

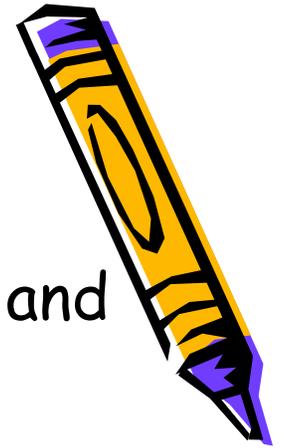
Behavioral and Emotional Rating Scale - 2

Understanding and Sharing BERS-2
Information and Scoring with Parents,
Caregivers and Youth

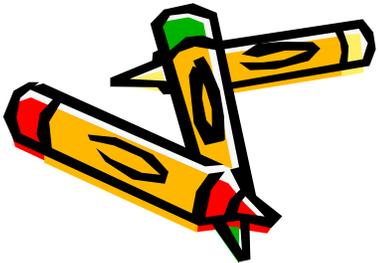
April 13, 2012



Purpose of this presentation



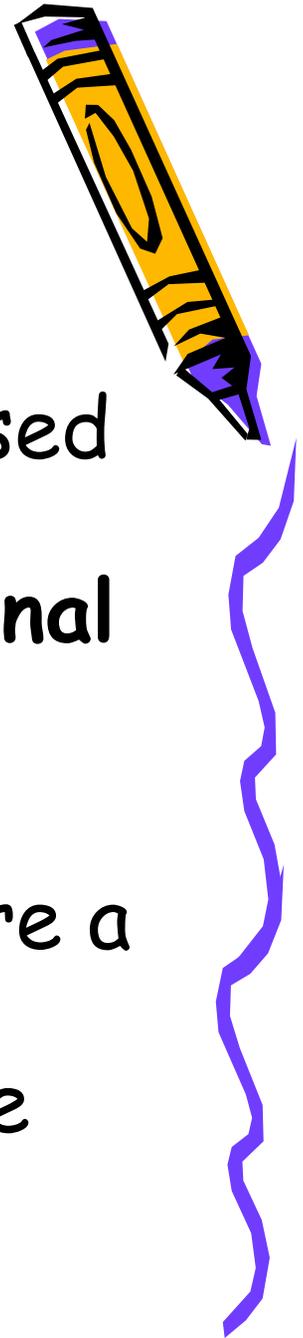
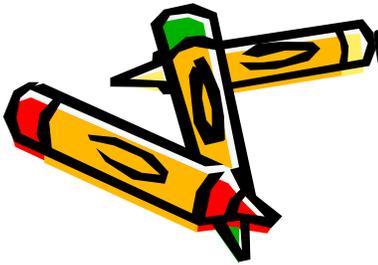
- Introduce care coordinators/facilitators to the process of conducting the ISA Progress Review and collecting BERS-2 Parent Rating Scale data.
- Assist you with steps to a successful process of data collection
- Review reasons why we are using these tools to collect outcome data
- Review scoring process and availability for the BERS-2 Parent Rating Scale
- Review using the CPRS (Children's Progress Review System) effectively in working with parents, caregivers and families



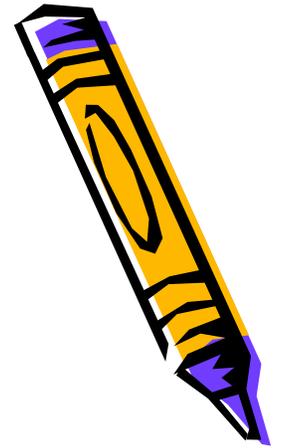
ISA Progress Review/BERS-2

The ISA Progress Review is comprised of the Progress Report Form and includes the Behavioral and Emotional Rating Scale, or BERS-2.

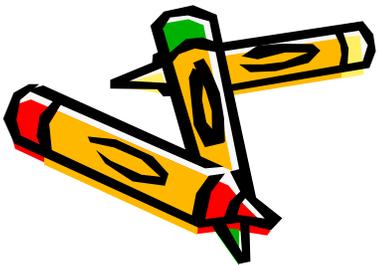
ISA stands for Integrated Service Array. It describes the level of care a child needs, based on their level of service intensity determination done when they enter care.



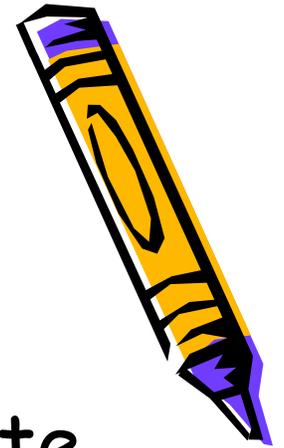
What is the BERS-2?



