MARYLAND STATE DEPARTMENT OF EDUCATION
Preparing World-Class Students

UNIVERSITY of MARYLAND
THE FOUNDING CAMPUS

EARLY CHILDHOOD MENTAL HEALTH CONSULTATION

Outcomes Monitoring System

Web Based Data Entry Guide

Web Based Data Entry Guide

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Early Childhood Mental Health Consultation Outcomes Monitoring System Overview

This section will provide the background and history of the ECMHC OMS project.

The Early Childhood Outcomes Monitoring System (ECMHC OMS), funded by the Governor's Office For Children (GOC) and the Maryland State Department of Education (MSDE), was built upon the existing infrastructure of The Institute for Innovation & Implementation's (The Institute) Evidence Based Practice Initiative (see below for more information). This system will be used by all 12 Early Childhood Mental Health Consultation (ECMHC) programs funded by MSDE. These programs serve Early Care and Education (ECE) Programs as well as children ages 0-5 and their families state wide.

Maryland's Child & Family EBP Initiative

Maryland has a strong commitment across its child- and family-serving agencies to create systems of care to ensure that children, youth and families receive access to services and supports that are: home-and community-based, culturally and linguistically competent, individualized, effective, family-driven and youth-guided. This occurs by enhancing service delivery systems through a focus on outcomes, fidelity, fiscal impact, and promoting opportunities for healthy development and learning. Supported by the Children's Cabinet's Maryland Child and Family Services Interagency Strategic Plan, The Institute, serves as an interdisciplinary resource, training, technical assistance and research hub for Maryland's child and family evidence-based practice (EBP) initiative.

Purpose of the ECMHC OMS

The ECMHC OMS will provide ongoing monitoring of ECMHC programs for MSDE. Ongoing monitoring and evaluation will strengthen implementation efforts of ECMHC, drive the improvement of outcomes for those served and may help to secure funding for these vital programs that intend to enhance professional development for ECE staff and improve children's social/emotional development and school readiness.

Overview of the Evaluation

The ECMHC OMS is conducted as part of the Maryland Child & Family EBP Initiative at The Institute and will build upon the three-year ECMHC evaluation conducted by UMB, Georgetown University and CKD Communications. The OMS will incorporate several data collection tools already utilized by Maryland's ECMHC providers. The proposed evaluation will allow for regular reporting of four critical results accountability indicators:

1. Types of services provided,
2. The amount of services provided,
3. How well those services are being provided and,
4. The outcomes of the services.

Web-based Data Entry and Tracking System

A web-based entry and tracking system has been developed by The Institute to allow ECMHC providers and Institute staff to enter in tracking and assessment data. This approach will reduce the amount of time needed to manually maintain evaluation databases, reduce ECMHC consultant/program burden, and eliminate the need for duplicate data entry.

Web-based System Components

Add a referral	Add an Action Plan
Add consultation visits	Add Supervision
Add assessments	Add a Satisfaction Survey
Close a case	Reports

How To Use The Manual

This manual is intended to provide Administrators, Program Directors, and Consultants with the instructions necessary to easily use the ECMHC OMS Website.

The Icon Key to the left illustrates the various ways information is highlighted throughout the document. The website is located at ecmhc.umaryland.edu. The site has been created with an elegant streamlined design so it can easily be accessed using tablets and smartphones. This will allow consultants to enter information in while they are in the field if they wish. In addition, this website is designed to be an evolving source of resources which can easily be shared among consultants. New resources will be added to the website regularly and an email alert will be sent to all those with access every time a new resources has been uploaded. If you have a resource to share and would like to have it added to the site or if you have any questions about the website please contact **Sarah Nadiv** at snadiv@ssw.umaryland.edu or 410-706-5764. If you have any questions about the ECMHC programs, locations, services provided and funding please contact the MSDE ECMHC project grant monitor **Tresa Hanna** at Tresa.Hanna@msde.state.md.us.

ICON KEY

▱ Valuable information

✐ Note Well

▥ Resource Available

Requesting Access

The ECMHC OMS website is a secure password protected site. This section provides the steps to initiate gaining access to the system.

