



Southeast (HHS Region 4)

MHTTC

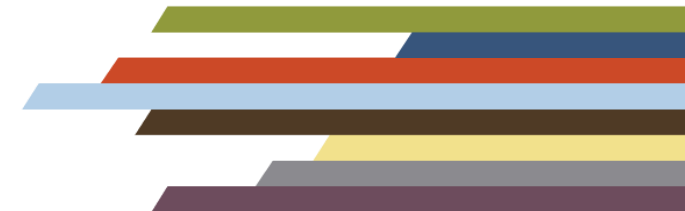
Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Introduction to measurement-based care for more personalized, collaborative, and effective school mental health interventions

November 4, 2021

The Southeast Mental Health Technology Transfer Center and
the National Center for School Mental Health



DISCLAIMER

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).



Southeast (HHS Region 4)

MHTTC

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The Southeast MHTTC is located at Emory University in the Rollins School of Public Health.

Our Mission: To promote the implementation and sustainability of evidence-based mental health services in the Southeastern United States.

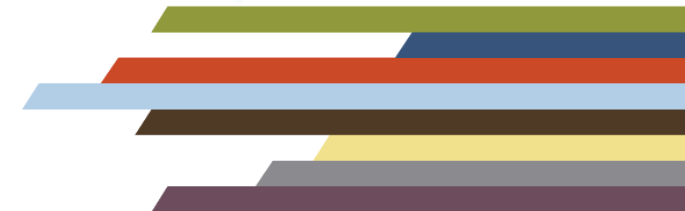
Our Vision: Widespread access to evidence-based mental health services for those in need.

Our Services: We use a public health approach to build leadership capacity and to provide mental health trainings and resources to providers, agencies, and communities across the Southeast.



SAMHSA

Substance Abuse and Mental Health
Services Administration



Region IV Southeast Mental Health Technology Transfer Center

Please visit our website at www.southeastmhttc.org for upcoming trainings as well as archived recordings of past trainings.

The screenshot shows the website's header with the logo for Southeast (HHS Region 4) MHTTC, which is the Mental Health Technology Transfer Center Network, funded by the Substance Abuse and Mental Health Services Administration. A navigation menu includes links for YOUR MHTTC, TRAINING AND EVENTS, RESOURCES, PROJECTS, COMMUNICATION, and ABOUT. Below the menu is a 'SOUTHEAST MHTTC NAVIGATION' bar with a 'Go to Center' button. The main content area features a large image of people sitting together with their hands clasped, overlaid with the text 'Our Vision: Widespread access to evidence-based mental health services for those in need.' and a 'Learn More' button. Below this is a section titled 'Southeast MHTTC' with a photo of the Atlanta skyline and text describing the center's location in Atlanta, GA, at Emory University's Rollins School of Public Health, and its service area covering eight states in HHS Region IV. Contact information is provided as 404-387-8515 and southeast@mhttcnetwork.org.

NEWS



UPCOMING EVENTS

AUG 05 **Suicide Risk Assessment Training - Raleigh, NC**
Suicide Risk Assessment is an interactive training targeted to Master's level and licensed mental...

AUG 07 **Financing School-Based Mental Health Services in Medicaid Managed Care**
This webinar will provide an enhanced understanding of how school-based mental health (SBMH)...





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Director of Quality Improvement

University of Maryland National Center for School Mental Health



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Welcome!

Please type in the chat box your name, organization and state.





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Learning Objectives

1. Increase **understanding** of measurement-based care and its **value** for improving and sustaining high quality school mental health Tier 2 and 3 services.
2. Increase familiarity with free or low-cost progress **measure options** and best practices in **training and implementation support** for school professionals.
3. Promote **cross-state networking and shared learning** about best practices, successes and challenges of tracking and reporting on the impact of Tier 2 and 3 services.



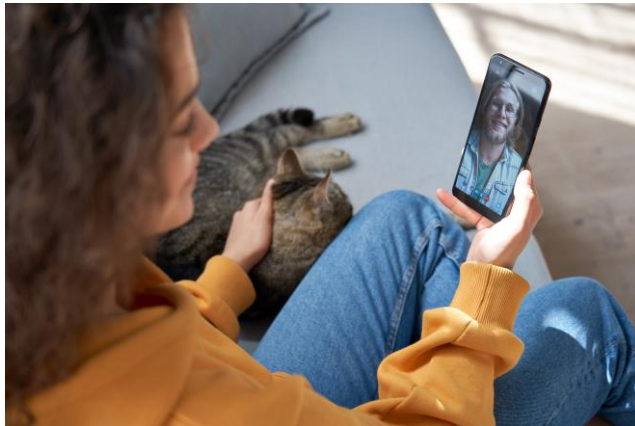
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Agenda

