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# *Data-Driven Care:* Integrating Research to Enhance CCBHC Care and Sustainability

**Rm Code 4003**


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# Disclosure to Learners

2026 Texas Council Conference

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# Successful Completion

To successfully complete this activity, you must:

- Miss no more than 15 minutes of the activity or each session.
- Complete and submit the post-activity evaluation.

# Continuing Education

Continuing education is approved for these professions:

- Nurses (NCPD)
  The Texas Department of State Health Services Continuing Education Program is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.

  The Texas Department of State Health Services Continuing Education Program has designated a maximum of 6.00 contact hours of Nursing Continuing Professional Development.

  This activity is a Joint Providership between The Texas Department of State Health Services Continuing Education Program and Texas Council of Community Centers.

TEXAS Health and Human Services

Texas Department of State Health Services

# Continuing Education

Continuing education is approved for these professions:

- Licensed Psychologists (LP)
- Physicians (CME)
  This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Texas Medical Association (TMA) through the joint providership of The Texas Department of State Health Services Continuing Education Program and Texas Council of Community Centers. The Texas Department of State Health Services Continuing Education Program is accredited by TMA to provide continuing medical education for physicians.

  The Texas Department of State Health Services Continuing Education Program designates this live activity for a maximum of 6.00 *AMA PRA Category 1 Credits*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

TEXAS Health and Human Services

Texas Department of State Health Services

# Commercial Support & Disclosure of Conflict of Interest

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No speakers nor planning committee members for this educational activity have financial relationships to disclose.

# Non-Endorsement Statement & Off Label Use

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The speakers did not disclose the use of products for a purpose other than what it had been approved for by the Food and Drug Administration.

# Introductions

# Kyle Blidy, PhD, PMP

Education

- Bachelor's degree in Psychology and Sociology, *magna cum laude*
- Master's degree in Neuroscience and Education with *hons*
- PhD in Biomedical Sciences

*Pre*-Metrocare:

- Two years of crisis counseling
- Five years of research experience focused on treatments for neuropsychiatric ailments
  - Identifying neural profiles that predict therapy response among individuals with PTSD and/or SUDs;
  - Examining how the brain reacts to subconscious threat and whether oxytocin can reduce these reactions in individuals with cocaine use disorder; and
  - Investigating how the brain creates rewarding memories among individuals with PTSD who struggle to feel joy (e.g., social anhedonia).

  - **Goal** - Identify moderators of treatment effectiveness across trauma-related conditions to support personalized medicine

# Erin Kaszynski, PhD, LPC-S

## Education

- PhD in Counselor Education & Supervision, *Emphasis Multicultural Counseling*
- Master's degree in Counseling, Community-based focus

## Counseling, Mental Health education and Leadership Experience:

- Over 14 years experience with Counseling Services across settings: Community outpatient, residential inpatient addiction treatment, private practice, higher ed, and K-12.
- Over 9 years as Mental Health Trainer and Counselor Educator (professor)
- More than 8 years experience in mental/behavioral health administrative leadership and program development, evaluation and management roles in both community and education settings

# Learning Objectives

By the end of this presentation, participants will be able to

- **Explain** how longitudinal client data collection can support treatment adjustment and decision making.
- **Describe** how research integration can support organizational sustainability and program evolution.
- **Apply** practical strategies to integrate research workflows into a CCBHC setting.

# What is Metrocare?

# Our Mission

To serve our neighbors with developmental or mental health challenges by helping them find lives that are meaningful and satisfying.

In Fiscal Year 2025, we served **50,861** unique children, teens, and adults. This resulted in **3,382** clinical encounters daily.

# Our Services

Metrocare provides comprehensive care across every stage of life

## Mental Health

Comprehensive mental health care, including psychiatric evaluations, counseling, medication management, crisis intervention, substance use, and supportive programs **for adults, children, teens, veterans, and families.**

## IDDiversity

Support for individuals with **intellectual and developmental disabilities (IDD)** through early childhood intervention, autism programs, behavior treatment plans, and vocational services.

