



Maryland Consortium on Coordinated Community Supports

Data Collection/Analysis & Program Evaluation Subcommittee

Larry Epp, Chair

December 8, 2022

Objectives for today's meeting

- Discuss 4 overall goals and measures for each
- Discuss standardized metrics for each goal
- Presentation by Dr. Elizabeth Connors

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.
- Some measures are universal, some will be only for students receiving Tier 2/3 services.
- Requiring too much data can be burdensome, dilute focus, and reduce compliance.
- Individual grantees will also have some customized measures.

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.”

Revised: 4 Proposed overall goals

Goals

- 1. Expand access to high-quality behavioral health and related services for students and families**
- 2. Improve student wellbeing and readiness to learn**
- 3. Expand revenues from Medicaid and other funding sources for school behavioral health**
- 4. Foster positive classroom environments**

Proposed Goal 1: Expand access to services

Data Grantees would collect (proposed)

1. Number of unduplicated individuals/families:
 - touched through universal and preventative services
 - touched through screenings and early identification
 - receiving Tier 2/3 supports
2. Number of Tier 2/3 service encounters
3. Number of schools where supports are offered - Universal
4. Average wait time for indicated students to access Tier 2/3 supports
5. Perceived efficacy of treatment programs and family supports (satisfaction surveys) – Tier 2/3
6. Improvements in the quality and array of services offered (SHAPE system) – Universal

Proposed Goal 2:

Student wellbeing and readiness to learn

Data Grantees would collect (proposed)

1. Number of universal and preventative services provided – Universal
2. Improvements in depression and anxiety for targeted students demonstrated through a validated instrument of psychosocial functioning – Tier 2/3
3. Reduction in substance misuse among targeted students and families – Tier 2/3
4. Attainment of social emotional goals on IEPs or therapy plans – Tier 2/3

Data from other sources (proposed)

1. Overall student wellbeing (YRBS) – Universal
2. YRBS substance use data, other OOCC data – Universal
3. Chronic absenteeism (MSDE) – Universal
4. Utilization of emergency services (CRISP/Medicaid claims) – Universal

Proposed Goal 3: Expand revenues from Medicaid and other sources

Data Grantees would collect (proposed)

1. Medicaid dollars leveraged, including administrative (EMR) – Tier 2/3
2. Private insurance dollars leveraged (EMR) – Tier 2/3
3. Dollars from other funding sources

Data from other sources (proposed)

1. Medicaid claims data - Universal

Proposed Goal 4: Positive classroom environments

Data Grantees would collect (proposed)

1. Increased use of positive classroom strategies – Universal

Data from other sources (proposed)

1. Academic outcomes (MSDE or MLDS)
2. Disciplinary data (MSDE) – Universal
3. Number of justice-involved students overall (DJS) – Universal
4. Perception of school safety (school survey) – Universal
5. Staff satisfaction (school survey) – Universal

Re-Cap: 4 Proposed overall goals

Goals

1. Expand access to high-quality behavioral health and related services for students and families
2. Improve student wellbeing and readiness to learn
3. Expand revenues from Medicaid and other funding sources for school behavioral health
4. Foster positive classroom environments

Data Subcommittee Meeting Schedule

- TODAY: Thursday, December 8, 12:00-1:00 pm – Elizabeth Connors
- Full Consortium meeting: December 13
- Thursday, December 15, 12:00-1:00 pm – agenda TBD

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??

Measurement-Based Care as a Best Practice to Support Maryland Students with Behavioral Health Needs

Dr. Elizabeth Connors, Assistant Professor of Psychiatry (Psychology)

*Maryland Consortium on Coordinated Community Support
Partnerships: Data Subcommittee*

December 8, 2022





Measurement-Based Care

The **routine** collection and **use** of client-reported progress measures **throughout** treatment to guide **clinical decision-making**.

Measurement-Based Care



COLLECT



SHARE



ACT

MBC Research Evidence

Systematic reviews show better and faster goal attainment and symptom reduction with MBC as compared to usual care (ES range = .28-.70)

MBC is most effective when:

- ✓ Clients are “off track”
- ✓ Feedback is provided to clinician AND client
- ✓ Clinical support tools are provided
- ✓ Measures are used to adjust treatment plan

(Fortney et al., 2017; Lambert et al., 2018; Lewis et al., 2019; Shimokawa et al., 2010)



MBC Research Evidence: Children and Adolescents

- ✓ Better and faster symptom improvement
- ✓ Decrease in psychological distress
- Improvement may occur in patient-report, parent-report and/or therapist-report measures
- Improvement in outcomes may be dose-dependent



(Parikh et al., 2020; see also Rognstad et al., 2022 systematic review)

Value of MBC as a Best Practice



Improves client outcomes



Personalized treatment approach



Shared decision making with client



Data-driven signals of clients not on track



Improves accuracy of clinical judgment

(Bickman et al., 2011; Hatfield et al., 2010; Lambert et al., 2003; Lewis et al., 2019; Resnick & Hoff, 2020; Walfish et al., 2012)

