



The Ohio Mental Health Consumer Outcomes System

Frequently Asked Questions

(Effective May30, 2009)

Note: Much of the information contained in this document is taken from other, more comprehensive Outcomes documents, which are available on the Outcomes Web Site. The information presented here is designed to provide a general overview and quick reference to the Outcomes System. Critical planning and implementation decisions should not be based upon this document alone; refer to the Outcomes Procedural Manual, Outcomes Data Flow Guide and other detailed documents.



General Questions

What Is the Ohio Mental Health Consumer Outcomes System?

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

Measuring success in a large, complex mental health system requires balanced attention to data in three critical areas: quality, access, and cost. In order to resolve Ohio's lack of data on consumer outcomes as an aspect of quality, the Ohio Mental Health Outcomes Task Force (OTF) was convened in 1996 by the Ohio Department of Mental Health (ODMH). The OTF was charged with developing an initial set of critical consumer outcomes and recommending a standard, statewide, ongoing approach to identifying and measuring consumer outcomes in Ohio's mental health system. This approach reflects the wide range of consumers, payers, providers, and human care systems, and supports planned change at the individual, agency, and all human care system levels.

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.

Why Are Consumer Outcomes Being Measured?

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.

Consumer Outcomes have three main purposes:

- **Management of Consumer Care:** First, Consumer Outcomes data provide information for two types of care management — clinical and administrative care management.
- **Quality Improvement:** Second, aggregated Consumer Outcomes provide data for the respective ongoing quality improvement processes of agencies, boards and ODMH and for developing and monitoring best practices.
- **Public Accountability:** 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.

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.

What Consumer Outcomes Are Being Measured?

The Ohio Outcomes System includes four domains and three types of respondents who provide different perspectives.

Domains

- Clinical Status
- Quality of Life (Life Satisfaction, Fulfillment, and Empowerment)
- Functional Status
- Safety and Health

Respondent Types

- Consumer
- Family Member of Child/Adolescent Consumer
- Worker/Clinician

The OTF identified 24 outcomes to be measured for the Ohio public mental health system. For organizational clarity the Outcomes System has assigned each of these outcomes to one of the four domains. However, the Outcomes System recognizes that in reality many of the outcomes involve more than one domain. (See the Table on the last page.)



Instrumentation Questions

How Were Instruments Selected for Outcomes System Use?

The OTF reviewed 126 proprietary and publicly available outcome instruments in search of whole instruments, multi-item scales, or single item indicators which measured the identified 24 outcomes.

The OTF evaluated these potential instruments using the following criteria listed in no particular order:

- Direct and Indirect Cost
- Psychometric Properties
- Consistency with Principles of Consumer Recovery and Empowerment
- Cultural Sensitivity
- Consistency with OTF Outcomes
- Consistency with Principles for Child and Adolescent Service System Program (CASSP): NIMH

What Instruments Does the Outcomes System Use for Adult Consumers?

Three instruments are used for measuring outcomes for adult consumers:

- ***Adult Consumer Form A***
- ***Provider Adult Form A***
- ***Adult Consumer Form B***

Adult Consumers

Adult consumers are divided into two groups — Group A and Group B.

- **Group A:** Adults with severe and persistent mental illness. These are generally individuals who meet the Ohio Department of Mental Health's criteria for SMD, or who previously have been submitted in the 508 process, or who have clinical characteristics similar to the SMD group. These individuals fill out the Adult Consumer Form A, and their service providers fill out the Provider Adult Form A.
- **Group B:** Adults with less severe illnesses. These are generally individuals who seek mental health ser-

VICES for resolution of short-term difficulties. These individuals are typically referred to as the “general mental health population” and are not receiving CSP services. These individuals fill out the Adult Consumer Form B.

Exemptions

The following groups are exempt from the Outcomes measurement system:

- Individuals currently in service who have received only diagnostic assessment, crisis/emergency services or forensic evaluation in the previous six months.
- Persons in institutions (hospitals and jails) and persons with organic illnesses who are unable to complete the instruments.
- Consumers who receive only ODADAS services.