T he Institute prioritizes ensuring the confidentiality of all of the program staff, teachers, children, and families receiving consultation. The ECMH OMS is a secure website and all participates are approved by the system administrator. The steps for requesting access to the OMS are listed below.

Steps For Requesting Access To The OMS

Visit the systems home page at **Ecmhcoms.umaryland.edu**

1. Select **Request Access**

2. Input your email address and create a password (there are no restrictions on password lengths, etc.).

3. Enter first and last name.

4. Enter your current position (consultant or program director), and select the program you work for from the drop down list.

Note

Those individuals that supervise or oversee consultants should select program director in order to have access to program level data.

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5. Enter your telephone number (the best number to reach you).

6. Enter the highest level degree you have earned.

7. Answer yes or no to the following training questions:

    7.1. Have you completed the 4 SEFEL training modules?

    7.2. Have you completed the Coaches Institute Level 1?

    7.3. Have you completed the Coaches Institute Level 2?

    7.4. Have you completed the Early Childhood Mental Health Certificate Program?

    7.5. Have you completed the SEFEL Train the Trainer (TOT)?

8. Select if you are or are not a licensed mental health professional.

9. Select your gender.

10. Select your race/ethnicity.

11. Click **SUBMIT**

This initiates the approval process. Your request is sent to the system administrator who reviews your information and determines approval of the request. Once your request has been approved you will be sent an email confirming your email and password and granting you permission to the site.

13. Once you receive the approval email you may log in using the email address and password you selected.

Entering A New Referral

This section provides the steps for entering a new referral into the ECMHC OMS.

A
S of August 22, 2012 the OMS system will be cleaned of all testing data. At this time only accurate and current open cases will be entered. Referral information can be edited at any time while a case is active. Once a case is closed its record is maintained at The Institute but is removed from the **case roster** (list of active cases), which is viewable, by the consultant and program director. This is simply to prevent case rosters from getting too long and cumbersome. When running reports, all cases that are closed are included in the reports.

Steps For Entering A New Referral

1. The first time you receive a referral you'll select **ADD** under the **REFERRAL** tab.

2. Enter the child care license number

   It is important to enter the license number of *every* ECE program. Please leave this field blank *only* if it is an unlicensed ECE program. If you do not know the license number you can visit http://checkccmd.org. If the program is not licensed you will leave this field blank and on the next screen you will be prompted to enter:

   2.1 The facility name and address

   2.2 Phone number and capacity

   2.3 Type of provider (i.e. informal care, foster care, religious school, etc.)

   2.4 Jurisdiction

   2.5 License status:

If the setting is NOT licensed you have two options. **Enter either** Informal Care **(providing care to a relative under the subsidy program) or** Private Home **(the parent has requested you work with the child in the home).**

3. Enter the date the referral was received.

4. Select the referral source:

    4.1. Local Resource Center

    4.2. Child Find

    4.3. ECE Program

    4.4. Parent

    4.5. Pediatrician

    4.6. Other

5. Select whether the readiness assessment has been completed

     Readiness assessments only need to be completed if this is the *first time* you have been in the child care setting providing consultation. The readiness assessment can be found under the **RESOURCES** tab in the navigation bar.

6. Select whether or not you will accept this referral.

7. If the referral is rejected, select the reason:

    7.1. Not an appropriate referral for ECMHC

    7.2. Did not have an available consultant (i.e. wait list)

    7.3. Site not ready for consultation (i.e. based on score from the readiness checklist).

    7.4. Other

    7.5. N/A

8. If you select that the referral was rejected the case will be closed and will no longer appear in your **case roster**.

9. If the referral is accepted, you will be asked to input:

    9.1. The consultation start date

    9.2. The child care setting type:

    9.2.1. Child Care Center

9.2.2. Family Child Care Provider

9.2.3. Head Start/Early Head Start

9.3. ID Label: you are able the case with whatever label will make sense to you. For example, a ECMHC program specific case ID or a classroom name.