The BERS-2 is a rating scale designed to assess the behavioral and emotional *strengths* of children, instead of their problems or weaknesses. The BERS-2 is being used for, and has been studied to be accurate for children 6-18 years of age.

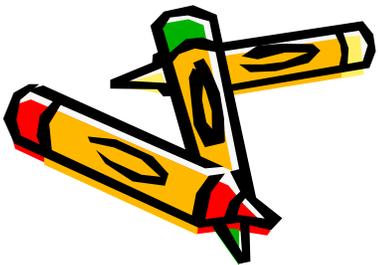


Why do we do both measures every 3 months?



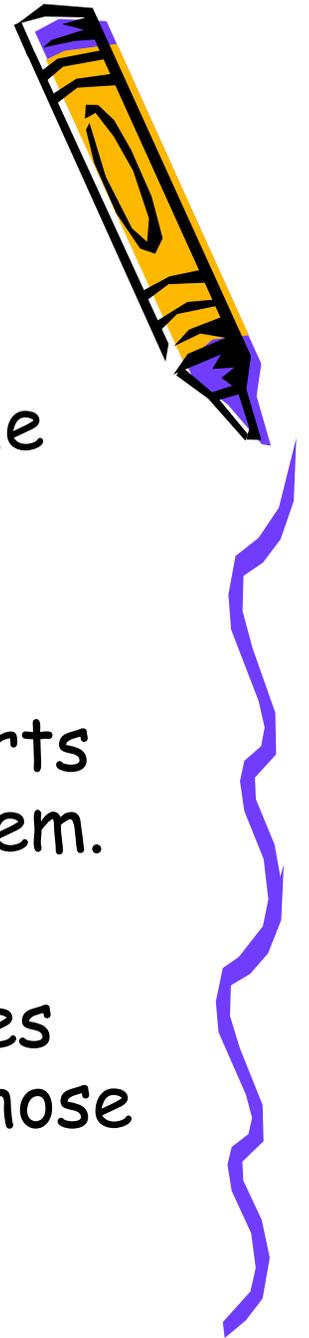
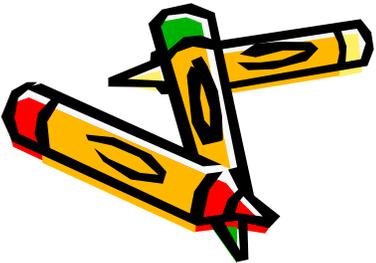
Data collection is required by the state office AMH:

- Within 30 days of admission to ISA (Entry)
 - Quarterly (Continuing Review) 90 days after Entry Review
 - On Exit from ISA (Exit)
- AMH is interested in being able to report on the progress children in this higher level of care achieve *while in care*.



Why do we do both measures every 3 months?

- This information is used 1) to inform the child and family team of the child's progress 2) for advisory stakeholder review and 3) to form a foundation for legislative reports and other data reports about the children's mental health system.
- It is also important to track the changes more often in this group of children, whose behavior is quite changeable.

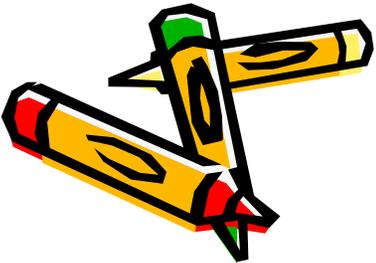


Advantages of BERS-2

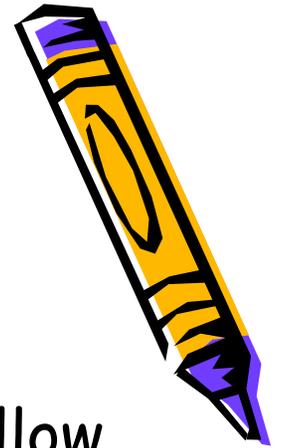
The BERS-2 provides unbiased data about outcomes, showing:

- Youth's functioning in various key areas
- Comparison of results regarding the youth's functioning to a national sample
- Progress over time

AMH requires use of the Parent Rating Scale. This is the version written into the MHO agreement to ensure caregiver input in the outcome data collection process.



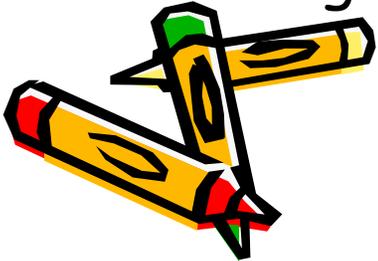
3 Types of BERS-2 Rating Scales



The BERS 2 may be done in up to three parts to allow for a complete picture of a youth's functioning. There is quite a bit of overlap of the questions in the three types.

