



Maryland Consortium on Coordinated Community Supports Data Collection/Analysis & Program Evaluation Subcommittee

Larry Epp, Chair

February 2, 2024

1

Objectives for today's meeting

1. Review the work of Data Subcommittee and requirements under first RFP for service providers
2. Discuss data that service provider grantees will be required to report to the CHRC/Consortium
3. Discuss Measurement-Based Care learning collaborative for grantees

2



2

Recap: Overview of activities to date

- In 2022, the Data Subcommittee developed a set of questions for public comment. Responses to those questions have helped to guide the Subcommittee's work.
- The Data Subcommittee developed overall accountability metrics to guide the Consortium's work (see slides 4-6).
- The Data Subcommittee provided recommendations for both the service providers Call for Proposals and the Pilot Hubs Call for Proposals (see slides 7-21).

3



3

Recap: Data Subcommittee work to date

1. The Data Subcommittee developed overall program goals and indicators.

- Update: Consortium goals and indicators were developed, endorsed by full Consortium, included in the services RFP.
- Some indicators will be used by service provider grantees in their required reporting, others will be collected and analyzed by future Hubs.

SEE NEXT SLIDES

4



4

Recap: Goals and Indicators, slide 1 of 2

Goal	Indicators to be reported by grantees	Population-level data to be provided to Hubs
1. Expand access to high-quality behavioral health and related services for students and families	# of students and families served, # of schools, # of services, wait time for services, etc; improvements in quality and array of services (SHAPE system)	None; all data will be provided by grantees
2. Improve student wellbeing and readiness to learn	% or # of students demonstrating improvement in social, emotional, behavioral, or academic functioning using a validated assessment tool; % or # of students demonstrating reduction in substance use	Youth Risk Behavior Survey (YRBS) measures of wellbeing and substance use, MSDE measures of absenteeism, CRISP data on ER visits and hospitalizations for behavioral health issues and self-harm, suicide rates

5

5

Recap: Goals and Indicators, slide 2 of 2

Goal	Indicators to be reported by grantees	Population-level data to be provided to Hubs
3. Foster positive classroom environments	Increased use of positive classroom strategies; SHAPE system measures of improvements in school climate	MSDE data on disciplinary incidents and academic outcomes, school survey data on perceptions of school safety and staff satisfaction, DJS data on justice-involved students, etc
4. Enhance sustainability through revenues from Medicaid, commercial insurance, hospital community benefit, and other funding sources	Medicaid revenues, other revenues	Claims data

6

6

Recap: Data Subcommittee work to date

2. The Data Subcommittee recommended data sets for service provider applicants to use in their proposals to align programs with local needs.

- Update: RFP included a Data Toolkit that applicants used in their proposals.

SEE NEXT SLIDE

7



7

Recap: Data Toolkit in first RFP

Jurisdiction-level data:

- HRSA Mental Health Professional Shortage Areas (HPSAs)
- Youth Risk Behavior Surveillance System (YRBS)
- Department of Juvenile Services Data Resource Guide
- MSDE report on Suspensions, Expulsions, and Health Related Exclusions Maryland Public Schools
- U.S. Census Bureau Small Area Health Insurance Estimates (SAHIE)
- Maryland Medicaid claims data
- SHAPE system analyses by LEAs
- Local Community Health Needs Assessments
- Local Behavioral Health Authority Needs Assessments
- Local Management Board Needs Assessments

School-level data:

- School Report Cards
- LEA Blueprint Implementation Plans
- Community schools' needs assessments
- List of Community Schools



8

Recap: Data Subcommittee work to date

3. The Data Subcommittee recommended service provider applicants describe their plans for measuring and reporting behavioral health outcomes measures to the CHRC.

- Update: RFP included suggested measures (see next slide).
- Applicants were required to identify the measures they will use and their plans for data collection and reporting. This was one of the key evaluation criteria when proposals were reviewed.
- Applicants with insufficiently detailed outcome measurement plans were contacted to provide more details as a condition of funding.

Note: Service provider grantees under the first Call for Proposals will report data to the CHRC; in the future, they will report to their Hubs.



9

9

Recap: First RFP, outcomes reporting requirements

- Applicants must demonstrate the capacity to collect and report data required by the CHRC and Consortium.
- Grantees will be required to provide regular reporting on a number of key measures.
- These will include some standardized measures, as well as measures customized to the grantee's particular program.
- CHRC staff may work with each grantee to develop data reporting requirements for the grantee's program.