Instrument Content Areas

The following describes the components of the adult instruments:

- **Clinical Status (Adult Consumer Forms A and B):** The Symptom Distress Scale is a self-report instrument that measures the consumer’s reported level of distress caused by psychiatric symptoms. The scale consists of the *Symptom Checklist* and five additional items from the SCL-90 “Anxiety” dimension.
- **Quality of Life (Adult Consumer Forms A and B):** Ten items were adapted from the *Quality of Life Questionnaire* and two items were chosen from the *Quality of Life Interview*. One item addressing physical health, one item addressing medication concerns, and items addressing perceived stigma in the agency and in the community were devised and added to the instruments for both groups. The primary reasons for these choices were to assure that the instrument could be completed by the consumer, to limit the length of the instrument to reduce the burden on the consumer, and to assure that consumer respect and stigma were addressed.
- **Making Decisions Empowerment Scale (Adult Consumer Form A):** The Making Decisions Empowerment Scale is designed to measure the personal construct of empowerment as defined from a consumer perspective. There are 28 items and five scales which are summed and averaged to arrive at an overall empowerment score.
- **Functional Status (Provider Adult Form A):** As with quality of life, whole functioning instruments were difficult to adopt because of their length or because values and outcomes that were important to the OTF were not included. The functioning

section completed by the provider of record, usually the Community Support Program (CSP) Worker, is primarily adapted from the *Multnomah Community Ability Scale* and the *Basic Living Skills* scale of the *Adult Functioning Scales* from the *ODMH 508 Certification/Recertification Face Sheet*. This section of the instrument consists of items that address social interest, social network, ability to manage money, independence in daily life, housing stability, and participation in meaningful activities.

There are also questions about overall role performance, effect of addictive or compulsive behaviors on functioning, criminal justice system involvement and aggressive behavior.

Several functional status items that are completed by consumers were taken from the Hoosier Assurance Plan Instrument-Adult (HAPI-A).

- **Community Functioning:** The first 11 items from the Provider Adult Form A can also be combined to compute a Community Functioning score for the consumer.
- **Safety and Health (Provider Adult Form A):** The provider instrument includes a series of questions about victimization that include the worker’s/clinician’s rating of harm to self. These items collectively measure outcomes in the Safety and Health domain.

What Instruments Does the Outcomes System Use for Child and Adolescent Consumers?

Three child and adolescent instruments were chosen, all of which have demonstrated reliability and validity.

- **Ohio Youth Problem, Functioning and Satisfaction Scales –Short Form: (Youth)**
- **Ohio Youth Problem, Functioning and Satisfaction Scales –Short Form: (Parent)**
- **Ohio Youth Problem, Functioning and Satisfaction Scales –Short Form: (Worker)**

Instrument Content Areas

Four primary areas of assessment are measured: problem severity, functioning, hopefulness, and satisfaction with behavioral health services.

The parent, youth, and agency worker rate the problem severity and functioning scales. The youth and parent rate the satisfaction scales. Youth rate their own hopefulness about life or overall well-being. Parents (or primary caretakers) rate their hopefulness about caring for the identified child.

Scale Descriptions

- **Problem Severity:** The Problem Severity Scale is comprised of 20 items covering common problems reported by youth who receive behavioral health services.
- **Functioning:** The Functioning Scale is comprised of 20 items designed to rate the youth's level of functioning in a variety of areas of daily activity (e.g., interpersonal relationships, recreation, self-direction and motivation).
- **Satisfaction:** In addition to the problem and functioning scales, a brief (four-item) scale on the Parent and Youth forms assesses satisfaction with and inclusion in behavioral health services on a six-point scale.
- **Hopefulness:** Four additional items on the Parent and Youth forms tap levels of hopefulness and well-being either about parenting or self/future respectively.
- **Restrictiveness of Living Environments:** Finally, the Agency Worker version of the Ohio Scales includes the Restrictiveness of Living Environments Scale (ROLES). The ROLES assesses the level of restrictiveness for the youth's placements during the past 90 days.

