Objective
Report Outcome Measures for Children’s Mental Health

Performed by
Mental Health Professionals serving children

Background
This User Guide provides instructions on how to enter Children’s Mental Health outcome measures into the reporting system.

Components of the Children’s Mental Health Outcome Reporting System

- Client and Agency Information.
- SDQ’s (Strengths and Difficulties Questionnaires)
- CASII (Child and Adolescent Service Instrument) – includes listing the services recommended by the treatment team.
- Summary Page – a report of scores for the SDQ’s and CASII’s completed during the current session.
- The Checklist shows completed and uncompleted tasks

<table>
<thead>
<tr>
<th>Checklist</th>
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<tbody>
<tr>
<td>✔ Client and Agency Information</td>
</tr>
<tr>
<td>→ SDQ</td>
</tr>
<tr>
<td>□ CASII and Recommended Service</td>
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<tr>
<td>□ Review and Submit</td>
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- ✔ indicates completed tasks
- ➡ indicates current task you are completing
- □ indicates tasks to be completed

Important
Only 1 set of measures (SDQ’s, CASII, & Recommended Services) is allowed each evaluation period. If you receive a warning that an SDQ or CASII has already been submitted, verify that you are the provider who should be entering Outcome Measures for this child. Do not overwrite data unless you are certain you are the primary provider for this child.

All SDQ’s and the CASII may be entered at the same time or in several data entry sessions. The summary page lists only the scores for the data entered during that data entry session. If you would like your summary page to include all SDQ’s and the CASII for that evaluation period, you may wish to wait to enter data until you have all necessary forms.
Logging in to CMH Outcome Measures
1. Log in to MN–ITS to reach the MN–ITS Welcome page (refer to the Login process, if necessary).
2. Select CMH Outcome Measures from the left-hand menu to complete Children’s Mental Health Outcome Measures.

Client and Agency Information
Field titles with an asterisk (*) indicate the information is required.
1. Enter Client information.
   - Enter MHCP Subscriber ID, if client has this number
   - If client does not have a MHCP Subscriber ID, check the box
   - If the client has not been previously assigned a CMH number, check the box and the system will generate a CMH ID. (Note: Use that number on all future submissions for that client
   - Gender
   - Race (Enter as many as apply)
   - Ethnicity
   - Date of Birth
2. Enter Agency Information.
   The Mental Health Professional (MHP) is responsible for assuring the information is entered in the system. If there is more than one MHP involved with the client, the treatment team should designate the primary therapist who will be responsible for data entry.
   - Clinic National Provider Identifier (NPI)
   - Clinician NPI
4. Select or cancel.

Completing Strength and Difficulties Questionnaire (SDQ)
Complete forms on as many Strengths and Difficulties Questionnaires (SDQ) as obtained (parents, youth, teacher, etc). There is a limit of one parent and one teacher form for each evaluation period. Choose the most representative parent or teacher form. If you do not have an SDQ for this evaluation period, you may choose “Skip SDQ” to move on to the CASII.
1. Select the SDQ Category Type
2. Select SDQ Form Age
3. Enter the Evaluation Date (This is the date the SDQ was completed, not the date the information is entered into the system)
4. Select response for each item. If item was skipped, select “N/A”
5. Select “Continue to impact scores for this SDQ form”
6. Select response for each item. If item was skipped, select “Not Answered”
7. If the Impact section was not completed, select “Not Answered” for each item
8. Click to “Add another SDQ form”; “Continue to CASII Entry”; or “Score, Review and Submit” the form you have completed

Completing Child and Adolescent Service Intensity Instrument (CASII)
1. Enter the Evaluation Date (This is the date the CASII was completed, not the date the information is entered into the system.)
2. Select the appropriate options on the form. All items must be completed.
3. Select “Continue to Recommended Services.”
4. Select the services and hours per month that are currently being recommended by the treatment team. You must have this information available in order to enter the CASII.
5. Click “Add Additional Services” to add more than one service. Enter the hours/month of each recommended service. You may enter up to 10 services.
6. Select Score, Review and Submit. CLICK THIS BUTTON ONLY ONCE OR YOUR RECOMMENDATIONS MAY BE DUPLICATED IN THE DATABASE.

Summary Page
This page presents the scores of the forms entered during this session

1. You will receive the following warning.

   **Warning:** Data entered in this session will be submitted and saved only after you click on the 'SUBMIT' button. Please review and then submit this data. If you wish to edit the data, then click on the 'edit' link provided in the checklist on the right panel of this screen. Once you submit the data, you cannot make any changes.

2. Print this page for your records.

   **Warning:** PLEASE PRINT FOR YOUR RECORDS. Data cannot be accessed after submitted. For your records, **it would be advisable to write the date printed on your printed copy.**

3. Select Submit.