

Children's Mental Health Outcome Measures Reporting System

User Manual



Minnesota Department of **Human Services**

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Components of the Children’s Mental Health Outcome Reporting System

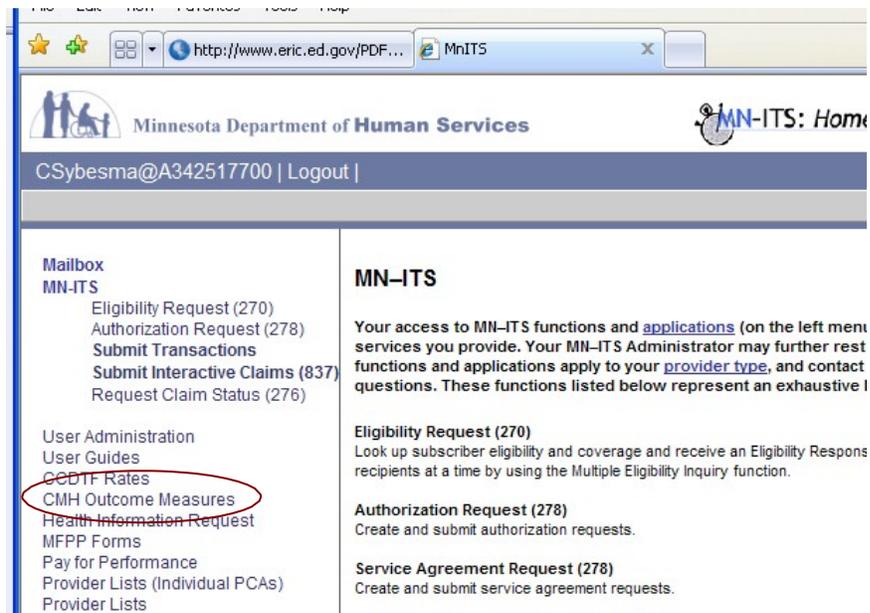
- ❖ Submission History – Allows providers to check the submission history of assessments for clients. This function does not allow providers to see scores of measures completed by other providers.
- ❖ Client and Provider Information
- ❖ SDQ (Strengths and Difficulties Questionnaire) Entry Forms
- ❖ CASII (Child and Adolescent Service Intensity Instrument) Entry Form – includes listing the services recommended by the treatment team
- ❖ ECSII (Early Childhood Service Intensity Instrument) Entry Form – includes listing the services recommended by the treatment team
- ❖ Summary Page – a report of scores for the SDQs and CASIIs or ECSIIs completed during the current session
- ❖ Checklist - shows completed and uncompleted tasks

Checklist	
<input checked="" type="checkbox"/>	Client and Agency Information
<input type="checkbox"/>	SDQ - Parent
<input type="checkbox"/>	CASII and Recommended Services
<input type="checkbox"/>	ECSII and Recommended Services
<input type="checkbox"/>	Review and Submit

- Indicates completed tasks
- Indicates current task
- Indicates tasks to be completed

Logging into CMH Outcome Measures

1. Log in to MN-ITS to reach the MN-ITS Welcome page (refer to the [Login](#) process, if necessary).
2. Select CMH Outcome Measures from the left-hand menu to complete Children's Mental Health Outcome Measures.



3. Note: This is the current location of this link. The menu on the left side of the computer screen changes as new functions are added to MN-ITS. The "CMH Outcome Measures" link will always be on the left side.

Children's Mental Health Outcome Measures

MN-ITS HOME > MN-ITS Interactive and Batch > [\[Print\]](#)

Welcome to the Children's Mental Health Division's Outcome Measure Reporting System. Mental health providers use this site to report outcome measures [Strengths and Difficulties Questionnaires (SDQ's), Child and Adolescent Service Instrument (CASII), Early Childhood Service Instrument(ECSII) and service recommendations] for their clients. Please enter your data and then review and print the summary page before submitting the data to DHS.

* = required field

Enter Client Information

*MHCP Subscriber ID: Client does not have an MHCP Subscriber ID

*Gender: Male Female

*Primary Diagnosis:

*Race:

Asian

Black or African American

American Indian/Alaskan Native

Pacific Islander/Native Hawaii

White

Unable to Determine

*Ethnicity:

Hispanic or Latino

Not Hispanic or Latino

Unable to Determine

*Date of Birth:

*County of Residence:

*Tribe:

*Residential Status:

Enter Agency Information (both Provider NPI Numbers are required)

*Clinic National Provider Identifier: [Lookup National Provider Identifier](#)

*Clinician National Provider Identifier:

Note: Providers not employed by an agency should enter their personal (clinician) NPI in both the Clinic and Clinician NPI fields. Do not enter an organizational (clinic) NPI in the Clinician NPI field. Use the "Lookup National Provider Identifier" link to search the Individual Provider NPI Registry.

