DHS Requires Standardized Outcome Measures and Level of Care Determinations for Children’s Mental Health

TOPIC
Beginning July 1, 2009, children’s mental health service providers will be required to complete standardized outcome measures for all children receiving clinical services. The Child & Adolescent Service Intensity Instrument (CASII) or the Early Childhood Service Intensity Instrument (ECSII), and the Strength & Difficulties Questionnaire (SDQ) will be utilized for intake, periodic review, and discharge planning.

PURPOSE
To inform counties, providers and state contracted managed care organizations of the new requirements for completing standardized measures for outcome reporting as well as for level of care determinations.

CONTACT
Patricia Nygaard, Children’s Mental Health Division  
651-431-2332 pat.nygaard@state.mn.us

SIGNED

L. READ SULIK, M.D.  
Assistant Commissioner  
Chemical and Mental Health Services
BACKGROUND
The policy changes described in this bulletin come from several years of work by the Minnesota Mental Health Action Group (MMHAG). The Minnesota Mental Health Action Group, formed in 2003, was a coalition of people and groups who were working on mental health reforms, led by a core group of influential public and private sector leaders who have vision and leadership roles within their own constituencies to effectively champion change.

In 2004, MMHAG created and directed the Quality and Performance Work Group to identify strategies to ensure that consumers and families have access to credible, comparable quality information to guide them in choosing a mental health provider and evaluating the care and services they receive. The group recommended two major strategies:

- identify standardized outcome measures for statewide use across the public and private sectors, and
- develop a coordinated statewide evaluation system

STANDARDIZED OUTCOME MEASURES
The Quality and Performance Workgroup completed an extensive review of outcome measures for children and adolescents and directed the Children’s Mental Health Division to pilot two outcome tools. The purpose of the pilot was to test the clinical usefulness of the measures, their ability to assess effectiveness of services and improved outcomes, and the feasibility of using the two instruments across the public and private sectors as part of standard practice.

The two measures are the Child & Adolescent Services Intensity Instrument (CASII) and the Strengths & Difficulties Questionnaire (SDQ). The Early Childhood Service Intensity Instrument (ECSII) will be utilized with the SDQ for children under the age of 6 years. These tools were selected to use together, as the SDQ picks up general symptoms and developmental assets, while the CASII/ECSII evaluates the overall functioning of the child across settings.

The children’s pilot began in the fall of 2006. Participants continued to be enrolled up through January of 2007. The participating entities were a combination of 30 county agencies, private provider agencies, collaboratives and community mental health centers. Data on more than 3,000 children and adolescents were collected over the life of the pilot through December 2007. In addition to the data collected from the outcome tools, surveys were sent to all participating clinicians to gather input regarding the utility and accuracy of the information provided from the tools. In January 2008, the Minnesota Department of Human Services (DHS) issued a summary report which served as a basis for the Quality and Performance Workgroup to recommend that these tools be adopted for statewide use. The Minnesota Council of Health Plans has endorsed the requirement for the use of these outcome measures for private sector recipients of children’s mental health services as well.

COORDINATED STATEWIDE EVALUATION SYSTEM
The Minnesota Department of Human Services, with funding from the Centers for Medicare and Medicaid Services, began the development of an outcome measurement system in 2007. The system will eventually be part of a larger performance management system for all children’s mental health services. The first phase of the system will allow for the scoring and reporting on
the Child & Adolescent Service Intensity Instrument (CASII) and the Strengths & Difficulties Questionnaire (SDQ). This phase is scheduled for completion April 30, 2009. Providers will access the system through MN-ITS, the Minnesota Department of Human Services (DHS) billing system for Minnesota Health Care Programs (MHCP). Statewide training and implementation will take place through the summer and fall of 2009.

LEVEL OF CARE SCREENING FOR RESIDENTIAL PLACEMENTS

The 2005 Legislature enacted a statewide requirement for a level of care determination prior to admission into children’s mental health inpatient and residential treatment programs effective July 1, 2006. The legislation amended the Minnesota Comprehensive Children’s Mental Health Act, Minnesota Statute, section 245.4885, sub. 1. The legislation states “the county board shall, prior to admission, except in the case of emergency admission, determine the needed level of care for all children referred for treatment of severe emotional disturbance in a treatment foster care setting, residential treatment facility, or informally admitted to a regional treatment center if public funds are used to pay for the services. The county board shall also determine the needed level of care for all children admitted to an acute care hospital for treatment of severe emotional disturbance if public funds other than reimbursement under chapters 256B and 256D are used to pay for the services.”

Minnesota Statute, section 245.4885, sub. 1 directs DHS to approve a validated tool which “assesses a child's functional status and assigns an appropriate level of care” for use in level of care determinations. The data gathered from the pilot suggest that the CASII is a very useful tool to aid treatment teams in understanding youth and family service needs and in selecting a treatment setting appropriate to those needs. Thus it seems the most appropriate tool to be included in the assessment process for determining out-of-home placement decisions.

Effective February 2009, the commissioner of the Minnesota Department of Human Services has established the Child & Adolescent Service Intensity Instrument (CASII) as the approved tool for determining level of care. Counties that have not already adopted this tool are encouraged to do so. Beginning in January 2009, MCOs must use the CASII in developing recommendations regarding the need for children’s mental health residential treatment.

