Ohio Mental Health Consumer Outcomes System Overview

What Are Consumer Outcomes?

Consumer Outcomes are indicators of health or well-being for an individual or family, as measured by statements or characteristics of the consumer/family, not the service system.

Consumers are persons receiving mental health services and/or supports including adults, children and adolescents and their families or significant others.

Even though outcomes often are not attributable to one service or program, it is believed that these measures provide an overall “status report” with which to better understand people’s life situations.

What Is the Ohio Mental Health Consumer Outcomes System?

The Ohio Mental Health Consumer Outcomes System is an ongoing endeavor to obtain outcomes measures for consumers served by Ohio’s public mental health system.

The Outcomes System has been built on 11 years of effort of multiple groups representing agencies, boards, consumers, ODMH and other interested constituents. It is currently undergoing the second phase of a quality improvement process that has simplified procedures, reduced the number of instruments, and is now improving and streamlining the remaining instruments.

The Outcomes System was developed to address the following values and assumptions:

- Recovery philosophy drives service provision
- System, providers and consumers share responsibility for environment of hope and for service planning
- Services driven by consumer-identified needs and preferences
- Accurate information needed for continuous improvement of consumers’ outcomes and for accountability
- Methodologically sound and cost-effective outcomes measurement
- Balance between improved information and reasonable implementation
- A common set of desired outcomes is required for consistent statewide measurement (“statewideness”)
- Ability to benchmark at both local and state levels is a critical component of the use of outcomes data for all stakeholders
- Without a standard set of measurements to capture outcomes, comparability across settings would be impossible to achieve (one-of-a-kind programs within counties can be compared with like programs in other counties)
- Outcomes data should be used with other data for continuous quality improvement
- Outcomes findings are indicators requiring further exploration and planning
- All stakeholders should be able to use the Outcomes findings
- Outcomes should be measured primarily from consumer perspective
- Measures should complement the clinical judgment of practitioners
- Incremental and innovative addition to Ohio’s mental health system improvement

The Outcomes System is a complete package, with

- Integrated, public-domain, psychometrically-sound instruments for Youth and Adults that are available for use with no administration fees
- Complete system documentation for users
- A statewide, web-based Outcomes Data Mart that provides data comparability across Ohio
- A supporting web site with instruments, documentation and other training and implementation materials
- A series of Research Reports outlining findings from statewide Outcomes data
- Norms for multiple groups

- A Data Entry and Reports Template/Reports Generator available to users at no cost
- Outcomes support staff available to community

The Outcomes System is widely implemented across Ohio and currently contains approximately 2,600,000 total records, representing 570,000 unique consumers, served by 352 Agencies, located in all 50 Board areas.

Why Do We Have an Outcomes System?

Consumer Outcomes provide important information for the management of consumer care, the improvement of the service delivery system, and accountability for public resources.

All participants in Ohio's publicly supported human care system are accountable to monitor and continually improve outcomes for consumers. Characteristics of the ideal service system, such as choice, respect, dignity, and cultural and clinical competence, embrace the values of Recovery and Resiliency for consumers and families. To inform this quality improvement, Ohio's local systems of care use a variety of compatible data sources and reporting mechanisms including a standard, state-wide approach to measuring outcomes.

1. **Care Management** – First, Consumer Outcomes data provide information for two types of care management – clinical and administrative care management.

   For clinical care management, Consumer Outcomes data provide additional information for individual consumers, and families of child/adolescent consumers, and workers/clinicians to use in assessment, service/treatment planning and monitoring progress. Baseline Outcomes data help the consumer and worker/clinician to collaboratively identify a consumer's strengths, needs, and goals. The comparison of a consumer's baseline Outcomes data with his/her Outcomes at subsequent intervals indicates where changes have occurred in the consumer's life and identifies aspects of the service/treatment plan which the consumer and worker/clinician may need to revise.

   With regard to administrative care management, Consumer Outcomes data can facilitate a provider agency's or a board's management of consumers' use of mental health services in a cost efficient manner. In the managed care arena the authorization of levels-of-care, utilization review, and utilization management are strategies for containing consumers' service use and costs while maintaining the quality of service. Consumer Outcomes, especially functional status, are a powerful tool for agency managers to use in determining consumers' levels-of-care and making overall utilization management decisions. Although managed care organizations use these strategies to manage their enrollees' care *prospective*ly, current laws limit the Ohio public mental health system's use of level-of-care, utilization review and utilization management to *retrospective* care management for most consumers seeking services.

2. **Quality Improvement** – The second purpose of Consumer Outcomes is to improve mental health services. Aggregated Consumer Outcomes provide data for the respective ongoing quality improvement processes of agencies, boards and ODMH and for developing and monitoring best practices. Using one of the documented quality improvement methods, an agency, board, or ODMH, with the active participation of consumers and families, respectively collects and analyzes its own data to make decisions about changing a program/service/treatment process that affects its consumers' Outcomes.

