very brief survey to assess the effectiveness of this offering in integrating key concepts into your professional practice."</i>
⁴ID(AHEC Office Use Only):	4. Identifier: This identifier is for the AHEC staff to complete, not the participant. It is an element useful in many systems of record keeping and tracking outcomes. If you do not have a system already in place, you could begin with 0000001 and assign to each completed participant's registration form. You may use this number in the processes for evaluation follow-up.
⁵Participant Type (select one) Student, Healthcare Prof/Worker, Other	5. Participant Type – if they are already a health professional but currently a student too, they should check health professional.
⁶Last Name/First name	6. This is Personal Identifying Information (PII). Needed for registration, CE accreditation, tracking, and evaluation follow-up. This information should be kept private to the extent allowed by law.
⁷Address	7. Follow-up, marketing, tracking, and evaluation.
⁸City	8. Follow-up, marketing, tracking, and evaluation.
⁹County (Parish or Borough)	9. Follow-up, marketing, tracking, and evaluation.
¹⁰State	10. Follow-up, marketing, tracking, and evaluation.
¹¹Zip code (9 digits if possible)	11. Follow-up, marketing, tracking, and evaluation. 9-digit aids geo-mapping evaluation strategies.
¹²Primary Phone #	12. This is Personal Identifying Information (PII). Utilized for future marketing, tracking, and follow-up evaluation. It is important for meeting the follow-up evaluation requirement .
¹³Preferred Email address	13. This is Personal Identifying Information (PII). Utilized for future marketing, tracking, and follow-up evaluation. It is important for meeting the follow-up evaluation requirement .
¹⁴Employer Name	14. Identifying site type, follow-up, marketing, tracking, and evaluation. Some systems may find it more accurate and effective to research each employer and provide the MUC/Rural site determination, instead of requesting the information from the participant. The following location information will be needed for making the site determination.
¹⁵Work/ Practice Location(s) Address	15. Identifying site type, follow-up, marketing, tracking, and evaluation.
¹⁶City	16. Identifying site type, follow-up, marketing, tracking, and evaluation.
¹⁷County (Parish or Borough)	17. Identifying site type, follow-up, marketing, tracking, and evaluation.
¹⁸State	18. Identifying site type, follow-up, marketing, tracking, and evaluation.
¹⁹Zip code (9 digits if possible)	19. Identifying site type, follow-up, marketing, tracking, and evaluation. 9-digit Zip Code aids geo-mapping evaluation strategies.

<p>²⁰Are you employed by or work in following? (select <u>all</u> that apply)</p> <p>**Other Medically Underserved Site such as: School health services and health clinics, Emergency care facilities, State owned facilities for indigent care, teaching hospitals, and other teaching facilities with a Medicaid/Medicare patient population of 50% or more of the total patient population, Sites with un-insured patient population greater than the national average, Ambulatory practice sites with a Medicaid/Medicare patient population of 50% or more of the total patient population including public, non-profit, faith-based, charity, and other types of clinics where the ability to pay does not restrict access.</p>	<p>20. Note that this item requests to select <u>all that apply</u>. When a participant selects any ** item, they can be counted toward Medically Underserved categories in CE-2 Row 2 Col 2. AHECs have a priority for working with CHCs and FQHCs and may wish to report these separately for other data requests. The location data will aid in researching and identifying employment setting for CE-2 Row 2 Col 3. Rural is based on the county being designated as not part of a Metropolitan Statistical Area.</p> <p>**These 'Other Medically Underserved Sites' are not included in the glossary for the Federal Performance Measures; however, you may wish to report these separately for other data requests. They should not be included in the federal report for MUC CE-2 Row 2 Col 2.</p>
<p>²¹Health Professional / Worker Discipline (select only one)</p>	<p>21. Follow-up, tracking, and evaluation. The disciplines listed are those that HRSA prefers AHECs report within for greater consistency and reliability of the data. This will result in a more controlled measure that can document outcomes and impacts with greater reliability. This is the list required for reporting. In the case of slightly different titles or credentials the participants can be added to the related discipline category, for example Physical Therapy Assistant can be reported with Physical Therapy.</p>
<p>²²Do you intend to apply the training from this activity toward employment or professional requirements, continuing education credit, certification, or credentialing? Yes/No</p>	<p>22. HRSA Performance Measure requirement. Project OUTCOMES: Proxy for retention measure</p>

Shaded fields are not required by or reported to HRSA.

