

Autism Navigator Evaluation Report

(FY2019 Appropriation Act - Public Act 207 of 2018)

June 1, 2019

Sec. 1920. (1) From the funds appropriated in part 1 for autism navigator, the department shall require any contractor receiving funds from this line item to comply with performance-related metrics to maintain eligibility for funding. The organizational metrics shall include, but not be limited to, all of the following:

(a) Each contractor shall have accreditations that attest to their competency and effectiveness in providing services.

(b) Each contractor shall demonstrate cost-effectiveness.

(c) Each contractor shall ensure their ability to leverage private dollars to strengthen and maximize service provision.

(d) Each contractor shall provide quarterly reports to the department regarding the number of clients served, units of service provision, and ability to meet their stated goals.

(2) The department shall require an annual report from any contractor receiving funding from the autism navigator line item. The annual report, due to the department 60 days following the end of the contract period, shall include specific information on services and programs provided, the client base to which the services and programs were provided, and the expenditures for those services. The department shall provide the annual reports to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, and the state budget office.

(3) From the funds appropriated in part 1 for autism navigator, the department shall fund an independent evaluation of the services provided by contractors paid from the autism navigator line item in fiscal year 2017-2018. This evaluation, which shall examine cost effectiveness of services, avoidance of duplication of services, and outcomes, shall be completed by June 1 of the current fiscal year and shall be provided to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, and the state budget office.



Autism Alliance of Michigan's MiNavigator Program

2019 EVALUATION REPORT



Prepared for
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Overview of the MiNavigator

Created by the Autism Alliance of Michigan (AAoM), the MiNavigator program offers support for families to access care and/or other needed services related to autism. MiNavigator is staffed by navigators and specialists who provide professional case management and navigation to individuals with autism and their families.

Evaluation Questions & Methodology

The evaluation addresses program objectives defined in the following legislative boilerplate for the Michigan Autism Program.

Section 1920 listed the following metrics relevant for the evaluation (in addition to other metrics, such as accreditation and match funding, which do not require further evaluation):

- Cost effectiveness
- Number of clients served per quarter
- Units of service provision
- Ability to meet stated goals

Additionally, Section 1920 specified that the evaluation “shall examine cost effectiveness of services, avoidance of duplication of services, and outcomes.”

The Autism Support Services program outlines five objectives. The boilerplate language above appears primarily in reference to navigation services or Objective 1 (direction, assistance, and information to individuals and families). Therefore, the evaluation focused on this objective.

Figure 1. Autism Navigation Services Theory of Change

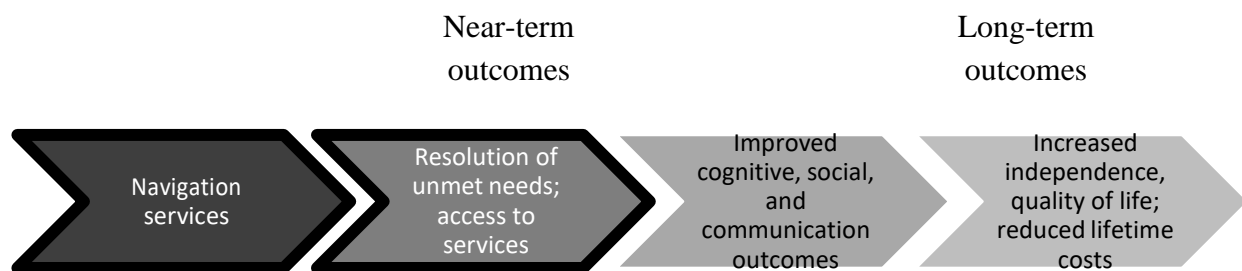


Figure 1 illustrates the navigation services’ theory of change. Note that some benefits (access to services) are realized in the short term, whereas improved cognitive, social, and communication outcomes only will be observable in the long term. Because the current evaluation focuses on the navigation services themselves, and because it will not be possible to measure long term outcomes within the current timeframe, we focus on measuring the first two links, outlined in black.

Evaluation Questions

We designed the evaluation to address the following questions in relation to navigation services:

1. How many units of Autism Support Services are provided per person/family? How many units are required to reach resolution of cases? How are units of service provision measured and tracked (e.g., number of phone calls, time to resolution from initial inquiry)? What are the characteristics of cases that need more units of services in order to reach resolution?
2. What (near-term) outcomes is the navigator achieving? How are they currently defined? Are data collection and documentation adequate to support valid and reliable measures of outcomes? Is the program meeting its defined outcomes?
3. How much are MDHHS and matching sources spending per outcome achieved in Autism Support Services?
4. Do clients have access to other resources that could provide similar services? Are clients in fact receiving similar services from other sources? How do these services compare to MiNavigator?

Data Collection & Analysis Methods

This evaluation draws on the following data sources:

- Review of existing data captured by AAoM’s documentation system
- Review and data abstraction from client case files
- Key informant interviews with MiNavigator staff and Community Mental Health (CMH) case managers
- Client surveys
- Budget information

Evaluation Question	Data Source(s)
1. How many units of Autism Support Services are provided per person/family? How many units are required to reach resolution of cases? How are units of service provision measured and tracked (e.g., number of phone calls, time to resolution from initial inquiry)? What are the characteristics of cases that need more units of services in order to reach resolution?	<ul style="list-style-type: none"> • Queries of existing data • Case reviews • Key informant interviews with MiNavigator staff
2. What (near-term) outcomes is the navigator achieving? How are they currently defined? Are data collection and documentation adequate to support valid and reliable measures of outcomes? Is the program meeting its defined outcomes?	<ul style="list-style-type: none"> • Queries of existing data • Case reviews • Key informant interviews with MiNavigator staff • Client survey
3. How much are MDHHS and matching sources spending per outcome achieved in Autism Support Services?	<ul style="list-style-type: none"> • Queries of existing data • Budget information

Evaluation Question	Data Source(s)
4. Do clients have access to other resources that could provide similar services? Are clients in fact receiving similar services from other sources? How do these services compare to MiNavigator?	<ul style="list-style-type: none"> • Key informant interviews with MiNavigator & CMH staff • Client survey

Review of Existing Data

The evaluation team requested several data queries, time-bound to the 2018 fiscal year, from AAoM’s documentation system. Data included number of clients served and client contacts. To document the degree to which certain types of cases require more or less effort, we requested that AAoM provide cross tabulations of the mean number of client contacts by reasons for contact, age group, insurance type, and geographic region (i.e. prosperity regions).

Case Review

MPHI reviewed a total of 53 resolved client case files from the 2018 fiscal year, 42 of which were randomly sampled from 4 strata defined by the number of contacts required to resolve the case. We asked AAoM to select an additional 11 cases representing clients who required intensive assistance. This method captured the wide range of case complexity. To protect client confidentiality, AAoM printed each case file, redacted identifying information such as names, dates of birth, phone numbers, and addresses, and submitted them to the evaluation team. Case files were stored in a locked filing cabinet at MPHI, and will be destroyed upon completion of the project. A trained research assistant systematically abstracted relevant information and entered it into an Excel database.

Qualitative Interviews

Key informant interviews with MiNavigator staff focused on understanding the goals of the program, how they work with clients to resolve needs, the ways in which their activities are documented, and how they collaborate with other agencies and organizations to serve clients. We also asked staff to describe what outcomes they perceive their clients are achieving, and if specific factors affect their client’s ability to reach those outcomes (e.g. co-morbid disorders, cultural/language differences, socio-economic status, geography, insurance type, etc.). We interviewed 7 participants: 4 specialists, including the education specialist, insurance specialist, community resource specialist, and clinical specialist, and 3 navigators. The average length of each interview was 47 minutes, conducted in a private room at AAoM’s office.

Interviews were conducted with 9 CMH staff representing 8 counties and 7 of Michigan’s Prepaid Inpatient Health Plan (PIHP) regions. Three of the participants were selected by AAoM, and chosen for their frequent interactions with AAoM. The remaining 6 were Autism Benefit Coordinators selected from other regions to ensure geographic diversity. Interviews averaged 34 minutes in duration. CMH staff questions focused on the ways in which participants worked with

the MiNavigator service. To further understand the division of roles between CMH providers and AAoM, we also asked questions about the support services they provide to the autism community.

We recorded, transcribed, cleaned, and de-identified all interviews, then uploaded them into a document database created in NVIVO 10, a qualitative analysis software package. We also developed codes to capture concepts related to the evaluation questions.

Client Survey

We conducted an online survey from 2/25/2019 to 3/12/2019 to assess MiNavigator's ability to impact client outcomes, and to determine how often clients access similar services from other agencies and organizations. Feedback from MDHHS and AAoM helped us develop survey questions. Former clients were eligible to participate if their case was closed during the 4th quarter (July-September) of the 2018 fiscal year. The sampling frame included 438 individuals. We developed 3 parallel surveys with slightly modified wording to make sure questions were appropriate for family members, individuals with autism, and service providers. To ensure anonymity, AAoM distributed the survey link directly to the eligible individuals. Participants completing the survey received a \$20 Amazon.com electronic gift card. Of the 438 eligible respondents, 139 replied to the survey – a 32% response rate. The first question verified whether the participant recalled contacting AAoM, and 119 (85%) answered “yes.” The remainder of the survey was conducted with these 119 respondents.