- MBC definition and research evidence
- MBC value in schools
- Free or low-cost measures
- District example



Measurement-Based Care

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



MBC Includes:

- Conduct initial assessment
- Specify problem definition and analysis
- Set intervention goals & tactics
- Monitor treatment progress

(Barrios and Hartmann, 1986; Scott and Lewis, 2015)

What MBC “looks like” in Schools

Terrence: 9th grader with an IEP for ADHD-Combined Type

- Vanderbilt to confirm diagnosis
- Weekly review and discussion with Terrence and mom how well organizational strategies are going based on daily agenda and tracking homework turned in

Christina: 3rd grader with Post-traumatic Stress Disorder

- UCLA-PTSD Index to confirm diagnosis
- Focus on coping skills and sleep hygiene, tracked nightmares and coping

Tyler: 6th grader with anger outbursts and declining grades

- Parent and teacher report Strengths and Difficulties Questionnaire for initial assessment and treatment goal setting
- Focus on trust and relationship building; weekly Session Rating Scale with Tyler

MBC is Part of an Evidence-Based Practice Orientation

- 1. Assessment that informs diagnosis, treatment planning, and outcome
- 2. Intervention
- 3. Ongoing progress monitoring

Source: APA Task Force on Evidence-Based Practice with Children and Adolescents, 2008

<https://www.apa.org/practice/resources/evidence/children-report.pdf>

Measurement-Based Care



COLLECT



SHARE



ACT

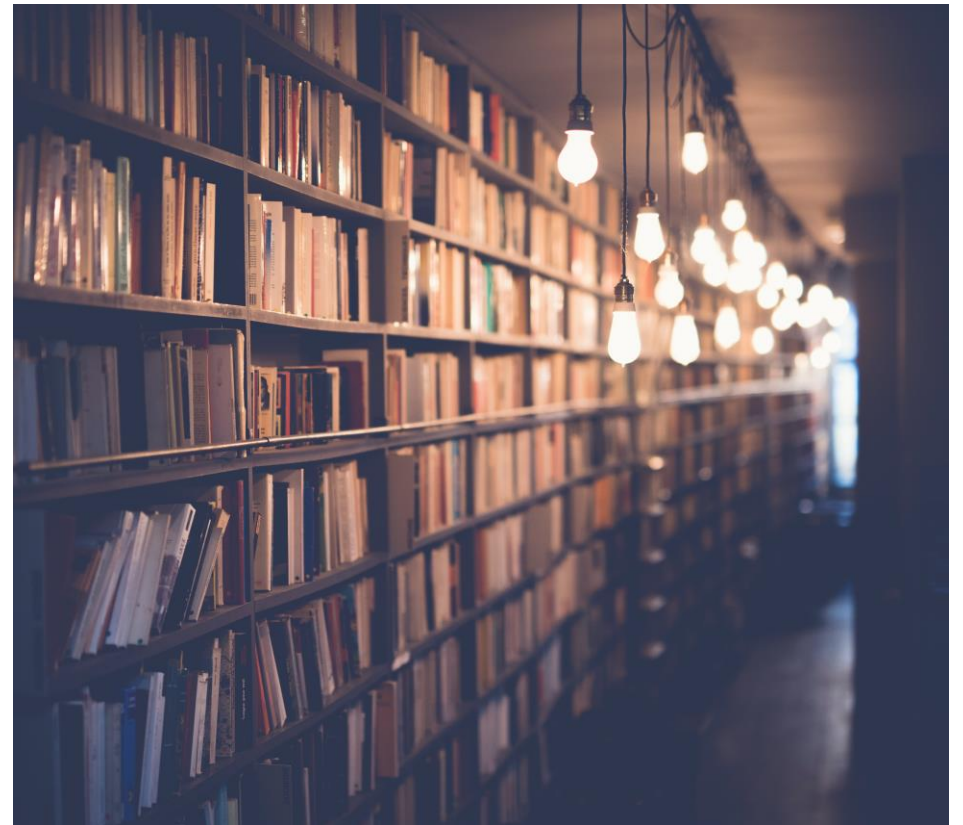
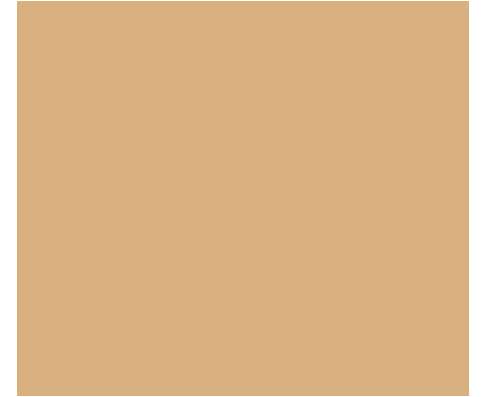
MBC Research Evidence