- Parent/Caregiver (Parent Rating Scale-PRS)
- Youth (Youth Rating Scale-YRS) for youth ages 11-18 with a 5th grade reading ability or better
- Teacher or Other Professional (Teacher Rating Scale-TRS)

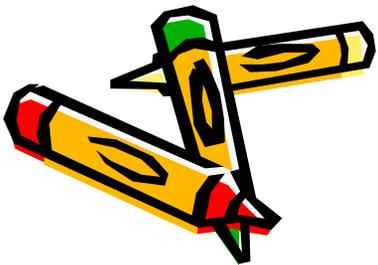
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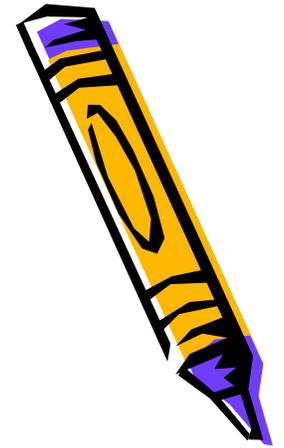
Does the BERS-2 Measure What We Want It To?



Since it was first developed in 1998, the BERS-2 has been studied and compared to other tools many times. These studies show that the BERS-2 accurately measures the personal and emotional strengths of children.

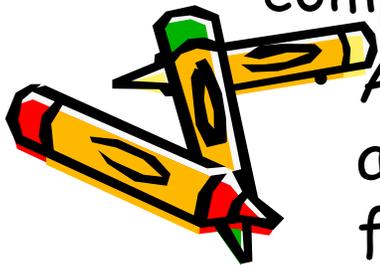


What are the five subscales?

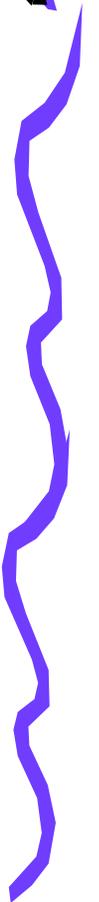


The 52 item scale measures five areas (subscales):

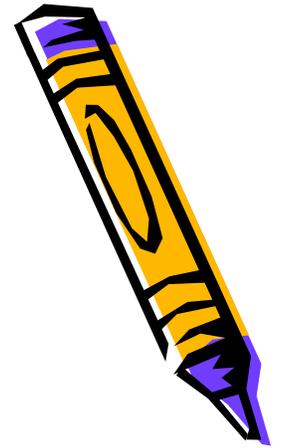
- Interpersonal Strength- a child's strengths in relating to others
- Family Involvement - a child's strengths in relationship with and participation in family life
- School Functioning- a child's strengths in school tasks participation
- Intrapersonal Strength- a child's internal emotional strengths: their outlook on their own competence and accomplishments



• Affective Strength - a child's strength in accepting affection from and expressing feelings toward others



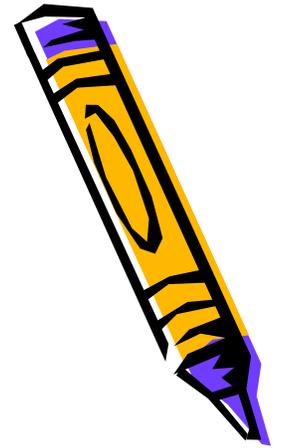
Uses for BERS-2



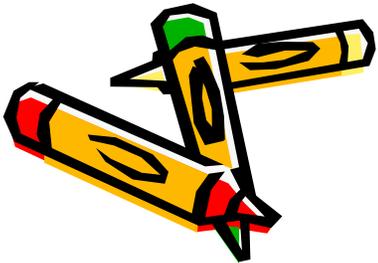
- 1) Identifies children with limited strengths
- 2) Targets goals for an IEP or individual treatment plan
- 3) Identifies strengths and weaknesses for treatment
- 4) Documents progress in a strength area as a result of specialized services
- 5) Measures strengths for use in research and evaluation projects



Responses Are Kept Confidential

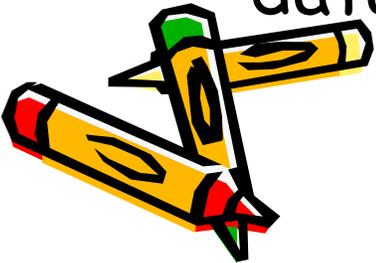


- All responses a parent or caregiver makes on the ISA PR/BERS-2 are confidential information.
- Data are entered into a database that is password protected. This means that only selected and authorized employees of organizations serving children and families can enter the data.



