

Development of Maryland's IECMHC Outcomes Monitoring System

Twelve regional Early Childhood Mental Health Consultation (ECMHC) programs in Maryland serve every jurisdiction in the state; the programs have been operating an on-call model for over 10 years. Consultants provide both classroom-/group-focused and child-/family-focused consultation (see Appendix A).

In fiscal year 2015, consultation was provided to 847 cases (a mix of child-focused and classroom-focused cases). While there is a wide range, with some cases spanning over a year, consultation cases typically wrap up in four and a half months. Unfortunately, due to limited funding, consultants were unable to accept all the referrals they received. Last year, 101 cases were not accepted because there was not an available consultant. Consultation is available to all children and classrooms serving children under the age of 6, but children at imminent risk of expulsion, children in foster care, children who are homeless, and children who have an incarcerated parent may receive priority. While consultation can be provided in a variety of settings, 83% of consultation cases in Maryland were provided in childcare centers.

In Maryland, as in many states, there is a great need for Web-based data-tracking systems that can keep up with the high demand for services. Maryland's success in creating, implementing, and sustaining its ECMHC Outcomes Monitoring System (OMS) offers a strong example to other organizations and states embarking on this type of approach to data tracking and evaluation.

Rationale for the ECMHC Outcomes Monitoring System

To address this need, the University of Maryland School of Social Work's Institute for Innovation and Implementation (The Institute), with funding from the Maryland State Department of Education (MSDE), developed the ECMHC OMS—a secure, firewall-protected, Web-based data entry and tracking system.

The ECMHC OMS enables consultants to easily enter tracking and assessment data from their mobile devices, which reduces the amount of time needed to manually maintain evaluation databases. Additionally, the system reduces consultant and program burden by streamlining the program evaluation and grant monitoring process and ensuring that accurate and accessible data are available for decision making.

The OMS took one year to develop, with an initial cost of \$30,000. (There have been additional costs each year for maintenance and enhancements.) The system was created by MSDE, who contracted with The Institute in collaboration with The University's Center for Information Technology Services.

The ECMHC OMS provides ongoing monitoring of MSDE-funded ECMHC programs across the state of Maryland. Monitoring program efforts strengthens implementation of ECMHC and drives improvement of outcomes for those served. In addition, ongoing monitoring may help programs secure additional funding for these vital services, which strive to enhance the skills of early care and education staff and to improve children's social and emotional development.

Maryland determined what data to collect based on the findings of a multi-year evaluation. Stemming from this evaluation, ECMHC standards were created that included a process for data collection and tool selection. In addition, consultants and other key stakeholders participated in creating the Web-based data collection system. They requested that specific tools and questions be added to support them in the implementation of consultation. While most of the measures have good validity and reliability, some additional tools (e.g., the Preschool Mental Health Climate Scale, customer satisfaction surveys) were added based on consultants' requests.

Accessing OMS Data

Approved ECMHC OMS users are given differing levels of access, based on one of the following assigned user types:

- ◆ Program directors have access to all referrals associated with their particular program
- ◆ Consultants have access to just those cases to which they are assigned
- ◆ MSDE/Special Users have access to de-identified statewide data

In addition, research staff at The Institute have administrative access and can view all the records in the system.

The following data are collected in the ECMHC OMS:

- ◆ Identifying information about the setting and child (child-/family-focused cases)
- ◆ Ages and Stages Questionnaire-3 (child-/family-focused cases)
- ◆ (If working in a new program) Site readiness assessment data
- ◆ Ages and Stages Questionnaire: Social Emotional-2 (child-/family-focused specific cases)
- ◆ The frequency and intensity of activities conducted as part of consultation
- ◆ Baseline and follow-up Devereux Early Childhood Assessments (child-/family-focused cases)
- ◆ Preschool Mental Health Climate Scale Assessment data (baseline and follow-up)
- ◆ Director, Teacher, and/or Parent Satisfaction Forms, as applicable
- ◆ Action Plan
- ◆ Case closure information

How Are the Data Used?

The data collected through the ECMHC OMS promote consistency between providers and allow for regular reporting of four critical accountability indicators:

- ◆ The types of services provided
- ◆ The amount of services provided
- ◆ How well those services are being provided
- ◆ The outcomes of the services

These data are easily accessed through a reporting feature in the site by consultants, program directors, and MSDE to better understand the services that are provided and to make changes to the model as needed.

The data collected through the ECMHC OMS can also be linked to other MSDE datasets to answer important research questions. For example, the longitudinal impact of ECMHC is explored by linking ECMHC data to Maryland's universal Kindergarten Readiness Assessment data. Ongoing monitoring and evaluation through the ECMHC OMS strengthens the implementation of ECMHC throughout the state, drives the improvement of outcomes for those served, and helps to secure funding for these vital programs.