Results

Evaluation Question 1: How many units of Autism Support Services are provided per person/family? How many units are required to reach resolution of cases? How are units of service provision measured and tracked (e.g., number of phone calls, time to resolution from initial inquiry)? What are the characteristics of cases that need more units of services to reach resolution?

Navigators, specialists, and AAoM leadership comprise the MiNavigator program. Clients typically contact the service via phone or email. Initially, all clients interface with a navigator who answers a wide range of questions and works to identify the needs of the individual or family. For those clients with more complex needs, a specialist works closely alongside the navigator to address issues. Four specialists with expertise in education, insurance, community resources, and clinical issues dedicate time to the program.

Education specialists typically work with families to obtain Individualized Education Programs (IEPs) and other needed services through public and private schools; additionally, they provide assistance to families as their child transitions into post-secondary education. They also help families navigate school-related disciplinary problems. Insurance specialists help families understand and access both Medicaid and commercial health insurance benefits. Community resource specialists assist clients with employment and accessing basic needs such as housing, transportation, and social security benefits. Clinical specialists help clients obtain an Autism Spectrum Disorder (ASD) diagnosis, as well as Applied Behavioral Analysis (ABA) therapy, autism-related habilitation therapies, and mental health services. Other employment, financial, and legal consultants also serve the program when needed.

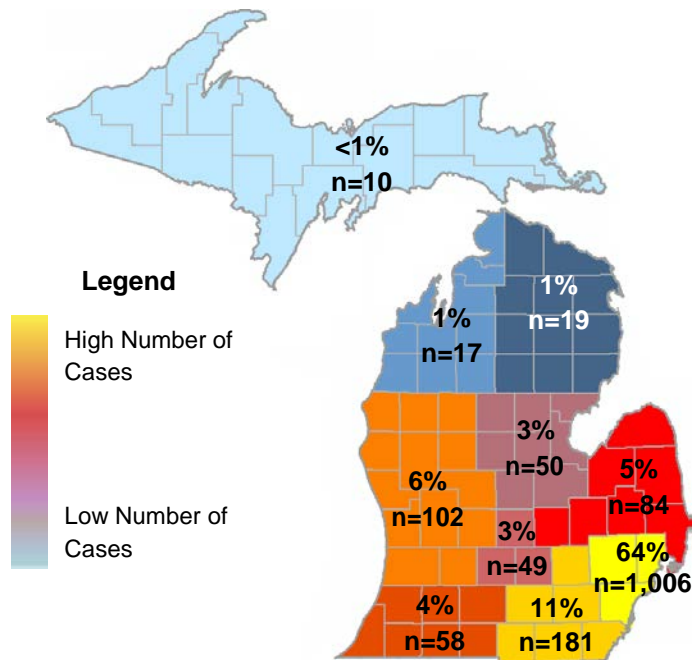
MiNavigator staff activities fell into the following categories: 1) Providing information and education, 2) Providing referrals, and 3) Providing advocacy/action on behalf of client.

AAoM uses Apricot software to track all activities related to its clients. The documentation system includes client characteristics and a case note for each time the navigator or specialist completes an action related to the case. For evaluation purposes, the best available metric for “units” is the number of contact notes per case. However, AAoM’s documentation system does not fully capture the nature of the units provided to clients – a single unit can range from answering a simple question to an activity requiring multiple actions (e.g., coordinating a 3-way call with a client and their insurance provider). Additionally, we found that the level of detailed documentation varied across staff members. Though limited, this metric of service provision remains a useful indicator of staff effort. We asked AAoM to conduct a number of data queries within the Apricot system on clients served during the 2018 fiscal year.

In total, MiNavigator touched 2,023 clients during the 2018 fiscal year. Of these cases, 1,864 were newly opened during the year and 1,604 were resolved. Most cases are opened and closed in the same year, but some are carried forward from one year to the next, thus the total number touched was 2,023.

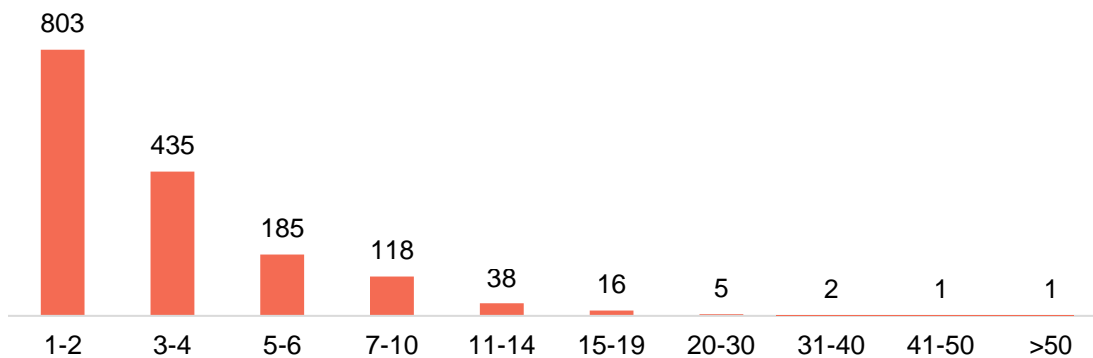
The figure below displays these cases by prosperity region. As seen on the map, the majority of clients resided in region 10 (Wayne, Oakland, and Macomb counties; n=1,006) and region 9 (Livingston, Jackson, Washtenaw, Hillsdale, Lenawee, and Monroe counties; n=181). It should be noted that AAoM is located in Oakland County, and sometimes uses its own address to expedite responses to clients who call the service with simple questions. Thus, the number of cases in region 10 may be fewer than depicted.

Figure 1. Number of MiNavigator Clients by Prosperity Region FY 2018



Among the 1,604 resolved cases, the mean number of contacts per client was 3.8 as reported by AAoM. As seen in Figure 2, 50% (n=803) of cases required 1-2 contacts to resolve while 27% (n=435) needed 3-4 contacts. The remaining 366 cases (22%) likely represented those with more complex needs and required anywhere from 5 to 50 contacts. During an average month, a full-time navigator (1.0 FTE) had 37 cases and averaged 129 contacts with clients.

Figure 2. FY 2018 Number of Client Contacts – Closed and Resolved Cases (n=1,604)



To understand the characteristics of cases using more units of services (i.e. contacts), we asked AAoM to query the average number of contacts by primary reason for contact. As seen in Figure 3, education-related cases by far required the greatest number of contacts (mean=6.1). Those with clinical issues (mean=3.9) and self-funded insurance issues (mean=3.7) also required more contacts than other cases.

Figure 3. FY 2018 Average Number of Client Contacts by Primary Reason for Contact

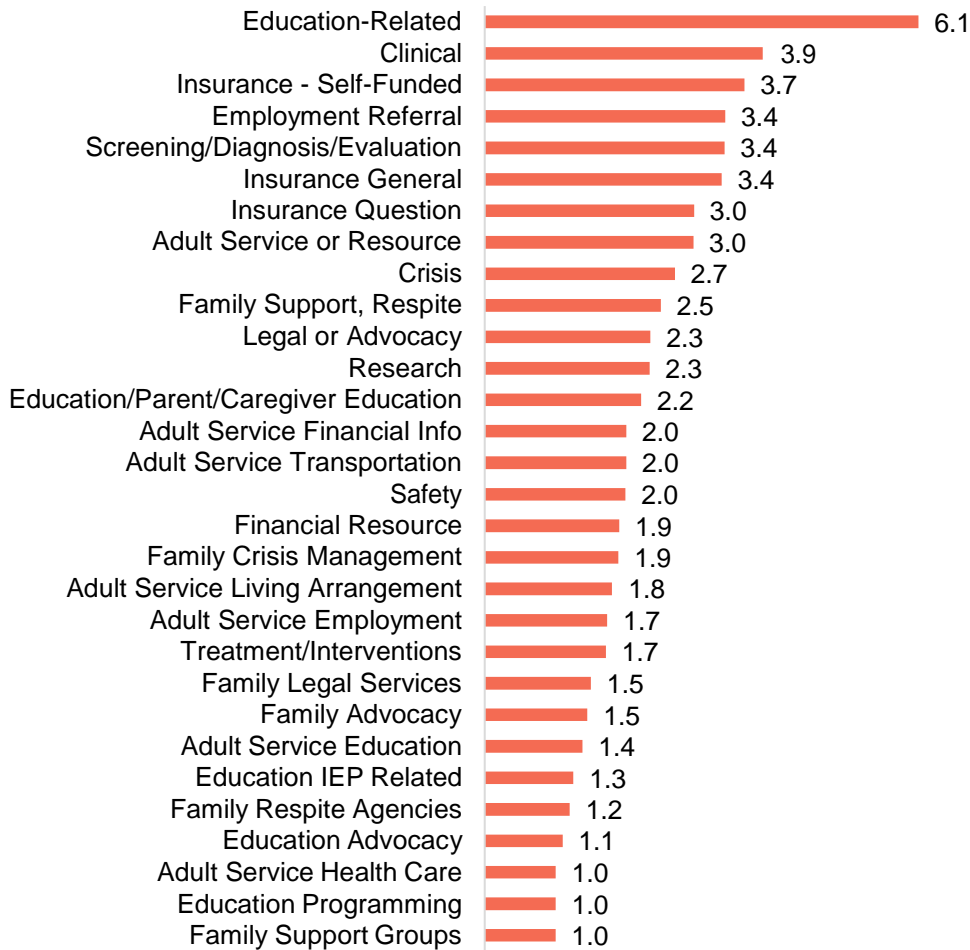


Table 1 displays the mean number of contacts for age group, insurance type, and geography. It should be noted that age and insurance data are not always collected, and the means presented here only reflect those clients for which data are available. Children appear to require slightly more contacts than adults with autism (5.8 vs. 5.4). Regarding insurance type, those enrolled in both private and Medicaid plans (mean=6.7) and those with only private insurance (mean=6.3) required a higher number of contacts when compared to those with no insurance (mean=5.1) or Medicaid only (mean=4.1). The mean number of contacts do not vary widely among the geographic regions.