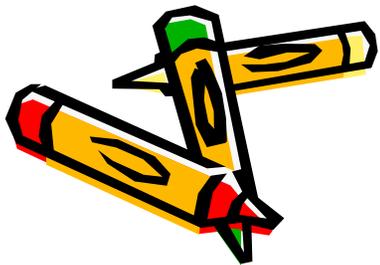
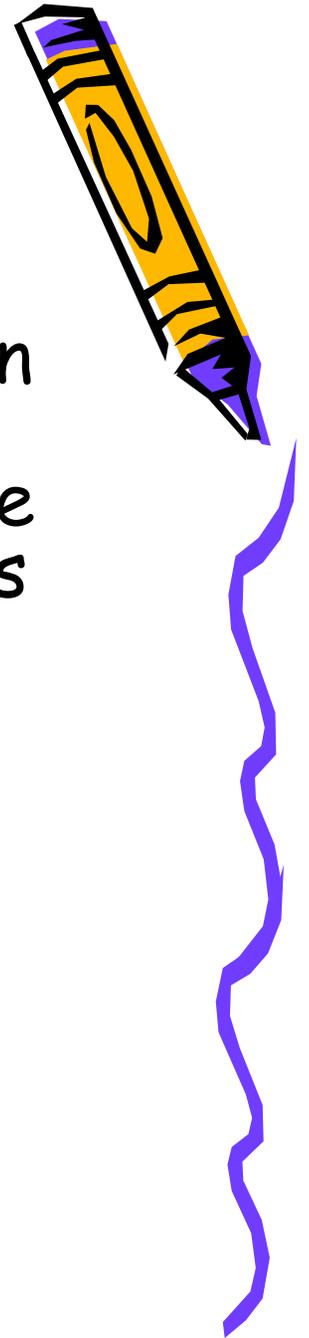
CPRS Database

- The Children's Progress Review System is a web based format designed specifically for data entry for ISA PR/BERS-2 data. Individuals at each MHO are trained in data entry in this system.
- It has also been used by the Statewide Children's Wraparound Initiative sites for data entry.



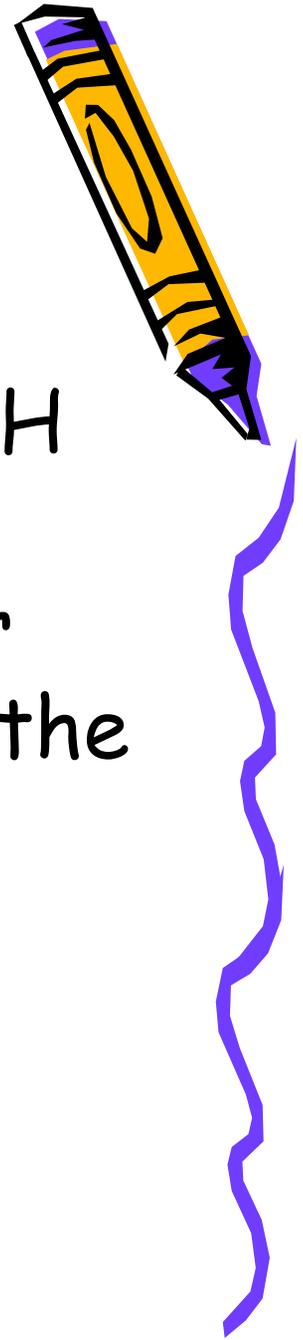
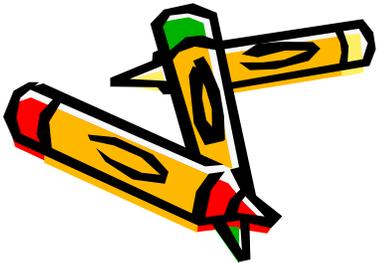
How is the data used?

The Addictions and Mental Health Division (AMH) collects and analyzes this grouped outcome data to present to the legislature and interested stakeholder groups such as state and local advisory groups. This is important to make a case for funding of children's mental health system needs.



Why is the data so important?

Having this data available helps AMH advocate for continued funding for intensive mental health services for children, and educate the public on the outcomes for this group of children.