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:

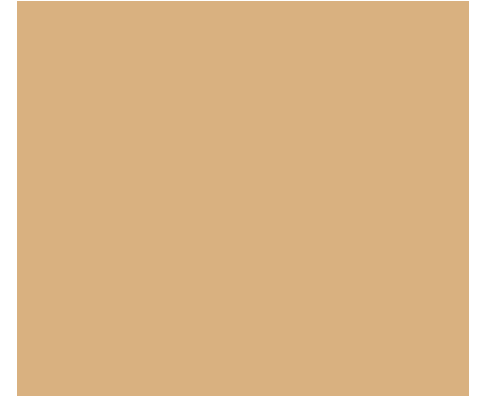
- ✓ Clients are “off track”
- ✓ Feedback is provided to clinician AND client
- ✓ Clinical support tools are provided
- ✓ Measures are used to adjust treatment plan

(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)

The Value of MBC



Improves student outcomes



Personalized treatment approach



Shared decision making



Data-driven signals of students **off**
track



Improves accuracy of clinical
judgment

Engagement Benefits of MBC

- Communication
- Working alliance
- Treatment retention
- Client sense of involvement in therapy
- Client attunement to their symptoms



Why MBC in Schools?

- Schools deliver more mental health treatment to children and adolescents than any other child-serving sector.

-Duong et al., 2020

- MBC is highly consistent with goals of the education system to use data-driven approaches to meet student needs
 - Response to Intervention
 - Progress Monitoring and Feedback
 - Data-driven Decision Making

Engagement Benefits of MBC

Empowerment

- Centers student and family voice

Transparency

- Clarify goals and evaluate progress together

Effectiveness

- Ensure interventions are data-driven

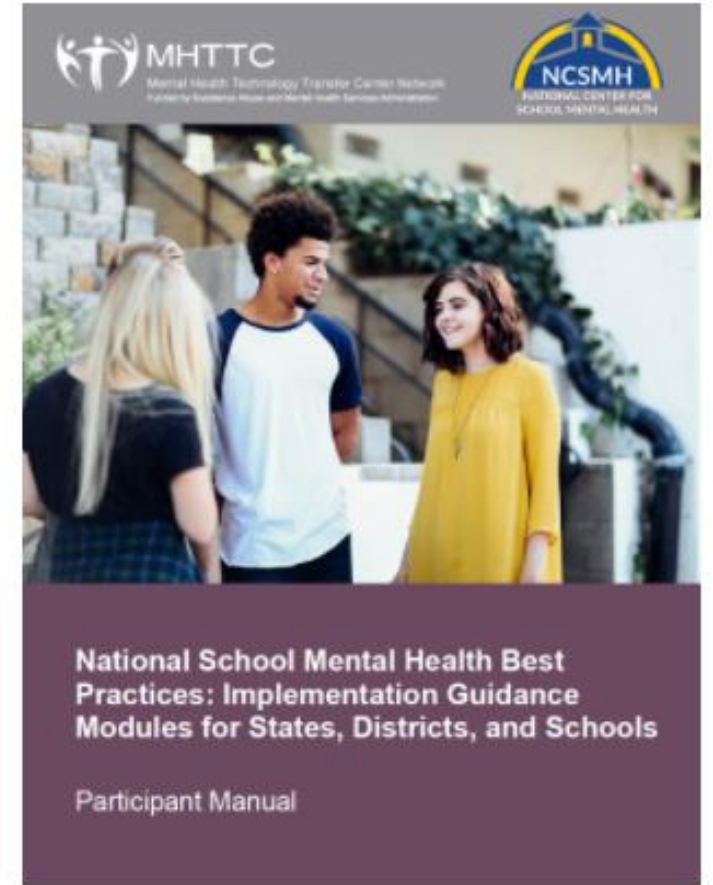
Sustainability

- Track and communicate the impact of your Tier 2/3 interventions (*eventually*)
-

MBC Promotes Performance on National School Mental Health Quality Indicators

<https://mhttcnetwork.org/centers/global-mhttc/school-mental-health-resources>

www.theshapesystem.com



To what extent did your district/school **ensure intervention goals are specific, measurable, achievable, relevant, and time bound (SMART)?**

Best Practices

- Work with the student, parents, and teacher(s) to establish goals
- Ensure goals are specific
- Establish a measurement plan and set an achievable benchmark
- Ensure goals are time specific

To what extent did your district/school **monitor individual student progress** across tiers?