9.4. Select the type of consultation currently being provided in the Consultation Type drop down:

9.4.1. Program Consultation Only

9.4.2. Child Specific and Classroom Consultation

9.5. Select Consultation Duration:

9.5.1. Brief Consult

9.5.2. Phone Consultation

9.5.3. Ongoing (extensive)

9.6. Select if the center is accredited.

9.7. Enter the number of children enrolled in the setting (i.e. the entire program).

9.8. Enter the number of classrooms in the setting.

9.9. Enter the number of staff in the setting.

9.10. Enter the number of credentialed staff in the setting.

How to enter a Readiness Checklist

10. If you selected that you have completed the readiness assessment you will be asked to input:

10.1. The number of people present to complete the checklist.

10.2. The types of people present to complete the checklist. Select all that apply:

10.2.1. Teacher

10.2.2. Director

10.2.3. Parent

10.2.4. Mental Health Professional

10.2.5. Other

10.3. The total number of items rated "Not in Place."

10.4. The total number of items rated "Needs Work."

10.5. The total number of items rated "In Place."

> If you select "**The Readiness Assessment Was Not Completed at This Time**" then the readiness assessment section will *not* appear on next screen and you will *not* be prompted to enter any information about the readiness assessment.

12. Select whether you have received parental consent to work with a specific child connected to this consultation referral.

    12.1. If you select **NO-Parent Refused**, select **SUBMIT** to end the referral process

13. If you have received parental consent to work with a specific child OR you did not require parental consent (i.e. the case will be programmatic or environmental), select Yes and select **SUBMIT**. On the next screen you will be asked to complete the following:

How to enter a Child Specific Referral

    13.1. Enter the child's first name, middle initial and last name.

    13.2. Enter *at least* one parents' first and last name. If you would like you may enter another parent/guardians name for your records.

    13.3. Select if you have worked with this child before. For example, you worked with them in previous years, or they moved centers or classrooms but you are continuing your work with them.

    13.4. Select if the child has any of the following risk factors:

        13.4.1. Either of their parents/guardians is incarcerated

        13.4.2. The child is homeless

        13.4.3. The child is in foster care

    13.5. Select the marital status of the parent.

        13.5.1. Single

        13.5.2. Divorced

        13.5.3. Married

13.5.4. Widowed

13.5.5. Separated

13.6. Select who has legal custody of the child.

13.6.1. Shared Custody

13.6.2. Mother

13.6.3. Father

13.6.4. Other (foster, relative, other)

13.7. Select the child's gender.

13.8. Select the child's race/ethnicity.

13.9. Enter the child's date of birth.

13.10. Select the appropriate DECA version (infant, toddler, or preschool).

13.11. Select how long the child has been in the childcare program (in months).

13.12. Select if the child is receiving a child care subsidy.

13.13. Select if the child has an IFSP or IEP at the time of the referral.

13.13.1. If they have an IFSP or IEP select what is was for (select all that apply).

14. Select **SUBMIT** to complete the referral process.

Note

Referrals may be edited at any time by selecting the **EDIT** option under the **REFERRAL** tab

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Sometimes consultants **transfer or share cases**. If you would like to give another consultant access to one of your cases follow the following instructions.

1. Select **ADD TO REFERRAL** under the **CONSULTANTS** tab.

2. Select the case you would like to share or transfer.

3. Enter the consultants email address.

4. Select **SUBMIT**.

Documenting A Consultation Visit

This section provides the steps on how to document consultation visits and activities in the OMS.

I t is important to track all of your consultation visits and activities using the ECMHC OMS. The site has been designed to easily be accessed using tablets and smartphones. This will make it easy for consultants to track activities directly after each visit. If you do not have or choose not to use the mobile option, please keep careful records of your visits and enter information into the OMS as soon as possible. Tracking intensity and dosage as well as activities is a critical part of the evaluation.

Steps For Documenting A Consultation Visit

Note

Consultation visits should be added each time a consultant visits a program. This will ensure that all the hard work you do is represented in the statewide sample.

1. Following a site visit, you'll add a **consultation** visit to the database by selecting the **ADD** option under the **CONSULTATION VISIT** tab.

