

SMART Tip Sheets

Client Outcome Measures (COMs)

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COMs Profile

Outcome Substance Use

Outcome Health

The Client Outcome Measures Tip Sheet is designed to outline the steps to accurately complete outcome measures for clients receiving State Care Coordination services.

Total Pages: 5

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Client Outcome Measures (COMs)

As part of practice, the Client Outcome Measures (COMs) will be routinely used to assess the progress of State Care Coordination clients. This will require using a formal blended approach based upon client reporting/ feedback and clinical judgment. The COMs will be administered every six months based upon the time the client was enrolled. Please remember to complete the COMs within each six month window to remain in compliance.

Entry Steps: Login, Select State Care Coordination Facility, Completed Client Profile, Completed Client Program Enrollment, Select Client List, Search for Client, and Click Activity List.

1. Go to the Menu Tree, and click **Client Outcome Measures**.
2. This will open the Client Outcome Measures List view screen. The screen will contain a list of all the COMs done for your client.
3. Click **Add Client Outcome Measure**.
4. This will open the COMs Profile screen.

COMs alerts can be created in SMART. These alerts appear on the SMART Home Page once you have logged in. The Alerts will not be present for any client with a Program Enrollment End Date.

SMART Training User: Gibbs, Sharon
LOC: OM- Training Agency, State Care Coordination
Client: 1st Friday, Thursday | 831018906781 | Case #: 1
Printable View May 2013, Rev 1

Home Page
Agency
Group List
Drug Testing Check In
Caseload Summary
Client List
Client Profile
MCASP Risk Assessment
Linked Consents
Non-Episode Contact
Activity List
Court Monitoring
Judicial Court Care
Intake
Fee Determination
Drug Testing
Wait List
Tx Team
Screening
Assessments
Admission
Program Enroll
ECourt
Encounters
Notes
Treatment
Outcomes
Client Outcome Measures
Discharge

Activity	Activity Date	Created Date	Status	Actions
Client Information (Profile)	3/2/2012	6/19/2012	Completed	Review
Intake Transaction	3/2/2012	6/19/2012	Completed	Review
Client Program Enrollment (State Funded Care Coordination)	1/26/2013	6/26/2013	Completed	Review

SMART Training User: Gibbs, Sharon
LOC: OM- Training Agency, State Care Coordination
Client: 1st Friday, Thursday | 831018906781 | Case #: 1
Printable View May 2013, Rev 1

Discharge Date	Follow Up Date	Actions
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Add Client Outcome Measure

SMART User: Gibbs, Sharon
Site: RMC Treatment Center | Training Agency, Provider
Client
Printable View May 2013, Rev 1

Agency Alert Configuration Profile

Configuration Type: Agency
Alert Name: Client Outcome Measure
Trigger Point: Program enrollment date
Alert Descriptor: Includes the clients who are due for an outcome survey
What message should appear to users? Client is due for a COMs
When is the next activity due (days after the trigger point)? 90
How many days prior to the due date should the alert show up? 7
Which user(s) should receive the message? Case Assigned To
Should message turn on when overlaid? Yes
Include cases where no build of care indicated? Yes

Levels of Care: Ready for these Levels of Care
Assessment Only
1-1 Early After system
Completed Treatment
1-0 Outpatient Ambulatory Clinic Services

Which facilities follow these rules: Include/Exclude Facilities
All Care
Central
Columbia
Northgate

Alert should also be displayed if the many days after it is generated: 90
Expiration Date: []

COMS Alert Configuration Screen

Effective Date: 6/26/2013

Cancel Save Fresh

Client Outcome Measures Profile

It is important to complete all fields in order to obtain an accurate assessment of your client's progress and to gauge any necessary interventions.

1. **Outcome Date:** Enter the date in which you are performing the outcome. Note: Each State Care Coordination client requires a COMs every six months.
2. **Employment Status:** Select your clients employment status.
3. **Living Arrangements:** Select the best answer which describes your client's living arrangement.
4. **# of Arrests Since Discharge:** Enter the number of times your client has been arrested since being discharged.
5. **Source of Information:** Select who is providing you the information to complete your client's COMs, i.e., Client, Friend, etc. If more than one, provide the primary source.
6. **Participated in a Self-Help Group in Past 30 Days:** Select the best answer which indicates whether your client was involved in a self-help group, i.e., Yes, No, or Unknown.
7. **Current Educational Activities:** Indicate if your client is currently involved in any educational activities.

Click **Save**, and then click the right arrow.



SMART Training

User: Gibbs, Sharon
Loc: CM - Training Agency, State Care Coordination
Client: Trifoley, TheriKathy | F010180547807 | Case #: 1

Generate Report Printable View

May 2013, Rev 1

Logout

Client Outcome Measures

Outcomes Date: 6/25/2013

Employment Status: Employed Part-Time (Less than 35 hrs.)