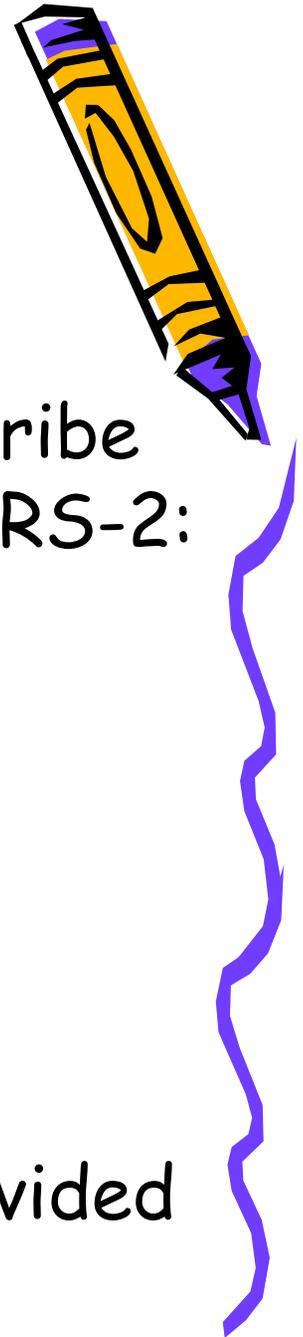
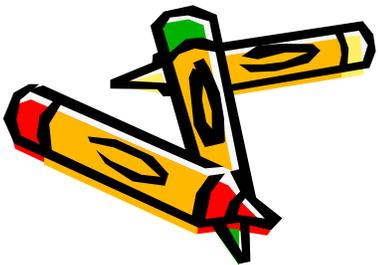


How to introduce the Progress Review to the Child and Family Team

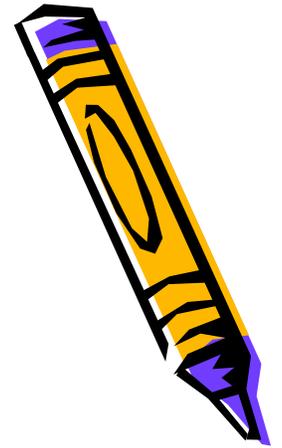
During engagement with the family describe the ISA Progress Review Report and BERS-2:

- Why it is important
- How the information is used
- Where the information goes
- How it can be useful to the team

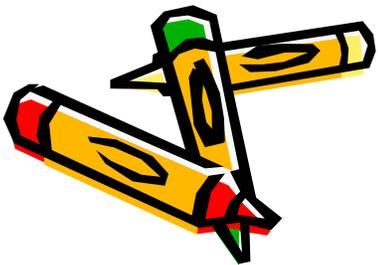
The Child and Family Team should be asked for input on information provided in the Progress Review Report.



BERS-2 Parent Rating Scale for Parents and Caregivers

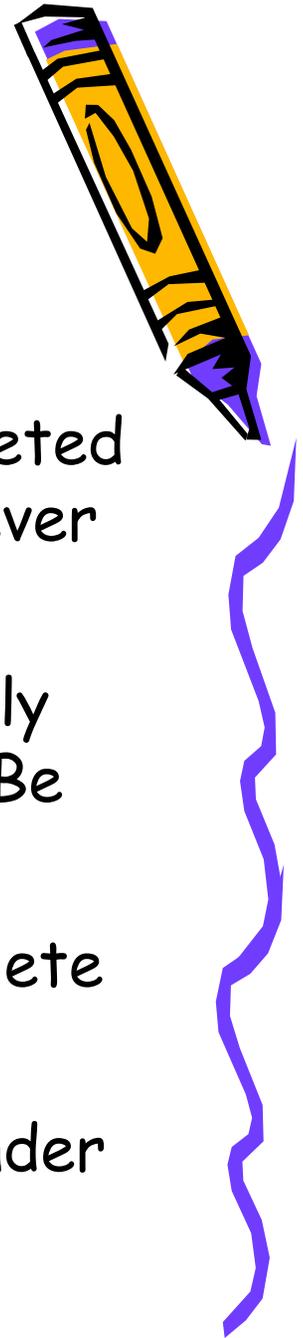


- Parent/ Caregiver is defined as the person who has the most knowledge of the child over the past 30 days. Preferably this person has been living with and caring for the child or has daily contact with the child. Preferably this person will be consistently the one completing the BERS-2 over time.