Which Instruments Are Used for Which Consumers?

Each provider and board should designate a data flow manager to oversee the collection and transmission of Outcomes data. The data flow manager is responsible for ensuring that the appropriate person completes the appropriate Outcomes instrument at the appropriate time. The guidelines below will assist in making the correct choices.

Adult Consumers

Adult consumers are divided into two groups:

- **Group A:** Adults with severe and persistent mental illness. These are generally individuals who meet the Ohio Department of Mental Health's criteria for SMD, or who previously have been submitted in the 508 process, or who have clinical characteristics similar to the SMD group. These individuals fill out the Adult Consumer Form A, and their service providers fill out the Provider Adult Form A.
- **Group B:** Adults with less severe illnesses. These are generally individuals who seek mental health services for resolution of short-term difficulties. These individuals are typically referred to as the "general mental health population" and are not receiving CSP

services. These individuals fill out the Adult Consumer Form B.

Decision Criteria for Adult Consumers Who Are Currently Being Served

- An individual is generally in Group A if he/she is receiving CSP Services, or any day-measured service (e.g., day treatment) alone or in combination with any other service.
- An individual receiving only medical/somatic services is in Group A if he/she has been a continuing consumer of the agency, has previously received CSP services, but is now stabilized to the point that med/somatic is the only needed service.
- An individual is generally in Group B if he/she is receiving individual/group counseling either alone or in combination with medical/somatic services.
- An individual is in Group B if he/she originally came into the agency for brief, time-limited, solution-focused therapy (i.e., began as a Group B consumer), is no longer receiving counseling but still requires ongoing medication maintenance. In rare instances, an individual could come to an agency having exhausted his/her private insurance benefits, be already stabilized on medication, and be assigned to medical/somatic services only. In this case, the individual would be in Group B.

Decision Criteria for Adult Consumers Who Are New to the Agency

Prior to an individual's arriving for his/her diagnostic assessment, the worker/clinician reviews the available pre-assessment information. The worker/clinician determines which services the individual will likely utilize and then decides which adult consumer instrument (Form A or Form B) to have the individual complete. If the worker/clinician is unable to determine the appropriate instrument form, the individual completes Form A. The worker's/clinician's review and determination of the appropriate instrument form enables the clerical staff to include the correct Outcomes instrument with the other paperwork completed by the individual at the beginning of the intake/admission/diagnostic assessment process.

The exact process for including the appropriate instrument in the "intake/admission" paperwork packet will vary from agency to agency based on the admission policies and procedures that the agency has in place for admitting persons to agency services.

Child and Adolescent Consumers

- For each child, a parent or caregiver (in a home-like setting) who knows the child well will complete the Ohio Scales Parent Rating Form.

- Each youth age 12-18 will complete the Ohio Scales Youth Rating Form.
- For each child age 5-18 the worker/clinician will complete the Ohio Scales Agency Worker Rating Form at the end of the diagnostic assessment process and prior to development of the Individual Service Plan.
- If the child is an older adolescent (i.e., 16 years through 18 years), the worker/clinician may choose to use the adult instruments (i.e., Adult Consumer Form A and Provider Adult Form A), if this choice seems more appropriate.



Use & Data Flow Questions

When Should the Various Instruments Be Administered?

The following table provides guidelines for administering the selected instruments:

Note: *The instruments and intervals in the table are important and should be followed as closely as possible to allow outcomes data to be evaluated and compared.*

Population Measured	Instruments Recommended	Intervals of Measurement
Adult, Severely Disabled	Adult Consumer Form A Provider Adult Form A	Intake, 6 months, 12 months, annually thereafter, or at termination, whichever comes first.
Adult, Not Severely Disabled	Adult Consumer Form B	Intake, at or close to termination.
Child/Adolescent, Seriously Disturbed and Not Seriously Disturbed	Ohio Scales	Intake, 6 months, 12 months, annually thereafter, or at termination, whichever comes first.