Client and Provider Information

Note: Field titles with an asterisk (*) indicate the information is required.

1. Enter Client information

a. Identification Number: You have 3 options for this number.

- i. MHCP Subscriber ID: This number is also known as a Medical Assistance (MA) number, Recipient ID, or Person Master Index (PMI) number. If the client is enrolled in a Minnesota Health Care Program, use this number to enter assessments. This is a numerical field, 8 digits starting with 0. **Only numbers should be entered here.** Be sure you are using the correct ID number. If client does not have a MHCP Subscriber ID, check the small box as seen below.

Client does not have an MHCP Subscriber ID

- ii. CMH ID: This is a system-generated number that contains 11 digits and starts with 99----. If the client was previously assigned a CMH ID, use the same CMH ID on all future submissions. This number will be displayed in the header of reports generated from the system (see example below). Do not enter your agency's internal case numbers here. Do not enter any letters or numbers that have not been assigned by this system.

Client Information:	Agency Information:	Evaluation Period:
Subscriber ID:00112233	Clinic NPI Number:1972502045	Initial
Date of Birth:May 1, 1999	Clinician NPI Number:1972502045	
CMH ID:99000012057		

Strength and Difficulties Questionnaire (SDQ) | [\(Skip SDQ to CASII\)](#)

- iii. Generate a new CMH ID: If the child does not have a MHCP Subscriber ID and has never been entered into this system, check the box and the system will generate a CMH ID. (Note: Use that number on all future submissions for that client.)

Client does not have an MHCP Subscriber ID
 Client does not have a CMH ID, CMH ID needs to be assigned.

- iv. Note: The system generates a CMH ID number for all children entered into the system, even if the child has a MHCP Subscriber ID. If you enter assessment information using a MHCP Subscriber ID, continue to use that number for future submissions.
- v. If you receive the error message below, please check to ensure that you have entered the correct MHCP Subscriber ID, as well as the correct birthdate. If these two entries do not match recipient data that is currently on file with DHS, you will receive this error message.

MHCP Subscriber ID not found. Please enter a valid 8-digit MHCP Subscriber ID

* = required field

Enter Client Information

*MHCP Subscriber ID: Client does not have an MHCP Subscriber ID

- b. Gender: Select the client's gender.
- c. Primary Diagnosis: Enter the client's primary DSM or DC: 0-3 diagnosis. This is a "free text" field
- d. Race: Select all that apply.
- e. Ethnicity: Select the client's ethnicity.
- f. Date of Birth: Enter the client's data of birth using the following format: (MM/DD/YYYY).

- g. County of Residence: Select the client's county of residence (dropdown menu).
- h. Tribe: Select the tribe with which the client is affiliated or select "Not a tribe member."
- i. Residential Status: Select the status that best describes the client's current living arrangement (dropdown menu).

*Date of Birth: 

*County of Residence:

*Tribe:

*Residential Status:

Enter Agency Information (both Provider NPI Numbers are required)

*Clinic National Provider Identifier: [Provider Identifier](#)

*Clinician National Provider Identifier:

(Dropdown menu options: - Select -, Home with family/extended family, Foster care, Residential facility, Homeless, Other)

2. Enter Provider Information

- a. Both the Clinic National Provider Identifier (NPI) and the Clinician National Provider Identifier NPI are required.
 - i. If you do not know your clinician or clinic NPI, please use the "Lookup National Provider Identifier" link to search the NPI Registry.
- b. Do not enter an organizational (clinic) NPI in the Clinician NPI field.
- c. Providers not employed by an agency (i.e., operate a private practice) should enter their clinician NPI in both the Clinic and Clinician NPI fields.
- d. The Mental Health Professional (MHP) is responsible for assuring the information is entered in the system and is correct. If the primary therapist is a mental health practitioner, the clinician NPI number entered should be that of the clinical supervisor.
- e. If there is more than one MHP and/or more than one agency involved with the client, the treatment team should designate the primary therapist who will be responsible for data entry and whose clinic and clinician NPI numbers should be used.