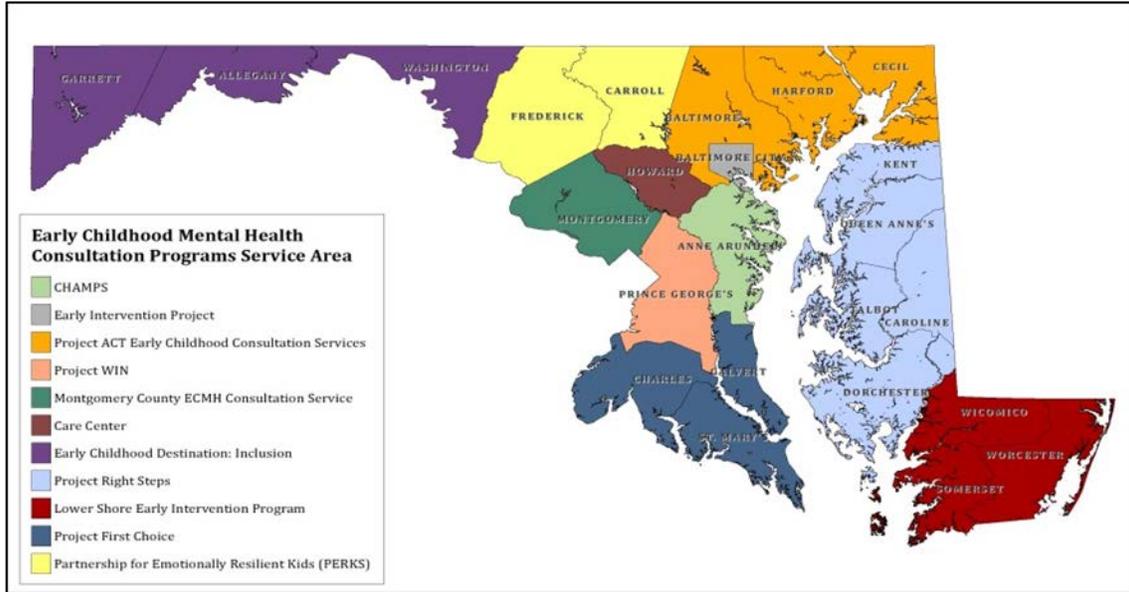
The Nuts and Bolts of Designing an ECMHC OMS

Programs considering this data collection approach may benefit from the nine steps that Maryland followed to develop its own OMS:

1. Work with stakeholders to design an evaluation plan.
2. Determine the best fields, layout, and order for each section and question of the evaluation plan. For example, some questions are best answered by a drop-down menu, and some by radio buttons.
 - Order questions logically, so that new sections are populated based on previous responses.
 - Try to have as many fields as possible pre-populate, based on other sections.
 - Build in printable templates, so consultants can print various sections (e.g., action plans, discharge summaries) to share with providers and parents.

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- Insert data validations wherever possible. For example, add pop-ups to alert users if the data they enter are out of range, or if they need to enter an integer instead of text.
3. Make determinations about website security and permission levels (i.e., access levels granted to individual users).
 4. Create consent forms for families to sign (if child-specific information is being collected).
 5. Determine if any other data systems should be connected to the system you are creating—for example, school records and/or child care licensing information.
 6. Pilot the site with real users. Make sure that the questions and the feel and flow of the site are useful for actual users. Listen to their feedback, and make edits.
 7. Build in reporting functions based on the users' feedback. Ask them to describe what they need to “get out of the system” in order for it to be useful for them.
 8. Create training materials and a training website, so new consultants can learn how to use the system before they enter “real” data into the “real” site (and so you can provide demonstrations to funders and other stakeholders without displaying confidential records).
 9. Continue to refine and adapt the system based on the users' needs.

Appendix A: Maryland's ECMHC Programs Service Area



Program	Service Area
CHAMP (Child Abuse Medical Providers)	Anne Arundel County
Early Intervention Project	Baltimore City
Project ACT (All Children Together) Early Childhood Consultation Services	Baltimore, Harford, and Cecil Counties
Project WIN (Wise Intervention Now)	Prince George's County
Montgomery County ECMHC Consultation Service	Montgomery County
Care Center	Howard County
Early Childhood Destination: Inclusion	Garrett, Allegany, and Washington Counties.
Project Right Steps	Kent, Queen Anne's, Talbot, Caroline and Dorchester Counties
Lower Shore Early Intervention Program	Wicomico, Somerset and Worcester Counties
Project First Choice	Charles, Calvert, and St. Mary's Counties
PERKS (Partnership for Emotionally Resilient Kids)	Frederick and Carroll Counties