School Mental Health: Do We Make A Difference?

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ARE SCHOOL BASED MENTAL HEALTH CLIENTS REALLY GETTING BETTER?
The Assumptions

School Mental Health Clinicians:
1. have greater access to clients,
2. can see clients more often in school,
3. can offer consultation to school personnel,
4. can advocate for greater supports at school for their clients.
Was Outcome Measurement System (OMS) 2013 Data Sensitive Enough to Capture Change?

- Compared our Outpatient Clinic to our School Mental Health Program and found Outcomes to be Equivalent.

- Both Outpatient Clinic and School Mental Health Program yielded Outcomes Slightly Above and Slightly Below the State Averages of All Outpatient Clinics.

- 90% of Child and Adolescent Clinics ended Treatment after a Year Across Both Settings. Only eleven clients stayed longer than a Year.
A Different Kind of Nut: The ACORN Psychotherapy Outcome Measurement System
Features of ACORN System

- Briefly Measures Change in Psychotherapy across diagnostic categories by measuring the underlying construct of global distress.

- Measures the Therapeutic Alliance between Therapist and Client to monitor how well the Therapeutic Relationship is Developing.

- Compares the Client’s Progress against Other Clients in its Large Data Base of Historical Outcome Data.

- Compares the Effectiveness of the Agency and Therapist against Other Agencies and Therapists to Provide a Data Based Evaluation of the Relative Effectiveness of Clinical Work.
Feed Back Informed Care

ACORN Assessment

Therapeutic Alliance Score

Global Distress Score

Referral to Wraparound Services

Change in Treatment Approach
Value of Feedback Informed Care

- Flags clients who are not progressing among a large agency case load for supervisory attention and case conferences.
- Suggest which clients can be discharged if they have sustained remission of symptoms for a significant period of time.
- Current community practice may be keep high risk and low risk clients in treatment for equal periods, or more often keep high functioning clients in treatment longer since they are more satisfying to treat. With ACORN, clients may receive only as much treatment as they need.
- Monitoring client progress improves client progress since adjustments to treatment are made.
Beacon Health Options Partnership with FSI

- Completed 10 months of outcome measures with ACORN over the 2014-2015 School Year. 84% of clients experienced significant or somewhat improved symptom relief over the course of the school year. Our treatment Effect Size was greater than .80 placing us at the 88th percentile of agencies using ACORN the first year.

- Repeated ACORN Assessments in 2015-2016 School Year finding 69% had significant or some symptom relief and in 2016-2017 School Years finding 73% had significant or some symptom relief.

- In the 2015 and 2016 School Years, we gave a separate client satisfaction survey and found in both years over 90% of clients endorsed that counseling helped them and improved behavior in the classroom.
Limitations of the ACORN Data

- Only 50-65 clients out of 200 were given the ACORN inventory at least 4 or more times in each school year leading to a small sample size.
- Clinicians had no incentive to give the ACORN Assessment versus the OMS that was tied to securing new authorizations and financial productivity. Clinicians were juggling a large amount of documentation to have sufficient time to complete ACORN outcome measurement consistently.
- Self-report data is subject to positive response bias and child clients sometimes misunderstand the ACORN questions.
Why Did ACORN make Us Appear Effective and Maryland’s OMS Assessment, Average or Mediocre?

1. ACORN is administered more frequently (4 times per year at minimum) which may make it more sensitive to client improvements over time whereas the OMS is administered every 6 months.

2. ACORN compares an individual clinician or agency against a benchmark effect size. You are doing well if 70% of clients improve. The benchmark is clear and reasonable. With the OMS, changes in outcomes are compared among agencies and not based on whether a majority of clients are getting better in the agency.