Table 1. Mean Number of Contacts by Age Group & Insurance Type

	Mean
Age Group [†]	
Child (0-18)	5.8
Adult (<19)	5.4
Insurance [†]	
No Insurance	5.1
Medicaid Only	4.1
Private Insurance	6.3
Dually Enrolled (Private & Medicaid)	6.7
Geographic Region (Prosperity Region)	
Out of State	1.9
1 Upper Peninsula Prosperity Alliance	3.5
2 Northwest Prosperity Region	3.2
3 Northeast Prosperity Region	3.3
4 West Michigan Prosperity Alliance	3.7
5 East Central Michigan Prosperity Region	3.8
6 East Michigan Prosperity Region	3.3
7 South Central Prosperity Region	3.5
8 Southwest Prosperity Region	3.2
9 Southeast Michigan Prosperity Region	3.8
10 Detroit Metro Prosperity Region	3.5

[†] Data on age and insurance was not collected for all clients. The means presented here reflect only a subset of cases for which data were available.

Upon reviewing these data produced by the Apricot system, we determined that it may not fully capture the complex nature of client needs. For instance, reporting is done by a “primary” or “secondary” contact code, but these codes do not always map to navigators’ specific actions related to specific needs. We also learned that staff keep detailed free-text notes in the case files related to their activities. Drawing on these notes from a random sample of cases, we conducted an analysis to understand more about staff effort and activities. Specifically, we sought to answer the following questions related to Evaluation Question 1:

1. To what extent are specialists involved in meeting client needs?
2. On average, for how many needs do clients seek assistance?
3. What services are offered? Do these vary by type of need?
4. Do specific types of needs require more or less contacts by staff?

Of the 1,604 resolved MiNavigator cases, we reviewed a total of 53 case reports (3.3% of cases), 42 of them randomly selected from 4 strata, as defined by the number of contact notes generated (see Table 2). AAoM selected 11 cases as examples of complex cases representing 12 or more contacts. All cases were closed and resolved in FY 2018.

Table 2. Case File Sampling

Group	#	Total cases	% sampled
Random Cases			
1-2 Contacts	10	803	1.2%
3-4 Contacts	11	435	2.5%
5-6 Contacts	11	185	6%

Group	#	Total cases	% sampled
7-11 Contacts	10	118	8%
Complex Cases 12+	11	63	17%
Grand Total	53	1604	3.3%

Within the stratified random sample, 57% of cases required involvement from a specialist. The vast majority of complex cases (90%) involved at least one specialist. Clinical, educational, and community resource specialists were most frequently consulted (see Table 3).

Table 3. Specialist Staff Involvement

	Random Sample (n=42)		Complex Sample (n=11)	
	n	%	n	%
Required a Specialist?				
Yes	24	57%	10	90%
No	18	43%	1	10%
Specialists Required				
Clinical Specialist	13	31%	7	64%
Educational Specialist	9	21%	5	46%
Insurance Specialist	1	2%	2	18%
Community Resource Specialist	4	10%	4	36%
Employment Specialist	3	7%	1	9%
Financial Specialist	1	2%	0	-
Legal Advisor	1	2%	1	9%
Program Director	3	7%	3	27%
Number of Specialists Involved				
0	17	41%	1	9%
1	17	41%	2	18%
2	6	14%	4	36%
3	2	5%	3	27%
4	0	-	1	9%

Clients frequently reported more than one need. It’s important to note that needs often arose during subsequent follow-ups with clients, and navigators described the identification of those needs as “a moving target.” Among the random sample (n=42), clients reported a total of 80 needs versus 34 for the complex cases (n=11). The average number of needs per case is approximately 2 among the randomized, compared to 3 among complex cases (see Table 4).

Table 4. Number of Client Needs

Number of Needs	Random Sample (n=42)		Complex Sample (n=11)	
	n	%	n	%
1	17	42%	3	27%
2	16	39%	0	-
3	5	12%	3	27%
4	2	5%	2	5%
5	0	-	2	18%
6	1	2%	0	-

Number of Needs	Random Sample (n=42)		Complex Sample (n=11)	
	n	%	n	%
Total Number of Needs/Case	80		34	
Average Number of Needs Per Case	1.9		3.1	

Each of the 114 needs (80 random and 34 complex) were categorized according to type of service provided. As seen in Table 5, the most common need was assistance with obtaining referrals for ABA, equipment, life skills training and employment, and addressing insurance questions.

Table 5. Proportion of Client Needs by Type and Sample

Type of Need	Random Sample (n=80 needs)		Complex Sample (n=34 needs)	
	n	%	n	%
Obtaining ABA	11	14%	1	3%
Life Skills Training & Employment	8	10%	1	3%
Obtaining Equipment	8	10%	1	3%
Insurance Questions	8	10%	4	12%
Obtaining Mental Health Services	7	9%	6	18%
School-Related Issues	6	8%	6	18%
Obtaining Diagnosis for ASD	5	6%	2	6%
Obtaining Speech/OT/PT	5	6%	1	3%
Obtaining Social Security Benefits	4	5%	2	6%
Residential Treatment or Acute Inpatient Hospitalization	3	4%	2	6%
Getting Insurance	3	4%	3	9%
Housing Issues	2	3%	0	-
Legal Help	2	3%	1	3%
Information Needs about ASD	1	1%	2	6%
Other	7	9%	2	6%

The majority of needs were addressed through phone and/or email contact (97% overall). The number of contacts required by need are summarized in Table 6. Needs requiring the highest number of contacts were different for the random and complex samples. Of those needs mentioned by individuals in the random sample, housing issues (mean=5 contacts), life skills training and employment (mean=4.4 contacts), and residential treatment/acute inpatient hospitalization (mean=4.3 contacts) required the most contacts by MiNavigator staff.

Table 6. Number of Contacts by Need

Type of Need	Random Sample (n=80 needs)				Complex Sample (n=34 needs)			
	#	Mean	Min	Max	#	Mean	Min	Max
Housing Issues	2	5.0	3	7	0	0	0	0
Life Skills Training & Employment	8	4.4	2	6	1	9.0	9	9
Residential Treatment or Acute Inpatient Hospitalization	3	4.3	2	7	2	9.0	8	10
Obtaining SSI Benefits	4	3.8	1	8	2	16.0	11	21

Type of Need	Random Sample (n=80 needs)				Complex Sample (n=34 needs)			
	#	Mean	Min	Max	#	Mean	Min	Max
Obtaining ABA	11	3.7	1	7	1	9.2	1	17
Insurance Questions	8	3.6	1	7	4	11.8	1	18
Obtaining Diagnosis for ASD	5	3.6	2	5	2	3.5	2	5
Legal Help	2	3.5	2	5	1	19.0	19	19
Information Needs	1	3.0	3	3	2	2.5	2	3
Obtaining Mental Health Services	7	2.9	1	4	6	9.2	1	17
School-Related Issues	6	2.8	2	4	6	15.7	4	43
Obtaining Speech/OT/PT	5	2.8	2	4	1	8	8	8
Getting Insurance	3	2.3	2	3	3	8.3	2	16
Obtaining Equipment	8	2.3	1	4	1	2.0	2	2
Other	7	4.0	1	9	2	4.0	4	4

To better understand what types of activities are executed to meet client needs, we classified each action undertaken by a staff member as:

- **Referral:** Based on the need of the client, the navigator provides contact information of an individual, agency, or organization capable of providing relevant assistance.
- **Information:** The client is provided with information which does not require a referral. Information also includes instances where the navigator provides education to the callers.
- **Advocacy/Acting on behalf of client:** The navigator and/or specialist communicates with an individual, agency, or organization on behalf of the client. Before this occurs, the navigator routinely asks the client to sign and submit a release-of-information form.

As seen in Table 7, the majority of needs from the randomized cases required only referral, information, or the combination of both. Of the complex cases, most received information and advocacy/action on behalf of client.

Table 7. Proportion of Needs by Service Type Provided

Type of Service	Random Sample (n=80 needs)		Complex Sample (n=34 needs)	
	n	%	n	%
Referral Only	25	31%	3	9%
Information Only	19	24%	7	21%
Advocacy Only	0	-	1	3%
Referral & Information	21	26%	3	9%
Referral & Advocacy	1	1%	0	-
Information & Advocacy	4	5%	14	41%
Referral, Information, & Advocacy	1	1%	6	18%
Other	9	11%	0	-

Client Survey

The client survey also assessed the ways in which MiNavigator provided assistance. As seen in Table 8, the most frequently requested service was help obtaining equipment (n=36, 30%). AAoM staff helped their clients receive equipment primarily through advocacy/action on behalf of client (n=12), referral (n=8), and/or information (n=8). Two participants reported not having received

assistance. ABA was the second most requested service (n=31, 26%), and staff primarily met this need through the provision of referrals (n=17) and/or information (n=8). Three respondents said they did not receive any assistance.