Best Practices

- Use multiple data sources and reporters
- Use validated assessment tool(s) or clearly-measured targets for individual progress/goal attainment
- Ensure that progress monitoring data is aligned with the purpose of the service or support the student is receiving
- Provide feedback to the student, family, and teacher

Impact

of students who:

- Were eligible to receive Tier 2 or Tier 3 school mental health services
- Received at least one Tier 2 or Tier 3 service
- Demonstrated documented improvement in educational functioning
- Demonstrated documented improvement in social, emotional and behavioral functioning

Use best practices to:

- Document impact on educational outcomes
- Document impact of social, emotional, and behavioral outcomes
- Disaggregate student mental health service and support data to examine student-level outcomes based on sub-population characteristics
- Document and broadly report the impact of your comprehensive school mental health system



**So, doing MBC is
easy..... right?**

Please Share:

What barriers have you
encountered to
implementing MBC?

*(or any type of progress
monitoring for Tier 2 and
3 services)*

MBC Use in Practice

Fewer than 20% of clinicians report collecting data prior to treatment sessions (Bickman et al., 2000; Gilbody et al., 2001; Jensen-Doss et al., 2016)



National Survey of N=144 SMH Clinicians:

Barrier	Clinicians Who Endorsed	
	N	%
Difficulty reaching Parents	94	65
Parents do not understand assessment questions	53	37
Students do not understand assessment questions	48	33
I don't have access to the assessments I Like	42	29
Not enough time in my day	41	29
I don't have access to the assessments I Need	41	29
Difficulty reaching Teachers	32	22
There are too many assessments to choose from	15	10
Teachers do not understand assessment questions	13	9
Delay in getting scores back (if someone else scores for you)	13	9
Too difficult to Score	9	6
Too difficult to Interpret	9	6
I do not use the assessment data to inform my treatment/care	7	5
Other ^a	19	13

(Connors, Arora, Curtis & Stephan, 2015)

Standardized Measures

- Standard rules for administration and scoring
- Usually include questions about symptoms and Likert-style response options (*notable exception: alliance measures*)
- Norms and clinical cutoffs to interpret individual progress
- Global or problem specific
- May include subscales (*clusters of items by problem area*)

Examples: PHQ-9, GAD-7, Pediatric Symptom Checklist, Beck Depression Inventory, Vanderbilt

A photograph of three white darts in a white holder, positioned on a white surface. The darts are slightly out of focus, and the background is a plain, light-colored wall.

Individualized Measures

- Track change within individuals on specific, individualized targets
- Usually involves identifying a specific intervention target or goal, establishing a metric for monitoring it, and then gathering data from the student, parent, and/or teacher to monitor changes
- Problem or goal specific

Examples: top problem ratings, mood ratings, behavior logs, skills logs, days absent






Considerations for Measure Selection






- Client characteristics
 - Age
 - Presenting problems
 - Language, culture
- Purpose of administering the measure
- Reporter (Self, parent, clinician, teacher)
- Norms available
- Feasibility (brief, easy to understand, interpret and use)
- Reliability and validity
- Frequency of administration/ sensitivity to change
- Cost









Special MBC Considerations with Children and Families

- Provide a developmentally appropriate explanation
 - There are no right or wrong answers
 - You / your student will have ups and down, that's normal
 - This helps us talk about how you feel, how counseling is going for you, and if we need to change it up
- Ensure students understand how to respond
- Parent, teacher, and student report is optimal
- Your student might be different from those whom norms were developed with (age, grade, binary gender)

Strongly agree	Agree	Not sure	Disagree	Strongly disagree
				
1	2	3	4	5

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				
Strongly Agree	Agree	Neither agree or disagree	Disagree	Strongly Disagree

If the question was:
How hard was your homework last night?

0 NO HURT 2 HURTS LITTLE BIT 4 HURTS LITTLE MORE 6 HURTS EVEN MORE 8 HURTS WHOLE LOT 10 HURTS WORST

What number is your answer for MATH homework?

What number is your answer for ENGLISH or READING homework?

SHAPE Screening and Assessment Library

- Searchable library of free or low-cost screening and assessment measures related to school mental health
- Filter by academic, school climate, or social, emotional, and behavioral focus area, assessment purpose, student age, language, reporter, and cost
- Two-page summaries are available for every measure with links directly to the measure and scoring information

SHAPE School Health Assessment and Performance Evaluation System

Home About Us How to Register Privacy/Security FAQs Contact Us My Account

View Selection / District Admin

JEFFERSON UNITED
School Mental Health System

Mental Health Profile Updated: March 16, 2018

Certificate Report Update

System Performance My Schools Trauma Responsiveness **Screening and Assessment** Team Members

Welcome to the School Mental Health Screening and Assessment Library. Use the filters below to locate a measure that is appropriate for your needs. Each measure includes a one page information sheet, scoring details, and access to the measure.