2. Select the case ID for the case you visited.

3. Enter the date of consultation (date of visit) and the amount of time you spent (in minutes) for each of the following activities. The total time for all activities should add up to the total time you were on site.

    3.1. <u>Observation</u>: Time spent in a classroom observing the environment or a specific child (i.e. conducting a PMHCS).

3.2. <u>Plan of Action Meeting</u>: Time spent meeting with parent and/or teacher reviewing the plan of action.

3.3. <u>Providing Consultation to Parents</u>: Meeting with a parent to discuss a specific child. Providing technical assistance on recommendations or modeling how to use a recommendation.

3.4. <u>Providing Consultation to the Provider</u>: Meeting with a teacher/provider to specifically discuss a classroom or child concern. Providing technical assistance on recommendations or modeling how to use a recommendation.

3.5. <u>Providing Consultation to the Director</u>: Meeting with a ECE program director to discuss classrooms or environment

3.6. <u>Making a Referral or Collateral Consultation</u>: Time spent connecting a child to a referral source or meeting with a referral source to discuss a specific child.

3.7. <u>Participating in an IEP/IFSP Meeting</u>: Time spent meeting with parent and/or teacher reviewing the IEP/IFSP.

3.8. <u>Other Time Spent on Site:</u> Time spend on site engaged in activities not listed.

4. Indicate the time you spent either before or after a visit working on that case (i.e. preparing materials, calling for resources). Please *do not* include driving time.

5. You may complete a note about that visit in the **NOTES** section.

6. You can go back and edit a visit at any time by selecting the **EDIT** option under the **CONSULTATION VISIT** tab.

Once you've added an Action Plan, and you select **ADD ANOTHER CONSULTATION VISIT**, the goals you created in your action plan will appear. Please rate goals on scale from 1 to 5.

0	Not worked on during that visit	3	Moderate progress
1	No progress	4	Almost completed
2	Minimal progress	5	Completed goal

Creating An Action Plan

This section details the steps required for creating an Action Plan in the OMS.

A ction Plans are necessary for determining the needs of a particular case. They help guide consultation activities and track progress towards defined goals. Action Plans are required for all cases including Programmatic, Environmental, and Child Specific cases. Action Plans should be completed within the first few visits and can be edited and updated at any time. Consultants can view past Action Plans for all **active cases** by selecting **VIEW** under the **ACTION PLANS** tab. Action Plans can be printed and shared with ECE providers and parents.

Steps For Creating An Action Plan

Complete an Action Plan for every case.

1. To create an Action Plan, select the **ADD** option under the **ACTION PLAN** section.

2. Select the case you wish to create an Action Plan for.

3. Select the category/categories that apply (you can type in a choice that doesn't appear in the list if none of the options are appropriate).

4. Select if you would like to include strategies for toddlers and developmentally young children.

5. Select **SUBMIT.**

6. Select from the list of challenging behaviors (you can type in a choice that doesn't appear on the list if none are appropriate).

7. Select **SUBMIT.**

8. Select the interventions that you will implement.

9. If you select an intervention with a hyperlink, you can click the hyperlink and you will be provided with instructions (via .ppt, etc.) on how to do that intervention

10. To complete the Action Plan select **SUBMIT.**

Note
- Once you've added an Action Plan, the goals you created will appear in the Consultation Visit section the next time you add a consultation visit for that case.   - You can print the Action Plans for ECE providers and families by selecting PRINTER FRIENDLY VERSION on the top right corner of the Action Plan summary page.

Inputting Assessments

This section details the procedures for collecting and inputting all required assessments for the ECMHC OMS.

T he ECMHC OMS requires that consultants input a number of assessments which are described in this section. The timeline for collection and how to input each assessment is detailed below.