Table 8. Client Requests and MiNavigator Response

Type of Request	Service Requested		How MiNavigator Helped Address the Request				
	#	%	Referral	Advocacy	Information	No Assistance	Other
Obtaining Equipment	36	30%	8	12	8	2	6
Getting ABA	31	26%	17	4	15	3	1
Assistance with School-related Issues	19	16%	5	2	12	1	1
Information About ASD	16	13%	3	1	11	2	0
Getting Speech Therapy/PT/OT	14	12%	5	1	8	2	2
Obtaining Mental Health/Medical Services	10	8%	7	2	1	1	0
Questions About Existing Insurance	8	7%	0	0	7	0	1
Obtaining SSI	8	7%	2	1	3	2	0
Life Skills Training	8	7%	2	0	4	1	1
Legal Help	7	6%	4	0	3	0	0
Obtaining a Diagnosis for ASD	7	6%	5	2	1	2	1
Obtaining Insurance	2	2%	0	0	2	0	0
Independent Housing Assistance	1	1%	0	0	1	0	0
Residential Treatment placement/ Acute Inpatient Hospitalization	0	0%	-	-	-	-	-
Other	20	17%	1	0	11	2	3

*Multiple requests and responses were possible.

Key Summary Points

- Clients typically contact MiNavigator via phone or email. Initially, all clients interface with a Navigator who answers questions and provides education to address a wide array of needs. For those clients with more complex needs, Specialists are assigned to work with the navigator.
 - The Education Specialist works with families to obtain Individualized Education Programs (IEPs) and other needed services through public and private schools, helps families navigate school-related disciplinary issues, and assists families as their child transitions into post-secondary education.
 - The Insurance Specialist helps families understand and access both Medicaid and commercial health insurance benefits.
 - The Community Resource Specialist helps clients with basic needs such as accessing employment, housing, transportation, social security benefits, or legal consultation.
 - The Clinical Specialist handles issues around obtaining an ASD diagnosis and obtaining ABA and mental health services, and provides assistance in obtaining medical services and autism-related habilitation therapies.
- MiNavigator staff activities tend to fall into the following categories: referral, information, and advocacy/action on behalf of client.
- The number of contacts received by staff represents the most reliable metric of service units. However, this metric may over or underestimate staff effort depending on the documentation practices of individual staff members.
- MiNavigator touched 2,023 clients during the 2018 fiscal year. Among these cases, 1,604 were resolved.
- Clients whose cases were resolved required an average of 3.5 contacts with a navigator; 50 percent (n=803) of these required 1-2 contacts to resolve, and 27% (n=435) needed 3-4 contacts. The remaining 366 cases (22%) likely represented those with more complex needs and required anywhere from 5-50 navigator contacts.
- During an average month, a full-time navigator had 33 cases and averaged 116 contacts with clients.
- When contacting MiNavigator for help related to education, clients required a higher number of contacts – an average of 6. Next came those with clinical questions and those with private (non-Medicaid) insurance plans.

Evaluation Question 2: What (near-term) outcomes is the navigator achieving? How are they currently defined? Are data collection and documentation adequate to support valid and reliable measures of outcomes? Is the program meeting its defined outcomes?

The current study represents the first external evaluation of MiNavigator. The program model and intended outcomes have not been identified and measured previously. Analysis of staff interviews and case files indicate that the MiNavigator program may impact the following outcomes:

Increased knowledge of ASD and ASD-related benefits/services

MiNavigator provides clients with information and education in a variety of areas related to their needs. The navigator helps the client understand the process of receiving benefits and services, what questions to ask providers, what timelines to expect, and their eligibility for services.

Linkage to needed ASD-related benefits/services

AAoM maintains a database of service providers across the state of Michigan. Drawing from this database as well as their existing networks, staff members provide clients with referrals to needed services. AAoM staff said they hold themselves accountable by making sure they give clients referral information which is accurate, up-to-date, and appropriate to their needs. Sometimes, meeting client needs requires direct involvement from staff – advocating on the individual’s behalf, or participating in clients’ calls to provide support and ensure problem resolution. Staff directly involve themselves when the client has a disability of their own, appears distressed or anxious, has been making efforts on their own without results, lacks other supports, has a language barrier, does not have time, or is dealing with a complex issue.

Increased self-efficacy to meet ASD-related needs

Every staff person interviewed said an important goal of MiNavigator is self-efficacy – empowering clients to meet their own needs. Staff said this is achieved by educating and coaching clients through potential scenarios before following up on provided referral information. As previously described, more intensive coaching may occur when staff join the client on communications with agencies, and provide real-time guidance and problem-solving as they work to obtain needed services. Though building self-efficacy is key to the program, staff also recognize that many individuals and families often continue to require navigation services as their needs change. This is especially true at developmental milestones as children transition into adulthood.

This evaluation sought to examine these potential outcomes by analyzing existing data along with a client survey conducted by the evaluation team.

Analysis of Existing Data

During our review of client case files, we documented each need mentioned (see description of client needs above – Evaluation Question 1) and whether the need was met by staff. A need was recorded as “met” if the information, referral, or advocacy assistance was provided. Needs were recorded as “unclear” when the case notes did not provide sufficient details to make a determination. As seen in Table 9, 83% of the needs mentioned by the 42 randomized clients were met, versus 94% of the needs in the 11 complex cases.

Table 9. Proportion of Client Needs Addressed

Need Met?	Random Sample (n=80 needs, 42 clients)		Complex Sample (n=34 needs, 11 clients)	
	n	%	n	%
No	8	10%	1	3%
Yes	66	83%	32	94%
Unclear	6	8%	1	3%

Client Survey

We also used the client survey to assess other outcomes which could not be determined using existing data collected by AAoM. For instance, though it can be determined whether a referral was provided, it could not be ascertained whether individuals followed up on the information. It should be noted that AAoM routinely attempts to contact clients after referrals are provided to ensure that their needs have been met, as evidenced in the case notes. However, there was sometimes no documentation of clients responding to staff emails or phone calls.

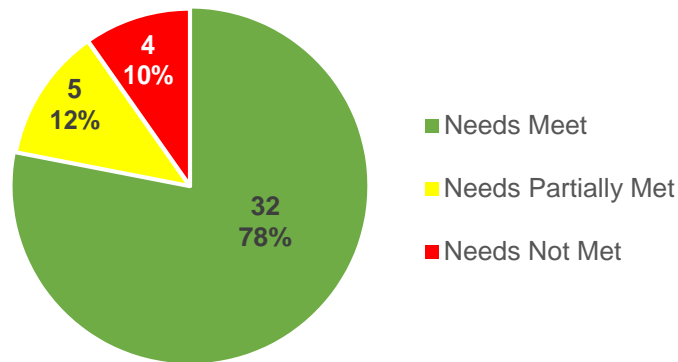
Survey respondents (n=42) reported a total of 59 referrals to other agencies and/or providers across the issue areas described in Table 10. These referrals generated 41 follow-ups via contact with the referred agency or partner on behalf of clients.

Table 10. Services Referred (n=59 referrals)

	Used Referral?	
	#	%
ABA	9	53%
Speech/OT/PT	4	80%
Mental Health/Medical Services	6	86%
Residential Treatment/Acute Inpatient	-	-
Obtaining Insurance	-	-
Questions About Insurance	-	-
Assistance with School-Related Issues	3	60%
Legal Help	3	75%
Independent Housing Assistance	-	-
Obtaining Equipment	8	100%
Obtaining SSI	2	100%
Life Skills Training	0	0%
Information About ASD	2	67%
Obtaining a Diagnosis for ASD	4	80%
Other	0	0%
Totals	41	69%

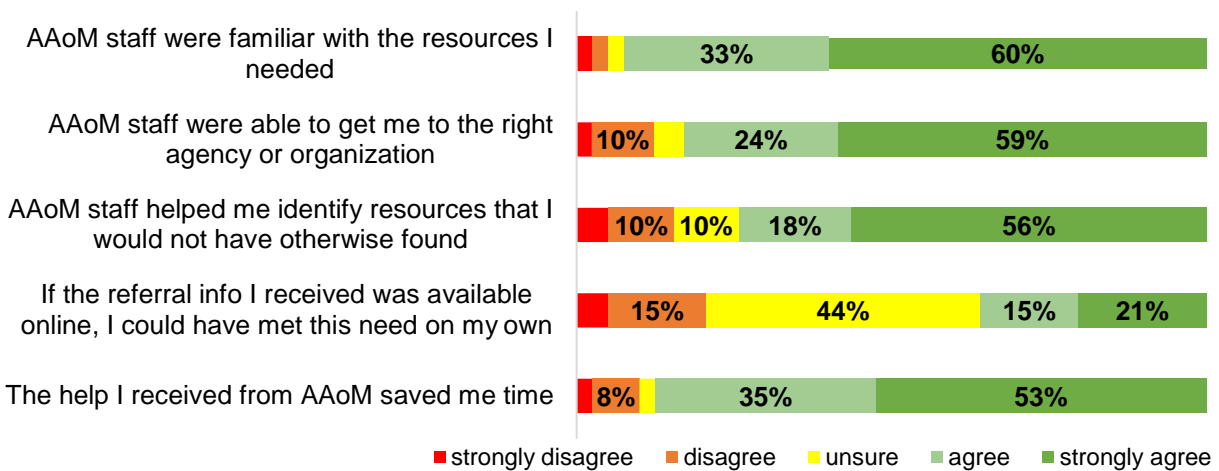
Of these 41 follow-ups, 32 (78%) fully met clients' needs, 5 (12%) partially met their needs, and only 4 reported that their needs were not addressed by the agency to which they were referred (see Figure 4).