Clear All 1 filters selected Search:


Focus Area	Instrument Name	Purpose	Focus Area	Reporter for (Student Age)
Assessment Purpose	Foa's Child PTSD Symptom Scale (CPSS)	Screening/Initial Evaluation Diagnostic Progress Monitoring	Trauma	Student (8-16) Clinician (8-18)
Assessment Purpose	Generalized Anxiety Disorder-7 (GAD-7)	Screening/Initial Evaluation Diagnostic Progress Monitoring	Anxiety Trauma	Student (11-19+)
Assessment Purpose	Patient Health Questionnaire-9 (PHQ-9)	Screening/Initial Evaluation Diagnostic Progress Monitoring	Depression/Mood	Student (11-19+)
Assessment Purpose	Revised Child Anxiety and Depression Scale (RCADS)	Screening/Initial Evaluation Diagnostic Progress Monitoring	Anxiety Depression/Mood	Student (grade 3-12) Caregiver (grade 3-12)
Assessment Purpose	Traumatic Events	Screening/Initial Evaluation	Trauma	Student (11-19+)

<https://theshapesystem.com/assessmentlibrary/>

Student Information Systems Data Brief

- Describes the practice of data driven decision making in schools and reviews commonly-used student information systems
- Designed to help schools and districts better navigate how to identify the best student information system for them

Student Information Systems Issue Brief
March 2019



To help schools and districts better identify the right student information system to meet their needs.

It is critical that school and district teams have feasible, systematic ways to know how students are responding to the academic, social, emotional, and behavioral services and supports they receive. Having data systems in place that can inform student progress in school-based services allows teams to make decisions about how to match students to services, make changes as needed, and summarize progress and outcome data to understand the impact of the services provided. However, the actual practice of monitoring student progress and outcomes in relation to the wide variety of services and supports provided – for the entire student body – can be challenging and complicated. One of the primary barriers to using more data to inform school and district decision making is not having a workable data system to collect and use student data (Parke, 2012). This issue brief describes the practice of data driven decision making in schools and reviews commonly used student information systems.

Student information systems (SISs) are "electronic information system(s) to assist in the organization and management of student data" (US Dept. of Education, 2008, p. 2). Typically, SISs house data that are manually entered and then consolidated by the system. This creates a more efficient process than paper files.

This issue brief is designed to help schools and districts better navigate how to identify the right SIS for their system¹. Although results cannot be guaranteed, using an SIS to track

student progress and outcomes in school mental health services and supports can increase the likelihood of being able to capture student success.

¹This brief does not contain a comprehensive list of SISs.

SISs can support school teams in monitoring student progress by:

- ✓ Promoting early identification of students who need additional supports
- ✓ Supporting decision making about how to match student needs to services
- ✓ Making it easier for a school or district to identify where gaps are in services that may need to be filled
- ✓ Ensuring students do not continue to receive a service or support if it is not helping them

The Big Picture

Data Driven Decision Making
Selecting, implementing, and using an SIS is one step that can support data driven decision making (DDDM). DDDM is a critical aspect of operating a high-quality school mental health system. DDDM is the process of using observations and other relevant data/information to make decisions that are fair and objective. DDDM can help inform decisions related to appropriate student supports and be used to monitor progress and outcomes across multiple tiers (mental health promotion, prevention, and intervention). A DDDM-focused approach uses student and school level data to help educators better understand student progress. Saying that a

Appendix			
Name	Basic Information	Type of Data Collected	Special Features
Aeries	• A software system that manages student information	• Attendance • Seating charts • Test scores • Grades, etc.	• Connects students, parents, administration, counselors, and teachers
Early Warning System	• A web-based tool that helps identify students who are at risk of dropping out	• Identifies students who are at risk of dropping out • Tracks student progress	• Allows for early intervention by matching students to appropriate interventions
Gradelink	• An information system that contains data and monitors students	• Collects attendance • Discipline and medical records • Report cards • Grades	• Accessible anywhere there is internet
Hero	• A web and mobile application that captures a campus's environment	• Monitors student activity, including student behavior (warnings and consequences) • Attendance, etc.	• Can report student information to states and parents/caregivers • Administration can give instant feedback concerning referrals
Infinite Campus	• An information system platform for consolidating student information	• Attendance records • Grades • Student behavior	• Tracks class schedules • Parent portal access • High security standards
Maestro	• An information system that creates individualized plans of study for students	• Academic progress • Discipline records • Grades	• Tracks individuals or student population progress
Power School	• A web-based system that manages teachers' tasks and student information	• Behavioral data • Classroom performance • Attendance • Grades • IEP processing	• Creates multiple versions of tests • Information displayed in real time
SWIS Suite	• A Web-based information system that summarizes student behavioral data for decision-making	• Student behavior data	• Allows schools to track data over 3 tiers—universal, targeted, and intensive

District Example



Education for Change, a charter management organization in Oakland, CA, partnered with Seneca Family of Agencies, a community-based mental health provider, to deliver mental health services and supports in their 7 charter schools. The Seneca Family of Agencies/Education for Change partnership team wanted to provide more guidance and accountability to school-based clinicians on progress monitoring practices to drive more data-driven decision making and effective services. They first focused on Tier 2 social skills groups. They partnered with 2 clinicians to better understand the supports needed to implement the new practice. Then, tools to identify and monitor intervention goals were developed and shared with clinicians to gather feedback over three months about the feasibility and clinical utility of the progress monitoring tool. The team also collected information in the pilot phase about how to make the practice part of routine workflows to improve data collection and inform decision making. Best practices and “tips” were developed based on clinician feedback to support continued implementation.



