

# Bulletin

May 9, 2011

Minnesota Department of Human Services -- P.O. Box 64941 -- St. Paul, MN 55164-0941

**OF INTEREST TO**

- County Directors
- Social Services Supervisors and Staff
- Tribal Directors
- Children’s Mental Health Treatment Providers
- State- Contracted Managed Care Organizations

**ACTION/DUE DATE**

Please review and implement policy changes

**EXPIRATION DATE**

May 9, 2013

## 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. The Child & Adolescent Service Intensity Instrument (CASII) or the Early Childhood Service Intensity Instrument (ECSII), and the Strength & Difficulties Questionnaire (SDQ) are to be utilized for intake, periodic review, and discharge planning.

**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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**SIGNED**

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## **INTRODUCTION**

Since July 1, 2009, DHS has required providers to utilize the CASII (or ECSII) and SDQ for children receiving publicly funded mental health services. This bulletin discusses three different situations in which the CASII (or ECSII) and SDQ information should be utilized. The first is for all clinical services, the second is for case management purposes, and the third is for level of care screenings for residential placements. The CASII and SDQ are to be completed on every child (6 years of age and older) receiving mental health services at intake, at least every six months and at discharge. The ECSII and SDQ should be completed on young children (under 6 years of age) at intake, at least every three months and at discharge.

## **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 people and groups who were working on mental health reforms, led by a core group of influential 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

## **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, as the SDQ picks up general 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, the Minnesota Department of Human Services (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. The Early Childhood Service Intensity Instrument (ECSII) is to be utilized with the SDQ for children under the age of 6 years.

## **COORDINATED STATEWIDE EVALUATION SYSTEM**

At the direction of the MMHAG, DHS, with funding from the Centers for Medicare and Medicaid Services, has developed a children's mental health outcome measures system for the scoring and reporting on the CASII and the SDQ.

Providers can access the system through MN-ITS, the DHS billing system for Minnesota Health Care Programs (MHCP). The clinician National Provider Identifier (NPI) and clinic NPI numbers are required for data entry. The system currently has the capacity to score the CASII and SDQ and generate reports back to providers regarding clinical changes for individual clients, clinician caseloads and agency caseloads. By late summer 2011, the system will include the capacity to score and report on the ECSII as well. The system will eventually be part of a larger performance management system for all children's mental health services. The training manual for the outcome measures system can be accessed from the DHS Children's Mental Health website. [http://www.dhs.state.mn.us/main/groups/children/documents/pub/dhs16\\_151388.pdf](http://www.dhs.state.mn.us/main/groups/children/documents/pub/dhs16_151388.pdf).

## **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 Statute, section 245.4885, subd. 1. Minnesota Statutes, section 245.4885, subd. 1 now states that "(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 Statute, section 245.4885, subd. 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 way facilities, counties, tribes and health plans assess the need for continued residential treatment.

### **FUNCTIONAL ASSESSMENTS AS PART OF CASE MANAGEMENT SERVICES**

Children's mental health case management services (Minnesota Statute, section 245.4871) include assisting in obtaining a comprehensive diagnostic assessment, developing a functional assessment, developing an individual family community support plan, 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. The CASII is an excellent tool to evaluate a child's overall functioning; however, it is not to be used as a stand-alone measure of eligibility.

Determination of eligibility for case management services must be based on a diagnostic assessment that includes a functional assessment. The CASII and SDQ should be administered as part of the Diagnostic Assessment and Clinical Review Process. It is the case manager's responsibility to be part of the team of informants, and assist in collecting much of the necessary information. However, the actual assessment must be completed by a mental health professional. The mental health professional can enter the assessment data into the children's mental health outcome measures system. The 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 working off of the same information to plan services and supports.

The case manager must have a functional assessment on file. The report from the children's mental health outcome measures system provides information pertinent to the functional assessment and helpful in the construction of the Individual Family Community Support Plan (IFCSP). However, the CASII alone does not meet all of the requirements outlined in the statute (Minnesota Statutes, section 245.4871, subd. 18). The remainder of items for the functional assessment such as medical/dental health, financial needs, housing and transportation needs must also be included in the file as well.

For children younger than 6 years of age, the DC: O-3 is to be used to structure the Diagnostic Assessment. The Early Childhood Service Intensity Instrument (ECSII) should be utilized to evaluate overall functioning. The ECSII must be completed by a mental health professional. The ECSII should be completed at intake, at least every three months, and at discharge.

#### **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 8 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 problems 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's 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 5 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 problems 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 and family needs and inform providers how they can better shape 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 care) to Level V (full support) 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 25 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 creates an Impact score that assesses the impact of symptoms on the child and the child's family or school environment. Earlier versions of the SDQ forms and scoring materials did not include the Impact scale. Thus the Impact Score was not included in much of the data.
- The SDQ can be completed by parents, teachers, or the child and there are separate versions for each.
- 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 has been standardized on several populations, allowing scores to be classified into categories by the probability that a significant problem exists in a specific area. Scores are categorized into three levels of probability: Normal (score falls in the 0-79<sup>th</sup> percentile), Borderline (score falls in the 80<sup>th</sup>-89<sup>th</sup> percentile), and Abnormal (score falls in the 90<sup>th</sup>-100<sup>th</sup> percentile).

## **TRAINING**

CASII/SDQ training sessions are held at least twice a year. Notices are posted on the Children's Mental Health website: <http://www.dhs.state.mn.us/cmhb>. The next training session has been scheduled for June 10, 2011 in St. Paul. There is no charge to trainees and DHS provides all training materials. Each session is limited to 40 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 that the clinical supervisor be involved in the scoring and interpretation of the results.
- DHS is utilizing a train-the-trainer model. It will be important that the individuals with the clinical expertise become trainers for their respective agencies/catchment areas.

If you are interested in attending a training session, please contact Pat Nygaard at: [pat.nygaard@state.mn.us](mailto:pat.nygaard@state.mn.us).

ECSII training sessions are scheduled throughout the year through the State's Trainlink system (directions for accessing Trainlink below). Trainings last for 1.5 days and are free of charge to participants. Training sessions are limited to 25 participants 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. 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 MH Classes**, highlight and click **GO!**
6. Select **ESCII 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 are interested in having a training held in your area, please contact Catherine Wright at [catherine.wright@state.mn.us](mailto:catherine.wright@state.mn.us).

#### **Americans with Disabilities Act (ADA) Advisory**

This information is available in alternative formats to individuals with disabilities by calling (651) 431-2321 (voice). TTY users can call through Minnesota Relay at (800) 627-3529. For Speech-to-Speech, call (877) 627-3848. For additional assistance with legal rights and protections for equal access to human services programs, contact your agency's ADA coordinator.