



- Objective** Report Outcome Measures for Children’s Mental Health
- Performed by** Mental Health Professionals serving children
- Background** This User’s Guide provides instructions on how to enter Children’s Mental Health outcome measures into the reporting system.

Components of the Children’s Mental Health Outcome Reporting System

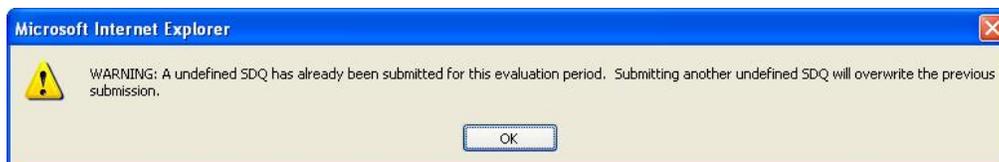
- ❖ Client and Agency Information.
- ❖ SDQ (Strengths and Difficulties Questionnaires) Entry Forms
- ❖ CASII (Child and Adolescent Service Instrument) Entry Form – includes listing the services recommended by the treatment team.
- ❖ Summary Page – a report of scores for the SDQ’s and CASII’s completed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

Checklist	
<input checked="" type="checkbox"/>	Client and Agency Information
<input checked="" type="checkbox"/>	SDQ
<input type="checkbox"/>	CASII and Recommended Service
<input type="checkbox"/>	Review and Submit

- indicates completed tasks
- indicates current task you are completing
- indicates tasks to be completed

Important

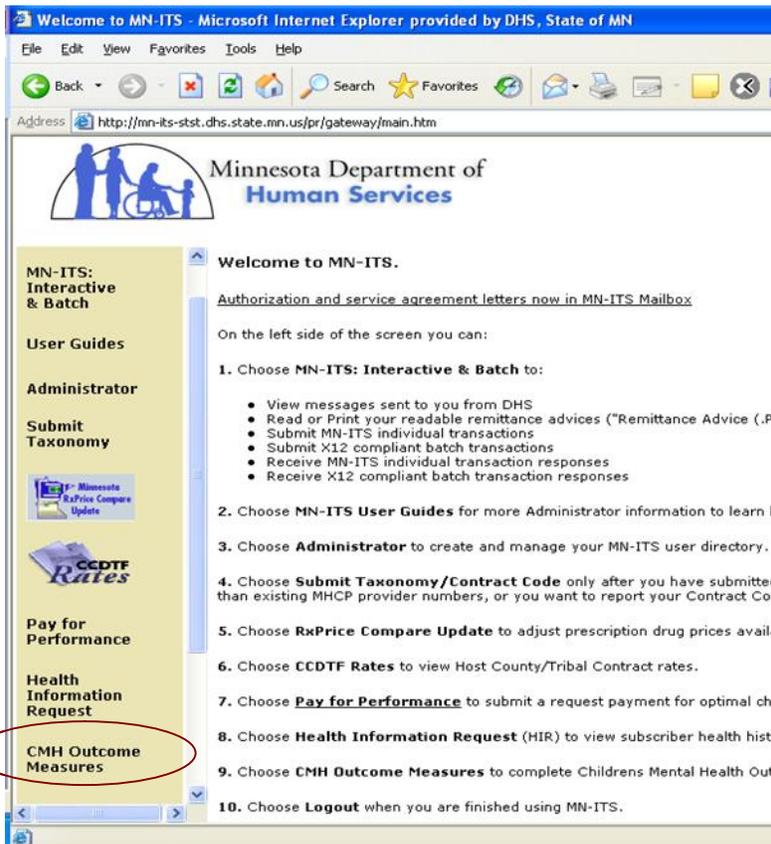
1. Only 1 set of measures (SDQ’s, CASII, & Recommended Services) is allowed each evaluation period. If you receive a warning that an SDQ or CASII has already been submitted, verify that you are the provider who should be entering Outcome Measures for this child. Do not overwrite data unless you are certain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



- All SDQ's and the CASII may be entered at the same time or in several data entry sessions. The summary page only lists the scores for the data entered during that data entry session. If you would like your summary page to include all SDQ's and the CASII for that evaluation period, you may wish to wait to enter data until you have all necessary forms.

