Instructions for Reporting Evidence-Based Activities

This document is to inform contractors of new requirements for registering participants into all evidence-based activities, both current contracted activities and those planned as part of your EBHP expansion. This will require additional tracking of demographics beyond the current expectation for III D non-registered services.

THE NEW REPORTING REQUIREMENTS ARE TWO-FOLD:
1. Enter ALL participants of evidence-based programs** into Oregon Access. Do not report any EBHP (expanded or contracted) activities into Focal Point.
2. Send the "EBHP Attendance Tracker" to *ads.contracts@multco.us* via secure email, by the 5th working day of each month. Please rename your file each month using this naming convention: MMYY_DC_EBHP, where MMYY are Month and Year and DC is the District Center Code.

(1) OREGON ACCESS
All participants shall be registered in Oregon Access and the following demographic* data shall be requested of participants.
- Name: Data will be aggregated and participant names will not be used.
- Prime#
- Gender
- Date of Birth: Actual birthday is preferred for identification purposes, but if a participant is reluctant to provide the actual birthdate, you may enter the birth year.
- # In Household: 1, 2, 3 or more.
- City
- Zip Code: Geographic area and urban vs. rural data is being collected. Although Oregon Access requires all address-related fields to be completed, you may enter "unknown" for street address and collect only city and zip, though more complete information is beneficial.
- Monthly Household Income
    - HH=1: $973 or below $974 or above
    - HH=2: $1,311 or below $1,312 or above
    - HH=3: $1,649 or below $1,650 or above
    - HH-4: $1,988 or below $1,989 or above
- Race (Select all that apply)

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Other Pacific
- White
- Unknown-some other race
  - Ethnicity
    - Hispanic/Latino
    - Not Hispanic/Latino
- Start Date (Enter July 1, 2015 for current, ongoing courses)
- Service Name

SEE ATTACHED "EB REPORTING TOOLS" FOR INSTRUCTIONS FOR ENTERING DATA INTO OREGON ACCESS.

(2)   PROGRAM-SPECIFIC DOCUMENTATION
The following completion criteria shall be used for determining completion rates of each program:
- Diabetes Prevention Program: 9/16 core sessions.
- Living Well**, Tomando**, DSMP**, Chronic Pain, Powerful Tools for Caregivers, Savvy Caregiver: 4/6 weekly sessions.
- STAR-C: At least 4 home sessions.
- Tai Chi: 33/48 classes.
- Arthritis Foundation Exercise Program: 9/16 sessions.
- Walk with Ease: 13/18 sessions.

Participants may decline to provide any of the requested information. However, you must include name and prime # to include participant in these counts.

**IMPORTANT: Completed workshop paperwork for Stanford's Chronic Disease Self Management programs, Living Well, Living Well Diabetes and Tomando, shall be submitted via email to ads.contracts@multco.us at the time of workshop completion, in addition to the monthly reporting described herein. ADS' Program Coordinator will submit this data to OHA, as per usual. If mailing documentation, please send to EBHP Coordinator, Multnomah County ADS, PO Box 40488, Portland, OR 97240-0488.*

Questions? Please contact Rebecca Miller
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