

Outcomes and Performance Measurement in Children's Mental Health

NASMHPD Commissioners'
Meeting

Nashville, TN

July 15, 2008



Department of Human Services Vision

“What is measured, improves.”
--Commissioner Cal Ludeman

Minnesota's Experience and Planning

Minnesota Children's Mental Health Task Force (2002)

- "Blueprint for Children's Mental Health"
- Called for increased early identification, service access, quality measures

Minnesota Mental Health Action Group (2003-2008)

- Major initiatives are payment reform, quality and performance measurement

Transformation Facilitation

- Support from Georgetown CMH T.A. Center and others (Roy Praschil)

Quality Measurement Initiatives

Provider credentialing

- Rehab option service providers
- Administrative and clinical reviews, site visits, corrective action plans

Introduction of “Hawaii” approach to EBPs

- Goal of every child’s ITP being informed by the available research
- Introduced measurement of problem areas, intervention elements, outcomes
- Dashboard technology

Quality Measurement Initiatives

Introduction of uniform measures

- MMHAG workgroup developed criteria, selected instruments and asked DHS to pilot
- Strengths and Difficulties Questionnaire (SDQ) and Child and Adolescent Service Intensity Instrument (CASII)
- Pilot rapidly expanded to >30 counties
- Provider survey of ease of use, clinical utility

Quality Measurement Initiatives

Uniform standards for clinical records (under auspices of MN Council of Health Plans)

- Diagnostic Assessment workgroup has completed child assessment form; work beginning on adult
- Plan to develop uniform treatment planning/review and progress note formats

Quality Measurement Initiatives

Training, training and more training:

- Pre-training for rehabilitative services providers
- Diagnostic assessment 101, supplemented with training on assessing for trauma
- DC:0-3R trainings on continuous loop around state, followed by development of regional consultation/supervision groups
- Individual treatment plan development/charting

Quality Measurement Initiatives

More training:

- CMS Real Choice and state grant support to train “Hawaii” EBP model: beginning fourth cohort
- Other EBPs for trauma intervention, early childhood trained separately
- Training model for all includes continuous measurement; frequent consultation and supervision over 1-2 years

Next Steps: Integration and Automation

Building the Medicaid Information Technology Architecture (MITA)

- Will allow direct provider reporting of outcome measurements, using same web-based portal as client eligibility and billing determinations
- Reports available at all needed levels of aggregation
- Will allow integration of wide range of demographic, diagnostic, service utilization and outcome data

Next Steps

- Working model for MITA outcomes measure submission to be completed March, 09
- New infrastructure investment monies all require uniform standards and measures
- Creating a culture of measurement, continuous improvement

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