Enter Agency Information (both Provider NPI Numbers are required)

*Clinic National Provider Identifier: [Lookup National Provider Identifier](#)

*Clinician National Provider Identifier:

Note: Providers not employed by an agency should enter their personal (clinician) NPI in both the Clinic and Clinician NPI fields. Do not enter an organizational (clinic) NPI in the Clinician NPI field. Use the "Lookup National Provider Identifier" link to search the Individual Provider NPI Registry.

3. Select the Evaluation Period

- a. The first entry on an individual client should be entered in the "Time 1" evaluation period. Enter subsequent assessments in the next available evaluation period. If you are unsure of the next available evaluation period, you can use the "Submission History" function (see below) to determine what the appropriate evaluation period would be for the current data.

Return
To Main
Menu

CMH
Reports

Welcome to the Children's Mental Health Division's Outcome Measure Reporting System. Mental health providers use this site to report outcome measures [Strengths and Difficulties Questionnaires (SDQ's), Child and Adolescent Service Instrument (CASII), Early Childhood Service Instrument(ECSII) and service recommendations] for their clients. Please enter your data and then review and print the summary page before submitting the data to DHS.

* = required field

Enter Client Information

*MHCP Subscriber ID: Client does not have an MHCP Subscriber ID

*Gender: Male Female

*Primary Diagnosis:

*Race:

Asian

Black or African American

American Indian/Alaskan Native

Pacific Islander/Native Hawaii

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*Ethnicity:

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Not Hispanic or Latino

Unable to Determine

*Date of Birth:

*County of Residence:

*Tribe:

*Residential Status:

Enter Agency Information (both Provider NPI Numbers are required)

*Clinic National Provider Identifier: [Lookup National Provider Identifier](#)

*Clinician National Provider Identifier:

Note: Providers not employed by an agency should enter their personal (clinician) NPI in both the Clinic and Clinician NPI fields. Do not enter an organizational (clinic) NPI in the Clinician NPI field. Use the "Lookup National Provider Identifier" link to search the Individual Provider NPI Registry.

Enter Evaluation Period

*Evaluation Period:

[Cancel](#) | [Submission History](#) |

Evaluation Period

Submission History

4. Submit Client and Agency Information

- a. After completing all required fields on the client and agency information page, click the "Continue" button in the lower left corner of the screen to move to the assessment entry forms or click "Cancel" to clear all data fields.

5. Submission History

- a. The Submission History function allows you to check the submission history of outcome measures for a specific case.
- b. To use this feature:
 - i. Select the "Submission History" link at the bottom of the page. A new page will appear.
 - ii. You can search by CMH ID or MHCP Subscriber ID. To search by the client's CMH ID, enter the 11-digit number in the top box labeled, "Enter CMH ID." To search by the client's MHCP Subscriber ID (i.e., MA number), enter the 8-digit number in the second box labeled, "or MHCP Subscriber ID."
 - iii. Click on the "Get History" button. The submission history for the ID number will be presented. (The history displayed below is a sample case.)

Submission History

Children's Mental Health Outcome Measures
Submission History

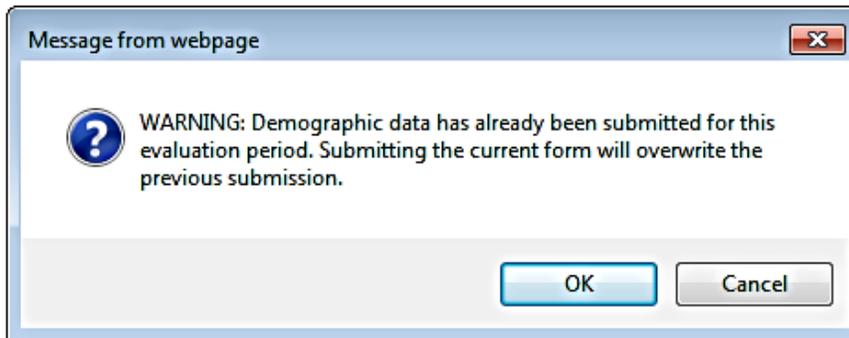
Enter CMH id:

or MHCP Subscriber id:

Client Submission History				
Evaluation Period	Form Name	Instrument Date	Clinic NPI	Clinician NPI
Initial	SDQ Parent	Aug 19, 2010	1225136419	1225136419
Initial	ECSII	Aug 22, 2011	1225136419	1225136419
12 Month	ECSII	Aug 19, 2010	1225136419	1225136419