   A quality improvement method provides a structure for learning about current performance and identifying and testing changes that can improve future performance. Although the steps and specific language of the various quality improvement methods differ, the scientific method is the basis of each of the processes. All quality improvement methods address the following eight questions (Joint Commission on Accreditation of Health Care Organizations, 1998):
   - What is currently known about the issue?
   - What else needs to be known about this issue?
   - What are the proposed changes?
   - What is the expected impact of these changes?
   - How are the proposed changes going to be pilot-tested?
   - What are the data-based results of the tests for each of these changes?
   - Which of the tested changes should the organization adopt and integrate into its daily work?
   - How are the implemented changes going to be monitored and re-evaluated?

   Consumer Outcomes are an important source of information for quality improvement methods applied to service delivery system issues. Consumer Outcomes can provide data regarding what is currently known about the issue. Furthermore, the ongoing nature of Consumer Outcomes measurement gives Outcomes a critical role in the before-and-after pilot tests of proposed changes to the service delivery system. Consequently,

Consumer Outcomes must be a major component of the test results used to decide which of the tested service delivery system changes to adopt and integrate into the daily work of the organization. Finally, the subsequent ongoing measurement of Consumer Outcomes provides a way to monitor and re-evaluate the implemented service delivery system changes. In this manner, Consumer Outcomes continue to propel an organization's never ending efforts for quality improvement.

3. **Accountability for Public Resources** – Third, the results obtained concerning Consumer Outcomes demonstrate the public mental health system's accountability for tax dollars to the general public, the State of Ohio and the federal government. In Fiscal Year 2006, Ohio's publicly-supported mental health system provided over 21 million units of service and support to over 200,000 adults and 100,000 children and adolescents at a cost of over $1.5 billion. These totals include a priority focus on nearly 90,000 adults diagnosed with severe mental disabilities and more than 60,000 youth with serious emotional disturbances. The Ohio Department of Mental Health provides regulatory oversight, monitoring, and a portion of the funding for these services. In addition, fifty county boards are also responsible for a portion of the funding of these services and for ensuring the availability, quality and effectiveness of locally managed systems of care. Boards fulfill this responsibility by contracting with a mix of over 400 mental health, substance abuse and other specialty providers.

   Aggregated Consumer Outcomes data (with appropriate adjustments for case mix, where necessary), can provide information for demonstrating accountability for tax dollars in several ways including:
   - Support consumer and family advocacy for changes in the mental health system.
   - Assist agencies with credentialing workers/clinicians to ensure competence.
   - Enable agencies to meet the standards for consumer outcomes of CARF, CoA, and JCAHO accrediting bodies.
   - Establish accountability to other funders, such as United Way.
   - Establish benchmarking for comparing consumer Outcomes across time within and between agencies, boards, and the State of Ohio in order to estimate the effectiveness of services and to plan for needed mental health services.
   - Support boards' efforts to raise money through levies.

   In summary, the issue of accountability to the public for mental health services has been central to ODMH's creation of the Consumer Outcomes System as evidenced by the following contextual concerns and issues cited in the Outcomes Task Force's *Vital Signs* report:
   - The need for better accountability regarding the nearly $1 billion publicly funded system.
   - The need for benchmarks in evaluating Ohio's mental health system.
   - The need to use data, including research and evaluation findings, more effectively in improving services and supports and in applying best practices to improve the individualized care of persons with mental illness.
   - The national trends toward measuring outcomes and performance, developing clinical guidelines, and standardizing and tightening business practices.
   - The emergence nationally of well-tested outcomes instruments and outcomes measurement technology.
   - The development of Ohio's Multi-Agency Community Services Information System (MACSIS), an encounter-level data system for both mental health and substance abuse systems.
   - The demonstrated value of continuous quality improvement approaches both locally and at the state level.
   - The need to tailor an outcomes approach to Ohio's unique system dynamics and characteristics.
   - The potentially synergistic value of parallel activities such as the Consumer Quality Review Teams (CQRT), the Longitudinal Consumer Outcomes (LCO) Study, various program demonstration initiatives funded by the Department, and ongoing Medicaid compliance activities.

Therefore, Outcomes data are of use to consumers and their family members, workers/clinicians, agency/provider organizations, mental health boards, ODMH, and the general public.

How Does the Outcomes System Relate to Recovery and Resiliency?

Recovery can be defined as "a personal process of overcoming the negative impact of a psychiatric disability despite its continued presence." Recovery involves a personal transformation that involves acceptance of the illness, a sense of responsibility or control over one's life, hope, the support of others, and treatment and rehabilitation in collaboration with providers.

The ultimate goals for individuals in the recovery process are to: (1) function at their optimal levels, and (2) use support from entities outside the mental health system.

Individuals who are recovering from mental illness move along a continuum of dependency to interdependency. For each level within the recovery process, use of Outcomes information helps all parties involved understand the status of the consumer and the roles of the clinicians and community supports.

On the other hand, Resiliency is an inner capacity that, when nurtured, facilitated, and supported by others, empowers children, youth, and families to successfully meet life's challenges with a sense of self-determination, mastery and hope.

