Quality Indicators to Monitor Implementation of a Community and School Based Behavioral Health Program

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PS2.10

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Community Care Behavioral Health
About Community Care

- Behavioral health managed care company founded in 1996; part of UPMC and headquartered in Pittsburgh
- Federally tax exempt non-profit 501(c)(3)
- Major focus is publicly-funded behavioral health care services; currently doing business in PA and NY
- Licensed as a Risk-Assuming PPO in PA
- Serving over 735,000 individuals receiving Medical Assistance in 39 counties through a statewide network of over 1,800 providers
CSBBH Description

- Primary source to coordinate care
- Team delivered
- Trauma informed
- Flexible service response to youth and family needs
- Ongoing strength-based assessment
- Monitoring outcomes
CSBBH Description

- Link to community resources
- Communicate across child serving systems
- Support resiliency and wellness self-management
- Facilitate physical health care
- Provide knowledge of resources
- Continuous quality improvement
CSBBH Partners

- Families
- Advocates
- Providers
- Schools
- Other Child Serving Systems
- Counties
- Office of Mental Health and Substance Abuse Services (OMHSAS)
CSBBH Teams

- 44 teams from 13 provider organizations
- 77 school buildings in 29 school districts
- 14 counties
- 1,200 current youth and families served
Quality Indicators

• Outcomes – input from a variety of stakeholders
  – School administrators, staff, teachers
  – Providers
  – Parents/caregivers
  – Youth

• Fidelity – 3 types of measures
  – Individual measures, reported/submitted
  – CSBBH Team measures, reported/submitted
  – Data collection, reported/submitted
Stakeholder-Reported Outcomes

• Gathering and reporting can improve care
  – Evaluation activities integrated into care
• Desire for connection among families, schools, and community-based services & resources to aid youth
• Routine tracking of progress can improve outcomes
  – Stakeholder-reported outcomes to improve care
  – Clinicians can make more informed adjustments to treatment plans
  – When discussed with stakeholders, engages & empowers
Functional and Behavioral Outcomes

- Collaborative process with provider, teacher, and family input
- Goal to measure progress in treatment and enhance therapy
  - Useful across children with multiple diagnoses and different ages
  - Brief enough to be completed and scored by busy clinicians and families
  - Sensitive to change, allowing scores to document improvement as child improves during treatment course
  - Strength based where possible
  - Can be used to facilitate conversations between families and clinicians
The Strengths and Difficulties Questionnaire (SDQ) measures caregiver, teacher, and youth report of child behavior (Goodman 1997)

The SDQ contains four sub-scales for difficulties: 1) emotional symptoms, 2) hyperactivity, 3) peer problems, and 4) conduct problems

A summation of the four difficulties scales is made to compute Total Difficulties Score

One strength-based sub-scale – pro-social behaviors

The SDQ is completed every three months; the SDQY is completed by youth ages 14 and older
For SDQ information, 4 subscales are totaled for a Total Difficulties score. This score is graphed against an indicator for the 10th Percentile score (green line). Children with Total Difficulties scores 25 or higher are reporting substantially higher problem behaviors than other children.
There was significant improvement in parent (p<.0001) and teacher (p<.0001) reported total difficulties scores over time.

Parents have significantly higher (p<0.05) average ratings of difficulties and pro-social behaviors compared to teachers’ ratings.
Child Outcomes Survey

- Family functioning
  - Shared decision making, supporting each other

- Child functioning
  - Success in getting along with family, friends, doing well at school, completing household tasks
  - Overall wellness

- Caregiver perception of therapeutic relationship
  - Feeling respected, working on important goals, well-suited approach, caregiver confidence
Is the COS being used?

• How much is the Child Outcomes Survey (COS) being discussed in sessions?

  – Asked parents on a 1-10 scale how much the Child Outcomes Survey results were discussed with clinician?

  – Examined what factors are associated with use of the COS results in sessions
Discussion of COS

- Most discussion with families of children who are doing better in treatment
- Least discussion with families of children who are doing least well in treatment
COS: Child and Family Functioning

- There was a significant increase in family functioning over time ($p<.0001$)
- There was a significant increase in child functioning over time ($p<.0001$)
COS: Therapeutic Relationship

- There was an overall significant improvement in therapeutic relationship over time ($p=0.002$)
# Feedback from School Personnel

- Average ratings 7.2-7.3 on scale of 1-10

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Mean</th>
<th>SD</th>
<th>Min.</th>
<th>Max.</th>
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<tbody>
<tr>
<td>Competency</td>
<td>7.24</td>
<td>1.97</td>
<td>1.00</td>
<td>10.00</td>
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<tr>
<td>Impact</td>
<td>7.25</td>
<td>1.92</td>
<td>1.33</td>
<td>10.00</td>
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<tr>
<td>Satisfaction</td>
<td>7.23</td>
<td>2.17</td>
<td>1.00</td>
<td>10.00</td>
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<tr>
<td>Collaboration</td>
<td>7.32</td>
<td>1.98</td>
<td>1.67</td>
<td>10.00</td>
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## Academic Performance Standardized Assessment

### Math

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<th></th>
<th># Scored in Math</th>
<th>% Advanced in Math</th>
<th>% Proficient in Math</th>
<th>% Basic in Math</th>
<th>% Below Basic in Math</th>
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</thead>
<tbody>
<tr>
<td>CSBBH Students</td>
<td>151</td>
<td>27.2</td>
<td>23.8</td>
<td>24.5</td>
<td>24.5</td>
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<tr>
<td>All Students</td>
<td>15102</td>
<td>41.3</td>
<td>31.0</td>
<td>15.5</td>
<td>10.6</td>
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### Reading

<table>
<thead>
<tr>
<th></th>
<th># Scored in Reading</th>
<th>% Advanced Reading</th>
<th>% Proficient Reading</th>
<th>% Basic Reading</th>
<th>% Below Basic Reading</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSBBH Students</td>
<td>144</td>
<td>10.4</td>
<td>29.9</td>
<td>13.2</td>
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<tr>
<td>All Students</td>
<td>15063</td>
<td>29.6</td>
<td>36.8</td>
<td>16.0</td>
<td>15.9</td>
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Fidelity Measures

• Individual measures
  – Gathered through submitted documents from CSBBH Teams
    • Comprehensive assessment
    • Treatment plan
    • Plan of care
  – Measures clinical integrity and adherence to CSBBH Model
Fidelity Measures

• Team measures
  – May be gathered through submitted documents from Team or while Community Care or Provider Faculty or Coach are on site
    • Flexibility of staff to address needs across domains
    • Collaboration with school partners and other integral stakeholders
    • Collaboration with physical health providers and psychiatry when indicated
  – Measures adherence to CSBBH Model
Fidelity Measures

• Data collection
  – Submitted through claim submission to indicate time spent in clinical work
  – Submitted through outcome survey completion
    • Amount of time spent providing family therapy
    • Do treatment goals reflect feedback in COS and SDQ
    • Is BHW time spent in face to face intervention commensurate with need indicated in assessment and survey feedback
  – Measures adherence to CSBBH Model
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