In order to track consumer change that occurs rapidly, some organizations may wish to administer the Outcomes instruments more frequently than the schedule outlined above. The Outcomes System will also accept administrations at intervals of 30, 60 and 90 days. The decision to administer the instruments more frequently than the ODMH requirement is left to local systems.



How Can Outcomes Be Used?

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

Note: *The uses of Consumer Outcomes are too numerous to cover in detail in the current document. A more detailed discussion can be found in the Consumer Outcomes System Procedural Manual.*

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 sociodemographic 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 payor 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 will use 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.

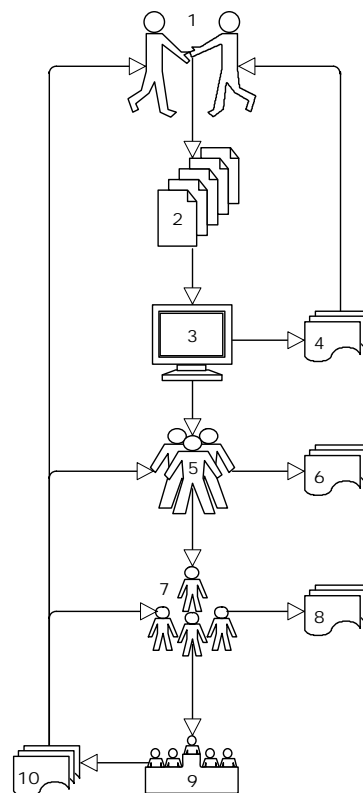
How Does Information Flow Through the Outcomes System?

Data flow concerns the transfer of information from the consumer through agencies and boards to the state and back again.

1. Once the Outcomes instrument is completed, it is collected and the completeness and accuracy of the data are checked. If items are incomplete or not marked legibly, the respondent is asked to clarify or complete his/her response. This is the earliest possible time that corrections can take place.
2. The "office use" fields included with the instrument (e.g., consumer medical record number) are completed as well as the Tracking Sheet.
3. Data captured on the instrument are entered into a database at the provider agency.
4. Data are used at the provider level to produce reports for the consumer and worker/clinician to

use in treatment planning. Aggregate reports are also generated and used.

5. Data are transmitted from provider to board at agreed upon intervals (e.g., weekly) and according to HIPAA regulations.
6. Data are used at the provider level to produce aggregate reports to address care management, quality improvement, and accountability for resources.
7. Data received by the board are logged and checked for basic errors. Problems with data are communicated to the provider.
8. Data are used at the board level to produce aggregate reports to address quality improvement, accountability for resources, and local system planning.
9. Data are transmitted by the board via FTP to the appropriate subdirectory on the designated ODMH server. Production processing occurs every Monday. Production reports (e.g., critical errors) are posted to appropriate subdirectories and retrieved by boards.
10. ODMH produces aggregate reports allowing local areas to compare themselves with the rest of the state, and allowing the development of statewide benchmarks to address quality improvement, accountability for resources, and system planning.



What Are the Basic Types of Consumer Outcomes Reports?

Several types of reports can be generated with Outcomes data. The level of sophistication of the analyses can increase when the agency is able to add service/billing information and consumer demographic and program data. (The level of technology available within the individual agency can also affect the available range of reporting.)

Individual Outcomes Profiles

This type of report could display scores on instrument items and subscales for an individual consumer, based on the four Outcomes domains. The individual provider could also use the information in treatment planning. Depending upon the nature of the agency's management information system, this information could be integrated with relevant demographic and clinical status items from the consumer's clinical record.

Point-in-Time Outcomes Comparisons

This type of report could compare an individual's scores to various types of aggregated data (e.g., others on a provider's caseload, overall scores within an agency, board area average scores, overall statewide norms). Comparisons could also be made by diagnostic group or voluntary/involuntary status. If an agency has a sufficiently powerful management information system into which Outcomes data have been integrated, other variables (e.g., agency program, service utilization, length of stay, costs) could be used for comparisons. Graphic display capabilities, such as percentile distribution bar graphs with the person's score highlighted, could enhance the usability of these reports for agency staff.