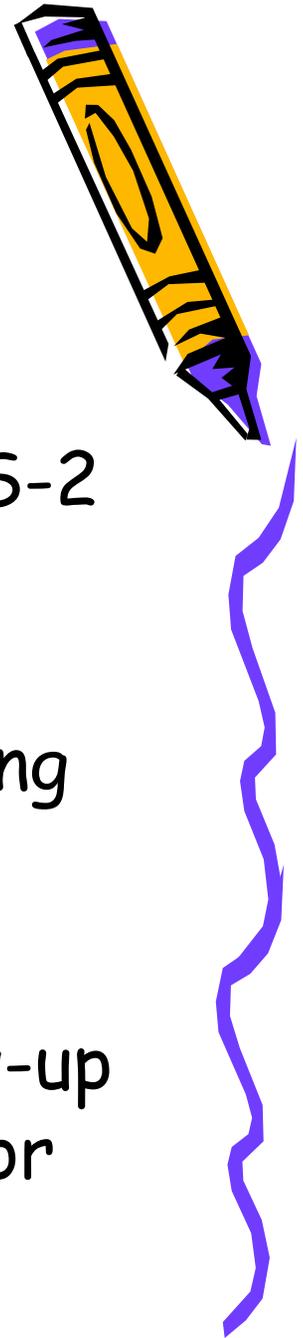
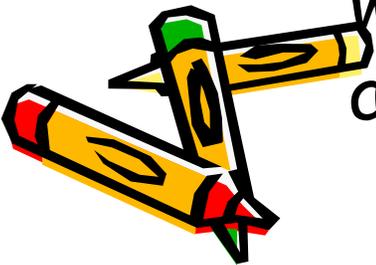
Strategies for Completion of ISA Progress Review Report/BERS-2

- ISA Progress Review Report should be completed during a child and family team meeting whenever possible.
- Schedule time before or after child and family team for caregiver to complete the BERS-2. Be available for assistance.
- Schedule a phone call with caregiver to complete BERS-2 over the phone.
- If mailing is the only option, schedule a reminder phone call to caregiver a week out.



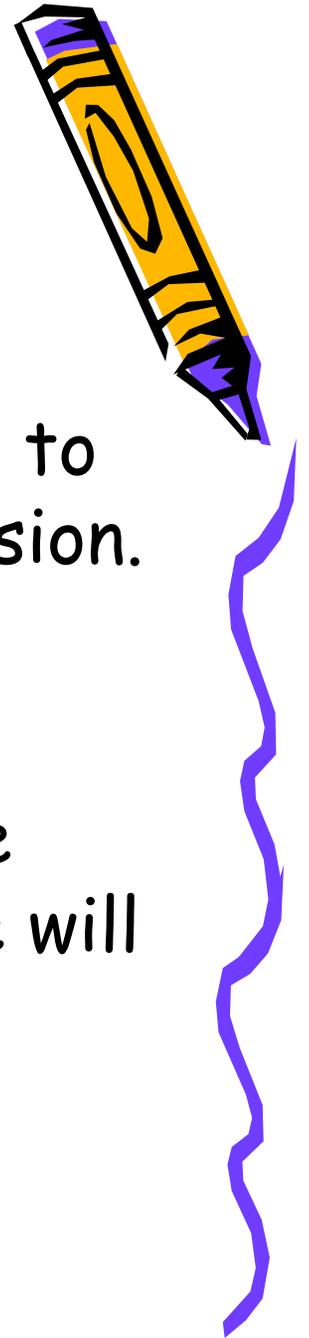
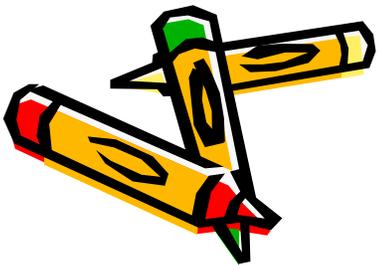
Administration of the BERS-2

- Provide the caregiver with the BERS-2 PRS form
- Instruct the caregiver to read each item at least twice, for understanding
- Remain available to answer the caregiver's questions
- Scan the completed form and follow-up with caregiver if there are missing or ambiguous responses to any items



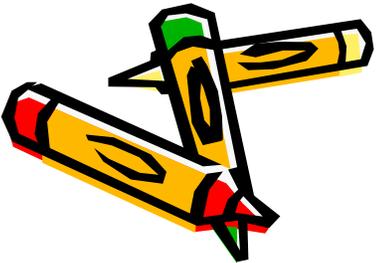
Lack of Response ?

- Double check responses with caregiver to ensure it was not an unintentional omission.
- If the caregiver has no response or refuses to respond, enter "0".
- Following these instructions will ensure that data are made available and there will be consistency in the coding of missing items.