Figure 4. Extent to Which Respondents Needs Were Met by the Referred Provider/Agency (n=41)



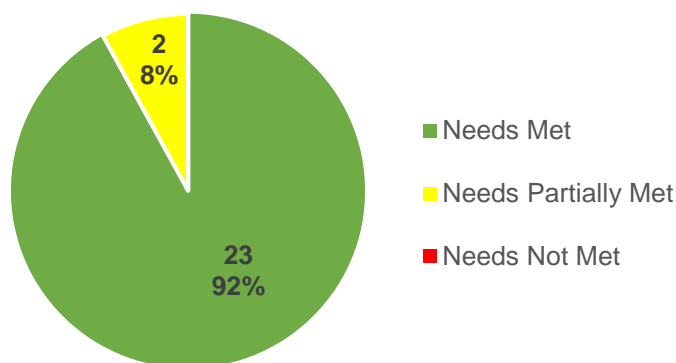
We posed several questions about client satisfaction to those receiving referrals (see Figure 5). A strong majority agreed that staff were familiar with the needed resources (93%), were able to direct them to the right agency (83%), identified resources that the client would not have otherwise found (74%), and saved them time (88%). A minority of respondents (36%) agreed that they could have met the needs on their own with online resources.

Figure 5. Satisfaction with MiNavigator Referrals (n=41)



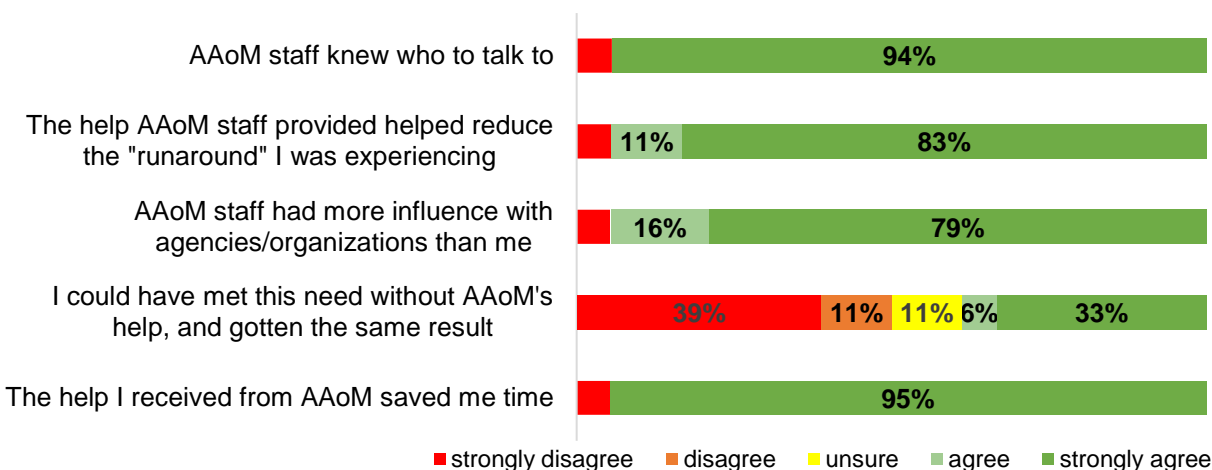
Respondents (n=19) reported a total of 25 advocacy instances provided by MiNavigator. The survey defined advocacy as, “Advocated or communicated with an agency or organization on my behalf.” Of those reporting to have received advocacy, the clear majority said the assistance resulted in their needs being met by the agency (92%).

Figure 6. Extent to Which Respondents' Needs Were Met by Advocacy (n=25)



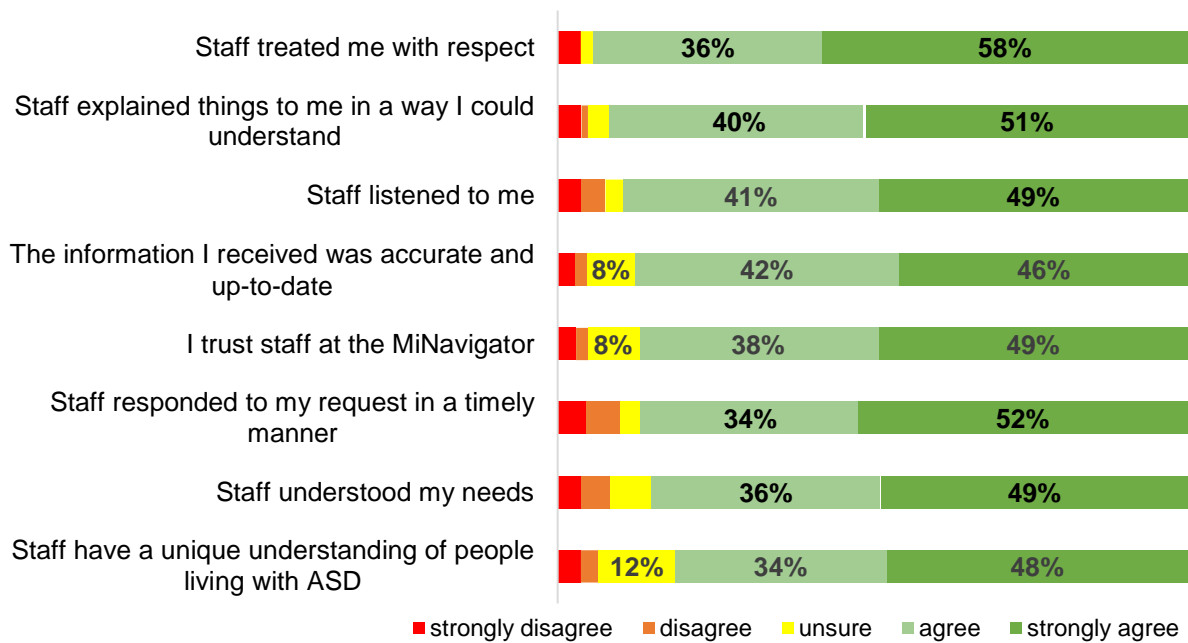
We also asked clients receiving advocacy about their satisfaction with this type of assistance (see Figure 7). A strong majority felt that MiNavigator staff knew who to talk to (94%), helped reduce “runaround” (94%), had more influence with the agencies than themselves (95%), and saved them time (95%). A minority of respondents (39%) agreed that they could have met the needs on their own and gotten the same result.

Figure 7. Satisfaction with MiNavigator Advocacy (n=19)



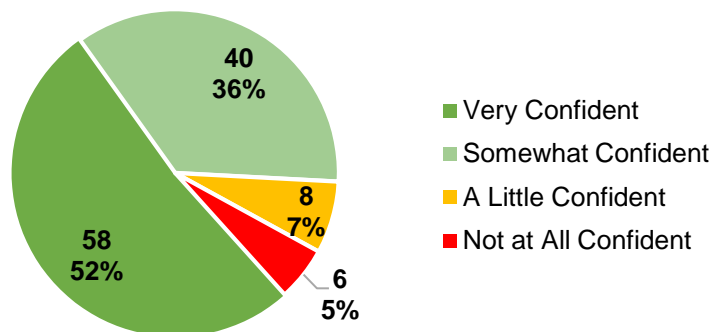
We asked all respondents about their overall satisfaction with MiNavigator, with consistently favorable responses. Clients reported that they were treated with respect (94%), were listened to (90%), received accurate and up-to-date information (88%), trusted staff (87%), were served in a timely manner (87%), were understood (85%), and believed that staff had a unique understanding of people with autism (81%). Clients also said staff explained things in a way they could understand (94%),

Figure 8. Overall Satisfaction with MiNavigator (n=111)



We also asked survey participants to rate how confident they would feel resolving future issues on their own because of the help received from MiNavigator. Consistent with AAoM’s goal of building client self-efficacy, the majority reported they were either somewhat or very confident (88%) of their improved ability to meet their own needs.

Table 11. Confidence to meet future needs because of MiNavigator



Additionally, we asked respondents about other indicators of client satisfaction, as displayed in Table 12. Most said they would call MiNavigator again if needed (85%), would recommend MiNavigator to others (92%), and were mostly or extremely satisfied with the service (87%). A narrower majority said they referred others to MiNavigator (58%), and only 16 (14%) people said they would advise others to consult different agencies if they had similar needs.

