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DATE

February 27, 2017

OF INTEREST TO

County Directors

Social Services Supervisors and
Staff

Tribal Directors

Children's Mental Health
Treatment ProvidersState- Contracted Managed
Care Organizations**ACTION/DUE DATE**Please read information and
prepare for implementation**EXPIRATION DATE**

February 27, 2019

DHS Updates Requirement for Standardized Outcome Measures for Children's Mental Health

TOPIC

This bulletin replaces bulletin 09-53-02. DHS policy requires children's mental health service providers to complete standardized outcome measures for all children receiving clinical services.

PURPOSE

To inform counties, tribes, providers and state-contracted managed care organizations of the requirements for completing standardized measures for outcome reporting, functional assessments, and level of care determinations.

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TERMINOLOGY NOTICE

The terminology used to describe people we serve has changed over time. The Minnesota Department of Human Services (DHS) supports the use of "People First" language.

I. INTRODUCTION

Since July 1, 2009, the Minnesota Department of Human Services (DHS) has required children's mental health service providers to utilize the Child & Adolescent Service Intensity Instrument (CASII) or Early Childhood Service Intensity Instrument (ECSII) and the Strengths and Difficulties Questionnaire (SDQ) for children receiving publicly funded clinical services. The CASII and SDQ are to be completed on every child (6 years of age and older) receiving clinical mental health services at intake, at least every six months and at discharge. The ECSII and SDQ are to be completed on young children (under 6 years of age) at intake, at least every six months, and at discharge. This bulletin also discusses two additional situations in which the CASII (or ECSII) information should be utilized. The first is for level of care screenings for residential placements and the second is for case management purposes.

II. BACKGROUND

The policy regarding outcome measurement for children's mental health is the result of several years of work by the Minnesota Mental Health Action Group (MMHAG). MMHAG, formed in 2003, was a coalition of individuals and groups working on mental health reforms, led by a core group of public and private sector leaders who had vision and leadership roles within their own constituencies to effectively champion change.

In 2004, MMHAG created and directed its 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

III. STANDARDIZED OUTCOME MEASURES

The Quality and Performance Workgroup completed an extensive review of outcome measures for children and adolescents. The CASII and SDQ were selected to use together for children 6 years of age and older, as the SDQ assesses a range of symptoms and developmental assets, while the CASII evaluates the overall functioning of the child across settings. These tools were piloted across Minnesota between 2006 and 2008 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.

In January 2008, 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. In 2009, the ECSII and SDQ were added to the mandate for children under 6 years of age.

IV. COORDINATED STATEWIDE EVALUATION SYSTEM

At the direction of the MMHAG, DHS, with funding from the Centers for Medicare and Medicaid Services, developed the Children's Mental Health (CMH) Outcome Measures System for the scoring and reporting on the CASII, ECSII and SDQ.

Providers can access the system through MN-ITS, the DHS billing system for Minnesota Health Care Programs (MHCP). The system has the capacity to score the CASII, ECSII and SDQ and generate reports back to providers regarding clinical changes for individual clients, clinician caseloads and agency caseloads. The user manual for the Outcome Measures System can be accessed from the DHS Children's Mental Health at the following link: http://www.dhs.state.mn.us/main/groups/children/documents/pub/dhs16_151388.pdf. MN-ITS can be accessed via this link: <https://mn-its.dhs.state.mn.us/GatewayWebUnprotected/index.faces>.

V. 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 2009 and 2010 Legislature amended the Minnesota Comprehensive Children's Mental Health Act, Minnesota Statutes, section 245.4885, subdivision 1 states:

(a) Prior to admission, except in the case of emergency admission, 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 shall undergo an assessment to determine the appropriate level of care if public funds are used to pay for the services.

(b) The county board shall determine the appropriate level of care when county-controlled funds are used to pay for the services. When the child is enrolled in a prepaid health program under section 256B.69, the enrolled child's contracted health plan must determine the appropriate level of care. When Indian Health Services funds or funds of a tribally owned facility funded under the Indian Self-Determination and Education Assistance Act, Public Law 93-638, are to be used, the Indian Health Services or 638 tribal health facility must determine the appropriate level of care. When more than one entity bears responsibility for coverage, the entities shall coordinate level of care determination activities to the extent possible.

Minnesota Statutes, section 245.4885, subdivision 1(d) states:

...The level of care determination must be based on a diagnostic assessment that includes a functional assessment which evaluates family, school, and community living situations; and an

assessment of the child's need for care out of the home using a validated tool which assesses a child's functional status and assigns an appropriate level of care. The validated tool must be approved by the commissioner of human services....

Effective February 2009, the commissioner of the Minnesota Department of Human Services has established the CASII as the approved tool for determining level of care.