Grantees will choose assessment tools that align with the conditions of individual students, such as:

- Pediatric Symptoms Checklist (PSC-17): depression, anxiety, ADHD, and acting out behavior for children under 16
- Patient Health Questionnaire (PHQ-9) or General Anxiety Disorder (GAD-7): depression and anxiety for older adolescents
- CAGE-AID: Substance Use Disorder
- SNAP-IV: ADHD

For more information on validated assessment tools, see the Meadows Mental Health Policy Institute's report



10

10

Recap: First RFP, satisfaction survey requirements

- How will student and family satisfaction/engagement be measured? Please include a copy of any satisfaction/engagement survey in the appendix.

11



11

Proposed CHRC reporting requirements

- Service provider grantees will be required to report periodically on a number of standardized and custom metrics aligned with the goals and indicators developed by the Data Subcommittee.
- Service provider grantees will not be asked to report population level data (Hubs will collect and analyze that).
- Service provider grantees will not be asked to measure improvement in positive classroom environments unless their proposal specifically addresses this.

First reporting period: March – June 2024
 Second reporting period: July – December 2024
 Third reporting period: January – June 2025

12



12

Coordinated Community Supports Grantee Monitoring Report - Standardized Metrics						
Grantee Name: _____						
Grant #: _____						
Attestation: I attest that, to the best of my knowledge and belief, all information contained in this report is accurate and complete. I attest that, to the best of my knowledge and belief, that the information reported by any subcontractors is accurate and complete, and that my organization has in place policies and procedures to monitor and ensure the accuracy of this information. Documentation to support the data will be kept for 5 years and provided to CHRC upon request.					Signature: _____ Date: _____	
NOTE #1: Metrics that count "UNDUPLICATED" participants CANNOT count these same participants over different reporting periods. The "TOTALS" column for these metrics should sum only unduplicated participants (e.g., a participant counted in reporting period 1, CANNOT be counted again in reporting period 2, 3 or 4. NOTE #2: The program data with its associated data source reported by the grantee on this M&D report is subject to audit by the CHRC. NOTE #3: CHRC will not be output 3 for its "Total unduplicated individuals served" measure. NOTE #4: The program data source used to provide services is the indicator NA. (Do NOT alter shaded cells)						
Overall Goals	Output	Report Period #1 (MAR 1, 2024 - JUN 30, 2024)	Report Period #2 (JUL 1, 2024 - DEC 31, 2024)	Report Period #3 (JAN 1, 2025 - JUN 30, 2025)	TOTALS	Goal
Expand access to high-quality behavioral health and related services for distressed families	TOTAL number of unduplicated students/families served				0	
	Number of unduplicated students/families served - Tier 1				0	
	Number of unduplicated students/families served - Tier 2				0	
	Number of unduplicated students/families served - Tier 3				0	
	Number of unduplicated schools attended by students served				0	
	Number of EBH trainings received by organization staff				0	
	Average wait time for services				0	
Tier 1 behavioral health outcomes	Number of students/families completing satisfaction surveys				0	
	Number of students/families reporting satisfaction with services				0	
	Tier 1 Name(s) of assessment tool(s) used					
Tier 2 behavioral health outcomes	Tier 2 Name(s) of assessment tool(s) used to measure improvement in social, emotional, behavioral, or academic functioning					
	Percentage of students/families receiving Tier 2 supports assessed using the tool(s)					100%
	Number of students/families receiving Tier 2 supports demonstrating improvement in social, emotional, behavioral, or academic functioning, using the assessment tool					
Tier 3 behavioral health outcomes	Tier 3 Name(s) of assessment tool(s) used to measure improvement in social, emotional, behavioral, or academic functioning					
	Percentage of students/families receiving Tier 3 supports assessed using the tool(s)					100%
	Number of students/families receiving Tier 3 supports demonstrating improvement in social, emotional, behavioral, or academic functioning, using the assessment tool					
Enhance sustainability through revenue from Medicaid, commercial insurance, hospital community benefit, and other funding sources	Revenues from Medicaid leveraged through grant					
	Revenues from commercial insurance leveraged through grant					
	Revenues from other sources leveraged through grant					

Sample Milestone & Deliverable report (slide 1 of 2)

Standardized metrics



13

Sample Milestone & Deliverable report (slide 2 of 2)