The OMB control number for this project is 0915-0352. Expiration date (7/31/2015).

Participant Evaluation Form Guidelines

AHEC Project for the Behavioral/Mental Health of Veterans/Service Members & Families

CE/PES Continuing Education/Professional Education and Support

This form is built for individual participants to complete, as is typical for CE participants. **Gathering this data is a requirement for participating in the project.**

Each individual CE offering must include learning objectives measured by items 1-5. Items 6-10 evaluate optional learning objectives. Utilize what is appropriate for your CE offering.

Form Item	Notations
<p>¹Information for this form is provided voluntarily. AHEC is required to report information about program participants. Data will be kept private to the extent allowed by law and will be referenced periodically to evaluate the effectiveness of AHEC services and programs. We appreciate your cooperation in the completion of this form. Please type or print clearly.</p> <p>Within in the next month you <u>may</u> receive a request to complete a very brief survey to assess the effectiveness of this offering in relation to your commitment to change your professional practice</p>	<p>1. Purpose Statement - is recommended. This is only an example and is not offered as a legal statement.</p> <p>This statement will inform participants that there will be evaluation follow-up. There is some indication in the literature that planned communications about 'Commit To Change' increases the actual change in practice.</p>
² Today's Date:	2. Today's Date- (internal use)
³ CE Offering Title:	3. AHEC organizing data
⁴ 1. . In this educational session I increased my knowledge of military culture.	4. Project OUTCOMES: Change in knowledge Provide the number selecting each possible response.
⁵ 2. In this educational session I increased my knowledge of veterans/service members and their families mental/behavioral health issues.	5. Project OUTCOMES: Change in knowledge Provide the number selecting each possible response.
⁶ 3. After completing this educational session I intend to improve. _____ # participants who added any response	6. Project OUTCOMES: Change in professional's behavior. Report the # who gave any response for this item.
⁷ 4. I will ask my patients/clients if they or any close family members have served or are serving in the military.	7. Project OUTCOMES: Change in professional's behavior. Provide the number for each response item. Items 7 and 8 are designed as a 'Retrospective Pretest ', also known as 'Then Now' questions. The protocol is to ask the participant to respond based on their answer after the educational offering and then reflect on how they would have responded before the educational offering. The sequencing of the questions is part of the design.
⁸ 5. <u>Before</u> completing this educational session, I routinely asked my patients/clients if they or any close family members have served or were serving in the military.	8. See above
⁹ 6. I will assess veteran/service member patients or clients for signs and symptoms of Traumatic Brain Injury.	9. Project OUTCOMES: Change in professional's behavior. Provide the number for each response item.
¹⁰ 7. When I am concerned about PTSD, I will ask: Have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you have had nightmares about it or thought about it when you did not want to?	10. Project OUTCOMES: Change in professional's behavior. Provide the number for each response item.
¹¹ 8. I will refer patients/clients to the PTSD resource: http://www.ptsd.va.gov	11. Project OUTCOMES: Change in professional's behavior.
¹² For Licensed Primary Care and Behavioral Health Professionals ONLY 9. I will enroll in the searchable online directory of health providers willing to serve the needs of service members that is maintained by the War Within database (http://warwithin.org/fhp.php).	12. Project OUTCOMES: Access to care. Provide the number for each response item.
¹³ For Licensed Primary Care and Behavioral Health Professionals ONLY 10. I am a TRICARE (Military Health Care Insurance) Provider now. I intend to become a TRICARE Provider.	13. Project OUTCOMES: Access to care. Provide the number for each response item.

