FAQs: Children’s Mental Health Targeted Case Management (CMH-TCM) Transition to Outcome Reporting

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Previously, Adult Mental Health Targeted Case Management (AMH-TCM) transitioned to outcome reporting. Now, Children’s Mental Health Targeted Case Management (CMH-TCM) will do this same transition. Specific measures will include employment and housing. These Frequently Asked Questions (FAQs) will address common questions to prepare CMH-TCM providers (counties, tribes and contracted vendors) for this change.

1. **When will the CMH TCM transition to outcome reporting begin?**

July 1, 2018. CMH-TCM providers (counties, tribes and contracted vendors) are invited to begin collecting transition-aged youth (13-18 years old) individual-level data on **July 1, 2018** with the first report due on/near January 1, 2019 and every 6-months thereafter (6 month cycle).

2. **Will DHS’ Mental Health Division provide a survey or tool for case managers to collect data on the outcome measures from people on their caseload?**

No. The Mental Health Division won’t create specific surveys or tools necessary to collect the data. It’s recommended case managers document the current status, level of functioning (strengths/impairments) and link to mental health in the vocational and housing domains in each child’s Functional Assessment (FA). Providers are encouraged to develop their own policies and procedures for data collection. There’s no mandatory method for data collection and it will be important to ensure case managers are trained on how to gather information for this change from their agency/organization.

Case managers may ask children and families about the child’s employment and housing choices when as part of the initial FA and reassessment/update process, specifically within the vocational and housing domains. Additional guidance on engaging children and families in discussion on employment goals is available on the Minnesota Health Care Programs’ Provider Manual page for Functional Assessments.

3. **Will DHS’ Mental Health Division provide training to case managers on how to change their practice or how they work with people?**

No. No training is planned for case managers on how to collect data required. There’s no mandatory method for data collection and it will be important to ensure case managers are trained on how to gather information for this change from their agency/organization.
4. Do case managers need to complete a reassessment or FA update on July 1, 2017 for existing clients to comply with this change?

No. Implementation begins on July 1, 2018. If the FA is used as the data collection tool, each FA completed on and after July 1, 2018 will need to collect data on the new measures.

5. Do CMH-TCM providers (counties, tribes and contracted vendors) need to report data for people that terminate services before an initial FA can be completed or updated following the July 1, 2017 implementation date?

No.

6. Do CMH-TCM providers (counties, tribes and contracted vendors) need to collect/report data for a person that receives services temporarily or closes services abruptly?

Yes. If the person is open to case management for longer than 30 days, following the implementation date (July 1, 2018), this necessitates data collection/reporting. An example of this is when the person becomes disenrolled from their health plan and the county provides services temporarily until they’re re-enrolled in their health plan and for longer than 30 days (which requires an initial FA).

7. What if my agency chooses another assessment tool or data collection methodology (outside of the FA)?

If your agency isn’t going to use the FA as a benchmark/data collection tool you’ll want to describe this in a policy/procedure. Minimally, the policy/procedure will address:

- How case managers or your agency/organization collects employment/housing data for CMH-TCM recipients.
- Intervals at which data collection occurs.
- How your agency/organization addresses unplanned closures/terminations.
- When a person endorses the desire to make a change in employment or housing how this is integrated into the Individual Family Community Support Plan (IFCSP).

8. For people receiving Youth Assertive Community Treatment (Y-ACT) from the same provider, will the case manager still need to collect this data?

For MHIS users, you’re able to report up to 5 mental health services simultaneously. What this means is that you’ll gather data internally and submit it for all of the mental health programs (Y-ACT, CMH-TCM, etc.) you provide to each person. This will eliminate duplicative efforts within your agency.

For SSIS users, you’ll report CMH-TCM outcomes into SSIS. If you provide multiple mental health services like Y-ACT, etc., you will have to do duplicate data entry into MHIS for any of these other, mental health services for data entry.
Each county, tribe and contracted vendor may choose which system they’d like to report into. DHS is accommodating both MHIS and SSIS users by integrating CMH-TCM data elements into both systems to help with the transition to outcome reporting and based on provider feedback/request.

9. **What training and technical assistance is DHS’ Mental Health Division offering?**

Training and technical assistance is available. Training won’t cover how each case manager will interview people on their caseload to collect necessary information as this process is determined by each CMH-TCM provider (counties, tribes and contracted vendors).

10. **Where does data need to be reported?**

MHIS or SSIS. Each county, tribe and contracted vendor may choose which system they’d like to report into.

11. **When is training offered by DHS?**

If your agency will report data into MHIS:

- May 31, 2018
  10:00-11:30pm
  Join by phone
  8443020362 US Toll Free
  +1 2065960378 US Toll
  Meeting password: outcome

If your agency will report data into SSIS:

- June 27, 2017:
  1:00-3:00pm.
  Call in information to be sent out via govdelivery

  SSIS will provide updates in the future. These updates will be communicated regularly.

  Additional SSIS training includes:
  - More training for SSIS may be scheduled based upon demand/need.