Table 12. Other Indicators of Client Satisfaction

	#	%
How likely are you to call MiNavigator again?		
Very likely	79	71%
Somewhat likely	20	14%
A little likely	8	7%
Not at all likely	5	5%
Have you referred others to MiNavigator?		
Yes	65	58%
No	47	42%
How strongly do you recommend MiNavigator?		
Very	90	80%
Somewhat	13	12%
A little	3	3%
Not at all	6	5%
What's your level of satisfaction with MiNavigator service?		
Extremely satisfied	77	69%
Mostly satisfied	20	18%
A little satisfied	8	7%
Not at all satisfied	7	6%
Other organizations you would advise going to that offer similar services as MiNavigator?		
Yes	16	14%
No	43	38%
Don't know	53	47%

Key Summary Points

- MPHI interviewed 7 AAoM staff (3 navigators and 4 specialists) who emphasized attempts to achieve the following outcomes for their clients:
 - Increased knowledge: Staff report helping their clients to understand what processes look like to receive benefits and services, what questions to ask providers, what timelines to expect, and what services they may be eligible to receive.
 - Linkage to needed benefits and services: AAoM maintains a database of service providers across the state of Michigan. AAoM staff uses a systematic process to select providers and describe holding themselves accountable to provide information which is accurate, up-to-date, and is appropriate for the clients' needs.
 - Increased self-efficacy: Every MiNavigator staff member who was interviewed by MPHI described that an important goal of the MiNavigator is to empower their clients to meet their own needs. Staff described achieving this by educating and coaching clients through potential scenarios before they follow-up on the provided referral information. Occasionally, coaching may occur when staff join the client on communications with agencies to provide real-time guidance and problem-solving as they work to obtain needed services.

- Most clients have multiple needs when they contact MiNavigator. From a sample of 53 cases of varying complexity, MPHI documented that clients had 114 needs. Of the 114 needs identified through case review, we documented 86% as being met.
- Clients reported effective referrals:
 - Respondents reported a total of 59 referrals to other agencies and providers across the need areas. These 59 referrals generated 41 instances of follow-up in the form of contact with the referred agency or provider.
 - A strong majority of respondents agreed that MiNavigator staff were familiar with needed resources, got them to the right agency, identified resources that the client would not have otherwise found, and saved them time. A minority of respondents (36%) agreed that they could have met the needs on their own with online resources.
- Clients reported effective advocacy:
 - Respondents reported a total of 25 instances of advocacy provided by MiNavigator. (The survey defined advocacy as, “Advocated or communicated with an agency or organization on my behalf.”)
 - Respondents strongly endorsed statements that AAoM staff knew how to talk to them, reduce the “runaround,” use their influence, and help save time.
 - Most respondents ended up obtaining services from the agency they sought.
 - Only a minority of respondents felt they could have achieved the same result without this assistance from the MiNavigator.
- Clients report a high level of satisfaction with MiNavigator.
- Consistent with AAoM’s goal of building client self-efficacy, the majority of respondents (88%) said they were either somewhat or very confident in their ability to meet their own needs in the future because of MiNavigator.

Evaluation Question 3: How much are MDHHS and matching sources spending per outcome achieved in Autism Support Services?

In FY2018, MDHHS supported \$452,000 of the costs of MiNavigator; AAoM supplied \$325,717 in matching funds; in total, \$384 was spent per person touched, or \$102 per contact.

Cost effectiveness involves answering the question as to whether the outcomes could have been achieved with less cost. As discussed above, MiNavigator's software is not able to document outcomes (such as successful referrals or the number of client needs that were met.) It is therefore impossible to determine whether true client outcomes were achieved in a cost-effective manner. Also, it should be noted that the \$452,000 is a portion of AAoM's total budget from MDHHS of \$565,000 – the difference was used for provider training.

Evaluation Question 4: Do clients have access to other resources that could provide similar services? Are clients in fact receiving similar services from other sources? How do these services compare to MiNavigator?

MPHI considered MiNavigator services as potentially duplicative of the following, each of which serve only some people with ASD:

- Early On, providing infants and toddlers with referral and support to receive early diagnosis of developmental disabilities.
- Michigan Alliance for Families (MAF), provides services, guides, trainings, and other resources to families whose children have conditions requiring special education.
- Community Mental Health (CMH) who provide children on Medicaid with ASD evaluation and Applied Behavioral Analysis therapy, as well as targeted case management.
- Michigan Protection and Advocacy Services, Inc. (MPAS) provides assistance with legal issues to people with disabilities in the areas of housing, employment, health care, guardianship, education, and social security benefits.
- The Arc is a national non-profit organization with local chapters across Michigan and serves individuals with intellectual and developmental disabilities. Services provided include one-on-one advocacy and information and referrals in the areas of education, housing, employment, family support, prevention and healthcare, case management, and recreation.

Because CMH offers case management support, they are most similar to AAoM in services provided. To better understand the different services provided to individuals with autism and the extent to which these services may be duplicative, we conducted key informant interviews with AAoM staff and CMH staff including autism benefit coordinators, and examined results from client surveys.

[AAoM & CMH Interviews](#)

AAoM reports routine referral of Medicaid-beneficiary clients to CMH to get basic services, such as an ASD evaluation or ABA. For those already receiving services from their CMH, they report that individuals don't always know that they have a case manager. In reference to CMH, navigators describe working with the family to make sure they understand their service eligibility, how CMH processes work, and who they should contact to enroll in services. Families sometimes prefer to continue working with both AAoM and the CMH, with AAoM serving as a third party to help advocate for the client's needs. In such cases, the navigator will work with the case manager to review plans of care and ensure the CMH is aware of the family's needs and concerns.

AAoM reported that CMH is best equipped to support obtaining an ASD evaluation and ABA for those on Medicaid. They mentioned that CMH case managers sometimes reach out to AAoM for other types of less common supports; AAoM staff said they found psychologists specializing in therapy for people with autism, resolved educational issues, found educational resources about ASD, and addressed questions about employment, medical care, and social skills training.

- *“Oftentimes, we have the support coordinators contacting us to say, ‘Hey, I’m working with the family, but I’m sort of coming up short, or I am running into a dead end in terms of accessing this type of service, or this type of provider.’ And then we often will work with them and say, ‘Try this, try this, try this,’ and make suggestions again because we sort of have that information ready. Again, we sort of know who’s contracted who, we know what the wait times are, we know what the age limits are.” – MiNavigator Staff Member*

During interviews with CMH staff, we sought to learn more about how CMH providers work with MiNavigator. Of the 8 county CMH staff, all were familiar with MiNavigator. However, the extent to which case managers worked with the providers varied by organization. Participants most frequently cited AAoM’s website as a valuable resource for information. CMH case managers used the website to look up information to better assist families themselves, or they directly referred the families to the website. On 2 occasions, case managers described accessing the website with their clients to orient them with the site.

- *“I definitely use a lot of the resources that they have on their (AAoM’s) website, like to provide to families with private insurance. And it definitely has been very informative for me as far as helping those families.” - CMH Staff Member*

CMH staff said they turned to MiNavigator for a variety of issues. Most frequently (n=4), they referred clients to AAoM for navigation services when they didn’t qualify for Medicaid, or when their clients are dually insured with a commercial payer.

- *“We know our Medicaid world. We don’t know private (insurance) that much, so Autism Alliance was really helpful that way.” - CMH Staff Member*

The table below displays the reasons why CMH providers contacted MiNavigator. Consistent with comments made by AAoM, CMH providers tended to use the program to link their clients to services outside of standard ASD diagnosis and ABA.

- *“They’re (MiNavigator staff) also very knowledgeable about specifically when it pertains to those on the spectrum in terms of services. Sometimes ABA is not always the end all be all; if a child is diagnosed with autism, sometimes there are other services that will benefit them more, or are going to be a better fit for them. And the AAoM is very knowledgeable about that, and not just about those services, but about the needs of the families and the children in the state.” - CMH Staff Member*

Table 13. Reasons CMH Staff Contacted MiNavigator (n=7)

	#
School-Related	3
Equipment	3
Residential Treatment	2
Advocacy	2
Provider Referral	2
Legal	1
Parent Mentors	1
Support Groups	1

	#
Co-pay Assistance	1
Social Activities	1
Employment	1
Speech Therapy	1

Although CMH providers used MiNavigator, all reported that they were generally able to meet the wide array of client needs, including ABA, ASD evaluation, mental health, medical issues, school-related issues, obtaining SSI benefits, life skills training, ASD information, and family support, e.g., respite, transportation, and food (see Table 14). However, some reported experiencing challenges while helping clients dually enrolled in both Medicaid and commercial insurance; these clients needed assistance obtaining benefits (n=3) and with legal issues (n=3).

Table 14. CMH Service Challenges (n=7)

	#
Resolving Issues with Dually-Enrolled Clients	3
Legal Help	3
Equipment	2
Speech Therapy	1
Residential Treatment	1
Housing	1

There are some changes to benefits once a CMH client ages out of the Michigan Autism Benefit. For instance, the individual is no longer eligible to receive ABA and is assigned a new case manager who provides adult services. CMH providers consistently said they arranged services, such as community living programs, to adult clients.

When we asked CMH interviewees about their satisfaction with MiNavigator, all offered positive commentary, save one who had not worked with AAoM.