Steps For Inputting Assessments

All assessments that consultants are required to complete are located under the assessment tab. The chart below illustrates the assessments that will be collected as part of programmatic and child specific cases.
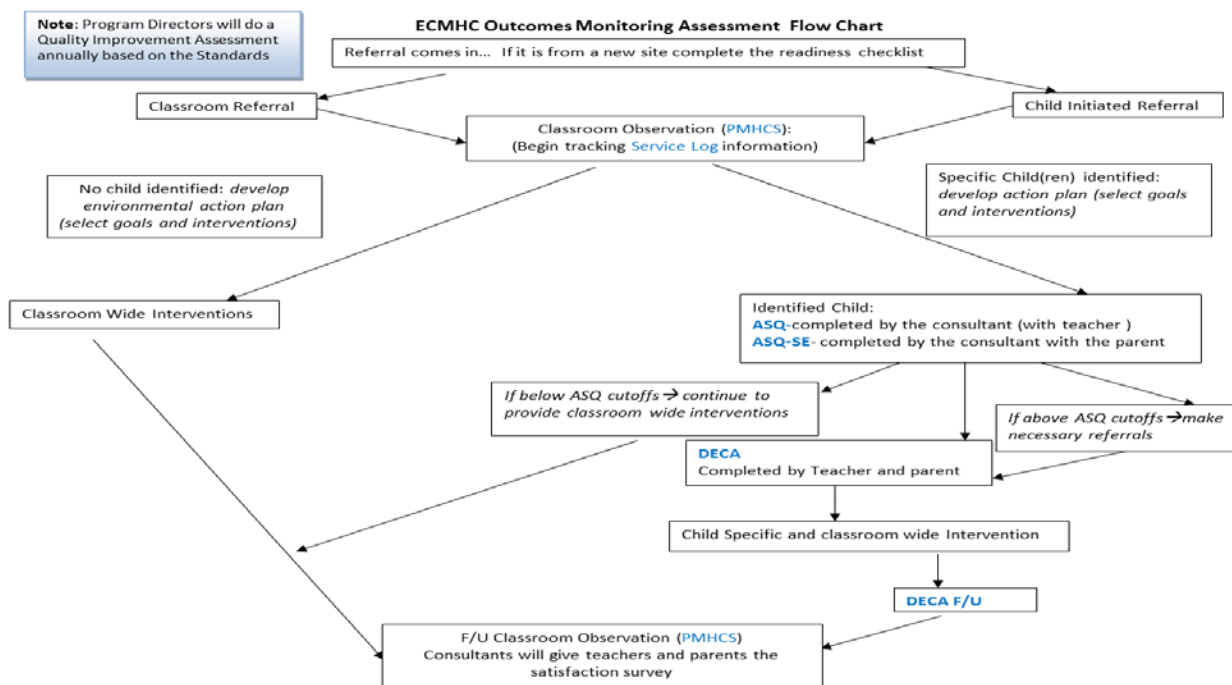
Note: Program Directors will do a Quality Improvement Assessment annually based on the Standards

ECMHC Outcomes Monitoring Assessment Flow Chart

Referral comes in... If it is from a new site complete the readiness checklist

Classroom Referral

Child Initiated Referral

Classroom Observation (PMHCS):
(Begin tracking Service Log information)

No child identified: *develop environmental action plan (select goals and interventions)*

Specific Child(ren) identified: *develop action plan (select goals and interventions)*

Classroom Wide Interventions

Identified Child:
ASQ-completed by the consultant (with teacher)
ASQ-SE- completed by the consultant with the parent

If below ASQ cutoffs → continue to provide classroom wide interventions

If above ASQ cutoffs →make necessary referrals

DECA
Completed by Teacher and parent

Child Specific and classroom wide Intervention

DECA F/U

F/U Classroom Observation (PMHCS)
Consultants will give teachers and parents the satisfaction survey

FIGURE 6.1 This chart depicts the data collection schedule. This chart is available in full size in the appendix and on the website under the **RESOURCES** tab.

Steps For Inputting The Preschool Mental Health Climate Scale (PMHCS)

Consultants will complete **Baseline** PMHCS within the first three visits to a classroom/ECE setting and a **Follow Up** PMHCS when they determine it is time to close the case. PMHCS will be completed for every Environmental and Child Specific case.