12. **How and when will updates and information be communicated to MH-TCM providers (counties, tribes and contracted vendors) for the transition to outcome reporting?**

Through the Mental Health Division’s ListServ. You can e-mail specific concerns, feedback and questions to: DHS.MHTCMoutcomes@state.mn.us
You’re strongly encouraged to subscribe to this mailing list on the [Children's Mental Health: news, initiatives, reports, workgroups](#). Follow instructions to “Sign Up for the Mental Health News mailing list.”

**Regular communication and updates are provided** on this transition is the monthly, Mental Health Information System (MHIS) User Calls/WebEx series. These monthly meetings are scheduled on the 2nd Thursday of each month from 10:30am-11:30am.

The next meeting that will provide an update on changes will occur on **Thursday, May 31, 2018** and is scheduled from 10:00am – 11:30 am. More information on the MHIS User Calls is on the [Mental Health Information System (MHIS) Technical Assistance](#) website.

13. **Is there guidance available on the outcomes CMH-TCM providers (counties, tribes and contracted vendors) will report on?**

Yes. Please see the MHIS technical assistance link noted in question #12. You can view an example and sample of measures by looking at the [MHIS Data Quick Sheet](#) under “Resources”. When you open the Quick Sheet a number of items are highlighted in grey. Many of these same items will be required for CMH-TCM outcome reporting.

If your organization doesn’t already subscribe to the Mental Health Division’s mailing list, you’re strongly encouraged to subscribe by following instructions in question/answer #12.

14. **Is there a list of the data elements for inclusion in my agency’s electronic health record?**

Electronic Health Record (EHR) data elements are located by following these directions.

- Go to the [MHIS User Manual](#)
- Choose “5. Client Data Elements” on the left-hand column of your screen. This is a drop-down menu.
- You’ll want to look @ “5.2 Batch Submission Requirements; 5.2.1 Record Layout & 5.2.2 Text File Requirements.”

These data elements are up-to-date for the current reporting period so they’ll be updated for the reporting period that begins on July 1, 2017 in the near future.

15. **Who’s responsible for financing costs associated with this change?**

Providers will finance any expenses associated with this change as it requires modifications to EHRs and training case managers on new policies, procedures and protocols. DHS will finance costs associated with the changes and infrastructure necessary in MHIS and SSIS.

16. **Who is responsible for reporting data and what is the target audience?**

DHS requests CMH-TCM lead agencies’ participation to report on employment and housing-related outcomes and other measures.
17. Why is CMH-TCM transitioning to outcome reporting?

Minnesota’s Olmstead Plan. CMH-TCM providers (counties, tribes and contracted vendors) are requested to report on employment and housing-related outcomes under Minnesota’s Olmstead Plan, informed choice initiative.

Most importantly, we want to help people live their best life and realize their full potential. All people deserve to live with who they want to live with, where they want to live and have equal access to competitive employment. Recovery and resiliency goals must be balanced with the health and safety of the person and community.

Here’s the corresponding employment and housing-related goals in Minnesota’s Olmstead Plan that includes people receiving disability services, housing with services, ACT and ARMHS:

**Goal:** By June 30, 2019, the number of people with disabilities who live in the most integrated housing of their choice where they have a signed lease and receive financial support to pay for the cost of their housing will increase by 5,547 (from 6,017 to 11,564 or about a 92% increase).

**Annual Goals** to increase the number living in the most integrated housing:
- By June 30, 2015, the number will increase by 617 over baseline
- By June 30, 2016 the number will increase by 1,580 over baseline
- By June 30, 2017 the number will increase by 2,638 over baseline
- By June 30, 2018 the number will increase by 4,009 over baseline
- By June 30, 2019 the number will increase by 5,547 over baseline

**Goal:** By June 30, 2020, of the 50,157 people receiving services from certain Medicaid funded programs, there will be an increase of 5,015 or 10% in competitive, integrated employment.

**Annual Goals** to increase the number in competitive, integrated employment
- By June 30, 2017, a data system will be developed.
- By June 30, 2017, the number will increase by 1,500 individuals
- By June 30, 2018, the number will increase by 1,100 individuals
- By June 30, 2019, the number will increase by 1,200 individuals
- By June 30, 2020, the number will increase by 1,200 individuals

There’s additional data that CMH-TCM providers (counties, tribes and contracted vendors) will continue to report on, unrelated to Minnesota’s Olmstead Plan. The legislature directed DHS to track and analyze expenditures and outcomes for Adult Mental Health Initiative (CMHI) and Community Support Program (CSP) grants. To replace the current spreadsheet, DHS has added (1) question into MHIS about the granting funding source and (2) similar grant funding indictors into SSIS, which are mandatory starting July 1, 2017. More information about this change is available by contacting cortney.jones@state.mn.us.
There’s an initiative unrelated to Minnesota’s Olmstead Plan called the Human Service Performance Management System. The goal of this project is to develop outcome measures and build a performance management system to monitor the outcomes for adult and children’s mental health. More information about this change is available on the Human Services Performance Management System webpage.