The CASII should also be repeated periodically for children while in treatment as part of the way facilities, counties and health plans assess the need for continued residential treatment. The Early Childhood Service Intensity Instrument (ECSII) should be used for children under the age of 6 years. These requirements are more specifically addressed in bulletin # 08-53-03, “State Contracted MCO Coverage for Children’s Mental Health Residential Treatment”:
http://www.dhs.state.mn.us/dhs16_143801.pdf

FUNCTIONAL ASSESSMENTS AS PART OF CASE MANAGEMENT SERVICES

Child mental health case management services (Minnesota Statute, section 245.4871) include assisting in obtaining a comprehensive diagnostic assessment, if needed, developing a functional assessment, developing an individual family community support plan, and assisting the child and the child's family in obtaining needed services by coordinating with other agencies and assuring continuity of care. Case managers must assess and reassess the delivery, appropriateness, and
effectiveness of services over time. The Child & Adolescent Service Intensity Instrument (CASII) is an excellent tool to evaluate a child’s overall functioning; however, it is not to be as a stand-alone measure of eligibility. Determination of eligibility for case management services must be based on a diagnostic assessment. For children younger than 6 years of age, the Early Childhood Service Intensity Instrument (ECSII) should be utilized to evaluate overall functioning. This is part of the children’s mental health case manager role as specified in bulletin # 09-53-01, “DHS Updates Targeted Case Management Services”:
http://www.dhs.state.mn.us/dhs16_143920.pdf

Overview of CASII (Child & Adolescent Service Intensity Instrument):
- The CASII (American Academy of Child and Adolescent Psychiatry, 2005) is an 8-item instrument designed to objectively determine the service needs of children and adolescents.
- Mental health providers rate clients on 8 dimensions: Risk of Harm, Functional Status, Comorbidity, Environmental Stress, Environmental Support, Resiliency, Child/Adolescent’s Acceptance and Engagement in Treatment, and Parent’s Acceptance and Engagement in Treatment.
- Each dimension has five levels that form scales from 1 (low or minimum problem area) to 5 (extreme problem area). Higher numbers indicate higher levels of problems or lower levels of strengths.
- In addition to ratings on each dimension, the CASII provides a Composite Score and Level of Care recommendation. The CASII’s recommendations for level of care range from 0 (Basic Services for prevention and maintenance) to 6 (Secure, 24-hour services with psychiatric management).

Overview of ECSII (Early Childhood Service Intensity Instrument):
- The ECSII (American Academy of Child and Adolescent Psychiatry, 2006) is designed to objectively determine intensity of service need for infants, toddlers, and children from ages 0-5 years.
- Each domain has five levels that form scales from 1 (low or minimum problem area) to 5 (extreme problem area). Higher numbers indicate higher levels of problems or lower levels of strengths.
- A sixth domain— The Services Profile Domain is intended to provide insight as to whether current services match up to the child and family needs and inform providers how they can better shape services to improve outcomes.
- The Services Profile includes three subscales: Involvement in Services (rated for Caregiver(s) and the Child); Services Fit; and Service Effectiveness.
- The ECSII yields a single level of service intensity score from Level 0 (basic health care) to Level V (full support) which guides providers and caregivers in selecting appropriate services at the appropriate intensity.
Overview of SDQ (Strengths & Difficulties Questionnaire):

- The SDQ (Goodman, 1997) is a brief behavioral screening questionnaire that is separated into two sections.
- The first section has 25 items listing 25 attributes, some positive and some negative, which are divided into five scales of five items each. The five scales include Emotional Symptoms, Conduct Problems, Inattention-Hyperactivity, Peer Problems, and Prosocial Behavior. A Total Score is comprised of the Emotional Symptoms, Conduct Problems, Inattention-Hyperactivity, and Peer Problems subscales. The second section is comprised of 7-9 questions and creates an Impact score that assesses the impact of symptoms on the child and the child’s family or school environment. Earlier versions of the SDQ forms and scoring materials did not include the Impact scale. Thus the Impact Score was not included in much of the data.
- The SDQ can be completed by parents, teachers, or the child and there are separate versions for each.
- There are also different SDQ forms based on the child’s age. The same attributes are measured on each form, although the wording and examples of behaviors vary.
- The SDQ has been standardized on several populations, allowing scores to be classified into categories by the probability that a significant problem exists in a specific area. Scores are categorized into three levels of probability: Normal (score falls in the 0-79th percentile), Borderline (score falls in the 80th -89th percentile), and Abnormal (score falls in the 90th -100th percentile).

TRAINING

Two CASII/SDQ training sessions have been scheduled. One session will be held in St. Paul on May 29, 2009. The second will be held in Rochester on June 12, 2009. DHS will provide training materials. There will be no charge to participants. Each session will be limited to 40 trainees. It is imperative that trainees be accompanied by their respective clinical supervisors. Clinical supervisors’ attendance is required for the following reasons:

- The interpretation of these instruments (CASII & SDQ) requires a considerable amount of clinical judgment. While case managers or others may be helping to collect some of this information, it is critical that the clinical supervisor be involved in the scoring and interpretation of the results.
- DHS is utilizing a train-the-trainer model. It will be important that the individuals with the clinical expertise become trainers for their respective agencies/catchment areas.

If you are interested in attending a training session, please contact Pat Nygaard at: pat.nygaard@state.mn.us.

Special Needs

This information is available in other forms to people with disabilities by contacting us at (651) 431-2321 (voice). TDD users can call the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.