When many public mental health clinics are under-resourced, we all perform similarly, so comparisons may not yield large differences.
The Next Frontier: Analytics

- ACORN can predict hospitalization risk.
- ACORN can predict premature termination.
- ACORN can predict potential treatment failure.
- ACORN can predict if treatment will be impactful.
- ACORN can learn from the patterns in the data to make better predictions.
Become an ACORN Kind of Nut

Contact the Center for Clinical Informatics to find out how you can try out ACORN at your agency. E-mail Datacenter@Clinical-Informatics.Com for more information.
Introduction to Feedback Informed Treatment and Beacon’s On Track Outcomes Program
Feedback-Informed Treatment
Feedback Informed Treatment refers to the practice of providing psychotherapy treatment that is informed by repeated administrations of patient-reported treatment outcomes.

- Routine administration of patient self-report measures over the course of treatment
- Clinicians have access to continuous feedback on patient’s clinical symptoms and alliance
Progress Monitoring

- Progress monitoring, consisting of measurement and feedback, has the potential to significantly improve treatment outcomes.
- Monitoring of treatment response is standard practice for most medical conditions.
- It’s simply a mental health vital sign – it says whether it’s going in the right direction or it’s not.
The American Psychological Association’s (APA) task force on evidence-based practice stated that clinical expertise “entails the monitoring of patient progress … that may suggest the need to adjust the treatment.”
FIT is an Evidence-Based Practice

- Feedback informed treatment is now widely accepted as an “evidence based practice”
- Evidence-based practices integrate individual **clinical expertise**, **patient values**, and the best available **external research evidence** into the decision making process for patient care
Designation as Evidence-Based Practice

- SAMHSA has added Feedback-Informed Treatment to its official database of evidence-based practices (February 2013)
- Joint Commission requires the use of a standardized tool
  - “nearly twenty years of behavioral health care research has demonstrated the value of measurement-based care as a tool for improving the outcomes of care, treatment, or services.” 1, 2, 3, 4

1. Revised Outcome Measures Standard Behavioral Health Care Accreditation Program (Standard CTS.03.01.09)
Designation as Evidence-Based Practice

- “The application of research evidence to a given patient always involves probabilistic inferences. Therefore, ongoing monitoring of patient progress and adjustment of treatment as needed are essential to EBPP (evidence-based practice in psychology).”
  - Report of the 2005 Presidential Task Force on Evidence-Based Practice, American Psychological Association, p. 18

- Recommendation 4-2: Clinicians and organizations providing M/SU services should increase their use of valid and reliable patient questionnaires...to assess the progress and outcomes of treatment systematically and reliably.
  - Improving the Quality of Health Care for Mental and Substance Use Conditions: Quality Chasm Series, National Academy of Sciences, 2006
Management consultant, educator, and author Peter Drucker wrote 39 books on business management.

Widely regarded as the greatest management thinker of all time.

“What gets measured gets improved.” – Peter Drucker

“If you can't measure it, you can't improve it.” - Peter Drucker
Why Use Feedback-Informed Treatment?
The Evidence

- Psychotherapy is remarkably effective
- In most studies of treatment conducted over the last 40 years, the average treated person is better off than 80% of the untreated sample.
- Therapists in practice achieve outcomes comparable to those achieved in randomized clinical trials.

Stubborn Facts: Dropout Rates

- A meta-analysis of 125 studies on psychotherapy drop-out found that rates average 46.86%.\(^1\)

- Over 70 percent of all dropout occurs after the first or second session.\(^2\)

- Mental health treatment dropout is a serious problem, especially among the young and patients of low income.\(^3\)


Stubborn Facts: Deterioration

- 5 to 10% of adults and 14 to 25% of child clients deteriorate in routine care\(^1\)

Clinicians rarely accurately predict who will not benefit from psychotherapy\(^1\)

Hatfield examined case notes of patients who deteriorated to see if therapists noted worsening at the session it occurred. ¹

- If the patient got reliably worse, was there any recognition? 21%
- If the patient got 30 points worse (equivalent of going from typical outpatient to typical inpatient) was there recognition? 32%

Why the Failure to Predict?