## Housing

**Housing and homeless outreach** through permanent supportive housing, case management, and community-based programs to help individuals achieve stability and independence.

# Mental Health

## Pharmacy

- Five center-based pharmacies in Dallas
- One pharmacy in Central Texas

## Service Overview

- Diagnostic evaluations
- Psychiatric medications
- Therapy (CBT)
- Case management
- Skills training
- **Care coordination**
- Clinic and community-based service delivery
- Individual and group intervention

Walk-in and scheduled appointments available.

## Substance Use

- Intensive Outpatient Programs
- Youth and Adult Medication-Assisted Treatment (MAT)

## Crisis Services

- Peer Warmline
- **24/7 Crisis Hotline: (214) 743-1215**
- Mobile Crisis Outreach Teams


# Military & Veteran Services

- Serving active-duty service members, veterans (regardless of discharge status), and their families, across North Texas.
- **The Steven A. Cohen Military Family Clinic (Cohen Clinic):** In-person and telehealth therapy for post-9/11 individuals, couples, families, and groups. Evidence-based treatment for depression, anxiety, PTSD, substance use, transitional challenges, and more. **In FY25, the Cohen Clinic initiated services for 1,063 individuals.**
- **Military Veteran Peer Network (MVPN):** Peer support, mentoring, resource referrals, and more. **In FY25, there were 3,672 MVPN participants.**

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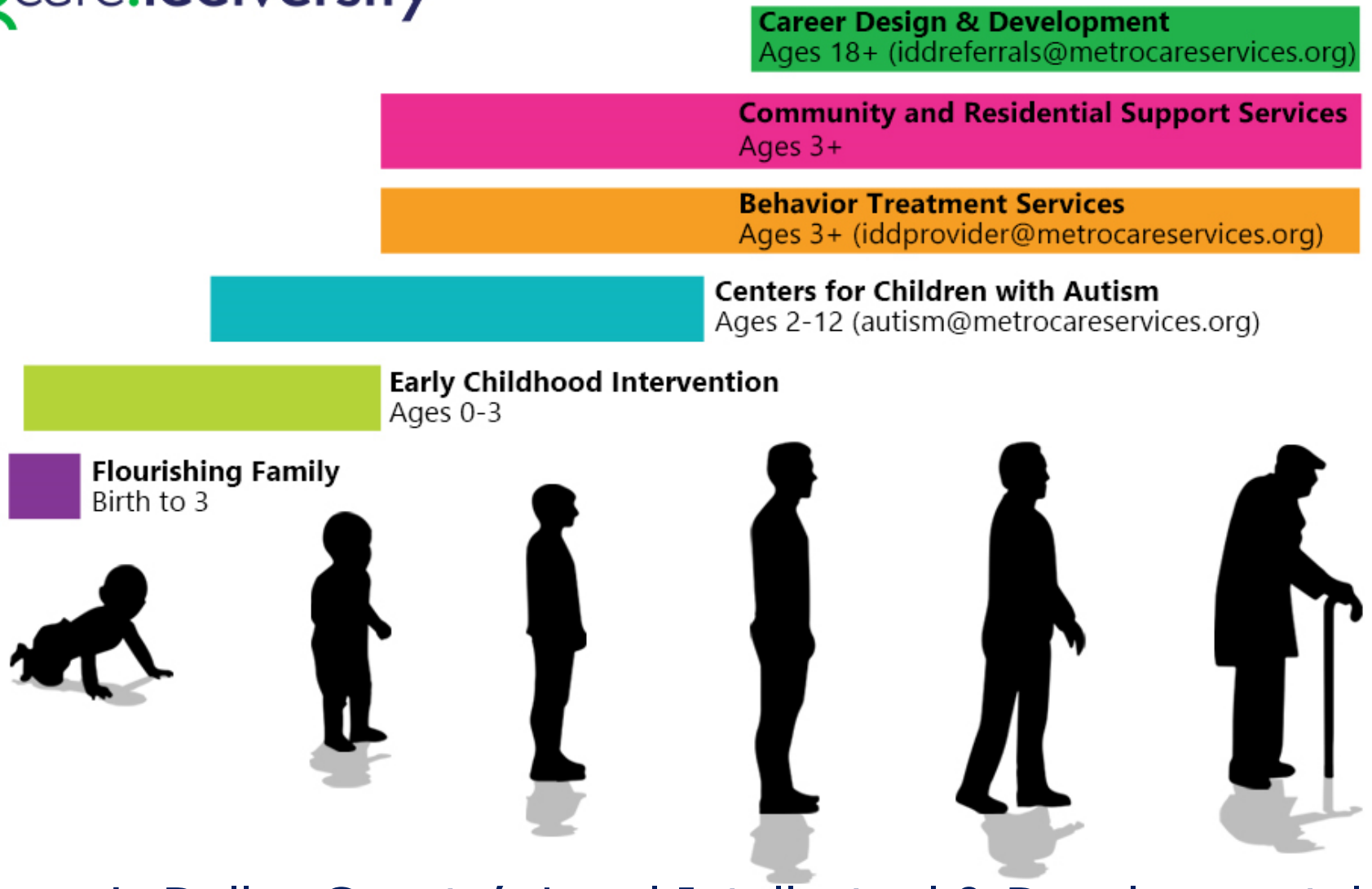