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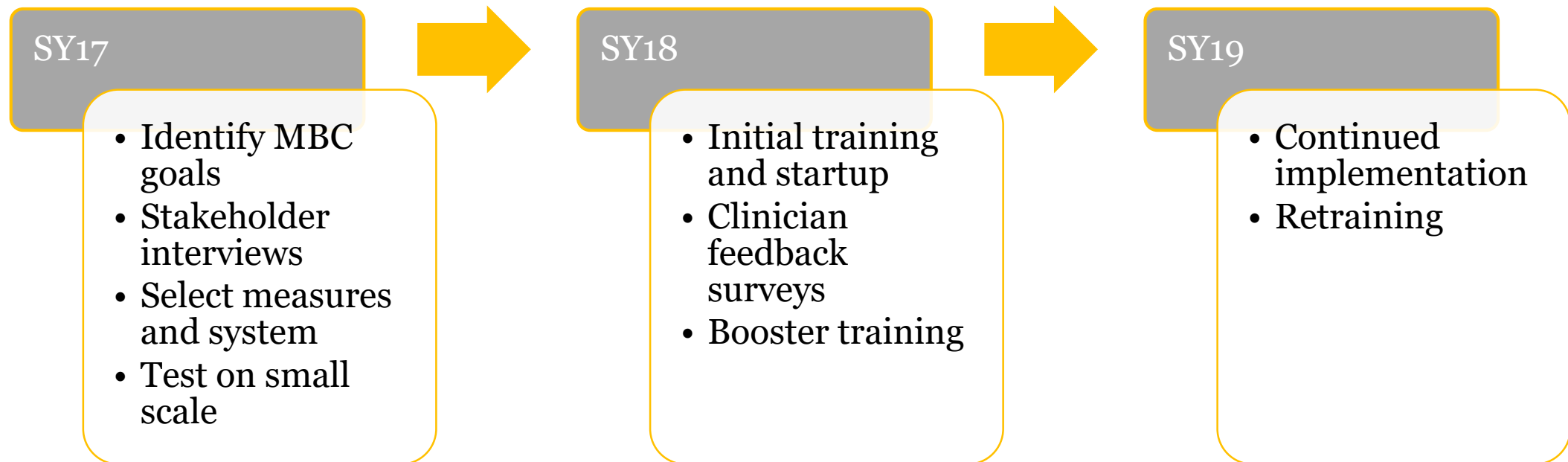
Shared Learning



What student progress measures do you use, or would like to use?

Sustainability Example: AACPS ESBMH On Track Outcomes

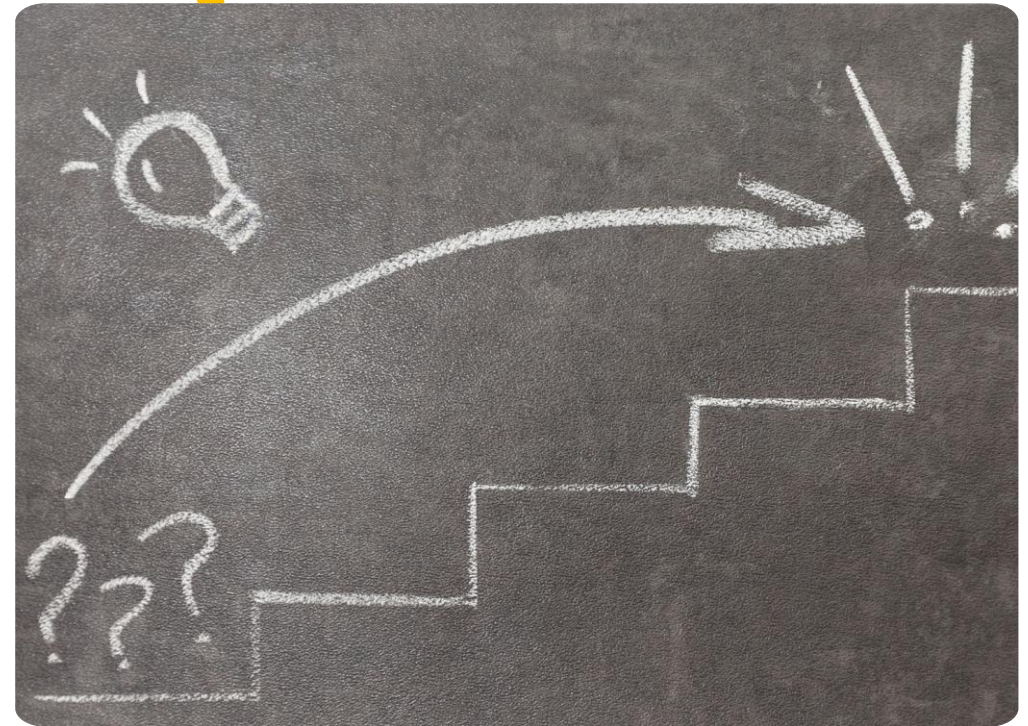
- Anne Arundel County Public School District Expanded School Based Mental Health System
 - 5 community mental health agencies
 - 60 clinicians assigned to schools in this district
 - 2,000+ students served directly in schools
 - Wide array of tiered mental health promotion, prevention and intervention services