6. Demographic Information Overwrite Warning

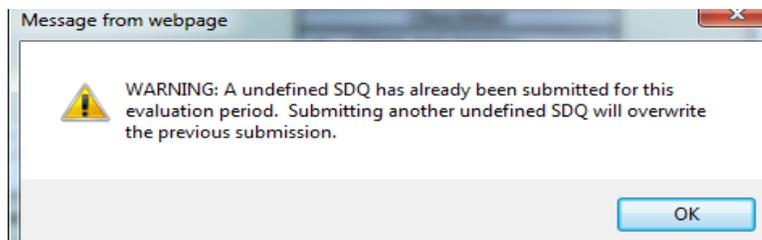
- a. If the demographic information entered for a client differs from a previous entry, you will receive the following warning message:



- i. If there is a need to update the demographic information for a child (i.e. a change in placement, an error in previous submissions) click “ok” and the previous information will be updated. If you did not intend to change any information, click “cancel”, and return to the demographic section to make the appropriate amendments.

Assessment Overwrite Warning

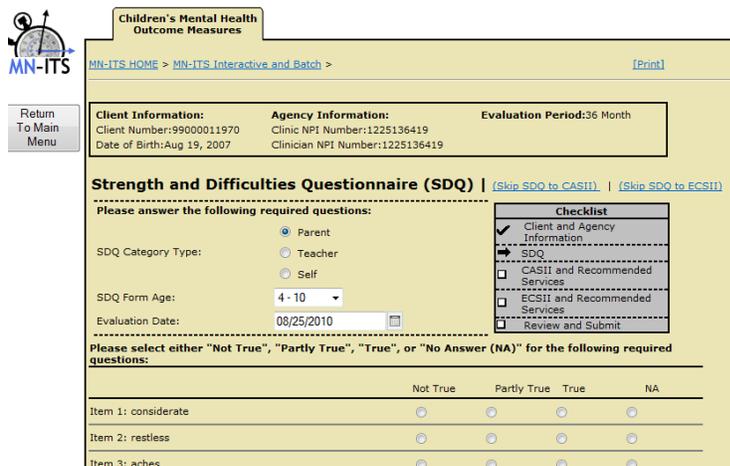
1. Only one set of measures (SDQ, CASII/ECSII, and Recommended Services) per treating provider is allowed each evaluation period. If you receive a warning that an SDQ, ECSII or CASII has already been submitted, use the Submission History function to verify that you are entering measures under the correct evaluation period. Do not overwrite data unless you are certain the previous entry should be deleted. Data that is overwritten cannot be recovered.



2. All measures may be entered at the same time or in several data entry sessions. The summary page only lists the scores for the assessments entered during the current data entry session. If you would like your summary page to display all assessments obtained for that evaluation period, it is necessary to wait to enter data until you have all necessary forms.

Completing Strengths and Difficulties Questionnaire (SDQ)

1. Up to three Strengths and Difficulties Questionnaire (SDQ) forms can be submitted for each evaluation period (i.e., parent, teacher and self). There is a limit of one parent and one teacher form for each evaluation period. If you receive completed forms from multiple parents/guardians or teachers, choose the most representative parent and teacher forms. If you do not have an SDQ for an evaluation period, you may choose "Skip SDQ" in the upper right corner to move on to the CASII or ECSII.
2. To enter SDQ data:
 - a. Select the SDQ Category Type: Parent, Teacher or Self
 - b. Select SDQ Form Age: 3/4, 4-10 or 11-17
 - c. Enter the Evaluation Date: (Enter the date the SDQ was actually completed. Do not enter the date the information is entered into the Outcome Measures system.)



	Not True	Partly True	True	NA
Item 1: considerate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 2: restless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 3: aches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- d. Select a response for each item (1-25). If an item was skipped, select "N/A."

Item 21: reflective	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Item 22: steals/spiteful	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 23: better with adults	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 24: fears	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 25: attention	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

[Cancel](#) | [Continue to impact scores for this SDQ form](#)

- e. Select “Continue to impact scores for this SDQ form”.
- f. Select a response for each item (Impact 1-Impact 8. If an item was skipped or the Impact section of the measure was not completed, select “Not Answered”.

- g. SDQ Completed by: Select the entry that best describes the respondent.