Metrocare is Dallas County's Local Intellectual & Developmental Diversity Authority (LIDDA). LIDDA determines eligibility for state funded services. This is separate from IDD programs offered within Metrocare

# Intellectual & Developmental Disabilities

Diagnoses we serve include:

- Autism Spectrum Disorder
- Intellectual Disabilities
- Developmental Disabilities
- Related conditions (e.g., cerebral palsy, epilepsy, traumatic brain injury)

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# The Altshuler Center for Education & Research (ACER)

# ACER: Three Pillars

## Training

- Student and post-graduate *experiential* learning ahead of professional licensure
  - physicians, psychologists, advanced nurse practitioners, social workers, behavioral analysts, counselors, marriage & family therapists, and *other* professionals pursuing careers in public mental health

***Did you know?***

- Texas faces the nation's most *severe* mental health workforce shortage, ranking 50th in access to mental health providers.
  - There **690** individuals for every **one** mental health provider
  - **~88%** of Texas counties are considered "*health professional shortage areas*" by the HRSA
  - **Over half** of Texas adults with mental illness receive no treatment (Reinert, Fritze, & Nguyen, 2024).

# ACER: Three Pillars

## Clinical Education

- Staff and community professional development modules to foster ongoing learning even among seasoned professionals
  - *integrating a trauma-informed approach to counseling practice with undocumented immigrants, refugees & asylum seekers*
  - *recognizing pica presentation, underlying causes, and applying evidence-based treatment strategies*
  - *how non-invasive brain stimulation works in the brain and its current FDA-approvals*

***Did you know?***

- Knowledge retention declines over time. Studies demonstrate only 50-75% professional knowledge is retained 24 months post-graduation (Albert et al., 2024; Bruno et al., 2007).

# ACER: Three Pillars

## Clinical Research

- Using real-world client data to drive the improvement of community mental health services
  - Program evaluation
  - Identifying social determinants of health
  - Implementation of innovative treatments or tools designed to improve wellbeing

***Did you know?***

- A seminal study discovered that the reproducibility of psychological research findings were only **36%** (based on $p < .05$ thresholds).
- Even among those that replicated, the mean effect size of the replication effects was **half** the magnitude of the mean effect size of the original effects (Nosek et al., 2015; Sakaluk et al., 2019).