AACPS ESBMH On Track

Outcomes: Results After 2 Years

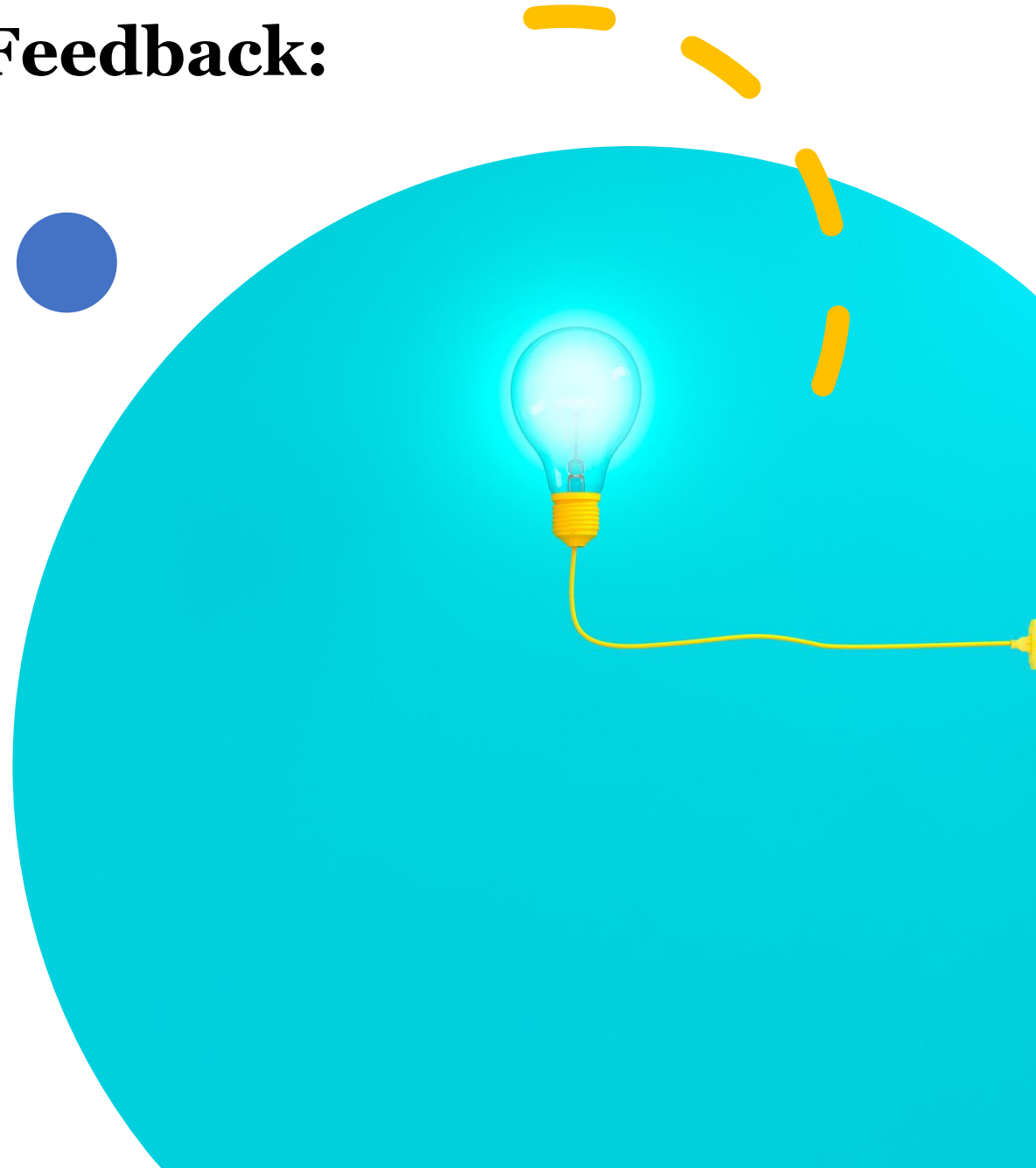
- 77% clients with multiple assessments
- Effect sizes were moderately large (0.70 -0.76) indicating effective services
- 64.5% of youth (N=1,121 of 1,737) improved (effect sizes = 0.3 to 0.8)
- 17.8% were progressing better than expected; 59.5% as expected and 22.7% “off track”
- Effect sizes were significantly, positively correlated with the number of individual sessions and family sessions, but not group sessions
- Effect sizes were significantly, positively correlated with the number of assessments collected