	Not at all	Little	Medium	Deal	Answered
Impact 3: distress	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impact 4: home life	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impact 5: friendship	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impact 6: learning	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impact 7: leisure	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impact 8: burden	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SDQ Completed by:

[Cancel](#) | [+Add another SDQ form](#) | [Continue to CASII Entry](#) | [Continue to ECSII Entry](#) | [Score, Review and Submit](#)

- h. Once all required items are complete, you have the following options:
 - i. Click “Cancel” to clear all data entered during the current session and return to the first page of the application.
 - ii. Click “Add another SDQ form” if you have another completed SDQ to enter under the current evaluation period.
 - iii. Click “Continue to CASII Entry” if you have a completed CASII to enter under the current evaluation period.
 - iv. Click “Continue to ECSII Entry” if you have a completed ECSII to enter under the current evaluation period.
 - v. Click “Score, Review and Submit” if you have no additional measures to enter and wish to submit the data.

Completing Child and Adolescent Service Intensity Instrument (CASII)

1. One CASII may be submitted per treating provider for each evaluation period.

2. To enter CASII data:

- a. Enter the Evaluation Date: Enter the date the CASII was actually completed. Do not enter the date the information is entered into the Outcome Measures system.
- b. Select a response for each item (I-VI-B). All items are required.

- c. Select "Continue to Recommended Services." If you wish to clear all entered data and return to the first screen of the application, select "Cancel."

3. To enter Recommended Services:

- a. Under "Services," use the drop-down menu to select the services that are currently being recommended by the treatment team. You must enter at least one service in order to submit the CASII.
- b. Under Hours per Month: Enter the total number of hours per month recommended for each service.
- c. Click "Add additional services and hours" to add additional services. You may enter up to 10 services.
- d. If you select "Other" from the Services drop-down menu, a text box will appear. Use this option to list services that are not included in the drop-down list. **There is a 30 character limit in the text box. If you enter more than 30 characters in the box, you will receive an error message when you try to submit the data.**

- e. Click "Score, Review and Submit" to score and submit the information entered

during the current data entry session. Click “Cancel” to clear all data entered during the current session and return to the first page of the application. You may also use the “Checklist” menu on the right side of the screen to navigate to other pages within the application if you have additional assessments to add or revisions to make prior to submitting the data.

Completing the Early Childhood Service Intensity Instrument (ECSII)

1. To enter ECSII data:
 - a. Enter the Evaluation Date: Enter the date the ECSII was actually completed. Do not enter the date the information is entered into the system.
 - b. Select a response for each item (I-VI-C). All items are required.

Children's Mental Health Outcome Measures

MN-ITS HOME > MN-ITS Interactive and Batch > [Print]

Welcome to the Children's Mental Health Division's Outcome Measure Reporting System. Mental health providers use this site to report outcome measures [Strengths and Difficulties Questionnaires (SDQ's), Child and Adolescent Service Instrument (CASII), Early Childhood Service Instrument(ECSII) and service recommendations] for their clients. Please enter your data and then review and print the summary page before submitting the data to DHS.

* = required field

Early Childhood Service Intensity Instrument (ECSII) | (Skip ECSII)

Please answer the following required questions:

Evaluation Date: 09/20/2011

I. Degree of Safety

- (1) Optional Degree of Safety
- (2) Adequate Degree of Safety
- (3) Moderate Degree of Safety
- (4) Impaired Degree of Safety
- (5) Low Degree of Safety

II. Child-Caregiver Relationships

- (1) Optional Child-Caregiver Relationships
- (2) Adequate Child-Caregiver Relationships
- (3) Mild Impairment in Child-Caregiver Relationships

III. Minimal

- (4) Minimal
- (5) None
- (6) No Services other than Primary Care

VI-C. Service Profile - Effectiveness of Services

- (1) Optimal
- (2) Adequate
- (3) Limited
- (4) Minimal
- (5) None
- (6) No Services other than Primary Care

Cancel | Continue to Recommended Services

Checklist	
<input checked="" type="checkbox"/>	Client and Agency Information
<input checked="" type="checkbox"/>	SDQ - Parent
<input type="checkbox"/>	ECSII and Recommended Services
<input type="checkbox"/>	Review and Submit

- c. Select “Continue to Recommended Services.”