18. What about Children’s Mental Health Targeted Case Management (CMH-TCM)?

CMH-TCM outcome reporting, 13-18 y-o is the chosen age range for transition-aged youth to align with other data collection methodology (such as MnCHOICES assessments).

19. What is meant by “informed choice?”

Informed choice includes:
   a. informing individuals through appropriate modes of communication, about the opportunities to exercise informed choice, including the availability of support services for individuals who require assistance in exercising informed choice;
   b. assisting individuals in exercising informed choice in making decisions;
   c. providing or assisting individuals in acquiring information that enables them to exercise informed choice in the development of their individualized plans with respect to the selection of outcomes, supports and services, service providers, the most integrated settings in which the supports and services will be provided, and methods for procuring services;
   d. developing and implementing flexible policies and methods that facilitate the provision of supports and services and afford individuals meaningful choices;
   e. ensuring that the availability and scope of informed choice is consistent with the obligations of the respective agencies. [Source: Based on 1998 Amendments to the Rehabilitation Act].

For more information please see the Person-Centered, Informed Choice and Transitions Protocol on the Person-centered practices website. Future curriculum and training opportunities sponsored by DHS are under development. The curriculum and training will be specific to people living with mental illness and co-occurring disorders.

20. Does informed choice apply to people under civil commitment and children?

Yes. All people have the right to make choices. In some circumstances, there will be mandatory involvement of others in a person’s life. People have a right to exercise informed choice in all aspects of their lives with few exceptions, such as: probation, terms of a commitment and/or provisional discharge. Even in cases of youth or civilly committed persons/people, our focus in mental health must be on life experiences and dreams that motivate people, foster hope and that they have control over. Regardless of a person’s age, legal status, people receiving mental health services must have the opportunity for meaningful choice, self-determination and their civil and
legal rights must be preserved and respected.¹ Recovery and resiliency goals must be balanced with the health and safety of the person and community.

21. Where can I get more information about the informed choice employment initiative?

- Employment First web page: Information and resources for lead agencies and the public about Employment First policy and goals
- Informed Choice Implementation Guide (PDF): Guidance for case managers on person centered planning and informed decision making about employment
- Informed Choice Toolkit (PDF): Tools and resources for case managers as they support a person who is making an informed choice about employment.

22. Is the informed choice employment initiative the same as Individual Placement & Support Services (IPS) Supported Employment (SE)?

No. IPS-SE is another vehicle to help people obtain employment. The commonality between informed choice-employment and IPS-SE is that value is placed on facilitating people’s desire to work for customary wages in competitive, integrated employment. For more information on IPS-SE see the Individual Placement & Support Services (IPS) Supported Employment (SE) website.

23. What is the definition of “most integrated setting”?  

Most Integrated Setting: A setting that enables individuals with disabilities to interact with non-disabled persons to the fullest extent possible.” [Source: US Department of Justice, Statement of the Department of Justice on Enforcement of the Integration Mandate of Title II of the Americans with Disabilities Act and Olmstead v. L.C., Retrieved from http://www.ada.gov/olmstead/q&a_olmstead.pdf].

A truly person and family-centered approach to helping people live and work in integrated settings is to ask them rather than make assumptions about what this encompasses or means to each person. This is especially true for people that come from culturally-diverse communities.

24. Will CMH-TCM providers (counties, tribes and contracted vendors) be able to generate reports on data to track/analyze and inform programmatic, quality outcomes and measures?

Yes. Providers can generate certain MHIS reports independently. For reports other than those available in MHIS, providers can request a report or data using the MHIS Question Submission tool. The tool can be found in the “Resources” section in the MHIS Manual.

SSIS reports available to providers are similar to those in MHIS. All SSIS reports can be run independently by any SSIS user with authorization. Mental health business staff who perform data analysis tasks will be able to run provider requested, ad hoc reports from the DHS data warehouse.

25. Does it matter who funds CMH-TCM? Or is this required for all CMH-TCM providers without exception of the funding source?

In terms of funding, this change applies to:
- All individuals receiving Children’s Mental Health Targeted Case Management; and
- On a Minnesota Health Care Program (MHCP); and/or
- MH-TCM paid by grant funding (for those that are uninsured or underinsured).

Exceptions are MH-TCM services paid for by private insurance or self-pay.

26. How does system modernization impact SSIS?

In the future, SSIS will be replaced by new systems to support DHS, lead agencies and MHCP recipient needs. The Integrated Service Delivery System (ISDS) is a multi-year vision which involves streamlining major business processes. These business processes include: eligibility, assessment, enrollment, and case management with automated tools to create, track, manage and coordinate resources. Full implementation of ISDS will not be completed in time to meet the initial timeline for CMH-TCM transition to outcome reporting, so we need to assess how we can leverage existing systems to support this. More information on system modernization may be found at:
- DHS Vision for IT Modernization
- New DHS fact sheet on IT Modernization
- New DHS fact sheet on ISDS (which will support child welfare and incorporate SSIS)