Coordinated Community Supports Grantee Monitoring Report - Customized Metrics						
Grantee Name: _____						
Grant #: _____						
Attestation: I attest that, to the best of my knowledge and belief, all information contained in this report is accurate and complete. I attest that, to the best of my knowledge and belief, that the information reported by any subcontractors is accurate and complete, and that my organization has in place policies and procedures to monitor and ensure the accuracy of this information. Documentation to support the data will be kept for 5 years and provided to CHRC upon request.					Signature: _____ Date: _____	
NOTE #1: Metrics that count "UNDUPLICATED" participants CANNOT count these same participants over different reporting periods. The "TOTALS" column for these metrics should sum only unduplicated participants (e.g., a participant counted in reporting period 1, CANNOT be counted again in reporting period 2, 3 or 4. NOTE #2: The program data with its associated data source reported by the grantee on this M&D report is subject to audit by the CHRC. (Do NOT alter shaded cells)						
Intervention	Output	Report Period #1 (MAR 1, 2024 - JUN 30, 2024)	Report Period #2 (JUL 1, 2024 - DEC 31, 2024)	Report Period #3 (JAN 1, 2025 - JUN 30, 2025)	TOTALS	Goal
Intervention #1	Unduplicated number of students/families served through intervention #1				0	
	Custom metric A					
	Custom metric B					
Intervention #2	Unduplicated number of students/families served through intervention #2				0	
	Custom metric C					
	Custom metric D					

Custom metrics



14

Proposed standardized measures (slide 1 of 6)

Expand access to high-quality behavioral health and related services for students and families	TOTAL number of unduplicated students/families served
	Number of unduplicated students/families served - Tier 1
	Number of unduplicated students/families served - Tier 2
	Number of unduplicated students/families served - Tier 3
	Number of unduplicated schools attended by students served
	Number of EBP trainings received by organization staff
	Average wait time for services
	Number of students/families completing satisfaction surveys
Number of students/families reporting satisfaction with services	

15

Grantees should indicate N/A if they do not serve one or more Tiers. Programs are not required to serve all Tiers.



15

Proposed standardized measures (slide 2 of 6)

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

16

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



16

Proposed standardized measures (slide 3 of 6)

Tier 2 behavioral health outcomes	Tier 2: Name(s) of assessment tool(s) used to measure improvements in social, emotional, behavioral, or academic functioning
	Percentage of students/families receiving Tier 2 supports assessed using the tool(s)
	Number of students/families receiving Tier 2 supports demonstrating improvement in social, emotional, behavioral, or academic functioning, using the assessment tool
	Percentage of students/families receiving Tier 2 supports demonstrating improvement in social, emotional, behavioral, or academic functioning, using the assessment tool

17

Grantees will be encouraged to use satisfaction surveys or a customized assessment tool.



17

Proposed standardized measures (slide 4 of 6)

Tier 1 behavioral health outcomes	Tier 1: Name(s) of assessment tool(s) used
	measure ???

Grantees will be encouraged to use satisfaction surveys or a customized assessment tool.

18



18

Proposed standardized measures (slide 5 of 6)

Enhance sustainability through revenues from Medicaid, commercial insurance, hospital community benefit, and other funding sources	Revenues from Medicaid leveraged through grant
	Revenues from commercial insurance leveraged through grant
	Revenues from other sources leveraged through grant

19



19

Potential custom measures for different interventions (slide 6 of 6)

Intervention #1	Unduplicated number of students/families served through intervention #1
	Custom outcome metric A
	Custom outcome metric B
Intervention #2	Unduplicated number of students/families served through intervention #2
	Custom outcome metric C
	Custom outcome metric D

20



20

Recap: Data Subcommittee work to date

4. The Data Subcommittee recommended promoting Measurement-Based Care.

- Update: Applicants could opt-in to a Measurement-Based Care learning collaborative; those who did so received additional points during proposal evaluation.
- National Center is subcontracting with Elizabeth Connors to lead the learning collaborative.
- All grantees with Tier 3 interventions may be encouraged to participate.

21



21

Potential questions for additional comment (1 of 2)

1. Should applicants be required to report process and outcomes measures for all students/families served through their school-based programs, or just additional students/families above the current baseline?
2. Should PSC-17 be the required assessment tool for all applicants with Tier 3 interventions? Should it be recommended?
3. How should Tier 1 and Tier 2 outcomes be measured by grantees?
4. Should satisfaction surveys be required as a process measure, used as an outcome measure for Tier 1 and 2 interventions, or both?
5. Should grantees be required to collect and report customized outcomes data for their different types of interventions?

22



22

Potential questions for additional comment (2 of 2)

6. How should grantees measure and report average wait times for services?
7. What process and outcomes measures should be collected for applicants that focus on school staff training?
8. Should applicants be required to report on funding leveraged from Medicaid, commercial insurance, etc? If so, what guidance should be given?
9. How frequently should data be reported to the CHRC? Semi-annually?
10. What support should be included in the Measurement-Based Care learning collaborative?

23