1. Once you have completed a PMHCS select the **ADD** option under the **PMHCS BASELINE** tab.

Complete a PMHCS for every case at baseline within the first 3 visits

2. Select the case you wish to enter.

3. Enter the number of children in classroom.

4. Enter the number of staff observed.

5. Enter the age range of the children in the group from youngest to oldest (in years & months).

6. Enter the dates and length of time (in minutes) you observed the classroom.

7. Select every activity you observed.

8. Select if you have provided consultation in this classroom before.

9. Select if you've worked with any of the teachers in this classroom before.

10. Enter the scores for:

10.1. Transitions

10.2. Directions and rules

10.3. Staff awareness

10.4. Staff affect

10.5. Staff cooperation

10.6. Staff-child interactions

10.7. Feelings and problem solving

10.8. Pedagogy

10.9. Child interactions

10.10. Total negative score

11. Select **SUBMIT**

Steps For Inputting The Ages and Stages Questionnaire 3 (ASQ-3)

Reasons to Use the ASQ-3
The procedures for the OMS require that you use the ASQ-3 for
every child specific case for several reasons.   **(1)** It will help
consultants determine if a child specific case is indicated (i.e. child
specific interventions, proceeding with the DECA, etc.) or if
environmental recommendations would be best. **(2)** It will help consultants determine
valuable goals for action planning.   **(3)** It will facilitate a relationship and open
communication with the child's parents. **(4)** It will give the State a good picture of the
characteristics of children being referred for services. **(5)** It clearly aligns with the new
recommendations from the Race to the Top Early Learning Challenge Grant. This
grant recommends that the ASQ is used as part of the universal screening package that
both ECE programs and pediatricians will be using. Follow the steps below to input
the ASQ-3 Assessments into the OMS.

Complete an ASQ-3 for every child specific case unless the child already has an IEP/IFSP

1. To add a new ASQ-3 select the **ADD** option under the **ASQ** tab.

2. Select the case you wish to enter.

3.   Select the appropriate version that reflects the child's age at the time of administration.

4. Select who completed the assessment (select all that apply):

    4.1. Consultant

    4.2. Other

    4.3. Parent

    4.4. Teacher

5. Select the people who were present when the assessment was completed (select all that apply).

      5.1. Director

      5.2. Mental Health Professional

      5.3. Other

      5.4. Parent

      5.5. Teacher

6. Enter the:

      6.1. Communication score

      6.2. Gross motor score

      6.3. Fine motor score

      6.4. Problem solving score

      6.5. Personal social score

7. Select any follow up activities you recommended from the list.

      7.1. Provided activities (i.e. strategies) and rescreen

      7.2. Share results with primary health care provider

      7.3. Refer for hearing

      7.4. Refer for vision

      7.5. Refer for behavioral screening

      7.6. Refer to primary health care provider or other community agency

      7.7. Refer to early intervention/early childhood special education

      7.8. No further action taken at this time

8. If you wish, you may write a note about the follow up activities.

9. Select **SUBMIT.**

Steps For Inputting The Ages and Stages Questionnaire: SE (ASQ: SE)

Complete an ASQ-SE for <u>every</u> child specific case

1. Select the case you wish to enter.

2. Select the version that reflects the child's age at the time of administration.

3. Select if parent participated in assessment.

4. Enter the total score.

5. Upload the document by selecting **CHOOSE FILE.**

6. Select the appropriate document (.doc or .pdf files only) from your files.

7. Select **SUBMIT.**

Steps For Inputting The Devereux Early Childhood Assessment (DECA)

You may choose to collect a parent and teacher DECA for *every* child specific case, as this is helpful information to have; although, it is not required. Once you've collected the DECA from the parent or teacher, you will enter it into the database. The procedure is the same for parents and ECE providers.

Consultants are asked to have parents and ECE providers complete DECA assessments at Baseline/PRE (within the first three consultation visits) *and* Follow Up/POST (when the consultant determines it is time to close the case).

1. You will select the **ADD** option under the **DECA TEACHER** (or **PARENT**) **PRE** tab.

If a child is at or below the referral cut off for the ASQ-3 *OR* ASQ: SE (either in the grey or black area) the parent and teacher *must* complete the DECA.