Time Series Outcomes Comparisons

This type of report could display an individual's scores across administrations of the instruments with some graphical depiction of the degree of change over time. Other reference groups' average change scores could be depicted for comparison. This report could allow a provider to see the individual's "treatment trajectory," so that consumers with a poor trajectory could become the focus of treatment review, and those with a good trajectory might point to best practices in service provision.

What Are the Cautions and Qualifications for the Use of Outcomes Data?

The Ohio Mental Health Consumer Outcomes System provides valuable information to users and purchasers of services. However, there are two key cautions and qualifications that must be taken into account before using the Consumer Outcomes information for funding and selective contracting with agencies/provider organizations.

1. There are very few empirically established causal links between specific mental health system services, specific agencies, or specific workers/clinicians and consumer outcomes.
2. Comparisons of outcomes across mental health boards, or agencies/provider organizations, or workers/clinicians should be viewed with extreme caution until such time as statewide benchmarks, adjusted for case mix, have been developed.

General Guidelines

Outcomes monitoring, complemented by cost data, will provide valuable information to purchasers of mental health services that will enable them to judge the value of the services they are purchasing. Although Outcomes data could be used punitively, an Outcomes monitoring system will be more effective if data are used to stimulate discussion, to guide clinicians in tailoring consumer treatments, and to identify efficient approaches to treatment.

Following are strongly recommended guidelines for users of Outcomes data:

- Outcomes findings should be used as indicators of areas requiring further exploration and subsequent treatment, program, and system planning.
- It is not appropriate to assume the cause of a given finding can be attributed only to the mental health system or to a specific provider or practitioner.
- Caution must be exercised in interpreting Outcomes data.
- No sanctions should be associated with the Outcomes data unless and until the approach has been proven valid, reliable, and useful.
- Potential data users should resist the temptation to compare providers or board areas simply based on the raw data or preliminary data analysis.
- Data users must recognize their responsibility to monitor such inappropriate use of the data.

Comparisons Across Groups

Organizations must be extremely cautious in how they make decisions based on Outcomes data. Outcomes data are best considered as possible indicators for further focused evaluation and as one important piece of data among others, including such factors as consumer satisfaction and complaints, cost, and utilization. The Consumer Outcomes System has been developed to support continuous quality improvement at all levels and is not adequately tested for use in making more aggressive administrative and funding decisions at this time.

Several critical components are needed for making valid comparisons across groups:

- First, one must be able to verify that consumers in the comparison groups meet the diagnostic criteria for the condition under study.
- Second, one must have the ability to provide valid and reliable data about salient outcomes from both consumers' and providers' perspectives.
- Third, one must be able to measure prognostic variables to permit comparisons across groups. However, even with the best adjustments, caution should be taken when interpreting differences observed between consumer groups in non-experimental designs.
- Finally, you must have the ability to assess the type and extent of treatment the consumer received for the target condition across various health care delivery settings. A careful and comprehensive description and quantification of the services a consumer receives is essential to understanding how the provision of care influences outcomes.



Administrative Questions

Is Participation In the Outcomes System Required?

Yes. Most provider agencies are now required to participate in the Outcomes System.

The Ohio Department of Mental Health regulates provider agencies through its Certification Standards process, in which agencies are required to meet the provisions of a number of Administrative Rules. The

Consumer Outcomes Rule (ORC 5122-28-04) became effective on September 4, 2003.

With a few narrow exemptions, the Rule mandates that all agencies:

- must be collecting Ohio Mental Health Consumer Outcomes System data by March 4, 2004;
- must be successfully flowing data through mental health boards to the Department by September 4, 2004; and
- must provide evidence that Outcomes data are being used in both treatment planning and agency performance improvement activities by September 4, 2005.

The Consumer Outcomes Rule is one of a number of recently promulgated Administrative Rules which reinforce and support the Department's Quality Agenda, which is the synchronization of best practices, quality improvement and the consistent measurement of consumer outcomes.

