Maryland Consortium on Coordinated Community Supports

Data Collection/Analysis & Program Evaluation Subcommittee

Larry Epp, Chair

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Objectives for today's meeting

- Review data survey responses

- Overview of Consortium data collection requirements (M&Ds)

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Data Survey

- Most recent Consortium public comment period
- 12 questions posed
- 80 responses, including 67 from Consortium grantees and 13 from outside experts
- Input has been incorporated into draft Milestones & Deliverables (M&D) template
- THANK YOU for providing input

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1. Count all or just additional?

1. Should grantees be required to report process and outcomes measures for ALL students/families served through their school-based programs, or just ADDITIONAL students/families served as a result of grant funding?

Responses were split.

STAFF RECOMMENDATION: Don't focus on new versus expanded per se. Instead, grantees should report on all individuals that receive grant-funded services, which will include both:

1) new students/families not previously served; and

2) those existing students/families whose services are enhanced through grant funding for activities such as: school meetings, transportation, care coordination, EBPs, Measurement-Based Care, etc.

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2. Only PSC-17?

2. Should PSC-17 (Pediatric Symptom Checklist) be the recommended assessment tool to measure outcomes for all applicants with Tier 3 interventions? Should it be required?

Two-thirds of responses favored having <u>alternatives</u> to PSC-17, based on the type of intervention and the patient's symptomology.

STAFF RECOMMENDATION: PSC-17 should be recommended but not required. The Consortium may provide a menu of recommended assessment tools. Grantees doing similar interventions may be recommended to use similar outcomes measurement tools.

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3. Tier 1/2 outcomes

3. How should Tier 1 and Tier 2 outcomes be measured by grantees? Surveys? Other means?

Responses were split. Half supported surveys. Others raised concerns about surveys and/or suggesting other measures.

STAFF RECOMMENDATIONS:

- Recommend surveys. Consortium may provide a suggested survey tool.
- Alternatively, grantees may utilize pre and post assessments or assessments of learning.
- In the future, when Hubs are formed, data from the LEA should be collected and analyzed to further assess outcomes.

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4. Satisfaction surveys?

4. Should satisfaction surveys be required for all interventions, as a process measure?

60% of responses favored requiring satisfaction surveys for all Tiers.

STAFF RECOMMENDATION: Require brief satisfaction surveys for all, provide a recommended template, but give grantees flexibility to use their own customized surveys.

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5. Customized measures?

5. In addition to the standardized outcomes data reported across all interventions, should grantees be required to collect and report customized outcomes data for each of their different types of interventions?

One third of responses said customized measures should be required for all grantees. Many suggested that customized, intervention-specific data measures should be developed in future years of the project, with support from the CHRC and National Center.

STAFF RECOMMENDATION: Make customized metrics optional for now. Work with grantees to develop customized metrics . Grantees doing similar interventions may be recommended to use similar outcomes measurement tools.

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6. Wait times?

6. How should grantees measure and report average wait times for services? Is this practical?

Grantees were split on this question and commented on the complexity of measuring wait times. Outside experts were more inclined to require that wait times be reported.

STAFF RECOMMENDATION: Do not require reporting on wait times during this first grant period. Work with grantees and future Hubs to develop definitions for the future that make sense for the wide range of grantee programs.

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7. School staff training?

7. Given that we are trying to develop a standardized data collection form, what process/outcomes measures should be collected for grants that focus on school staff training?

Responses included a number of helpful suggestions for process and outcomes measures.

STAFF RECOMMENDATION:

- Number of staff trained
- Topic(s) of trainings
- Survey/quiz to measure new learning and satisfaction with training

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8. Demographic info?

8. What student demographic information should be collected and reported?

The vast majority of grantees and outside experts recommended the collection of demographic data. Responses included a number of suggested demographic measures.

STAFF RECOMMENDATION: Collect the following in aggregate for total individuals served:

- race/ethnicity,
- gender identification, and
- level of school: pre-k, elementary school (grades k-5), middle school (grades 6-8), or high school (grades 9-12).

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9. Insurance/leveraging info?

9. Should applicants be required to report on funding leveraged from Medicaid, commercial insurance, etc? If so, what should they report?

60% of grantees had concerns about reporting on Medicaid revenues and other funds leveraged, while 60% of outside experts said this information should be collected and reported to the CHRC.

STAFF RECOMMENDATION: Continue to review this issue. If the Consortium determines this information should be reported, develop clear definitions and work with grantees to support collection of this information.

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10. Reporting frequency?

10. How frequently should data be reported to the CHRC?

75% of responses favor semi-annual reporting.

STAFF RECOMMENDATION: Semi-annually, aligned with the school calendar.

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11. MBC Learning Collaborative?

11. What suggestions do you have for the Measurement-Based Care learning collaborative?

- Virtual
- Not onerous
- Clear instruction
- Support in the selection of measures

- Split into two cohorts (new adopters and current users of MBC)
- Regular meeting schedule (monthly was recommended)
- Significant support and training for grantees

12. Other?

12. Other comments?

Grantees said data requirements should be finalized as soon as possible, and grantees should be given time to build their data collection capacity.

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Re-Cap: Consortium Data Collection Requirements

- Grantees will be required to report to the CHRC every six months (aligned with school calendar) on key process and outcomes measures

- Quantifiable measures will be submitted to the CHRC using a Milestones and Deliverables (M&D) reporting template

- Standardized measures, with customization for unique grantee programs

- CHRC and National Center will provide support to grantees

- Definition for key terms will be provided

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Consortium Data Collection Requirements: M&D Process Measures (slide 1 of 2)

Potential standardized process measures:

1. Number of unduplicated individuals served, total

2. Number of unduplicated individuals served, at each MTSS Tier as applicable

3. Number of schools

4. # of trainings in priority EBPs sponsored by the Consortium and National Center, as applicable

5. # of individuals reporting satisfaction with services

Definitions and details are under discussion

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Consortium Data Collection Requirements: M&D Process Measures (slide 2 of 2)

Examples of standardized process measures:

6. # of school staff trained by grantee and assessment of their learning, as applicable

7. # of new staff hires, as applicable

8. Race/ethnicity for total unduplicated individuals served

9. Gender identity for total unduplicated individuals served

10. School level for total unduplicated individuals served (pre-k, elementary, middle, or high)

Definitions and details are under discussion

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Consortium Data Collection Requirements: M&D Outcomes Measures

- Grantees will be required to collect and report on outcomes for all individuals served through the grant, by Tier.

- Consortium will provide a menu of suggested tools. Assessment tools not on the menu must be approved by the Consortium/National Center.

- Grantees doing similar interventions may be recommended to use similar outcomes measurement tools.

- Grantees will be required to submit Metrics Plans that clarify their tools.

- Support will be provided to grantees. Grantee capacity to report on these measures may improve over time.

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Example of M&D Outcomes Reporting (sample Tier)

Tier 3 behavioral health outcomes	Tier 3: Name(s) of assessment tool(s) used to measure improvements in social, emotional, behavioral, or academic functioning
	Number of students/families receiving Tier 3 supports assessed using the tool(s)
	Number of students/families receiving Tier 3 supports demonstrating improvement in social, emotional, behavioral, or academic functioning, using the assessment tool

Grantees will be encouraged to use PSC-17, but could select a different tool if justification is provided.

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