The use of Outcomes information facilitates understanding of the status of the consumer and provides information for increasing consumers' abilities to cope successfully with life's challenges, for facilitating Recovery, and for building Resiliency — not just for managing symptoms.

What Outcomes Does the System Measure?

The Ohio Mental Health Consumer Outcomes System utilizes five separate instruments to capture Outcomes for both adult and youth populations from multiple perspectives. The table below provides a quick overview of the instruments used by the Outcomes System, the types of scales, subscales and items contained on each, and the intervals for their administration.

	Ohio Scales for Adults		**Ohio Scales for Youth**		
	Adult Form Completed by Consumer	**Staff Form** Completed by Service Provider	**Youth Form** Completed by Youth Ages 12-18	**Parent Form** Completed by Parent or Guardian for Youth Ages 5-18	**Worker Form** Completed by Service Provider for Youth Ages 5-18
What is Measured	**Overall Quality of Life ✱** • Quality of Life • Financial Status **Safety and Health** **Symptom Distress ✱** **Overall Empowerment ✱** • Self-Esteem/Self Efficacy • Power/Powerlessness • Community Activism and Autonomy • Optimism and Control Over the Future • Righteous Anger	**Functional Status** • Social Contact • Social Interaction • Social Support • Housing Stability • Forced Moves • Activities of Daily Living • Meaningful Activities • Primary Role • Addictive Behaviors • Criminal Justice • Aggressive Behavior **Community Functioning ✱** **Safety and Health**	**Problem Severity ✱** **Functioning ✱** **Hopefulness About Life or Overall Well-Being** **Satisfaction with Behavioral Health Services**	**Problem Severity ✱** **Functioning ✱** **Hopefulness About Caring for the Identified Youth** **Satisfaction with Behavioral Health Services**	**Problem Severity ✱** **Functioning ✱** **Restrictiveness of Living Environment Scale (ROLES)**
Administered	**Initial:** At admission into one of the target services **Second:** At six months after admission **Third:** At twelve months after admission **Ongoing:** Annually thereafter **At Termination:** Administer if Outcomes-qualifying services have occurred on three or more separate days since previous administration		**Initial:** At admission into one of the target services **Second:** At three months after admission **Third:** At six months after admission **Fourth:** At twelve months after admission **Ongoing:** Annually thereafter **At Termination:** Administer if Outcomes-qualifying services have occurred on three or more separate days since previous administration		

✱ Outcomes followed by an asterisk are incorporated into Ohio's SOQIC Standardized Documentation Initiative forms.

How Do Consumers Feel About the Outcomes System?

Consumers are among the strongest supporters of the Outcomes System, both as members of the groups that have shaped the system over time and as recipients of services within organizations administering the instruments. Consumer members of all of the major statewide groups that have shaped the Outcomes System (i.e., Outcomes Task Force, Outcomes Implementation Coordinating Group, Statewide Data Reports Workgroup, Outcomes Data Mart Committee, Outcomes System Quality Improvement Group, Outcomes System Quality Improvement Group – Instruments) have consistently stressed the value of the system and expressed concern over the low amount of follow-up interaction being done by provider staff after the administrations.

Outcomes System Evaluation findings indicated that consumers found knowledge in the instruments that they felt would be valuable in helping to shape their treatment options. Consumers and families were very clear and emphatic

about a number of ways in which Outcomes data can and should be used. The support was present, even though over half the respondents (n = 866) said someone talked to them about Outcomes "only a little" or "not at all." Adult consumers reported having the least amount of Outcomes conversation with staff, and individuals who experienced Outcomes not being used by staff were more negative than those who had follow-up interaction with staff. In other words, the clinically significant (and reimbursable) component of the Outcomes System was the one being least utilized by provider staff.

Does Anyone Outside Ohio Use the Ohio Outcomes System?

The instruments and procedures of the Ohio Consumer Outcomes System have gained widespread acceptance throughout the industry and are being used statewide in Illinois, Tennessee, Texas and Washington, and in locations within Alabama, Arizona, California, Colorado, Connecticut, Delaware, Florida, Georgia, Idaho, Illinois, Indiana, Kentucky, Michigan, Missouri, Montana, Nebraska, New Jersey, New York, North Carolina, Oklahoma, Oregon, Pennsylvania, Virginia and Wisconsin.

The Ohio Scales for Youth are frequently cited in professional literature, and have become standard instruments equal in status to the CAFAS.

Both the Ohio Scales for Youth and the Ohio Scales for Adults have also been adopted in portions of Australia, New Zealand, and the United Kingdom. The instruments are also available in seven foreign languages.

How Can Outcomes Data Be Used?

Consumer Outcomes can be used in a variety of ways at both the individual consumer and organizational levels.