# Academic vs "Real-world" Research

## *an issue of external validity*

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Results from controlled clinical trials do **not** always generalize to real-world settings (Zarbin, 2019) and reproducibility attempts are *highly* uncommon (Niemeyer et al., 2023)

# What are the differences?

## Academic

- investigate individuals who are "exceptions" to clinical profiles (e.g., SUD only) rather than the rule
- recruit a convenience sample of local residents (often urban metropolis)
- often recruit individuals who have not historically been harmed by science
- academics largely carry out the studies (may not routinely see clients in practice)
- frequently under-powered (Hengartner, 2018)

## Real-world

- individuals have severe and persistent MI / emotional distress *and* heterogenous co-occurring conditions (Chodankar, 2021)
- individuals from rural areas may also be included
- diverse representation (e.g., race, financial status, transportation access, education)
- clinicians offer insight to practice or care gaps (especially within vulnerable populations); aid in outcome interpretation
- CCBHCs offer expansive access to clients

# Role of research in CCBHC environments

- Research innovation bolsters reputation (Dogan & Arslan, 2024)
  - Even in non-university settings, publication quantity and quality are significantly and independently associated with better clinical outcomes (Shahian et al., 2022)
  - Elevated public perception drives interest and volume
- Research can be lucrative through grants
  - Foundation grants often support projects between $50-$500k
    - Establishing academic partnerships contributes to more competitive large-scale collaborative grants (including NIH grants, ≤ $2M)
      - Establishing academic partnerships also contributes to service visibility

# Short-term/Session-level Assessments in CCBHCs
# Clinical sustainability & Grant/revenue sustainability

- Service delivery can be improved: *client dropout, provider burnout*
  - Increasing the number or duration of psychotherapy sessions does not reliably translate to better clinical outcomes (Ciharova et al., 2024).
  - Measurement-based care (routine use of standardized client-reported outcomes to inform treatment), can improve symptom outcomes by supporting timely clinical decision-making (Forand et al., 2025).
    - Engaging clients in ongoing assessment and feedback processes has been associated with stronger *therapeutic alliance* and improved *treatment engagement* (Forand et al., 2025).
    - Clear indicators of client progress may contribute to reduced clinician **burnout** by reducing uncertainty in care delivery (Barber & Resnick, 2025).
  - Frequent assessment enables clinicians to identify early non-response, adjust treatment strategies, and reduce reliance on subjective clinical judgment, which is prone to bias, including overestimation of treatment effectiveness (Macdonald & Mellor-Clark, 2015).
- Service delivery grants can be more **competitive** with evidence of clinical impact and identification of moderating variables (*besides total* volume)

# Internal Studies Metrocare has Launched

# Program Evaluation Research: SPARC

- Over **20%** of adolescents aged 12-17 report a past-year MDE, a figure that has not abated since the COVID-19 pandemic (SAMHSA, 2021, 2023).
- **Texas** adolescents have a *66% higher rate of past year attempted suicides* than the national average (Texas Department of State Health Services, 2018).
- U.S. Surgeon General, Vivek Murthy, issued a call to action to address youth mental health in December of 2021.
- **SPARC**: Suicide Prevention and Resilience in Children program
  - Developed at University of Texas Southwestern (UTSW) and Children's Health
  - Combines EBTs, including CBT, DBT, mindfulness-based CBT, and relapse-prevention CBT, delivered over 4–8 weeks
  - Youth receive 3hrs of group therapy 2x/wk.; 1hr of individual therapy 1x/wk.; 1hr of family therapy 1x/wk.
    - Despite incorporating evidence-based therapeutic ingredients, *SPARC has received little research attention as a collective program*
    - SPARC at Metrocare is at risk of *not (or curtailing services)* because funding has ended

# Program Evaluation Research: SPARC

- What is known:
  - high tolerability and utilization: nearly 80% of enrollees completing the program and reporting high satisfaction (Emslie, 2017).
  - reductions in depressive symptoms and suicide risk, as well as a 6-month suicide re-attempt rate of 8.4%, substantially lower than national averages (Children's Health, 2024; de la Torre-Luque et al., 2023).
- Present study's aims:
  - **Aim 1**: Evaluate whether participation in the SPARC program reduces depressive symptoms (QIDS-A16-SR), suicide risk (CHRT-SR14), and improves caregiver-child agreement on the child's symptoms (QIDS-SR16).
  - **Aim 2:** Examine whether greater treatment exposure is associated with greater symptom improvement.
  - **Aim 3:** Identify baseline predictors of treatment dropout.