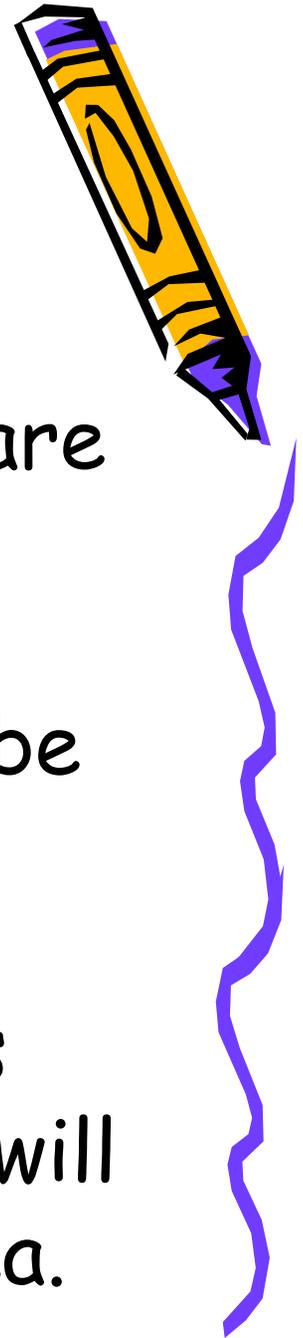
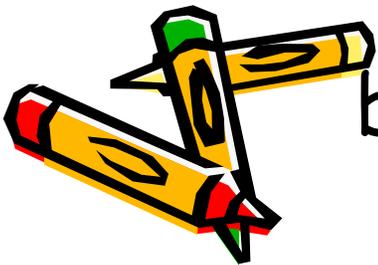
Validity

- For reliable and usable results, all items on the BERS-2 must have a valid response.
- If more than two items are missing on any subscale that subscale can't be scored, and if any of the subscales cannot be scored, the overall Strengths Index cannot be scored.
- There is a large gap in the data over time when this occurs.
 - Once data are entered into the CPRS system they may not be changed.

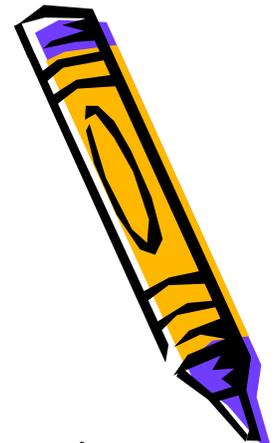


Missing Responses in CPRS

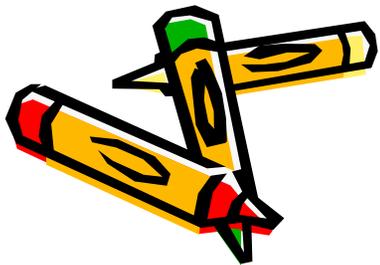
- If any Progress Review questions are left unanswered, or if there are missing responses on the BERS-2, the Progress Report Form cannot be submitted and will be saved as a draft.
- The MHO agreement *requires* this data submission and the MHO will be out of compliance in this area.