- **Individual Consumer Level:** A consumer/family member uses Outcomes information to empower him/herself in the Recovery process. The consumer outcomes captured by the Outcomes System can provide a basis for consumers to look at an identified list of outcomes that may help them to frame possible areas from which to work.
- **Consumer/Family Advocacy Group Level:** Consumer/family advocacy groups use aggregated Consumer Outcomes information to promote the development of consumer/family and worker/clinician partnerships. Outcomes information can facilitate stronger collaborative support systems and assessment, treatment planning for care management, advocacy for the improvement of mental health services, and monitoring of the mental health system's accountability for public resources.
- **Agency/Provider Organization Level:** In agency/provider organizations there are usually four types of users of Consumer Outcomes information. They include consumers/family members (discussed earlier), workers/clinicians, clinical supervisors, and administrators. Although each uses Consumer Outcomes information in different ways, the underlying purposes are for care management, quality improvement, or accountability for resources.
    - **Worker/Clinician:** A worker/clinician uses Outcomes information with an individual consumer to identify strengths and needs for treatment, and to monitor the consumer's change over time in the domains of clinical status, quality of life, functional status, and safety and health.

      As appropriate, the worker/clinician uses Outcomes information for an individual consumer to inform and educate family members/significant others in order to develop more productive support systems for the consumer which lead to improved outcomes for the consumer.
    - **Clinical Supervisor:** Looking at consumers' Outcomes in relation to their socio-demographic characteristics, service utilization patterns, and their clinicians' characteristics leads to a better understanding of service utilization and supports the targeting of resources to support relevant programming.
    - **Agency Administrator:** Agency administrators *cautiously* use aggregated Consumer Outcomes data as indicators of the quality and effectiveness of their agency's services, and to assure that their agency is meeting the requirements of certifying, accrediting, or payer organizations.
- **Mental Health Board Level:** Mental health boards can use aggregated Consumer Outcomes data for board-level care management, quality improvement, identification of best practices, accountability, and local system planning.

- **ODMH Level:** ODMH uses aggregated Consumer Outcomes data in a number of ways to support planning and policy development related to consumer needs and best practices, to monitor and improve quality and accountability in locally managed systems of care, and to develop statewide benchmarks for the improvement of mental health services.

What Kinds of Things Have We Learned From the Outcomes System?

Throughout the production life of the Outcomes System, ODMH has prepared regular and periodic reports of information that is contained in the statewide database. The reports alternate between: (1) general descriptions of the then-current characteristics of the Outcomes administrations on file; and (2) reports that explore specific populations and themes related to Outcomes.

- **Odd-Numbered Reports – Statewide Initial Report & Updates:** First published in 2003, and updated each six months, the reports provide a view of the data in the statewide Outcomes database by describing the "state of the state." These reports provided constituents with statewide benchmarks that can be compared with an individual's scores or average agency or board area scores.
- **Report #2 – Adult Symptom Distress:** This report provided a closer look at symptom distress as measured by a scale included on Ohio Scales for Adults (Adult Form). Symptom Distress is associated with Empowerment, Quality of Life and other factors, and is a primary measure of treatment effectiveness that shows improvement over time.
- **Report #4 – Youth and Parent Hopefulness and Satisfaction:** This report examined Hopefulness and Satisfaction, as rated by both youth consumers and their parents on the Ohio Scales for Youth. The impact of time in treatment in relation to Hopefulness and Satisfaction was explored. Relationships between Hopefulness and Satisfaction with various demographic variables such as gender, race, and primary diagnosis were also examined.
- **Report #6 – Adult Quality of Life:** This report explored the Quality of Life of consumers as measured by a scale included on Ohio Scales for Adults (Adult Form). Average scores on Overall Quality of Life and Financial Status gradually increase as the amount of time in services increases. A better quality of life is associated with less symptom distress, less interference from physical health problems, fewer feelings of threat due to stigma, and a greater ability to take care of mental health problems before they get worse. For consumers completing the Empowerment component of the Ohio Scales for Adults (Adult Form), a higher quality of life is associated with better community functioning and higher levels of empowerment.
- **Report #8 – Youth Functioning:** This report provided exploratory analysis of the trajectories of changes of children and youth consumers in their Functioning subscale of the Ohio Scales for Youth over their first year of service after admission in the Outcomes System. The majority of consumers in this analysis fell into a path of steady improvement over time. The analysis also revealed some other subgroups within the sample that follow different pathways of changes.
- **Report #10 – Adult Empowerment:** The purpose of this report was to explore the Empowerment of consumers as measured by a scale included on Ohio Scales for Adults (Adult Form). Higher Overall Empowerment scores are associated with less symptom distress, higher overall quality of life, less interference from physical health problems, and a greater ability to take care of mental health problems before they get worse.
- **Report #12 – Reliable Change and Clinical Significance:** This report explored the concepts of Reliable Change and Clinical Significance in assessing changes when comparing treatment outcomes between two time points for various assessment scales. This report computed the Reliable Change Index for Outcomes scales where previous research had not already identified values. It also explored the concept of Clinical Significance and reported the cutoff scores established for the Ohio Scales Problem Severity and Functioning scales from previous publications. Aggregate reporting techniques using Reliable Change and Clinical Significance were presented.
- **Report #14 – Social Connectedness Subscale:** This report described the development of a new subscale from the Quality of Life scale on the Ohio Scales for Adults (Adult Form). The report detailed the process of how the Social Connectedness subscale was developed, including factor analyses, decisions about item selection, and how the scale was computed.
- **Report #16 – Ohio Scales Benchmark Data:** This report presented benchmark data for the Ohio Scales for Youth Problem Severity and Functioning Scales based on Reliable Change and Clinical Significance. This information showed the percent of youth who improved, did not change, or got worse over the course of treatment.