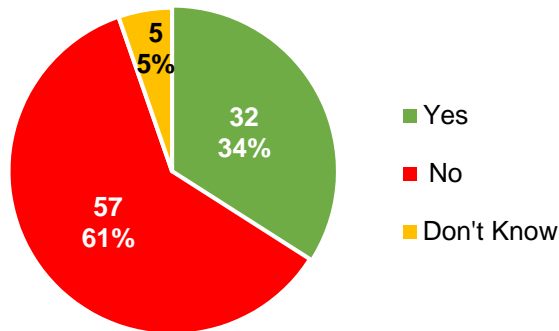
- *“All of the correspondence that I have had with them has been very professional. They are very courteous, diligent, and dedicated to helping families in the state, and really work to get them services and connect them to resources that they need. I would say my experience overall has been good.” - CMH Staff Member*
- *“My experience has been excellent. I have never had any issues over the years, or concerns. I feel like I can always count on them. I can always refer families, refer case managers there that I have for my team, to reach out and connect with them. And it’s not like I have to keep going back and say – try to figure out what happened. I mean, they start getting on the track and it’s taken care of. So I think it’s really important to have these ... organizations for families, and children, and for agencies like us to be able to partner with and learn... (it) sort of maximizes our capacity to really serve all kids and families in the community and not just those that are having autism, or a mental illness, or that have one type of insurance or the other. It just sort of makes it better to have this other sort of expertise. It’s really different than what we do.” - CMH Staff Member*

Client Survey

To further understand potential duplication of services, we asked clients whether they use other organizations and agencies to meet similar needs, and to what extent these other entities are helpful.

We asked participants who received services beyond information only (i.e. referral and/or advocacy) if they had contacted any other organization for similar help. About one-third indicated using an entity other than AAoM.

Figure 9. Have You Approached Any Other Organization for The Same Type of Help?



We also asked the 32 participants who reported using an agency other than AAoM to indicate the name of the entity they approached. As seen in Figures 10 and 11, respondents were most likely to have contacted their child's school, and most were still working with them. Just over half approached a CMH, and approximately three-quarters of those participants reported they were still working with the agency. Insurance companies, MDHHS, and MAF were among other agencies contacted. Of those who approached MAF, all but one person was still consulting the organization.

Figure 10. What Other Agencies/Organizations Have You Approached? (n=32)

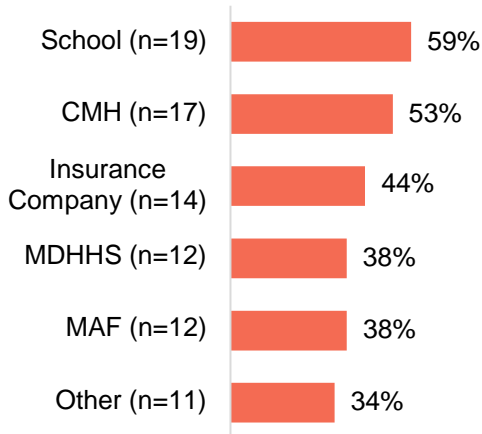
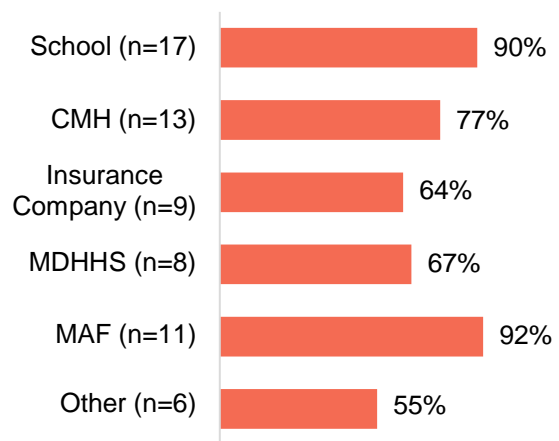
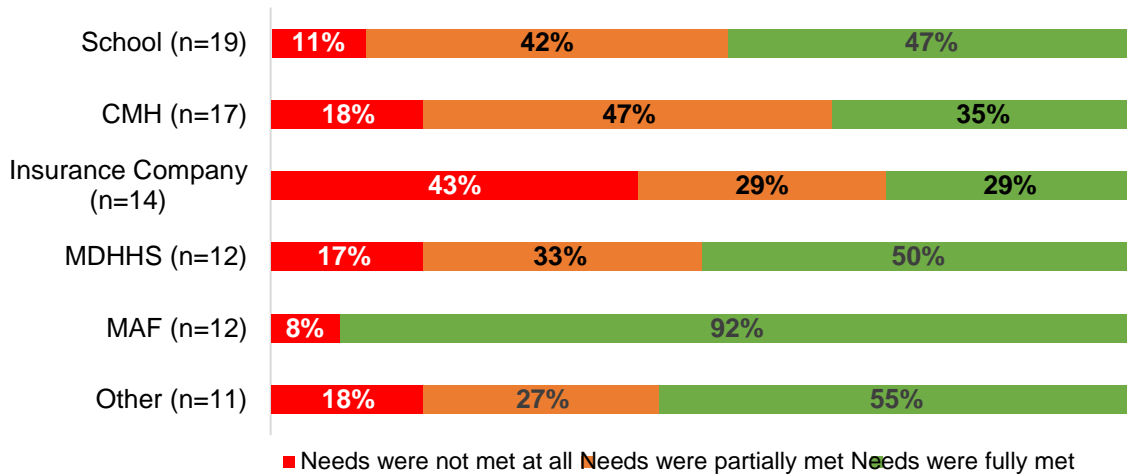


Figure 11. Do You Continue to Work with These Agencies? (n=32)



We asked participants to indicate whether the agencies they approached met their needs fully, partially, or not at all (see Figure 12). Respondents using MAF were most likely to have their needs fully met. Just over one-third of those approaching CMH providers had their needs fully met. Those going to their insurance company with similar needs were least likely to have their needs met when compared to other agencies.

Figure 12. Extent to Which Respondents' Needs Were Met by Agency Approached (n=32)



When participants indicated they were still working with an agency, we asked them to rate their satisfaction with the agency via a series of questions. The questions were identical to those asked about the MiNavigator in Figure 12. Figure 13 summarizes the results.

Figure 13. Participant Satisfaction Ratings for Other Agencies

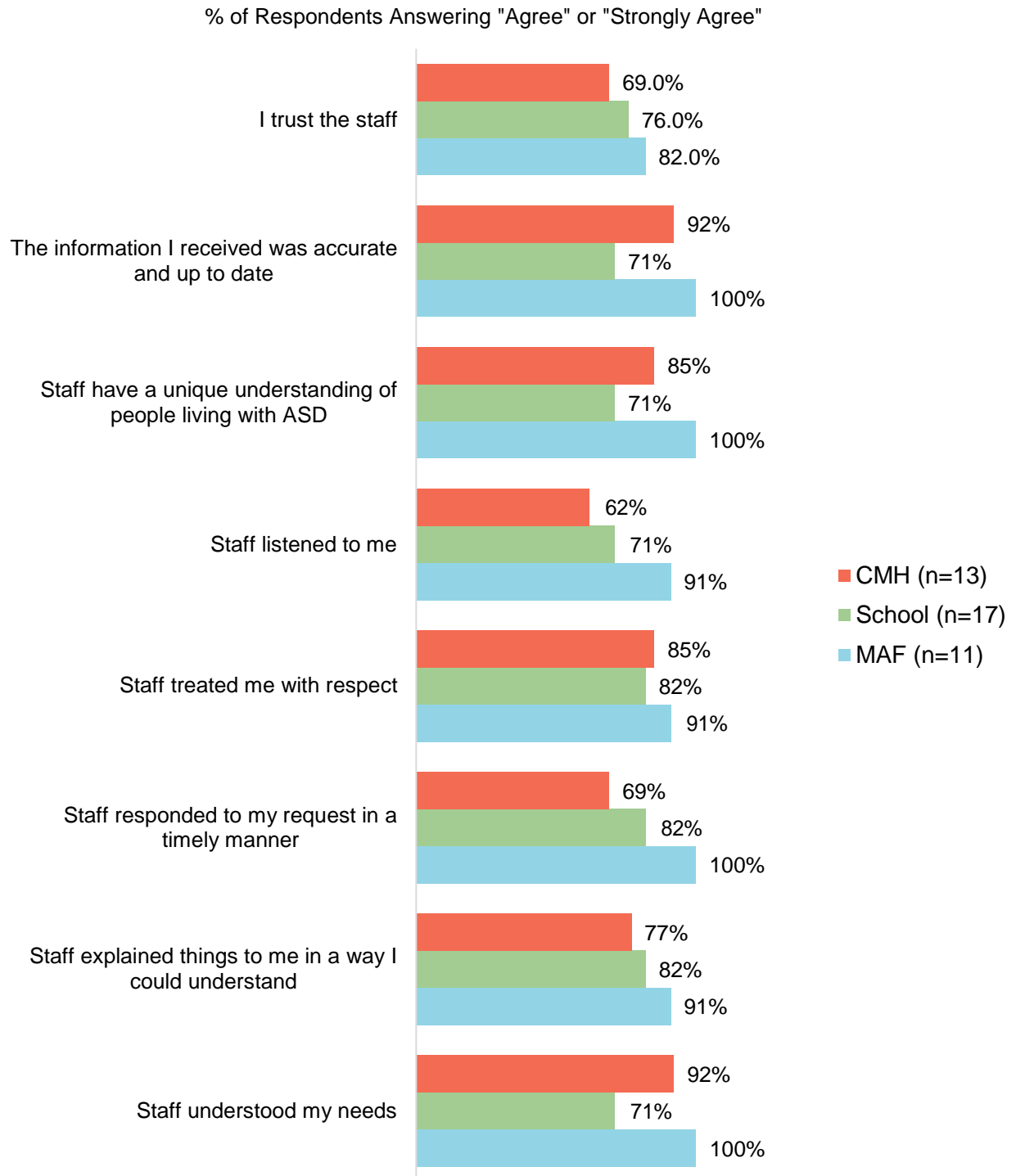
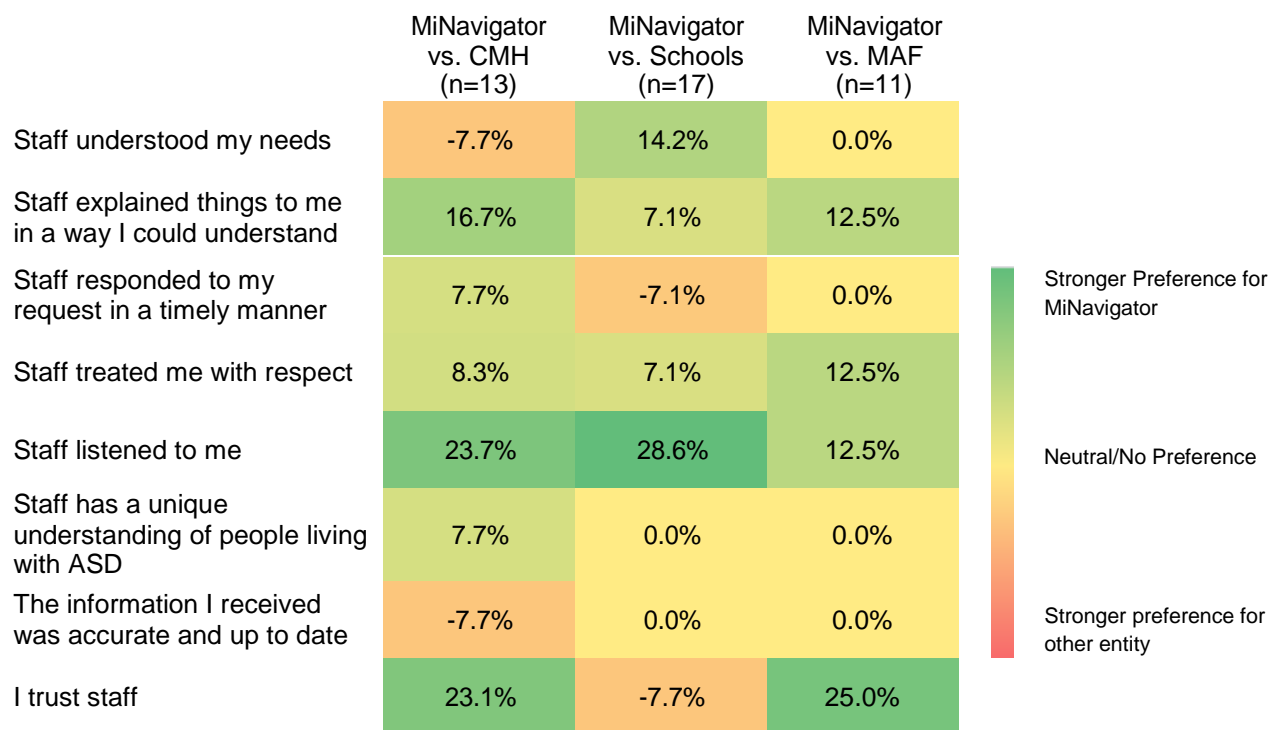