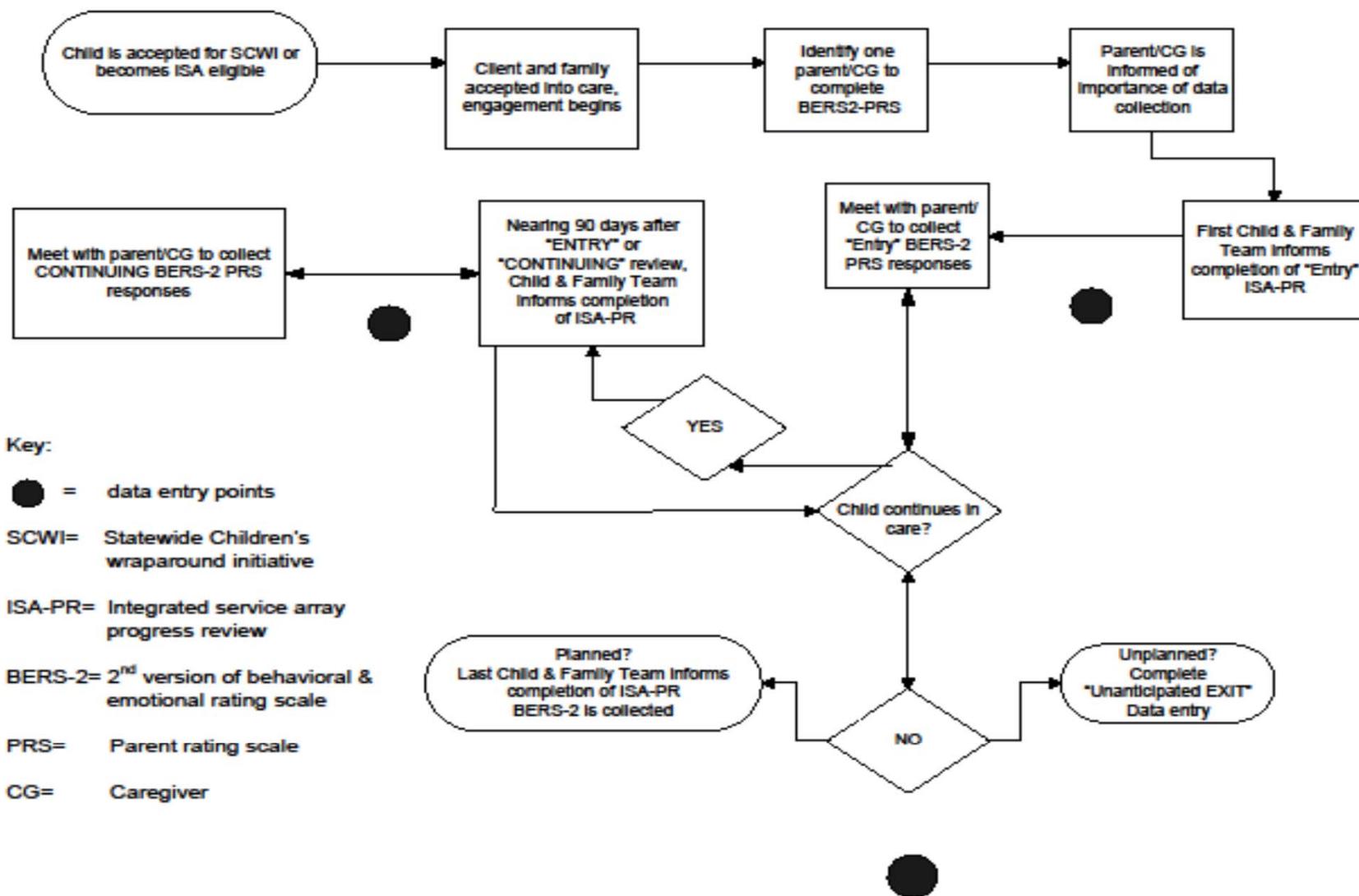
Scoring the BERS-2



- After responses are entered into the Children's Progress Review System (CPRS), raw scores for each subscale and overall are displayed. The system also displays percentile scores based on the child's age and gender.
- The Strengths Index and Individual scores over successive administrations of the ISA PR/BERS-2 will be available in a later release of the CPRS.

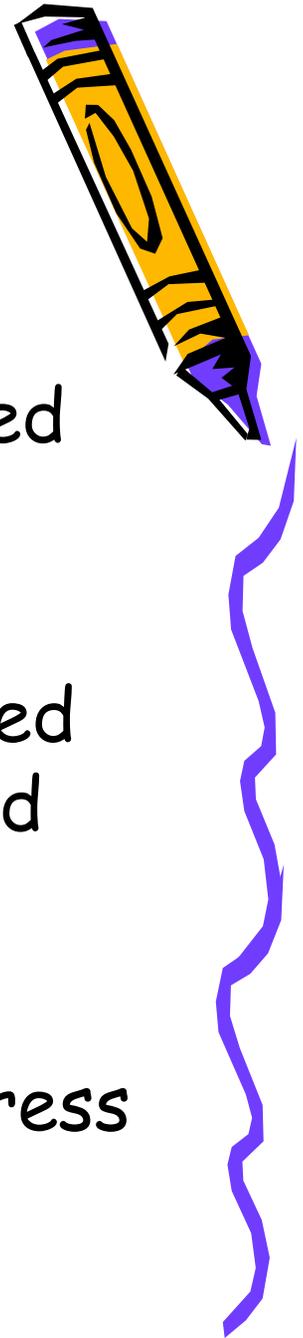
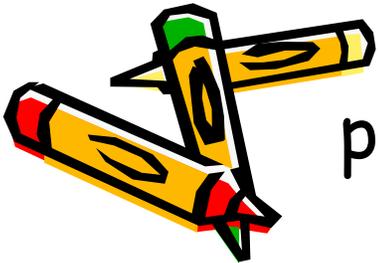


ISA-Progress Review/ BERS-2 Data Collection Process



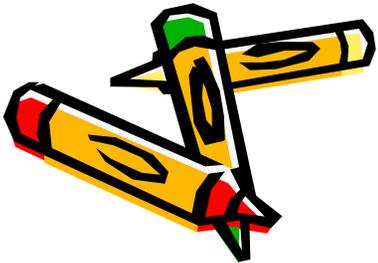
Retrieving BERS-2 Results

- Results from each ISA client's completed Progress Review/BERS-2 reports are available in the CPRS system.
- If your system administrator has granted you access to the CPRS, you can view and print client Progress Review/BERS-2 reports yourself.
- Otherwise, the person who enters Progress Review data for your MHO can provide a printout or PDF document.



Sharing Results

- It is important to share the results of the child's progress reviews and BERS-2 measurements periodically with the family, and child if appropriate. This can be done individually or in the Child and Family Team setting.
- Upgrades to the CPRS system will provide the opportunity to show progress tracked over successive quarterly reviews.



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