- **Report #18 – Adult Consumer Form Benchmark Data:** This report provided within-person benchmarks for Reliable Change and Clinical Significance in comparing treatment Outcomes over time for the Symptom Distress, Empowerment, and Quality of Life scales based on data from the Ohio Scales for Adults (Adult Form). This information showed the percent of people who improved, did not change, or got worse over the course of treatment.

What Is the Outcomes Data Mart?

Putting data into a system accomplishes little if one can't get it back out. Therefore, one of the key pieces of the overall Outcomes System is a web-based Outcomes Data Mart that allows users to generate reports based upon the Outcomes data that have been collected throughout the state and submitted to ODMH.

The conceptual design of the Outcomes Data Mart was developed by a Statewide Outcomes Data Mart Committee made up of individuals representing providers, local community mental health/addiction boards, ODMH, and other constituents. The Committee met for 20 months during Fiscal Years 2003 and 2004 and issued its recommendations in the form of an Outcomes Data Mart Conceptual Model, from which much of the current information is derived.

Data Mart Design Principles

The following principles were adopted by the Statewide Outcomes Data Mart Committee:

- **Non-Technical Users:** The Outcomes Data Mart should be accessible to a wide variety of individuals who have little sophistication using data analysis tools. Anticipated users include: (1) community mental health boards and agencies; (2) mental health consumers and family members; (3) ODMH Division of Program and Policy Development and others within ODMH; (4) ODMH Office of Program Evaluation Research; and (5) the general public.
- **Ease of Use:** The Outcomes Data Mart should be easy to use, and not require users to have prior knowledge of the specifics of the Consumer Outcomes Initiative or its instruments in order to make effective use of the data. The Outcomes Data Mart design shouldn't force the user to perform detailed drill-downs that often "obscure the forest for the trees" and leave the user wondering, "now what did I just do?" Users should be able to respond to a series of simple, English-language prompts and get the report they expect.
- **Decision-Support Design:** The Outcomes Data Mart should be a simple tool to provide limited basic and accurate decision-support information about reported consumer Outcomes in Ohio; it should not attempt to be "all things to all people." The primary uses of Outcomes Data Mart information should be for clinical and organizational management rather than research.
- **No Within-Consumer Design:** The Outcomes Data Mart should allow comparisons of consumer groups with given sets of characteristics to similar groups at different points in time (even though the individuals in the groups may not be the same). Difficulties inherent in programming and data integrity preclude the option of a "within-consumer" design where change measures within individuals could be measured at multiple points during treatment.
- **Confidentiality:** Best practice, Ohio statute and HIPAA requirements mandate that information contained in the Outcomes Data Mart be completely confidential; it should not be possible to use any information in the Outcomes Data Mart to identify any specific individual. Therefore: (1) no consumer identifiers should be contained in the Outcomes Data Mart; (2) the number of reporting formats and options should be limited by the design; and (3) no user downloading of raw data sets should be allowed.

Two Display Options

In keeping with the philosophy of not trying to be everything to everyone, the Outcomes Data Mart offers only two types of results displays — simple frequency distribution graphs and two-dimensional tables.

- **Bar Graphs:** Bar graphs are similar to those produced for the Initial Statewide Outcomes Report, with the X-axis representing the various reported values for the item or scale being displayed and the Y-axis representing the percentage of responses represented by each value. To the extent possible, appropriate sample measures (e.g., sample size, mean, median, standard deviation) are reported with each graph.

  Bar graphs can be prepared for an individual service board, an individual residence board, an individual provider agency, or for the entire state.

- **Tables:** The second display option is a table that lists the item or scale being requested as the column and one of the following variables as the rows:
  - Time in Treatment
  - Gender
  - Race
  - Living Situation
  - Age
  - Primary Diagnosis
  - Education
  - Marital Status (Adult Consumers)
  - Employment Status (Adult Consumers)
  - Mandated Treatment Status (Adult Consumers)

  Tables can be prepared for the entire state, with rows representing service boards, residence boards, provider agencies, or a selected demographic characteristic (e.g., gender, education).

The Outcomes Data Mart can be accessed through the Outcomes System Web Site:

www.mh.state.oh.us/oper/outcomes/outcomes.index.html

What Other Resources Are Available?

In addition to the Outcomes Data Mart, the Ohio Mental Health Consumer Outcomes System has a variety of additional resources available including, but not limited to, the following:

- **Outcomes Initiative Web Site:** The Outcomes Initiative maintains a comprehensive Web Site from which interested parties can obtain additional information and materials about the Ohio Mental Health Consumer Outcomes System:

  www.mh.state.oh.us/oper/outcomes/outcomes.index.html

  All of the items listed below can be downloaded from the Outcomes Web Site.