2. Select the case you wish to enter.

3. Enter the date the assessment was completed.

4. Select who completed it (teacher, parent or other).

5. If selecting other, please write who completed it.

6. Enter raw scores, T scores, and percent scores for all of the subscales.

UPDATE: You can add multiple parent and/or teacher DECAs for each case.

7. Once you've entered all the scores select **SUBMIT.**

Note

- You will complete the same procedure for the follow up assessment when you close the case
- If you need to change the DECA version, edit the case under the **REFERRAL** tab.

Procedures For Closing A Case

This section provides the steps to close a case in the OMS.

Cases close for a variety of reasons. Consultants are asked to use their discretion when determining when it is time to close a case as not all cases end upon successful completion of Action Plan goals. Consultants are asked to track a variety of elements and outcomes when completing a case closure report. Consultation was created in response to children being expelled from childcare at astounding rates. This is why the OMS focuses on asking questions surrounding case closures and particularly getting at why children may have been exited from a program. The OMS also provides a space for consultants to write a case closure report. This report acts as a narrative that can be useful for the consultant's records and can be deidentified and used for quality assurance purposes, shared with current as well as potential funders, researchers, and other stakeholders. In addition, consultants are asked to have ECE program directors, providers (teachers), and parents (in child specific cases) complete client satisfaction surveys. These surveys provide a great deal of information about the successes and challenges of consultation and can also be used for quality assurance. Similar to the discharge form, the satisfaction surveys also have a place for the recipients of consultation to provide a narrative about what did and did not work.

Procedures for Closing a Case

1. Make sure all of your post assessments have been collected and entered into the database before you close the case. *Once a case is closed in the system you will no longer be able to enter data into it.*

2. Give the ECE director, provider and parent (if applicable), the Satisfaction Survey, postcard, and postage paid envelope at least one visit prior to closing the case. ECE staff (directors and

providers) and parents can enter their responses directly into the website via the link on the postcard. Otherwise, surveys can be mailed directly to The Institute (and inputted by staff) or returned to consultants. If consultants would like to input the satisfaction surveys themselves the directions are as follows:

   2.1. Select the appropriate survey link under the **SURVEYS** tab. Select director, teacher, or parent and then select either English or Spanish.

   2.2. Input the responses provided by the respondent.

   2.3. Select **SUBMIT**.

3. Close the case in the database by selecting the **CLOSE** option under the **REFERRAL** tab.

4. Enter the discharge date.

5. Enter the discharge reason.

   5.1. Case completed, no further consultation needed

   5.2. Program discontinued consultation due to lack of engagement

   5.3. Consultant discontinued services due to lack of engagement

   5.4. Child placement changed (child specific cases)

   5.5. N/A

6. If you selected the **child placement changed** please select why:

   6.1. Child asked to exit the program due to behavioral concerns.

   6.2. Parent chose to move child to another program

   6.3. Family moved

   6.4. Consultant referred child to another program

   6.5. Other

   6.6. N/A (*please select this option if the discharge reason was not because the* **child placement changed**)

7. Select if child has an IEP or IFSP. If yes, select from the following (multiple selects allowed):

   7.1. Developmental Delay

   7.2. Speech and Language

   7.3. Autism

7.4. Other

8. Select if a referral was made to another provider.

    8.1. If a referral was made to another provider select (multiple selects allowed):

        8.1.1. Type of provider:

            8.1.1.1. Infants and Toddlers

            8.1.1.2. Child Find

            8.1.1.3. Direct Clinical Services

            8.1.1.4. Another Child Care Setting

            8.1.1.5. Home Visitor

            8.1.1.6. Family Resource Provider

            8.1.1.7. N/A

            8.1.1.8. Social Skills group

            8.1.1.9. Occupational Therapy

            8.1.1.10. Other

        8.1.2. If the provider was inside or outside your county

9. You can write a brief discharge note or narrative that can be used for your records or deidentified and shared.

10. Select **SUBMIT**.

Documenting Supervision

This section provides the steps to document Supervision in the OMS.