# Faith-Based REBT Delivered in Groups

- Compared to *one-third* of the general population, *86%* of incarcerated men report experiencing **three or more types of trauma** before incarceration.
  - Virtually *all* inmates retrospectively report at least one traumatic event (Morrison et al., 2019; Pettus et al., 2023; ISTSS, 2024).
- Individuals with a Hx of incarceration have a **ten-fold** increase in post-traumatic stress disorder (PTSD) rates compared to the general population (3-6% vs 30-60%; Wolff et al., 2014; Schappell et al., 2016).
- One robust and modifiable protective factor for PTSD is social support (how individuals perceive others as available to provide guidance, acceptance, and tangible aid during times of need; Scoglio et al., 2022).
  - Yet, gold-standard interventions are frequently offered individually

# Faith-Based REBT Delivered in Groups

- PTSD **disproportionately** affects non-White individuals (Cruz-Gonzalez et al., 2022)
  - Yet, gold-standard treatments (e.g., CPT, PE) tend to yield *poorer* outcomes for BIPOC individuals than for White individuals.
  - Extant treatments do not address *discrimination-related stress*, which is associated with more pronounced and chronic PTSD symptoms (Williams, Haeny, & Holmes, 2021).
  - REBT's active and directive style aligns well with the preferences of BIPOC individuals, who often favor direct, solution-focused therapies (Sapp et al., 1998).
  - Group emphasizes present concerns without processing traumatic memories, which may be an enticing initial option for individuals with high levels of avoidance (Fala et al., 2016).

# Faith-Based REBT Delivered in Groups

- Designed for BIPOC individuals with a history of incarceration *and* current PTSD, FB-REBT has **3 pillars of novelty:**
  - Group/peer support
  - Emphasis on stress reduction not limited to index event
  - Religious integration

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**Aim 1a**. Compare treatment modality (FB-REBT vs. treatment as usual) in terms of their ability to mitigate PTSD symptoms.

**Aim 1b.** Analyze specific time points during FB-REBT treatment where efficacy in mitigating PTSD symptoms plateaus.

**Aim 2**. Compare treatment modality (FB-REBT vs. treatment as usual) in their ability to bolster the level of perceived social support.

**Aim 3.** Examine attrition patterns and their relationship with symptom change scores.

# Analysis of TIC and ProQOL Among Metrocare Staff

- Trauma is ubiquitous among clients served in community health settings.
- TIC provides an organizational and clinical framework that recognizes trauma's pervasive effects, actively aims to prevent re-traumatization, and promotes healing through principles such as safety, trustworthiness, autonomy and collaboration, empowerment, and cultural sensitivity (Bassuk et al., 2017; Menschner & Maul, 2016).
- It is our responsibility to train staff in TIC and trauma informed intervention.
  - While training exists, it is time limited and advanced or specialized training is related to your role at Metrocare. Using the SAMSHA's Model, we developed advanced TIC training.
- We will conduct *advanced* TIC training with staff members across the agency. Using the TICOMETER and Professional Quality of Life [ProQOL] scale, we will measure the perceived organizational cultural impacts and improvements in ProQOL as an outcome of advanced TIC training.

# Analysis of TIC and ProQOL Among Metrocare Staff

- **Aim 1**: Assess the extent of TIC implementation across Metrocare clinics and examine how *individual* staff characteristics and *clinic-level* factors contribute to organizational TIC, as measured by the TICOMETER.
- **Aim 2.** Determine whether pre-post training gains in organizational TIC practices are correlated with improvements ProQOL.
- **Aim 3a:** Evaluate whether a TIC training program tailored to social service providers leads to improvements in organizational TIC ratings and reported ProQOL.
- **Aim 3b.** Evaluate whether a TIC training program tailored to social service providers affects organizational ratings of TIC and Professional Quality of Life sustained *one year* after training.