- **Consumer Outcomes System Procedural Manual:** The *Consumer Outcomes System Procedural Manual* is divided into three general sections to help the reader: (1) be aware of the history and principles behind the development of the Outcomes System; (2) learn about the individual Outcomes instruments and their administration; and (3) understand how Outcomes data are processed and what other Outcomes resources are available.

- **Outcomes Instruments:** Electronic copies of all instruments used in the Outcomes System are available for download from the Outcomes Web Site. All instruments can be duplicated as required by the individual provider organization. The Ohio Scales for Youth are free for use within Ohio. A minimal fee will be charged for use of these copyrighted scales outside of Ohio. Foreign language versions (i.e., Chinese, Japanese, Korean, Russian, Spanish-Mexican, Spanish-Puerto Rican, Somali) of selected instruments are also available.

- **Data Entry and Reports Template:** ODMH has developed a data entry “template” that allows provider agencies to enter data contained in the instruments used in the Outcomes System. Information is edited for appropriateness during the data entry process. Completed records are recorded in a database structured to meet the data specifications defined by ODMH. Records are extractable for transfer to the board either via diskette or through online FTP.

  The Data Entry and Reports Template can also extract information from the database and produce a variety of consumer-based care management reports for Outcomes instruments.

- **Template Reports Generator:** The Template Reports Generator was designed by a local system to augment the ODMH Data Entry and Reports Template. In particular, it was developed to save support staff time by allowing individual reports to be run in batch mode, save paper by providing brief reports (usually one page), provide reports that are unavailable in the Template (aggregate reports, initial Ohio Scales Treatment Planning Report) and to correct ‘errors’ in the tracking reports in the Template.

- **Data Entry and Reports Manual:** The Data Entry and Reports Manual is designed to help local systems maximize the potential of the ODMH Data Entry and Reports Template. The manual covers all aspects of the Template, including downloading the database, entering data, creating reports, exporting Outcomes data to a text file, and importing data from a previous version of the Template.

- **Outcomes Data Flow Guide:** The Outcomes Data Flow Guide addresses overall data flow processes, creation of records and files according to ODMH data specifications, data flow testing procedures, data flow production processes, and problem resolution. It also includes extensive and detailed appendices that include data specifications, codes and explanations of production reports.

- **Statewide Norms:** Norms allow us to evaluate an individual's performance on an instrument by comparing the individual's score against the distribution of scores of people similar to the individual on certain characteristics. These reports show the distribution of scores on Ohio Scales for Adults (Adult Form) and the Ohio Scales for Youth (Youth Form) based on statewide production data.
- **Statewide Quarterly Reports:** Produced every quarter, these reports alternate between “state-of-the-state” update reports and special topic reports. The reports are intended to provide all constituents in the public mental health system with statewide data that they can use to compare an individual’s scores or average agency or board area scores. The special topic reports provide an in-depth look at a particular topic, based on either the adult or youth Outcomes data in the statewide database.
- **Test and Production Reports:** Several reports are regularly generated to track the test and production data that have been submitted to ODMH. In general, these reports contain information regarding which local systems are submitting test and/or production data, the status (approved or rejected) of test and production files submitted by local systems, and the total volume of records contained in the statewide Outcomes database.
- **Missing Data Reports:** These reports compare the number of individuals who had Outcomes ratings in the statewide database to the number of individuals who received services that made them eligible to have their Outcomes reported for a specific time period. They allow agencies and boards to see how they are doing with regard to Outcomes implementation, in comparison with others both in and outside of their local area.
- **Outcomes “Toolkit”:** The Outcomes Initiative has prepared a series of educational materials designed to assist provider organizations with the implementation of Outcomes. The Educational Series includes a wide variety of products, including a handbook for adult consumers, an adult training-of-trainers kit, a consumer brochure that describes the Outcomes process, and extensive materials for administrators, managers, clinical supervisors, families and caregivers. Also available are a detailed clinical re-engineering guide and related PowerPoint® presentation, information on cultural competency, and a series of videos directed toward youth, adults, clinical supervisors and direct service staff.
- **Implementation Planning Checklist:** The Implementation Planning Checklist specifies the recommended activities for participation in the Outcomes System. The Checklist spans four phases and specifies in detail the activities that need to take place within each phase in order to implement the Consumer Outcomes System.
- **Vendor Data Integration RFI & Vendor Responses:** The Outcomes Initiative released a Request for Information (RFI) designed to help Ohio’s community mental health boards (and through them, individual provider organizations) in collecting information regarding how MIS vendors might be able to assist their customers with the integration of the Outcomes data and the other clinical and business content of their information systems.
- **Other Project Documents and Presentation Materials:** In addition to the items listed above, numerous other Outcomes-related documents are available for download from the Outcomes Initiative Web Site.

Are Consumer Outcomes Activities Reimbursable?

The instruments being implemented represent best clinical practice in the measurement of a defined set of Consumer Outcomes. As with other clinical documentation, these Outcomes will serve as an integral part of treatment. To the degree that Consumer Outcomes instrumentation and related discussion and work with consumers occur within an otherwise billable service, their use is generally billable to payers.