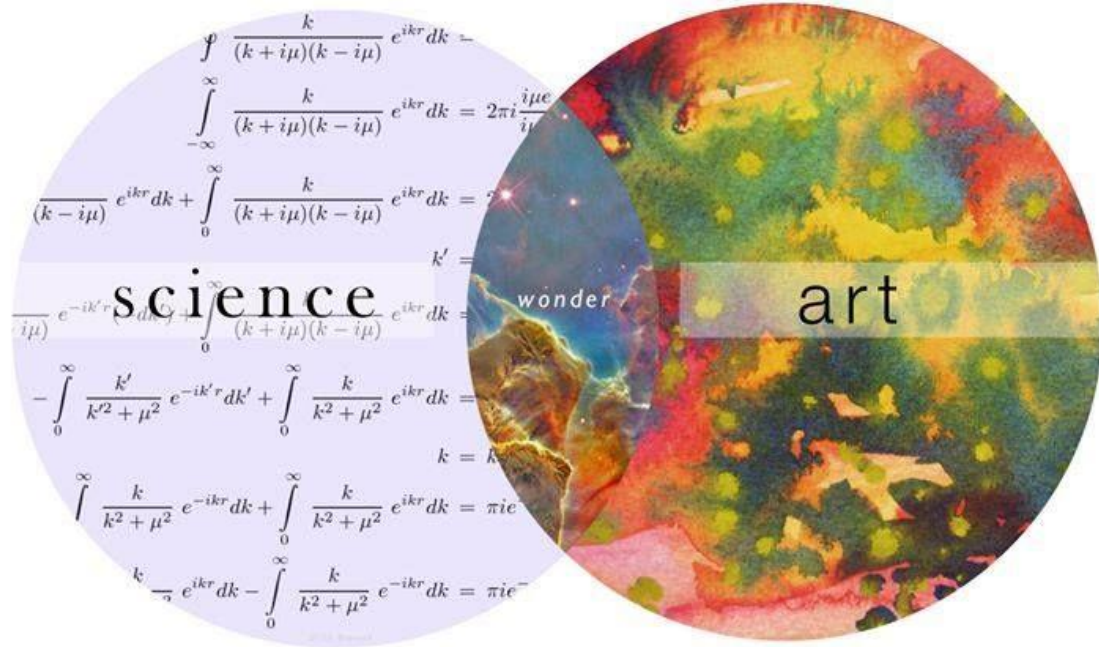
(Brown, 2019;
Wang, Katzenberger,, & Connors, 2019)

School Mental Health Clinician Feedback: Value of MBC

- Helpful to see areas of need with the client
- Really “opens up” clinical conversations
- Helps client self-assess
- Improves rapport
- Gain insight about clients I may not otherwise learn
- Provides structure of checking in with youth clients



What do you like about MBC?



"I think it is a great way to ask questions that kids may not tell you the answer to unless you ask. I have had many sessions change because of a discussion based on an answer they had to [the measure] and I don't think I would have found that information if we had just done a normal session."



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Questions and Comments?



How to Share MBC Results

- Report scores to student and parent
- Provide education on the score, measure and/or individual items



- Discuss whether it matches their subjective experience
- Discuss discrepancies
- Capture in progress note

SHARE

“How to” Share

➤ **Show and/or Tell them the Scores**

- Can be over the phone, in person, or via tele
- Review individual items, total scores, what they mean, and/or visual graph

➤ **Ask Open Ended Questions**

- “What are your thoughts about this score?”
- “How does this score compare to how you feel?”
- “How does this match where you hoped we/you would be right now?”

➤ **Listen Actively by Reflecting**

- Student: I’ve been feeling really worried for no reason lately
- Clinician Reflections:
 - “You’ve been feeling worried.”
 - “You’ve been on edge recently.”
 - “You’re feeling anxious but you’re not sure what’s causing it.”

Region IV Southeast Mental Health Technology Transfer Center

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the impact of substance abuse and
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