# External Studies Metrocare has Supported

Recent work demonstrates the value of embedding researchers in community mental health settings to implement simple, scalable measures and translate data into actionable insights (Field et al., 2025).

# FOCUS Bipolar: *UTSW-Metrocare*

- FOCUS Bipolar is an early identification pathway for youth ages 7-21 who have a biological parent with bipolar disorder.
  - These youth are at elevated risk for mood and related mental health concerns, but current systems generally do not have a structured way to identify, monitor, or support them before symptoms become severe.
- FOCUS does not diagnose or treat bipolar disorder in youth. Instead, it creates a pathway for identifying current areas of mental health concern and communicating screening results clearly so families and clinicians can decide what follow-up is appropriate.
- Study proposal submitted to *TX Health Community Impact*

# Playful Learning Landscapes: *UT Dallas-Metrocare*

- Mental and behavioral health (MBH) conditions affect approximately 1 in 5 children under 18 in the United States every year (Saidinejad et al., 2023) and are associated with **disruptions** in *language development*, *school readiness*, and *long-term educational attainment* (Whitney et al., 2019; Shulman et al., 2024).
- Despite this, **outpatient clinic waiting areas remain largely unstructured and underutilized**, representing a missed opportunity to support family engagement and early learning.
- *Goal*: Investigate how embedding playful learning in a pediatric outpatient waiting room impacts educational outcomes among families at risk for MBH conditions.
- Study proposal submitted to *Spencer Small Research Grants on Education Program*

# Building Research Infrastructure

# History of ACER

- The Altshuler Center for Education and Research (ACER) was established in 2014, through a collaboration between Metrocare Services and UT Southwestern Medical Center.
- Named for renowned UTSW psychiatrist, Kenneth Altshuler, ACER was developed to serve as a clinical education, workforce and research training hub.
- Dr. Carol North, an international leader in shaping the science of disaster mental health, served as Medical director until 2021.

# Evolution of ACER

- Expansion of Internship Programs
- Implementation of accredited continuing education programming
- Adoption of Workforce training focused on soft skill and leadership development
- Developing formal Research Office with clearly defined focus
  - Continued support for external research recruitment
  - Expanding research and grant collaborations
  - Shifting Institutional Review Board’s focus to IRB of Record for internal projects

# Nuts & Bolts of an IRB

- Develop Diverse **IRB members**
  - 5 members: 1 scientific, 1 non-scientific and 1 community member
  - Members should be qualified to assess *safety, ethical, and scientific merit* of proposals
  - Reviewers should have knowledge of vulnerable populations
  - All members should have adequate human ethics training
  - Policy for handling Conflicts of Interest (COIs) among board members
- Board must be **registered** with the Office for Human Research Protections (**OHRP**) and **complete a Federal Wide Assurance** (FWA)
  - Written agreement with the U.S. Department of Health and Human Services (HHS) agreeing to comply with federal regulations (45 CFR 46) for protecting human research subjects

# Nuts & Bolts of an IRB

- Establish detailed **written operational procedures** that the IRB will follow for submission review, as required by the HHS/FDA regulations and with 45 CFR 46 and/or FDA 21 CFR 56
- Clear plan for **proposal submission**
  - Protocol, consents, surveys/assessment instruments, recruitment material, investigator credentials and training evidence; data storage/management
- Definitive plan for **renewals, modifications and incidents**
- Plan for storage and management of the submissions
  - *Cloud-based data administrative software like Cayuse support management, organization and fidelity to your procedures*

# Associated Costs

- **FWA Costs**
  - Filing and Renewing FWA is free
  - Development time from institutional official to create policies that align with 45 CFR 46; ensuring organization will fulfill ethical principles

- **Establishing and Maintaining IRB**
  - Infrastructure development and management
  - IRB Administrator (coordinator, specialist)
    - IRB time and training, investigator training
  - Legal consultation
  - *Consider using an external/commercial IRB*

# Concluding Remarks

# References

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# Thank you!

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