- Therapists seldom expect their clients to get worse.¹

- Patients lie!—93 percent of patients reported whitewashing feedback to their therapists (“pretending to find therapy effective” and “not admitting to wanting to end therapy.”) ²


QA reviews of clinical records and the analyses of suicide cases reveal shortcomings in suicide risk assessment.

Approximately 25% of suicidal patients deny suicidal ideation when asked.¹

Failure to conduct systematic assessments. ²

Suicide risk varies over time ³


Suicide Risk Varies – Example 1

Client ID: 7076

Session Date: 16/Mar/17 to 30/May/17

- GDS Score
- Clinical Boundary
- Projected Change
- Self Harm

Date: 16/Mar/17, 31/Mar/17, 15/Apr/17, 30/Apr/17, 15/May/17, 30/May/17
Suicide Risk Varies – Example 2

Client ID: 4660

GDS Score
Clinical Boundary
Self Harm

Session Date:
20/Apr/16 20/May/16 19/Jun/16 19/Jul/16 18/Aug/16 17/Sep/16 17/Oct/16 16/Nov/16 16/Dec/16 15/Jan/17
SA Risk Varies – Example 1

Client ID: 100LLODOR
SA Risk Varies – Example 2

Client ID: BACMIC

- GDS Score
- Clinical Boundary
- Projected Change
- Substance Abuse

Session Date:
- 18/Aug/16
- 17/Sep/16
- 17/Oct/16
- 16/Nov/16
- 16/Dec/16
- 15/Jan/17
- 14/Feb/17
- 15/Mar/17
- 15/Apr/17
How Does Feedback-Informed Treatment Improve Outcomes?
Proactively Identifying At-Risk Patients

- A growing body of published studies demonstrates that therapists who have access to patient self-report treatment outcomes are able to proactively identify patients who are most at risk for treatment failure.


Proactively Identifying At-Risk Patients

- The On Track outcomes program relies on research-based clinical decision tools that provide psychotherapists with timely warnings when a patient’s deviation from an expected treatment response foretells possible treatment failure.

Case is not “on track” – high risk for poor outcome
## View Online Results: Clinician’s Toolkit

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<th>Assessment Count</th>
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<th>First Session Date</th>
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<th>1st GDS</th>
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Clinician’s Toolkit: Clinical Messages

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<th>1st GDS</th>
<th>Symptoms</th>
<th>Self Harm</th>
<th>Work / School</th>
<th>Social</th>
<th>Substance Abuse</th>
<th>Alliance</th>
<th>Pain</th>
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</table>

This patient reports a severe level of global distress and improvement is significantly less than average in treatment compared to similar patients.

This is a pattern associated with premature termination with a poor outcome. However, if the clinician addresses patient concerns and succeeds in keeping the patient engaged in treatment, the probability for significant improvement remains good.
Keeping Patients Engaged in Treatment

- Research shows a positive effect on communication between patients and providers, which may allow for more trust and engagement in treatment.

- The data also suggest that patients who had a poor initial response to treatment eventually had positive outcomes, provided that they remained engaged in treatment.


Analysis of ACORN data for 3,529 participating therapists

Predictive Ability

- The predictive algorithms built into ACORN are able to predict—with high accuracy—which clients will deteriorate.
- The algorithms are much more sophisticated than those used by others (most use simple formulas that are hard coded).
  - Uses multivariate models utilizing a massive database in real time.
  - System learns as it goes, sometimes call guided machine learning.
  - Updated continuously with different populations.
Alliance

- Research shows repeatedly that clients' ratings of the alliance are far more predictive of improvement than the type of intervention or the therapist's ratings of the alliance.¹

- Clients drop out of therapy for two reasons: one is that therapy is not helping (hence monitoring outcome) and the other is alliance problems.

- The On Track program’s alliance measures encourage routine conversations with clients about the alliance.