EXPANDED SCHOOL BEHAVIORAL HEALTH PROGRAM
BACK-TO-SCHOOL TRAINING

School Year 2020-2021
EXPANDED SCHOOL BEHAVIORAL HEALTH (ESBH)

EVIDENCE BASED ASSESSMENT (EBA) INITIATIVE OVERVIEW
WHAT IS EVIDENCE BASED ASSESSMENT (EBA)?

- Evidence-Based Assessment (EBA) involves:
  - Use of assessments that are **reliable, valid, and clinically useful for the intended population**
  - Data collection at **regular intervals** throughout treatment
  - Informing **diagnosis, treatment planning, and outcome**
  - Ongoing **progress monitoring** to inform changes in treatment
WHY IS EBA IMPORTANT?

▪ Reduces bias and improves accuracy
▪ Supports data-informed decision making in schools
▪ Associated with greater treatment success
▪ Supports school behavioral health quality and accountability
Goal: Determine whether students individually, by agency, or entire network are achieving behavioral health outcomes.
SCHOOL YEAR 2020-2021

- Selected Tool:
  - PSC-17

- Sample Size:
  - Six (6) youth per school

- Data Collection Timeline:
  - See Handout and Slide 10
THE PEDIATRIC SYMPTOMS CHECKLIST (PSC-17)

- A psychosocial questionnaire with 3 subscales:
  - Attention Problems
  - Internalizing Problems
  - Externalizing Problems

- Assessment Purpose:
  - Screening, Initial Assessment, Progress Monitoring, and Treatment Outcome

- Two versions:
  - Parent version (PSC-17): Ages 3-16
  - Youth Self-Report (PSC-17): Ages 17-18
PSC-17: WHY IT’S AWESOME!

- 17 items; only takes 5 minutes to complete
- Strong reliability and validity
  - Specific and sensitive when compared to clinician's ratings of psychosocial concerns
  - Validated for use with urban, low-SES, African-American youth
  - Predicts academic failure
  - Has cutoff scores to indicate clinical risk
- 4 languages (Chinese, English, Spanish, Vietnamese)
- Easy to score
- Free
PSC-17: WHERE TO GET IT

HTTP://WWW.MASSGENERAL.ORG/PSYCHIATRY/SERVICES/PSC_HOME.ASPX
PSC-17: WHEN TO ADMINISTER IT

▪ Initial assessment
  • 9/21/20-10/30/20 (6 Weeks): Fall Data Collection Window
  • Administer the PSC-17 to your 6 most recent intakes

▪ Follow-up assessment
  • *February 2021 (6 Weeks): Winter Data Collection Window
    *Flexibility in scheduling due to possible impact of weather or data collection; finalized dates will be communicated to ESBH leadership to share with clinicians

NOTE: Youth ages 17-18 may self-report using the PSC-17 in lieu of a Caregiver report.
PSC-17: ADMINISTRATION TIPS

- Individual/developmental considerations
  - Reading ability
  - Sit side by side, complete it together
  - Help them keep track of what question they are on
  - Provide a visual to illustrate what “Never,” “Sometimes,” and “Often” means
  - Paraphrase items or give examples when they don’t understand what an item means
PSC-17: MORE ADMIN TIPS

• Other considerations
  – Over the phone with hard-to-reach parents
  – Privacy
  – Confidentiality of findings
  – Make sure you are available if they have questions.
  – Gather examples, explanations as you go
  – Make sure you check that they have answered all questions and only provided 1 answer per question!
PSC-17: EXAMPLE INTRO SCRIPT FOR PARENT

In order to be able to best help Kaylah, I want to find out more about how Kaylah’s doing by giving you this questionnaire (show the questionnaire and point out what you are referring to as you talk). This questionnaire lists different behaviors and emotions that children show. For each one I want you to tell me (or mark) how often Kaylah shows that behavior or emotion—Never, Sometimes or Often. There is no right or wrong answer, just answer what you think best describes Kaylah. Later we’ll talk more about what you answered and discuss the next steps for how to best help Kaylah. You can read it to yourself and answer it, or I can read it to you. What do you prefer?
PSC-17: EXAMPLE INTRO SCRIPT FOR YOUTH

• In order to be able to best help you, I want to find out more about how you’re doing by giving you this questionnaire (show the questionnaire and point out what you are referring to as you talk). This questionnaire lists different behaviors that children do and feelings that children have. For each one I want you to tell me (or mark) how often you do that behavior or feel that emotion—Never, Sometimes or Often. There is no right or wrong answer, just answer what best fits you. Later we’ll talk more about what you answered and what we can do together to best help you. You can read it to yourself and answer it, or I can read it to you. What do you prefer?
• If they choose to read it to themselves, tell them to let you know if they have any questions about what anything means.
PSC-17: FEEDBACK

- **Why feedback is important:**
  - Enhances communication between therapist, youth and families
  - Improves youth outcomes independent of the treatment approach used
  - Participants are more likely to continue with counseling if they are in agreement with the clinician on the nature of the problem

- **Feedback language:**
  - Don’t use jargon; use their words and words they will understand

- **Feedback structure:**
  - **Ask** permission to give feedback/information
  - **Use** a feedback sandwich: strengths, needs, strengths
  - **Ask** the parent and student their to reflect on the information provided
  - **Provide** psychoeducation/suggestion for on next steps yet...
  - **Emphasize** autonomy/ self-directedness
HOW TO SUBMIT EBA DATA

• Go to http://www.bhsbaltimore.org/
• Select For Providers Menu
• Go to Database Log-Ins
• Click on ESMH-Service
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[Image of a webpage showing a form with various options such as "Sometimes," "Never," "Often," etc., related to mental health assessment.]

- Options for assessment include:
  - "Is down on him or herself"
  - "Worries a lot"
  - "Seems to have less fun"
  - "Fidgets, unable to sit still"
  - "Daydreams too much"
  - "Distracted easily"
  - "Has trouble concentrating"
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CONTACT US

Envisioning a city where people live and thrive in communities that promote and support behavioral health

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