2. To enter Recommended Services:
 - a. Under “Services,” use the drop-down menu to select the services that are currently being recommended by the treatment team. You must enter at least one service in order to submit the ECSII.
 - b. Under Hours per Month: Enter the total number of hours per month recommended for each service.
 - c. Click “Add additional services and hours” to add additional services. You may enter up to 10 services.
 - d. If you select “Other” from the Services drop-down menu, a text box will appear. Use this option to list services that are not included in the drop-

down list. **There is a 30 character limit in the text box. If you enter more than 30 characters in the box, you will receive an error message when you try to submit the data.**

Children's Mental Health Outcome Measures

MN-ITS HOME > MN-ITS Interactive and Batch > [Print]

Client Information: Client Number: 99000011970, Date of Birth: Aug 19, 2007
Agency Information: Clinic NPI Number: 1225136419, Clinician NPI Number: 1225136419
Evaluation Period: 36 Month

Recommended Services
 (Note: At least one Recommended Service is required. You may enter hours for only up to 10 services)

Services	Hours per Month	
Individual Psychotherapy	4.00	- Delete Service
Multiple Family Group Psychotherapy	2	+ Add additional service and hours

[Cancel](#) | [Score, Review and Submit](#)

Checklist

- Client and Agency Information [\(edit\)](#)
- SDQ - Parent [\(edit\)](#)
- [+ Add SDQ Form](#)
- ECSII and Recommended Services [\(edit\)](#)
- [Review and Submit](#)

- e. Click “Score, Review and Submit” to score and submit the information entered during the current data entry session. Click “Cancel” to clear all data entered during the current session and return to the first page of the application. You may also use the “Checklist” menu on the right side of the screen to navigate to other pages within the application if you have additional assessments to add or revisions to make prior to submitting the data.

Summary Page

1. This page presents the scores for the assessments entered during this session.
2. The following warning will be displayed at the top of the page:

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

3. Print this page for your records. The score summary page cannot be accessed after submission. The following warning will be displayed on the right side of the page as a reminder to print the summary page:

Warning: Please print for your records. All data will be unavailable once the web browser is closed.

4. Click “Submit.” Click “Cancel” to clear all data entered during the current session and return to the first page of the application. You may also use the “Checklist” menu on the right side of the screen to navigate to other pages within the application if you have additional assessments to add or revisions to make prior to submitting the data.

ITS [MN-ITS HOME](#) > [MN-ITS Interactive and Batch](#) > [\[Print\]](#)

Client Information: Client Number:99000000394 Date of Birth:Jul 21, 2000	Agency Information: Clinic NPI Number:1234567890 Clinician NPI Number:9876543210	Evaluation Period: Initial
---	---	-----------------------------------

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

SDQ Total and Subscale Scores

	Parent	Teacher	Self
Total Score	17	--	--
Emotional Problems	3	--	--
Conduct Problems	3	--	--
Inattention/Hyp Problems	4	--	--
Peer Problems	7	--	--
Prosocial Behavior	5	--	--
Impact Score	4	--	--
Instrument Date	7/21/10	--	--

Checklist	
<input checked="" type="checkbox"/>	Client and Agency Information (edit)
<input checked="" type="checkbox"/>	SDQ - Parent (edit)
<input type="checkbox"/>	+ Add SDQ Form
<input checked="" type="checkbox"/>	CASII and Recommended Service (edit)
<input type="checkbox"/>	Review and Submit

Warning: Please Print for your records. All data will be Unavailable once the web browser is closed.

CASII Scores

I. Risk of Harm	2
II. Functional Status	1
III. Co-Occurrence	2
IV.A. Recovery - Environmental Stress	3
IV.B. Recovery - Environmental Support	2
V. Resiliency and/or Responsiveness to Services	3
VI.A. Child/Adolescent: Involvement in Services	3
VI.B. Parent/Primary Caretaker: Involvement in Services	2
Composite Score	16
Level of Service Intensity Recommended	2
Instrument Date	7/21/10

Recommended Services

Recommended Services	Monthly Hours
Individual Psychotherapy	3.00
Family Psychotherapy	1.00
Case Management	1.00
Medication Management by Care Physician	0.25
Other PCA	30.00

[Cancel](#) | [Submit](#)

Submission Notification Page



Children's Mental Health Outcome Measures

[MN-ITS HOME](#) > [MN-ITS Interactive and Batch](#) > [\[Print\]](#)

You've successfully submitted the outcome measures for your client! Thank you for your submission!

I would like to:

- [Enter data for a new client](#)
- [Return to MN-ITS Homepage](#)

Return To Main Menu

CMH Reports

Technical Assistance

1. If you are experiencing difficulty accessing MN-ITS, contact the [MHCP Provider Call Center](#).
2. For questions about the CMH Outcome Measures System application, contact:
 - Amy Walkner: 651-431-2817 or amy.walkner@state.mn.us
 - Whitney Lester: 651-238-5881 or whitney.lester@state.mn.us