Participant Follow-Up Evaluation Form Guidelines

AHEC Project for the Behavioral/Mental Health of Veterans/Service Members & Families

CE/PES Continuing Education/Professional Education and Support

This form is built for AHEC staff to complete from participants' email or phone responses. **Gathering this data is a requirement for participating in this project.** The Follow-Up Evaluation is to be conducted with a random sample of 2% of your event participants.

Each individual CE offering must include learning objectives measured by items 1-3. Items 4-8 evaluate optional learning objectives. Utilize what is appropriate for your CE offering.

Form Item	Notations
1. At the CE offering, I made a commitment to improve something. Yes, No If 'Yes' please identify the area/activity you committed to change. As relates to the change you identified have you: Begun to implement, Planning to implement, Decided not to implement.	1. Project OUTCOMES: Change in professional's behavior
2. I will ask my patients/clients if they or any close family members have served or are serving in the military. Begun to implement, Planning to implement, Decided not to implement.	2. Project OUTCOMES: Change in professional's behavior
3. If I have begun to implement asking my patients/clients if they or any close family members have served or are serving in the military. Always, Usually, About half the time, Seldom, Never	3. Project OUTCOMES: Change in professional's behavior rate
4. I will assess veteran/service member patients or clients for signs and symptoms of Traumatic Brain Injury. Begun to implement, Planning to implement, Decided not to implement.	4. Project OUTCOMES: Change in professional's behavior
5. When I am concerned about PTSD, I will ask: Have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you have had nightmares about it or thought about it when you did not want to? Begun to implement, Planning to implement, Decided not to implement.	5. Project OUTCOMES: Change in professional's behavior
6. I will refer patients/clients to the PTSD resource: http://www.ptsd.va.gov Begun to implement, Planning to implement, Decided not to implement.	6. Project OUTCOMES: Change in professional's behavior
For Licensed Primary Care and Behavioral Health Professionals ONLY 7. I will enroll in the searchable online directory of health providers willing to serve the needs of service members that is maintained by the War Within database (http://warwithin.org/fhp.php). Yes? ____ No? ____ Already enrolled? ____	7. Project OUTCOMES: Access to care. Provide the number for each response item.
For Licensed Primary Care and Behavioral Health Professionals ONLY 8. I am a TRICARE (Military Health Care Insurance) Provider. Yes? ____ No? ____ Already enrolled? ____	8. Project OUTCOMES: Access to care. Provide the number for each response item.

VMH CE Report Worksheet Guidelines

AHEC Project for the Behavioral/Mental Health of Veterans/Service Members & Families
CE/PES Continuing Education/Professional Education and Support

For each CE offering, use this worksheet to aggregate your data, then enter it in the required Excel spreadsheet. Email the spreadsheet to A-TrACC at info@atracc.org. All reports must be submitted no later than August 15, 2013.