The CASII should also be repeated periodically (at least every six months) for children while in treatment as part of the process facilities, counties, tribes, and health plans use to assess the need for continued residential treatment.

VI. ASSESSMENT OF SERVICE INTENSITY NEEDS AND ELIGIBILITY FOR CASE MANAGEMENT

Children's mental health case management services (Minnesota Statutes, section 245.4871) include assisting in obtaining a comprehensive diagnostic assessment, developing an individual family community support plan (IFCSP), 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.

Determination of eligibility for case management services must be based on a diagnostic assessment. The CASII or ECSII must be administered as part of the Diagnostic Assessment and Clinical Review Process. For children younger than 6 years of age, the DC: 0-5 is to be used to structure the Diagnostic Assessment. The CASII and ECSII are excellent tools to evaluate a child's overall functioning and level of service needs; however, they are not to be used as a stand-alone measure of eligibility. The administration and interpretation of the CASII and ECSII require clinical input and supervision. It is expected that this is provided by the treating mental health professional. Under certain circumstances, the case manager may need to function as the primary information source and administer the CASII or ECSII, however they must have clinical supervision and support in interpretation of the results. A strong partnership between the case manager and the treating mental health professional is necessary in order to best meet the needs of the child and family.

The SDQ is not used to determine service intensity needs or functional status. The SDQ should be administered and interpreted by the treating mental health professional as part of treatment planning and outcome monitoring. The treating mental health professional is required to administer the CASII (or ECSII) and the SDQ to all children receiving clinical services and input that information into the CMH Outcome Measures System. The CMH Outcomes Measures System, will score the tools and provide a report that can be distributed to all team members, including the case manager, to ensure that everyone is utilizing the same information to plan services and supports.

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 intensity of service needs of children and adolescents.

- Mental health providers rate clients on eight dimensions: Risk of Harm, Functional Status, Co-Occurrence, Environmental Stress, Environmental Support, Resiliency, Child/Adolescent's Involvement in Services, and Parent's Involvement in Services.
- 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 problem areas or lower levels of strengths.
- In addition to ratings on each dimension, the CASII provides a Composite Score and Level of Service Intensity Recommendation. The CASII recommendations for level of service intensity range from 0 (Basic Services for prevention and maintenance) to 6 (Secure, 24-hour 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 needs for infants, toddlers, and children from ages 0-5 years.
- Mental health providers rate children on five domains: Degree of Safety; Child-Caregiver Relationships; Caregiving Environment; Functional/Developmental Status; and Impact of Medical, Developmental, or Emotional/Behavioral Problems.
- 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 problem areas 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's and family's needs and inform providers how they can better tailor 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 services) to Level 5 (maximal service intensity), 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 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 yields an Impact Score that assesses the impact of symptoms on the child and the child's family or school environment.
- The SDQ can be completed by parents, teachers, or the child and there are separate versions for each type of respondent.
- 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 standardization process resulted in a categorization of scores according to 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

CASII/SDQ training sessions are scheduled at least twice a year through the State's TrainLink system (see directions for accessing TrainLink below). There is no charge to trainees and DHS provides all training materials. Each session is limited to 30 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 the clinical supervisor is involved in the scoring and interpretation of the results.
- DHS uses a train-the-trainer model. It is important that individuals with the clinical expertise become trainers for their respective agencies/catchment areas.

ECSII training sessions are scheduled throughout the year through the State's TrainLink system (see directions for accessing TrainLink below). Trainings last for 1.5 days and are free of charge to participants. Training seats are limited and are available to licensed mental health professionals and mental health practitioners who provide diagnostic assessments and mental health treatment to children birth through five years of age. Participants who obtain ECSII training are not certified to train other mental health professionals.

To sign up for training:

If you have a TrainLink Unique Key you may register for the class as follows:

1. Go to DHS TrainLink: <http://www.dhs.state.mn.us/TrainLink>
2. Under Learning Centers, Click the Adult and Children's Mental Health link
3. Sign on with your Unique Key in the upper RIGHT corner and click OK.
4. Click "Class Schedules/Registration"
5. Scroll down to "Children's Mental Health Classes," highlight, and click on the Search button.

6. Select the training class of your choice and follow the directions on the screen.

No TrainLink Unique Key? You will need to fill out a Unique Key Request found at:
<http://www.dhs.state.mn.us/TrainLink>. Your Unique Key will be emailed to you.

If you have questions about CASII/SDQ training, please contact Pat Nygaard at: pat.nygaard@state.mn.us.

If you have questions about ECSII training, please contact Catherine Wright at catherine.wright@state.mn.us.

Americans with Disabilities Act (ADA) Advisory

This information is available in accessible formats for people with disabilities by calling 651-431-2225 (voice) or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.