Logging into CMH Outcome Measures

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



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.

Client and Agency Information

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

1. Enter Client information.

- Enter MHCP Subscriber ID, if client has this number
- If client does not have a MHCP Subscriber ID, check the box
- If the client has not been previously assigned a CMH number, check the box and the system will generate a CMH ID. (Note: Use that number on all future submissions for that client)
- Gender
- Race (Enter as many as apply)
- Ethnicity
- Date of Birth

The screenshot shows a web browser window with the URL: https://mn-its-ehst.dhs.state.mn.us/dhsdatacapturecmhwar/PageConfiguration/ConfirmationShell.faces. The page title is "Children's Mental Health Outcome Measures".

Navigation: 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), 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

*CMH ID: Client does not have a CMH ID, CMH ID needs to be assigned.

*Gender: Male Female

*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:

Enter Agency Information (at least one Provider NPI Number is required)

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

*Clinician National Provider Identifier:

Enter Evaluation Period

*Evaluation Period:

2. Enter Agency Information.

Note: The Mental Health Professional (MHP) is responsible for assuring the information is entered in the system. If there is more than one MHP involved with the client, the treatment team should designate the primary therapist who will be responsible for data entry.

Clinic National Provider Identifier (NPI)

Clinician NPI

3. Select the Evaluation Period.

4. Select or cancel.

Completing Strength and Difficulties Questionnaire (SDQ)

Note: Complete forms on as many Strengths and Difficulties Questionnaires (SDQ) as obtained (parents, youth, teacher, etc). There is a limit of one parent and one teacher form for each evaluation period. Choose the most representative parent or teacher form. If you do not have an SDQ for this evaluation period, you may choose "Skip SDQ" to move on to the CASII.

1. Select the SDQ Category Type.
2. Select SDQ Form Age.
3. Enter the Evaluation Date (This is the date the SDQ was completed, not the date the information is entered into the system).
4. Select response for each item. If item was skipped, select "N/A".
5. Select "Continue to impact scores for this SDQ form".

Children's Mental Health Outcome Measures

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

Client Information: Client Number: 99000000303
Agency Information: Clinic NPI Number: 1234567890
 Date of Birth: Mar 16, 1995
Evaluation Period: Initial
 Clinician NPI Number:

Strength and Difficulties Questionnaire (SDQ) | (Skip SDQ)

Please answer the following required questions:

SDQ Category Type: Parent
 Teacher
 Self

SDQ Form Age: 11-17

Evaluation Date: 03/26/2009

Checklist

- Client and Agency Information
- SDQ
- CASII and Recommended Service
- Review and Submit

Please select either "Not True", "Partly True", "True", or "No Answer (NA)" for the following required questions:

	Not True	Partly True	True	NA
Item 1: considerate	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 2: restless	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 3: aches	<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 type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 25: attention	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

6. Select response for each item. If item was skipped, select "Not Answered".
7. If the Impact section was not completed, select "Not Answered" for each item.
8. Click to "Add another SDQ form"; "Continue to CASII Entry"; or "Score, Review and Submit" to move to a new section.

Address <https://mn-its-atst.dhs.state.mn.us/dhsdatacapturecmhwar/PageConfiguration/SDQBaseQuestionsShell.faces>

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

Client Information: Client Number:99000000303 Date of Birth:Mar 16, 1995	Agency Information: Clinic NPI Number:1234567890 Clinician NPI Number:	Evaluation Period: Initial
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Strength and Difficulties Questionnaire (SDQ) - Impact Scores

Impact 1: problem?

No
 Minor
 Definite
 Severe
 Not Answered

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

Applicable only if you answered "Yes" to the previous question:

Impact 2: duration

< 1 month
 1-5 mo.
 6-12 mo.
 1 yr. +
 Not Answered

Please select either "No", "Little", "Medium", "Great Deal", or "Not Answered" for the following questions:

	No	Little	Medium	Great Deal	Not Answered
Impact 3: distress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impact 7: leisure	<input checked="" type="radio"/>	<input type="radio"/>	<input 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: **Self**

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

Discussions not available on <https://mn-its-atst.dhs.state.mn.us/>

Completing Child and Adolescent Service Intensity Instrument (CASII)

1. Enter the Evaluation Date (This is the date the CASII was completed, not the date the information is entered into the system.)
2. Select the appropriate options on the form. All items must be completed.