MBC Data System Options

- Better Outcomes Now <https://betteroutcomesnow.com/>
- BH Works for Schools* <https://mdlogix.com/for-schools/>
- Greenspace <https://www.greenspacehealth.com/en-us>
- Mirah <https://www.mirah.com/>
- Owl Outcomes <https://www.owl.health/>
- Powerschool* (with customizations) www.powerschool.com
- Project Covitality* <https://www.covitalityucsb.info/>
- Google forms

*school specific



MBC Instrument Considerations

- ✓ Brief
- ✓ Cost effective
- ✓ Available/ readily accessible
- ✓ Valid and reliable for the desired application
- ✓ Sensitive to change
- ✓ Provides clinically meaningful benchmarks
- ✓ Relevant to clinicians
- ✓ Acceptable to clients/patients
- ✓ Useful in aggregated form as key performance indicators for agency decision-makers
- ✓ Adds value to larger organizational needs for reimbursement, regulatory requirements, and/or grant funding

(Connors et al., 2021;

Free download: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7854781/pdf/nihms-1611311.pdf>)

MBC Resources

Free Webinars hosted by Southeast MHTTC on MBC in School Mental Health:

- Part 1: <https://bit.ly/3RFAf6K>
- Part 2: <https://bit.ly/3eTfSER>

MBC Demo Videos with a Teen in School:

https://medicine.yale.edu/psychiatry/research/programs/clinical_people/mbccollab/demonstration-videos/

Vignettes on what MBC “looks like” in schools:

<http://bit.ly/3h5UYDI>

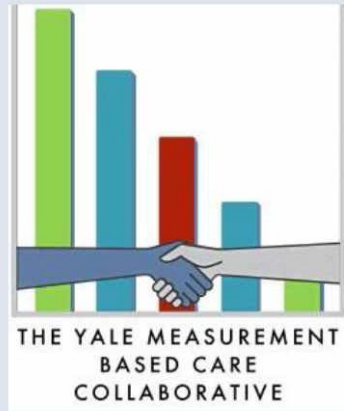
MBC Q&A Webinars and Video Clips

<https://greenspacehealth.com/en-us/events/>

Free, searchable measures library for children and adolescents:

www.theshapesystem.com/assessment





The Yale MBC Collaborative is dedicated to MBC implementation for systems, clinicians and clients and MBC advancement as an evidence-based practice via continued research.

YMBCC Faculty:

Jessica Barber, PhD
Amber Childs, PhD
Elizabeth Connors, PhD
Sandy Resnick, PhD



Follow Us @YaleMBCC

https://medicine.yale.edu/psychiatry/research/programs/clinical_people/mbccollab/





Thank you!
Questions?

Contact:

Elizabeth.Connors@yale.edu



[@DrEConnors](https://twitter.com/DrEConnors)

References

- Barber, J., & Resnick, S. G. (2022). Collect, Share, Act: A transtheoretical clinical model for doing measurement-based care in mental health treatment. *Psychological Services*.
- Connors, E. H., Douglas, S., Jensen-Doss, A., Landes, S. J., Lewis, C. C., McLeod, B. D., ... & Lyon, A. R. (2021). What gets measured gets done: How mental health agencies can leverage measurement-based care for better patient care, clinician supports, and organizational goals. *Administration and Policy in Mental Health and Mental Health Services Research*, 48(2), 250-265.
- Fortney, J. C., Unützer, J., Wrenn, G., Pyne, J. M., Smith, G. R., Schoenbaum, M., & Harbin, H. T. (2017). A tipping point for measurement-based care. *Psychiatric services*, 68(2), 179-188.
- Lambert, M. J., Whipple, J. L., & Kleinstäuber, M. (2018). Collecting and delivering progress feedback: A meta-analysis of routine outcome monitoring. *Psychotherapy*, 55(4), 520.
- Lewis, C. C., Boyd, M., Puspitasari, A., Navarro, E., Howard, J., Kassab, H., ... & Kroenke, K. (2019). Implementing measurement-based care in behavioral health: a review. *JAMA psychiatry*, 76(3), 324-335.
- Parikh, A., Fristad, M. A., Axelson, D., & Krishna, R. (2020). Evidence base for measurement-based care in child and adolescent psychiatry. *Child and Adolescent Psychiatric Clinics*, 29(4), 587-599.
- Resnick, S. G., & Hoff, R. A. (2020). Observations from the national implementation of Measurement Based Care in Mental Health in the Department of Veterans Affairs. *Psychological services*, 17(3), 238.
- Rognstad, K., Wentzel-Larsen, T., Neumer, S. P., & Kjøbli, J. (2022). A Systematic Review and Meta-Analysis of Measurement Feedback Systems in Treatment for Common Mental Health Disorders. *Administration and Policy in Mental Health and Mental Health Services Research*, 1-14.
- Scott, K., & Lewis, C. C. (2015). Using measurement-based care to enhance any treatment. *Cognitive and behavioral practice*, 22(1), 49-59.
- Shimokawa, K., Lambert, M. J., & Smart, D. W. (2010). Enhancing treatment outcome of patients at risk of treatment failure: meta-analytic and mega-analytic review of a psychotherapy quality assurance system. *Journal of consulting and clinical psychology*, 78(3), 298.