The completion of the Outcomes instruments themselves, as with treatment planning and diagnostic assessment, is billable only to the degree that they are done in a face-to-face encounter between a consumer and eligible staff. Typically, the process of engagement around these clinical milestones as focused by Consumer Outcomes is billable.

In summary, staff time related to Consumer Outcomes must meet four criteria in order to be billable. It must be: (1) face-to-face with the consumer; (2) part of an otherwise billable service; (3) medically necessary; and (4) appropriately documented.

How Does the Outcomes System Contribute to Regulatory Relief?

The Outcomes Rule was brought into existence as part of a broad regulatory relief effort, where the regulatory burden of the Outcomes System replaced many other requirements. The burden of the Outcomes System must be considered in light of its ability to provide a consistent way to track care management, conduct quality improvement, and provide accountability. Additionally, the Outcomes data have been used for other needs that would otherwise have required additional data collection efforts.

Requirements of the Outcomes System	Benefits Addressed Through the Outcomes System	Without the Outcomes System
For Adult Consumers • Completion of Staff Instruments • Collection of Adult Instruments For Child/Youth Consumers • Completion of Worker Instruments • Collection of Youth Instruments • Collection of Parent Instruments Data Entry and Transmission Consideration of Outcomes findings in Treatment Planning and Quality Improvement	• Provides data for Agency Care Management & Treatment Planning • Provides data for Agency Clinical Supervision • Provides data for Agency Quality Improvement • Addresses the needs inherent in Person-Centered Treatment models • Meets other funders' (e.g., United Way) needs for Consumer Outcomes data • Provides data for planning and analysis at agency, board and state levels • Provides data to document medical necessity • Provides data to track whether Recovery is really taking place • Replaced earlier, and more burdensome, Service Evaluation Rule • 508 Certification process was dropped, to reduce agency burden • Meets some or all community Outcomes Measurements standards of JCAHO, CoA and CARF • Top performing agencies report Outcomes provides additional information for accreditations requirements in at least the following standards: Service Delivery/Provision of Care; Performance/Quality Improvement; Individual Planning; Ethics, Rights & Responsibilities; Risk Prevention & Management, Governance/Leadership/ Organizational Leadership • Provides data for Board-Area Service Utilization Review • Provides data for Board-Area Quality Improvement • Provides data to assist Board with duties required by ORC 340, including: (1) review and evaluation of services; (2) assessment of cost effectiveness; (3) program development/ needs assessment; and (4) conducting studies for the promotion of mental health • Meets most of SAMHSA NOMs requirements • Meets accountability requirements for other ODMH programs (e.g., Block Grant, TSIG) • Meets needs of Balanced Score Card • Incorporated into Medicaid Business Plan • Alleviates need to conduct MHSIP Standardized Questionnaire in the Community • Creates a common data standard for service research, lowering the cost of research • Provides data for statewide Benchmarking • Provides data for statewide Quality Improvement • Contributed to NAMI's B+ rating of Ohio's public mental health system • Staff moving from agency to agency already know Outcomes System • Economies of scale in development of information systems, procedures, training materials, etc.	• Ohio's mental health system would lose the only objective assessment of quality available across the system • Agencies would have to locate their own outcomes measures and pay to have them programmed into their systems to meet accreditation requirements • Many boards would require their own outcomes instruments, creating problems for agencies operating in more than one board area • It would remove the best vehicle for consumer-staff partnership in treatment planning • It would remove what is often the only source of unfiltered consumer input into treatment planning • ODMH would not be able to ascertain whether services are effective • ODMH would not have data to monitor the effectiveness of EBPs and test the effectiveness of new, promising practices • ODMH would not have comparable data to look at effectiveness of services across board areas • Biegel research on supported employment would not be able to ascertain effectiveness for SAMI clients – the major research question • ODMH would be required to collect longitudinal data on random stratified sample of both adult and child consumers in Ohio, using two MHSIP surveys, and other SAMHSA NOMs requirements • ODMH would not have been able to get Steve Gavazzi's findings that African-American youth did not have the same gains as Caucasian kids with FAST$ funds, or be able to follow up on our and Steve's finding that there are kids who come into the system with scores below clinical levels and then get worse • Agencies, boards and ODMH would lose many of the benefits identified in the previous column • A substantial amount of TSIG funds would have to be allocated to start over on another adult consumer outcomes study per SAMHSA requirements

What Are the Ongoing Costs of the Outcomes System?

Questions about the cost of the Outcomes System often categorize the system as an unfunded mandate. However, as noted earlier, almost all clinical staff activity except completing the instruments themselves and assisting consumers who are unable to read the instruments is reimbursable.

Preliminary investigations indicate that the amount of time spent in non-reimbursable administrative activities related to ongoing Outcomes System utilization is estimated to be approximately 1.4% of staff time. Independent reports from provider agencies who have conducted cost studies equate to a cost of approximately $30 per consumer per year, a not unreasonable cost to maintain the only objective assessment of quality currently available across the mental health system.