Are Consumer Outcomes Activities Reimbursable?

Consumer Outcomes activities are reimbursable under certain circumstances.

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:

- face-to-face with the consumer,
- part of an otherwise billable service,
- medically necessary, and
- appropriately documented.

How Is the Outcomes System Related to Consumer Recovery and Resiliency?

Recovery and Resiliency are foundations of ODMH's current initiatives. The concepts of Recovery and Resiliency are reflected in the Outcomes System's values, the Outcomes instruments, and the measurement process.

Recovery

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.

According to the *Emerging Best Practices in Mental Health* Recovery model, nine essential components are needed at each level within the recovery process to provide effective services and support:

1. Clinical Care
2. Family Support
3. Peer Support & Relationships
4. Work/Meaningful Activity
5. Power & Control
6. Stigma
7. Community Involvement
8. Access to Resources
9. Education

Also, according to the model, 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 can help all parties involved understand the status of the consumer and the roles of the clinicians and community supports.

Resiliency

Resiliency is the capability of individuals, families, groups, and communities to cope successfully in the face of significant adversity or risk. This capability changes over time, is enhanced by protective factors in the individual/system and the environment, and contributes to the maintenance and enhancement of health.

As was the case with Recovery, use of Outcomes information can facilitate understanding of the status of the consumer and can provide information for increasing consumers’ abilities to cope successfully with life’s challenges, for facilitating Recovery, and for building resilience — not just for managing symptoms.

How Do Outcomes Fit Into the ODMH Information Structure?

The ODMH information structure includes components for financial and reimbursement, demographic information and Consumer Outcomes.

Financial and Reimbursement (MACSIS)

The first component of the ODMH information structure is designed to track and reimburse services funded by public dollars, and includes only those information items required to reimburse a claim for services, including a unique consumer identifier (UCI) and consumer name.

Claims Data Mart

Provider organizations submit claims information to MACSIS through their local boards. Aggregate information about claims processed by MACSIS can be accessed through a Web-based Claims Data Mart.

Behavioral Health Data

If there are Business Associate Agreements in place between boards and ODADAS, additional demographic data are collected about consumers served, including admission and closure information.

Demographics Data Mart

Provider organizations submit Behavioral Health data through their local boards. It is anticipated that aggregate information about consumer demographics will be available through a Web-based Demographics Data Mart that is under consideration.

Consumer Outcomes

The Consumer Outcomes System contains information on the health or well-being for an individual or family, as measured by statements or characteristics of the consumer, as well as by perceptions of service providers and family members.

Outcomes Data Mart

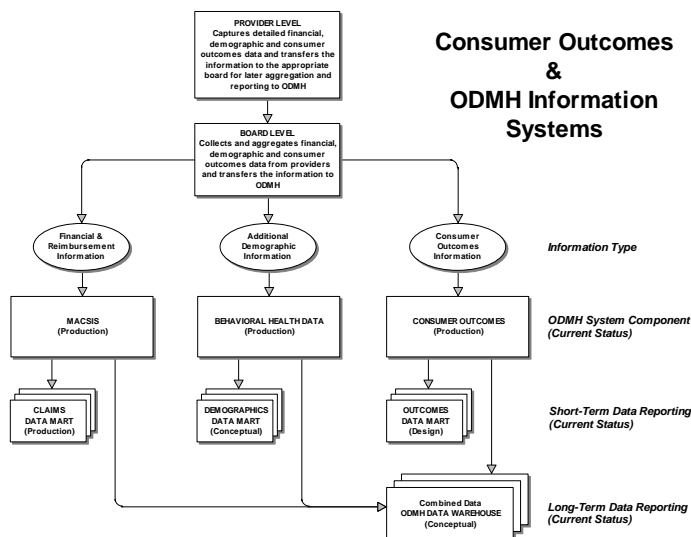
Provider organizations submit Outcomes information to the Outcomes System through their local boards. Aggregate information about Outcomes can be accessed through a Web-based Outcomes Data Mart.