Address: https://mn-its-atst.dhs.state.mn.us/dhsdatacapturechhw/Pages/Configuration/SDQ/ImpactQuestionsShell.faces

Children's Mental Health Outcome Measures

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

Client Information: Client Number: 99000000303, Date of Birth: Mar 16, 1995
 Agency Information: Clinic NPI Number: 1234567890, Clinician NPI Number:
 Evaluation Period: initial

Child and Adolescent Service Intensity Instrument (CASII) [Skip CASII]

Please answer the following required questions:

Evaluation Date: 03/26/2009

I. Risk of Harm:
 (1) Low potential for Risk of Harm
 (2) Some potential for Risk of Harm
 (3) Significant potential for Risk of Harm
 (4) Serious potential for Risk of Harm
 (5) Extreme potential for Risk of Harm

II. Functional Status:
 (1) Minimal Functional Impairment
 (2) Mild Functional Impairment
 (3) Moderate Functional Impairment
 (4) Serious Functional Impairment

VI-B. Parent/Primary Caretaker: Involvement in Services
 (1) Optimal
 (2) Adequate
 (3) Limited
 (4) Minimal
 (5) Absent

Cancel | Continue to Recommended Services

Checklist:
 Client and Agency Information
 SDQ - Parent
 SDQ - Self
 CASII and Recommended Service
 Review and Submit

3. Select "Continue to Recommended Services."
4. Select the services and hours per month that are currently being recommended by the treatment team. You must have this information available in order to enter the CASII.
5. Click "Add Additional Services" to add more than one service. Enter the hours/month of each recommended service. You may enter up to 10 services.
6. Select Score, Review and Submit. **CLICK THIS BUTTON ONLY ONCE OR YOUR RECOMMENDATIONS MAY BE DUPLICATED IN THE DATABASE.**

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 - Delete Service
Case Management	1 - Delete Service
Medication Management by Care Physician	1 - Delete Service
Other	30 + Add additional service and hours

Describe Service: PCA

Cancel | Score, Review and Submit

Checklist:
 Client and Agency Information
 SDQ - Parent
 SDQ - Self
 CASII and Recommended Service
 Review and Submit

Summary Page

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

1. You will receive the following warning.

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

2. Print this page for your records.

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

3. Select Submit.

Address <https://mn-its-atst.dhs.state.mn.us/dhsdatacapturecmhwar/PageConfiguration/RecommendedServicesShell.faces>

Return
To Main
Menu

Client Information:	Agency Information:	Evaluation Period: Initial
Client Number:99000000303	Clinic NPI Number:1234567890	
Date of Birth:Mar 16, 1995	Clinician NPI Number:	

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	20	--	16
Emotional Problems	6	--	6
Conduct Problems	3	--	4
Inattention/Hyp Problems	5	--	2
Peer Problems	6	--	4
Prosocial Behavior	7	--	7
Impact Score	4	--	4

Checklist	
<input checked="" type="checkbox"/>	Client and Agency Information (edit)
<input checked="" type="checkbox"/>	SDQ - Parent (edit)
<input checked="" type="checkbox"/>	SDQ - Self (edit)
<input type="checkbox"/>	+ Add SDO 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	3
III. Co-Occurrence	2
IV.A. Recovery - Environmental Stress	3
IV.B. Recovery - Environmental Support	3
V. Resiliency and/or Responsiveness to Services	3
VI.A. Child/Adolescent: Involvement in Services	2
VI.B. Parent/Primary Caretaker: Involvement in Services	3
Composite Score	19
Level of Service Intensity Recommended	3

Recommended Services

Recommended Services	Monthly Hours
Individual Psychotherapy	4
Case Management	1
Medication Management by Care Physician	1
Other PCA	30
Other PCA	30

Cancel
Submit

Discussions not available on <https://mn-its-atst.dhs.state.mn.us/>