

Expected Outcomes and Measurements Behavioral Health Providers and School Districts


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How do we
know if
School-Based
Behavioral
Health
Services are
Working?



Measurement Based Care

Behavioral health providers treating mental health and substance use disorders should implement a system of measurement-based care whereby validated symptom rating scales are completed.

Measurement-based care will help providers determine whether the treatment is working and facilitate treatment adjustments, consultations, or referrals for higher intensity services when patients are not improving as expected.

Commonly Expected Outcomes

Commonly Expected Outcomes include:

- **Functional Improvement**
 - Assessed with the Children's Functional Assessment Rating Scale (CFARS)
 - Tracked and Measured by Providers
- **Increased Days in Schools**
 - Reduction in Truancy
 - Tracked and Measured by Individual Schools and Providers
- **Reduction in Disciplinary Actions**
 - Including Referrals, Detentions, and Suspensions
 - Tracked and Measured by Individual Schools
- **Reduction In Crisis Events**
 - Including Hospitalizations, ER/ED Visits
 - Tracked and Measured by Providers/MRTs and/or Schools

Additional Ideal Outcomes

Additional Ideal Outcomes Include:

- Threat Outcomes
- Contemporary Assessment and Measurement Tools
 - Increased Social and Emotional Supports and Activities
 - Increased Problem Solving and Coping Strategies

Final Thoughts/Recommendations

- Accountability is Imperative
- Outcome Measurement is Key to Understanding Effectiveness
- Consistent Outcome Measurement Improves Standardization
- Data Needs to be Collected as Consistently and Reliably as Possible
- Providers and Districts need to be in Partnership Working Together to Continue to Improve the System of Care and Its Effectiveness