Future Data Warehouse

The long term vision includes a Data Warehouse designed to accept information from the MACSIS financial system, the Behavioral Health data and the Consumer Outcomes System and combine it for reporting purposes. At present, such a Data Warehouse is a conceptual model only; challenges related to overall cost and emerging issues of data confidentiality will have to be addressed before such a project can be undertaken.



The general structure of the ODMH outpatient information system and the functional relationships of its components are shown in the diagram below.



How Can the Outcomes System Help Support Regulatory Relief?

The Outcomes System is designed to support regulatory relief from other ODMH requirements that may be duplicative of or inconsistent with the Outcomes approach.

Examples include:

- Reducing the administrative burden on providers, while increasing accountability and quality, through the revision of the Certification Standards for Mental Health Agencies
- Empowering consumers to take responsibility for developing and working toward goals identified from Outcomes data
- Meeting the community outcomes requirements of JCAHO, CoA and CARF

- Developing mechanisms to ensure that Outcomes data are appropriately used for performance improvement, and not misused systematically
- Supporting clinical re-engineering at the agency level to improve quality and reduce burden



Support Questions

What Resources Are Available for Local Systems?

Many resources currently exist to aid local systems in implementing the ODMH Outcomes System. All resources are available via the Outcomes Web site or by contacting the ODMH Outcomes Support Team.

Outcomes Initiative Web Site

The Outcomes Initiative maintains a comprehensive Web site from which you 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 items listed below are available for download from the Outcomes Initiative Web site.

Outcomes Procedural Manual

The Ohio Mental Health Consumer Outcomes System Procedural Manual includes a comprehensive background of the Outcomes Initiative, guidelines for implementing the Outcomes System within an organization, and complete instructions for administering and scoring the Outcomes instruments.

Outcomes Instruments

Electronic copies of all instruments used in the Outcomes System are available for download from the Outcomes Initiative Web Site. All instruments can be duplicated as required by the individual provider organization. The Ohio Youth Problems, Functioning, and Satisfaction Scales 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) 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.

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.

Outcomes “Toolkit”

The Outcomes Initiative has prepared a series of educational materials designed to assist the provider organization 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

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. Vendor responses were tabulated for quick comparison.

Other Project Materials

In addition to the items listed above, numerous other Outcomes-related documents are available for download from the Outcomes Web site.

Where Can I Find Out More About the Outcomes System?

Additional information is available either on the World Wide Web or by contacting the Ohio Department of Mental Health.

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

<http://www.mh.state.oh.us/what-we-do/protect-and-monitor/consumer-outcomes/>

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

***Jim Healy – (614) 752-9311
Wilma Lutz– (614) 752-9102
Kwok Tam – (614) 752-9706
Doug Bailey– (614) 466-9933***

Instrumentation and the Measurement of Outcomes

The Outcomes System identified the following Outcomes Domains to be measured: (1) Clinical Status; (2) Quality of Life [Life Satisfaction and Fulfillment]; (3) Functional Status; and (4) Safety and Health/Welfare. Each of the Domains is comprised of several specific Outcomes. The table below lists the Domains of Outcomes identified by the Outcomes Task Force, the specific Outcomes that comprise each Domain, and the items on the Adult and Children's instruments that are used as measurements of the Outcomes.