For example, studies conducted of the time required for clinical staff to complete appropriate Provider instruments have shown that the average completion time for the Ohio Scales for Adults (Staff Form) is five minutes and the average time for the Ohio Scales for Youth (Worker Form) is nine minutes. In certain instances, additional time is required to help some consumers complete their instruments; the average time taken to assist in completing the Ohio Scales for Adults (Adult Form) is 11.2 minutes, and 2.5 minutes for the Ohio Scales for Youth (Youth Form) and Ohio Scales for Youth (Parent Form).

To personalize the impact of Outcomes, a typical CPST worker with a case-load of 70 adult consumers would spend 27.7 non-billable hours administering Outcomes in a given year, assuming 100% compliance. This time includes completing the Ohio Scales for Adults (Staff Form) and providing assistance to consumers in completing the Ohio Scales for Adults (Adult Form).

Technology costs necessitated by the Outcomes System are minimal, and appropriate software is provided at no cost to agencies and used by approximately half of participating organizations. Ideally, Outcomes information is more valuable if integrated with service and other information, but that integration is not mandated by the Outcomes System. The primary drivers of Outcomes costs are the methods selected by agencies to implement Outcomes. Critical variables include the mode of data acquisition (e.g., paper forms & data entry, scannable forms, touch screen), the data flow process in place, and the efforts agencies have taken to re-engineer clinical and administrative process around the Outcomes requirements.

What Actions Are Being Taken to Further Reduce Burden?

The challenge today is to negotiate the turbulent waters of severe statewide deficits and navigate the Outcomes System through to the other side. In order to do so, however, efforts will need to be redoubled to make the Outcomes System as streamlined as possible. Steps being taken to reduce burden:

Already Accomplished

Certification – The following very substantial burden reductions have already occurred with respect to the Certification process:

- Removed open-ended questions plus two-thirds of the previous reporting requirements of the Data Use Score Sheet.
- Reduced the threshold for data use.

In Progress

The statewide Outcomes System Quality Improvement Group – Instruments (OSQIG-I) is chartered with improving the Outcomes instruments and better supporting the integrated use of Outcomes data in treatment planning, agency program evaluation and quality improvement, and accountability. OSQIG-I members were appointed by the Ohio Council (OCBHP), OACBHA, OACCA, FSCO, Ohio Advocates, Federation for Children's Mental Health, and ODMH, with other participants coming from CCOEs and universities.

Adult Instruments – The group has currently reviewed approximately two-thirds of the Ohio Scales for Adults (Adult Form) with the following suggestions:

- Overall reduction of the instrument length by 19 items, including: (1) a 33% reduction of the Symptom Distress Scale from 15 to 10 items; (2) a 47% reduction of items on the Making Decisions Empowerment Scale from 28 to 15 (working with Boston University); and (3) reduction of several no longer necessary demographic items and simplified formatting of other demographic status variables.
- Addition of two items to address the Certification requirement for documentation of Data Use in Treatment Planning, thus removing the current need for additional agency documentation.

- Restructuring the instrument from its current six-page format to a two-page format similar to the Ohio Scales for Youth.

Youth Instruments – The group has completed its review of the Ohio Scales for Youth (Youth, Parent and Worker forms) with the following suggestions:

- Subject to an ODMH decision to reject the Family Quality of Life scale (see below), overall changes likely to result in a net decrease of one item on the Youth and Parent forms, and a net decrease of three items on the Worker form, including: (1) simplification of the Restrictiveness of Living Environment Scale (ROLES); (2) removal of the Detention marker, Medication Use and School Placement items from the Worker form; and (3) reduction of several no longer necessary demographic items and simplified formatting of other demographic status variables.
- Addition of two items on Parent and Youth forms to address the Certification requirement for documentation of Data Use in Treatment Planning, thus removing the current need for additional agency documentation.

What Are the Major Barriers to Outcomes System Implementation?

In 2006, the first Outcomes System Quality Improvement Group (OSQIG) undertook an analysis of the barriers to successful implementation of the Outcomes System. Although the issues were originally encountered as "Outcomes System" problems, upon review they were found to be issues that were beyond the scope of the Outcomes System, and fell into the categories of: (1) financing & reimbursement, (2) productivity & quality, (3) information technology; (4) workforce; and (5) organizational culture. Although the Outcomes System was the focus of blame for most of the problems initially identified, the subsequent study identified the "problems" as symptoms of what have become the unifying themes of the ODMH Office of System Transformation and TSIG. The findings are summarized in *A Special Report to ODMH from the Outcomes System Quality Improvement Group* (included as an attachment to the OSQIG final report and available here: http://www.mh.state.oh.us/oper/outcomes/osqig/osqig.rpt.1.pdf) dated November 16, 2006.

Where Can I Find Out More About the Outcomes System?

You can obtain additional information about the Ohio Mental Health Consumer Outcomes System from the project Web site:

www.mh.state.oh.us/oper/outcomes/outcomes.index.html

Other questions can be addressed to any of the following at the Ohio Department of Mental Health:

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