Figure 14 deducts the percentage of respondents who agree/strongly agree for each item when asked about the other agency (CMH, their school, or MAF) from the percent of respondents who agree/strongly agree for each item when asked about MiNavigator. A negative value indicates AAoM had fewer positive responses, a positive value indicates more positive responses. Shading is used to show the extent of the difference: dark green indicates respondents strongly preferred MiNavigator, with lighter green indicating a less strong preference. Yellow is neutral. Pale orange indicates a slight preference for the other entity, in terms of the percentage of respondents who agree/disagree with each statement.

When compared to CMH, a larger proportion of clients thought MiNavigator staff was better at listening to them (24%), reported increased trust (23%), and felt staff was better at explaining things to them clearly (17%). Compared to school staff, participants thought MiNavigator staff were more likely to listen them (29%) and to understand their needs (14%). A higher proportion of respondents reported trusting MiNavigator staff over MAF (25%) and rated both agencies similarly on the other satisfaction items.

Figure 14. Comparison of Satisfaction Ratings Among MiNavigator and Other agencies



Key Summary Points

- Generally, this evaluation did not uncover evidence that clients were getting duplicative services from AAoM and other entities.
- However, MPHI considered MiNavigator services as potentially duplicative of the following, each of which serve only some people with ASD: Early On, MAF, CMH, MPAS, and the Arc.
- MiNavigator staff said they routinely refer Medicaid-eligible clients to CMH providers.
- Following referral, MiNavigator and CMH staff report occasional collaboration, but it doesn't appear to be common. MiNavigator staff said they continue to work with a client who has been referred to CMH under the following conditions: 1) If families prefer it or express the need for advocacy, or 2) When CMH staff reach out to MiNavigator to meet specific needs.
- CMH staff we spoke with are familiar with MiNavigator, although the extent to which case managers worked with MiNavigator varied.
- CMH respondents frequently cite AAoM's website as a valuable resource for information.
- CMH staff also report occasionally referring clients to AAoM for navigation services under the following circumstances: 1) When they don't qualify for Medicaid, 2) When their clients are dually insured with a commercial payer, or 3) When they need services outside of ASD diagnosis and ABA therapy.
- When we asked CMH interviewees about their satisfaction with MiNavigator, all – save one who had not worked with AAoM – offered positive feedback, using terms and phrases such as “professional,” “courteous,” “dedicated,” and “I can always count on them.”
- A minority of MiNavigator clients surveyed said they use other organizations for similar services. Among the 32 participants (32%) who used other agencies, CMH and schools were most frequently contacted.
- In the few cases where clients reported working with other entities for similar services, MiNavigator was viewed favorably.

Conclusions & Recommendations

MiNavigator staff are knowledgeable and the AAoM website is valued

- The AAoM website is not funded by MDHHS and therefore was not a focus of the evaluation; the evaluation team examined the website and discussed it with AAoM staff.
- CMH key informants indicate that they use the AAoM website in serving their clients.
- AAoM staff report having information that does not translate well to a website; this includes knowledge of wait times, research into insurance policies, and experience gained from interacting with specific providers.
- Clients responding to the evaluation survey are strongly positive about their experience with MiNavigator; according to clients surveyed: AAoM referral and advocacy activities are effective, information is accurate, staff listen and understand, treat clients respectfully, and are timely.
- Of clients surveyed:
 - 36% of those receiving referrals agreed that if the referral information were available online, they could have met their need on their own; the majority of respondents, 64%, did not agree that they would have been able to meet the need on their own given more information on the website.
 - 39% who received advocacy services agreed they could have gotten the same results without help from AAoM; 61% did not agree they could have gotten the same results; 95% strongly agreed that the help from AAoM saved them time.

Recommendation #1

If AAoM is amenable, resources should be invested in the website as it is serving a public good.

Based on responses from both clients and navigators the website will not be able to replace the role of human being for all clients or all needs.

Having said that, additional tweaks to the website could potentially clarify where an individual or family's first contact should be depending on common needs or situations. For instance, it is possible that families eligible for CMH services would not need to explore as many other options on their own if they make a CMH their first stop.

There was little evidence of clients receiving duplicative services

- Interviews with CMH staff – as the provider who may provide the broadest set of overlapping services for those who are eligible – did not confirm duplication.
- The extent to which families received services from multiple entities was addressed on the client survey, but not confirmed to happen frequently, and AAoM was valued by this sample of respondents.

Recommendation #2

Duplication of services should continue to be an area of monitoring; however, no intervention to reduce duplication seems necessary at this time.

Understanding and improving cost effectiveness could focus on understanding the different segments of the AAoM client base to determine whether their needs could be better met in other ways. For instance, additional investigation could identify the following:

1. Could some of the 800+ clients who have only 1 or 2 contacts be directed to services more efficiently?
2. What are root causes of issues that affect the people who require very intensive services? Are there specific systems or policy issues that need to be addressed? Perhaps policy change will be more effective at meeting those needs than intensive navigation.

Improved data are needed to enable cost effectiveness analysis

- In FY2018 MDHHS spent an estimated \$452,000 on the MiNavigator program. MDHHS funding was matched by \$325,717 from AAoM, for a total of \$384 per person, \$102 per contact.
- The intensity of services varies greatly with the majority of clients only requiring 1-2 contacts, but 63 clients required more than 10 contacts.
- There is insufficient data to know what proportion of client needs were ultimately met – however the survey indicates that people did end up receiving services from the entity to which they were referred the majority of the time.
- There is also insufficient data to know what proportion of clients would ultimately have received services without contact with MiNavigator.
- There is insufficient data to understand the level of need of clients served by AAoM.
- It is very encouraging that based on preliminary results, AAoM has already taken steps to improve their electronic documentation system.

Recommendation #3

MiNavigator should improve documentation so that the following are in structured fields that can be reported to MDHHS: client needs, whether needs were met, and the level of effort in meeting needs.

Cost effectiveness analysis will require access to individual level data (not only aggregate reports), to understand which populations had which needs, and specifically which of them had their needs met, with what level of effort. Cost effectiveness analysis will also need a mechanism to determine what would have happened in the absence of AAoM.

Not all outcomes data need to be tracked for every person – however, follow up surveys that ask about outcomes should be standard practice. Additionally, independent auditing should continue to verify accuracy of self-reported data but need not be overly burdensome or expensive.