	Outcome	Related Adult Instrument Items ¹	Related Children's Instrument Items ²
Clinical Status	1. Level of symptom distress.	Adult Form A & B: 17-31	Ohio Scales: Problems 1-20
	2. Number of psychiatric emergencies and emotional/ behavior crises.	MACSIS	MACSIS
	3. Person/Family ability to understand, recognize and manage/seek help for symptoms, both physical and psychiatric.	Adult Form A & B: 32, 33	Ohio Scales: Functioning 7, 20 (P) Satisfaction 2
Quality of Life	1. Satisfaction with areas of life including family relationships, social involvement, financial resources, physical health, control over life and choices, individual and family safety, participation in community life, living situation, productive activity, and overall satisfaction with life.	Adult Form A & B: 1-12	Ohio Scales: (Y), (P) Hopefulness 1-4 Functioning 1-4, 7, 14
	2. Feeling a sense of overall fulfillment, purpose in life, hope for the future and personal or parental empowerment.	Adult Form A: 34-61	Ohio Scales: (Y), (P) Hopefulness 1-4
	3. Attainment of personal/family goals related to culture, spirituality, sexuality, individuality, developmental stage and liberty.	Adult Form A & B: 5, 6	
	4. Family's sense of balance between providing care and participation in other life activities.	Adult Form A & B: 7 (Partly)	Ohio Scales: (P) Hopefulness 2, 3
Functional Status	1. Identifying, accessing, and using community resources to fulfill needs, such as spiritual, social, cultural, recreational, etc. by participation in organizations that are not primarily mental health organizations.	Provider Form A: 1-3	Ohio Scales: Functioning 10, 17
	2. Developing and managing interpersonal relationships.	Provider Form A: 1-3	Ohio Scales: Functioning 1-4, 20
	3. Managing money.	Provider Form A: 6H	Ohio Scales: Functioning 17
	4. Managing personal hygiene and appearance, utilizing skills such as use of public transportation, phone books, grocery store, laundromats, etc. to maintain oneself independently as necessary, and maintaining a home environment in a safe, healthy and manageable fashion.	Provider Form A: 6A-G	Ohio Scales: Functioning 5, 6
	5. Advocating successfully for self with mental health professionals, landlords, families, public safety personnel, etc.		Ohio Scales: (Y), (P) Satisfaction 1-4
	6. Remaining in a home or family like environment as measured by stability and tenure.	MACSIS Provider Form A: 4-5	Ohio Scales: (W) ROLES
	7. Engaging in meaningful activity, e.g., work, school, volunteer activity, leisure activity.	Adult Form A & B: 5 Provider Form A: 7A-F, 8	Ohio Scales: Functioning 9-13
	8. Abiding by the law sufficiently to avoid incarceration and / or justice system involvement.	Provider Form A: 9-11	Ohio Scales: Problems 8, Functioning 7, (W) ROLES
Safety and Health	1. Does not want to or does not harm self.	Provider Form A: 9, 12F-G (Partly)	Ohio Scales: Problems 2, 7, 12, 13, 20, Functioning 6
	2. Does not want to or does not die from suicide.	Provider Form A: 12F (Partly)	Ohio Scales: Problems 12, 13
	3. Does not want to or does not harm others.	Provider Form A: 11	Ohio Scales: Problems 2, 3
	4. Free from physical and psychological harm or neglect in the individual's social environment to include home, school, work, and service settings.	Adult Form A & B: 8, 9 Provider Form A: 12	Ohio Scales: Problems 15, 16
	5. Person is physically healthy.	Adult Form A & B: 11, 13 Provider Form A: 9	Ohio Scales: Functioning 6 (Y) Hopefulness 2
	6. Treatment effects, including medication, are more positive than negative.	Adult Form A & B: 14	Ohio Scales: (P), (Y) Satisfaction 1
	7. Safety and health is not threatened due to disabilities, being treated with lack of dignity, or discrimination in response to lifestyle or cultural differences.	Adult Form A & B: 15,16	
	8. Person/family terminates services safely and planfully.		
	9. Person/family who receives little or no services, has secure sense that they can obtain more/additional services in a timely manner.		

¹ Adult Consumer Form A and Provider Adult Form A are used with adults receiving CSP services or any day measured service, alone or in combination with other services. Adult Consumer Form B is used with adults receiving either individual or group counseling services only, or medical somatic services only or these services in combination with each other.

² For the Ohio Scales, where sections and question numbers are referred to without annotation, the questions appear in all three versions of the instrument. (Y) = Youth Rating Form; (P) = Parent Rating Form; (W) = Agency Worker Rating Form.