Form Item	Notations
¹ CE Activity Date:	1. Date of the offering
² State:	2. State where the AHEC center is located
³ AHEC Center:	3. AHEC center reporting the CE activity. If multiple AHEC centers involved report should be from only one center.
⁴ Data Entry Contact Name	4. Internal Use
⁵ Data Entry Contact Phone	5. Internal Use
⁶ Data Entry Contact Email	6. Internal Use
⁷ CE Activity Title	7. Title of the CE offering
⁸ Number of offerings (Not Applicable)	8. For the purpose of this project you will submit a report after each separate offering, so this item is not applicable. For the annual Federal report, if the offering is given at the <u>same time in multiple sites</u> it is counted as <u>one offering</u> .
⁹ Hours of instruction	9. Enter the total number of instruction hours per offering
¹⁰ CE Accredited <input type="checkbox"/> Yes <input type="checkbox"/> No	10. This is a new required data point. Non- accredited CEs add value and prepare the workforce, but HRSA also wants to capture which ones are accredited.
¹¹ Interpersonal/Interdisciplinary education?	11. Yes/No. If Yes, indicate disciplines represented.
¹² CE Activity included content related to (check all that apply) Identification of veterans/service members and their families, Mental/Behavioral Health, Military Culture, PTSD, Traumatic Brain Injury, TRICARE (Military Health Care Insurance), War Within database (http://warwithin.org/fhp.php)	12. Not all CEs will cover <u>all</u> aspects of veterans/service members mental/behavioral health issues listed here. All CE programs offered through the AHEC Project must include <u>Identification of veterans/service members and their families, Mental/Behavioral Health issues and Military Culture.</u>
¹³ Is CE Offering location site(s) predominately (check all that apply) Underserved, Non-Underserved, Rural (Non-MSA), Non-Rural (MSA), Unknown	13. This is for the location of the CE offering(s). You may have multiple sites so mark all the boxes that apply to those multiple sites. MSA = Metropolitan Statistical Area
¹⁴ Zip code of CE Offering location site(s):	14. Provide zip codes for the location(s) of the CE offering(s).
¹⁵ Delivery Mode (mark all that apply)	15. Some video conferencing/live presentations also can include a web-based site or two and telehealth system we can have live, web-based and video conferencing at one conference. Indicate all that apply.
¹⁶ Partners/Leveraging	16. Mark up to 3 choices. The Veterans Administration is an obvious possibility for partnering in this project.
¹⁷ Primary Topic (Select one)	17. Please note that for this project we added a choice of AHEC Veterans/Service Members Mental/Behavioral Health. Please select that box for the primary topic.
¹⁸ Secondary Topic (Select one)	18. Secondary topics could be a variety with Mental Health being an obvious choice. Make selections from item ¹⁷ .
¹⁹ Participants by Discipline	19. This is the list recommended by HRSA for 2012 reporting. In the case of slightly different titles or credentials the participants can be added to the related discipline category, for example Physical Therapists Assistants can be reported with Physical Therapists.
²⁰ Total # of Participants	20. Total number. Use this number for comparisons to all other totals.
²¹ Participants <u>Employed</u> :	21. Total <u>will not equal</u> item ²⁰ Total # of Participants because participants can choose more than one classification. *HRSA designated Medically Underserved Community (MUC) ** Not to be included in HRSA designated Medically Underserved Community (MUC) reporting category - This category may be useful in your evaluation strategies and reporting to other stakeholders.