Supervision is an important component of fidelity and is essential to providing high quality consultation. The three year evaluation study recommended that there be an increase in reflective supervision as program directors and consultants noted during qualitative interviews that lack of quality supervision for ECMH consultants was one of the key barriers to providing consultation services. The ECMHC OMS is designed to support programs in tracking barriers and detecting areas that are in need of additional support and resources. To that end, the OMS has a supervision tracking component that is detailed below.

Steps For Documenting Supervision

1. After you have meet for supervision you will enter the date of the supervision and how long in minutes you and your supervisor met.

2. You will then enter the credentials of the person providing supervision.

   2.1. Psychologist

   2.2. Psychiatrist

   2.3. LCSW/LCPC

   2.4. Other

3. Select the format of supervision:

   3.1. Group

   3.2. Individual

4. You may, but are not required, to write in a note about your session. These notes will be for your records.

How to Run Reports

This section lists all the reports available and how to run each report.

One of the promises of the ECMHC OMS is that program directors and consultants will be able to easily access their data and the State will have access to aggregate data. The system is designed to report out both tables and excel spreadsheets of all of the data that is entered into the system. Consultants have access to the data that they have entered for their cases.

Steps For Running Reports in the OMS

For Consultant and Director Reports:

Directors will follow the same procedures, but select ECMHC PROGRAM DIRECTORS REPORTS under the REPORTS tab.

1. Select **CONSULTANT REPORTS** under the **REPORTS** tab.

2. Select which report you would like to run:

    2.1. <u>Aggregate Reports Consultant</u>

        2.1.1. Referrals Report

        2.1.2. Consultant Service Report

        2.1.3. Case Closure Report

        2.1.4. Assessment Report

        2.1.5. Action Plan Report

    2.2. <u>Excel Reports Consultant</u>

        2.2.1. Referral Report

2.2.2. PMHCS Baseline Report

2.2.3. PMHCS Follow up Report

2.2.4. ASQ Report

2.2.5. ASQ SE Parent Report

2.2.6. DECA Teacher PRE- Infant Report

2.2.7. DECA Teacher POST- Infant Report

2.2.8. DECA Parent PRE-Infant Report

2.2.9. DECA Parent POST- Infant Report

2.2.10. DECA Teacher PRE- Toddler Report

2.2.11. DECA Teacher POST- Toddler Report

2.2.12. DECA Parent PRE- Toddler Report

2.2.13. DECA Parent POST- Toddler Report

2.2.14. DECA Teacher PRE- Pre School Report

2.2.15. DECA Teacher POST- Pre School Report

2.2.16. DECA Parent PRE- Pre School Report

2.2.17. DECA Parent POST- Pre School Report

2.3. Survey Reports Consultant

2.3.1. Director Survey Report

2.3.2. Provider Survey Report

2.3.3. Self Assessment Survey Report

2.3.4. Parent Survey Report

3. Enter the date parameters you are interested in for the selected report.

4. Select **SUBMIT.**

Index of Resources

The following resources are currently available on the OMS website.

The developers of the ECMHC OMS are committed to making this website an active place to share information and ideas. New resources will be added under the **RESOURCE** tab regularly and email notifications will be sent to all those with access to the site. MSDE, ECMHC Program Directors, and Consultants should send items they wish to have uploaded and shared to Sarah Nadiv at snadiv@ssw.umaryland.edu

Resources Currently Available on the OMS

1. A list of program directors and active consultants and their contact information is available by selecting **VIEW** under the **CONSUTANTS** tab.

2. A list of SEFEL strategies that can be used for environmental and child specific changes is available by selecting **VIEW** under the **SUPPORT GUIDES** tab.

3. The following is available by selecting **VIEW** under the **RESOURCES** tab:

   3.1. Readiness Checklist.

   3.2. ECMHC Data Collection Flow Chart (see figure 6.1).

   3.3. Blank copies of the Preschool Mental Health Climate Scale.

   3.4. Web Based Data Entry Manual (this document).