Living Arrangements: Independent Living

of Arrests Since Discharge: 0

Source of Information: Client

Participated in a Self-Help Group in Past 30 Days: Yes

Current educational activities: K-12: No, GED Program: No, Vocational Training: No, Higher Education: No

Record Status

Record Created By: [Empty] Created Date: [Empty]

Last Updated By: [Empty] Last Updated Date: [Empty]

Cancel Save Finish

SMART Training

User: Gibbs, Sharon
Loc: CM - Training Agency, State Care Coordination
Client: Trifoley, TheriKathy | F010180547807 | Case #: 1

Generate Report Printable View

May 2013, Rev 1

Logout

Client Outcome Measures

Outcomes Date: 6/26/2013

Employment Status: Employed Part-Time (Less than 35 hrs.)

Living Arrangements: Independent Living

of Arrests Since Discharge: 0

Source of Information: Client

Participated in a Self-Help Group in Past 30 Days: Yes

Current educational activities: K-12: No, GED Program: No, Vocational Training: No, Higher Education: No

Record Status

Record Created By: Gibbs, Sharon Created Date: 6/26/2013 2:35 PM

Last Updated By: Gibbs, Sharon Last Updated Date: 6/26/2013 2:35 PM

Cancel Save Finish

Outcomes Substance Use

The COMS Substance Use screen captures information about your client's substance use. You will be responsible for documenting whether the client is using or not. If the client is not, select 'None'. This will prefill all required fields for the Primary, Secondary, and Tertiary Drug fields. If your client is using a Primary substance, complete the Frequency and Route of Administration. Select 'None' if there is not any Secondary and/or Tertiary substance use.

1. **Primary Drug:**

- Select your client's Primary Drug.
Note: If there is not any use, select 'None'.
- Select the Frequency.
- Select the Route of Administration.

2. **Secondary Drug:**

- Select your client's Secondary Drug.
Note: If there is not any use, select 'None'.
- Select the Frequency.
- Select the Route of Administration.

3. **Tertiary Drug:**

- Select your client's Tertiary Drug.
Note: If there is not any use, select 'None'.
- Select the Frequency.
- Select the Route of Administration.

4. **Tobacco/Nicotine products:** Based upon the information provided, select the best answer that describes if your client has been using tobacco/nicotine products.

SMART Training

User: Gibbi, Sharon
Last: OH Training Agency, State Case Coordinator
Client: Thursday, Thursday | 101213056789 | Case #: 1

Generate Report Printable View

May 2013, Rev 1 Logout

Outcomes Substance Use

Primary Drug
Substance Used: None
Freq of Use: N/A Route of Admin: N/A

Secondary Drug
Substance Used: None
Freq of Use: N/A Route of Admin: N/A

Tertiary Drug
Substance Used: None
Freq of Use: N/A Route of Admin: N/A

In the past 30 days, how often did you use tobacco/nicotine product(s)? 1-3 Times in the past 30 days

Cancel Save Finish

Outcome Health

The COMs Health Screen is used to obtain mental and physical client health information.

1. **Current Mental Health Problems:** Based upon the information obtained from the client or another source, select the best answer that indicates if your client is receiving mental health services.
2. **# of Emergency Room Visits in the Past 30 Days:** This question is looking to see if your client received emergency room services in the past 30 days. Enter a number.
3. **# of Hospitalizations for Medical Problems in the Past 30 Days:** Enter the number of times the client received medical services in the past 30 days.
4. **Currently Pregnant:** Select the best answer that indicates your client's pregnancy status.
5. Click **Save**.
6. Click **Finish**

Note: Your completed COMs will appear on your Client Activity List as Outcomes.

SMART Training

User: Gibbs, Sharon
Loc: OM - Training Agency, State Care Coordination
Client: BCFriday, Thankfully | F01018056788T | Case #: 1

Generate Report Printable View

May 2013, Rev 1 Logout

Outcomes Health

Current Mental Health Problems: No

of Emergency Room Visits in the Past 30 Days: 0

of Hospitalizations for Medical Problems in the Past 30 Days: 1

Currently Pregnant: No

Cancel Save Finish

SMART Training

User: Gibbs, Sharon
Loc: OM - Training Agency, State Care Coordination
Client: BCFriday, Thankfully | F01018056788T | Case #: 1

Printable View

May 2013, Rev 1 Logout

Client Activity List

Activity	Activity Date	Created Date	Status	Actions
Client Information (Profile)	3/2/2012	8/19/2012	Completed	Review
Intake Transaction	3/2/2012	8/19/2012	Completed	Review
Client Program Enrollment (State Funded Care Coordinator)	1/28/2013	8/26/2013	Completed	Review
Outcomes	8/28/2013	8/28/2013	Completed	Review