<p>²²Number of participants by discipline by their zip code address for where they work (or home zip if work not available)</p>	<p>22. This information is critical for the project. Project Outcome - Distribution of Knowledge A sample spreadsheet matrix will be provided. Use applicable disciplines from Item #19.</p>
<p>²³ Participant response to - Does your participation in this activity meet licensure, certification, employer, or professional education requirements? (Yes or No)</p>	<p>23. Project OUTCOMES: Proxy for retention measure</p>
<p>Participants' Evaluation Responses at the end of the CE Offering</p>	
<p>²⁴1. In this educational session I increased my knowledge of military culture.</p>	<p>24. Project OUTCOMES: Change in knowledge Provide the number for each response item.</p>
<p>²⁵2. In this educational session I increased my knowledge of veterans/service members and their families mental/behavioral health issues.</p>	<p>25. Project OUTCOMES: Change in knowledge Provide the number for each response item.</p>
<p>²⁶3. After completing this educational session I intend to improve. _____ # participants who added any response</p>	<p>26. Project OUTCOMES: Change in professional's behavior report the # who give any response for this item.</p>
<p>²⁷4. I will ask my patients/clients if they or any close family members have served or are serving in the military.</p>	<p>27. Project OUTCOMES: Change in professional's behavior. Items 7 and 8 are designed as a 'Retrospective Pretest,' also known as 'Then Now' questions. The protocol is to ask participants to respond based on their answer after the educational offering and then reflect on how they would have responded before the offering. The sequencing of questions is part of the design.</p>
<p>²⁸5. <u>Before</u> completing this educational session, I routinely asked my patients/clients if they or any close family members have served or were serving in the military.</p>	<p>28. See above</p>
<p>²⁹6. I will assess veteran/service member patients or clients for signs and symptoms of Traumatic Brain Injury.</p>	<p>29. Project OUTCOMES: Change in knowledge Provide the number for each response item.</p>
<p>³⁰7. When I am concerned about PTSD, I will ask: Have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you have had nightmares about it or thought about it when you did not want to?</p>	<p>30. Project OUTCOMES: Change in professional's behavior Provide the number for each response item.</p>
<p>³¹8. I will refer patients/clients to the PTSD resource: http://www.ptsd.va.gov</p>	<p>31. Project OUTCOMES: Change in professional's behavior</p>
<p>³²For Licensed Primary Care and Behavioral Health Professionals ONLY 9. I will enroll in the searchable online directory of health providers willing to serve the needs of service members that is maintained by the War Within database (http://warwithin.org/fhp.php).</p>	<p>32. Project OUTCOMES: Access to care. Provide the number for each response item.</p>
<p>³³For Licensed Primary Care and Behavioral Health Professionals ONLY 10. I am a TRICARE (Military Health Care Insurance) Provider now. Yes, No, Not Applicable I intend to become a TRICARE Provider. Yes, No, Not Applicable</p>	<p>33. Project OUTCOMES: Access to care. Provide the number for each response item.</p>
<p>Participants' Evaluation Responses from the email/phone follow-up evaluation</p>	
<p>³⁴1. At the CE offering, I made a commitment to improve something. Yes, No If 'Yes' please identify the area/activity you committed to change. As relates to the change you identified have you: Begun to implement, Planning to implement, Decided not to implement.</p>	<p>34. Project OUTCOMES: Change in professional's behavior</p>
<p>³⁵2. I will ask my patients/clients if they or any close family members have served or are serving in the military. Begun to implement, Planning to implement, Decided not to implement.</p>	<p>35. Project OUTCOMES: Change in professional's behavior</p>
<p>³⁶3. If I have begun to implement asking my patients/clients if they or any close family members have served or are serving in the military, I do so: Always, Usually, About half the time, Seldom, Never, Not Applicable/No response</p>	<p>36. Project OUTCOMES: Change in professional's behavior</p>
<p>³⁷3. I will assess veteran/service member patients or clients for signs and symptoms of Traumatic Brain Injury. Begun to implement, Planning to implement, Decided not to implement.</p>	<p>37. Project OUTCOMES: Change in professional's behavior</p>

<p>³⁸4. When I am concerned about PTSD, I will ask: Have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you have had nightmares about it or thought about it when you did not want to? Begun to implement, Planning to implement, Decided not to implement.</p>	<p>38. Project OUTCOMES: Change in professional's behavior</p>
<p>³⁹5. I will refer patients/clients to the PTSD resource: http://www.ptsd.va.gov Begun to implement, Planning to implement, Decided not to implement.</p>	<p>39. Project OUTCOMES: Change in professional's behavior</p>
<p>⁴⁰FOR LICENSED PRIMARY CARE AND BEHAVIORAL HEALTH PROFESSIONALS ONLY 6. I will enroll in the searchable online directory of health providers willing to serve the needs of service members that is maintained by the War Within database (http://warwithin.org/fhp.php). Yes ___ # No ___ # Already enrolled ___ #</p>	<p>40. Project OUTCOMES: Access to care. Provide the number for each response item.</p>
<p>⁴¹FOR LICENSED PRIMARY CARE AND BEHAVIORAL HEALTH PROFESSIONALS ONLY 7. I am a TriCare (Military Health Care Insurance) Provider. Yes ___ # No ___ # Already enrolled ___ #</p>	<p>41. Project OUTCOMES: Access to care. Provide the number for each response item.</p>

***Blue numbers correspond to 'AHEC Staff – VMH Report' items.
Shaded fields are not required by or reported to HRSA.**