Maryland Consortium on Coordinated Community Supports

Data Collection/Analysis & Program Evaluation Subcommittee

Larry Epp, Chair

December 1, 2022

Objectives for today's meeting

- Review public comments

- Discuss goals and indicators

- Discuss standardized measures for each indicator

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How many measures?

- Grantees must collect and submit data to demonstrate program effectiveness and adjust programs that are not producing results.

- Some data will be collected by grantees directly. Other data will come from other sources, such as MSDE, DJS, YRBS, etc.

- Requiring too much data can be burdensome, dilute focus, and reduce compliance.

- Public comments suggested a great deal of possible measures. Some will be more feasible or useful than others.

- Individual grantees will also have some customized measures.

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Public comment – standardized measures

"In 2015, the School Behavioral Health Accountability Act (SB 494 / HB 713) was passed, which required the development of a standardized reporting mechanism to demonstrate the effectiveness of Community-Partnered School-Based Behavioral Health Services programs in the state through the collection of data on student outcomes, including academic, behavioral, social and emotional functioning and progress. This was a main recommendation from a 2015 report issued by the University of Maryland Center for School Mental Health, in collaboration with MDH, the Maryland State Department of Education, and a range of stakeholders. Unfortunately, this has not been implemented or reported on, and significant gaps still remain around the collection of standardized data."

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Re-Cap: Proposed overall goals

Goal	Key Indicators
1. Expand access to services	1. Expanded screenings, assessments, etc. for early identification of behavioral health concerns
	2. Increased care delivery
2. Improve student wellbeing	3. Improvements in student wellbeing at the population level (Tier 1)
	4. Improvements in mental health for individual students receiving Tier 2 and 3 supports (targeted students)
3. Improve engagement in education	5. Reduced absenteeism
	6. Reduction in exclusionary discipline events
	7. Improved classroom environments

We will return to this table after reviewing public comments.

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Public Comments – non-controversial measures

Recommended **demographic and process measures:**

1. Total number of unduplicated individuals/families impacted at different stages such as marketing, education, screenings, referrals, assessments, interventions/treatment, social supports, etc.
2. Active participation rate in services offered
3. Number of Tier 2 and 3 (targeted) service encounters
4. Expanded access to behavioral health or substance use treatment
5. Number of partner organizations
6. Average wait time to access treatment

These measures are more or less included among the goals/indicators the Subcommittee is developing.

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Public Comments – non-controversial measures

Recommended outcome measures:

1. Number of students with decreased anxiety
2. Number of students with decreased risk for suicidality
3. Decreased substance use
4. Number of participants who become justice involved/juvenile services referrals
5. Attendance measures
6. Attainment of social emotional goals on IEPs or therapy plans

7. Number of participants who drop out of school
8. Surveys of students and families / Questionnaires at the end of services
9. Surveys of staff and teachers
10. Progress or setbacks evidenced using assessment tools
11. Youth Risk Behavior Surveillance data

These measures are or could be included among the goals/indicators the Subcommittee is developing.

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Possible additional measures to discuss

Public Comments recommended:

- **Academic outcome measures:** A number of comments recommended using grades and academic assessments to measure program impact. Others suggested these academic measures be monitored but not collected directly by grantees, and that grant funding not be contingent upon specific academic goals or test scores. (NOTE: Legislation does not focus on academic measures, but does require technical assistance for the closing of achievement gaps, etc.)

- **Employee retention:** Several comments recommended measuring retention of school teachers and other school employees.

Subcommittee members are asked to take a position on whether the Consortium and/or grantees should be required to track either of these measures.
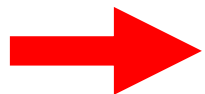
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Possible additional measures to discuss

Public Comments also recommended:

1. Changes in suicide rates
2. Changes in overdose rates
3. Number of crisis incidents
4. Number of citations by Resource Officers
5. Self-report of survival and functional behaviors performed
6. Measures of perceived safety (school survey)

7. School behavior data (fights, bullying, etc.)
8. Number of emergency petitions of students
9. Number of non-public school placements
10. Reduced trauma symptoms
11. School engagement measure that can be taken weekly via quick poll
12. Decreases in emergency department visits for acute behavioral and mental health occurrences

Subcommittee members are asked to consider this feedback as Consortium goals and indicators are finalized.

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Re-Cap: Proposed overall goals

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Proposed Goal 1: Expand access to services

Key Indicators	Key Measures
1. Expanded screenings, assessments, etc. for early identification of behavioral health concerns	Increase in number of screenings, assessments, or other activities performed to identify students with behavioral health concerns
2. Increased care delivery	Number of screened and referred students receiving targeted supports

Additional Indicators	Additional Measures
~~Increased number of schools with Partnership programs~~	~~Number of schools with Partnership programs~~
Improved quality and broaden array of services	Types of new services offered through Partnership programs
Expanded universal and preventative services	Number of students that receive new or expanded preventative or universal services through Partnership programs

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Proposed Goal 2: Improve student wellbeing

Key Indicators	Key Measures
1. Improvements in student wellbeing at the population level (Tier 1)	Improvements in school survey measures, Youth Risk Behavior Surveillance Survey measures
2. Improvements in mental health for students receiving Tier 2 and 3 supports	Percent of students demonstrating improvement through a validated instrument of psychosocial functioning

Additional Indicators	Additional Measures
Reduced suicidality	Percent of students with improved assessments for suicidality [DISCUSS WITH CHAIR EPP]
Reduced substance use	Improvements in measures of substance use in school surveys [DISCUSS WITH MSDE AND OOCC]
Reduce interactions with youth serving agencies	Number of students … [DISCUSS WITH DJS]

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Proposed Goal 3: Improve engagement in education

Key Indicators	Key Measures
1. Reduced absenteeism	Percentage of students in a school who are chronically absent
2. Reduction in exclusionary discipline events	Percentage of students with multiple offenses/suspensions in a school year
3. Improved classroom environments	Increased use of positive classroom strategies (e.g., Tiered Fidelity Inventory)

Additional Indicators	Additional Measures
Reduction in drop-out rates	[DISCUSS WITH MSDE]
Closing of achievement gaps	[DISCUSS WITH MSDE]

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Data Subcommittee Meeting Schedule

- TODAY: Thursday, December 1, 12:00-1:00 pm – finalize goals/indicators, review public comment responses

- Thursday, December 8, 12:00-1:00 pm – Elizabeth Connors/review public comment responses

- Full Consortium meeting: December 13

- Thursday, December 15, 12:00-1:00 pm – agenda TBD

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Possible future presentations

- **Substance Use Disorder programs** – Robin Rickard, OOCC

- **Data platforms** – Crystal Carr, Healthcare Initiative Foundation

- **Measuring risk** – Robert Balfanz

- **Youth Risk Behavioral Surveillance Survey**

- **Annie E. Casey** report researchers

- Others??

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