

## **HB 422: Children's Mental Health Outcomes** ***Measuring for Performance***

Prepared for the Children, Families, Health, and Human Services Interim Committee  
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### Background

House Bill 422 requires development of legislation for a pilot project that is designed to improve and track outcomes for children in the publicly funded mental health system. This briefing paper discusses key concepts related to measurement of outcomes.

### Purpose of Measurement

Policymakers are increasingly interested in the use of data to measure the effectiveness of all types of services, and mental health services are no exception. Literature in this field notes that measuring various aspects of health care and behavioral health services can be used to:

- identify ways to improve treatment;
- inform patients and other providers about the quality or outcome of services from each provider, if the data is made public; and
- influence the way either private insurers or public programs pay for services.

### Types of Measurement

Health care services can be measured in several different ways, depending on the focus of the measurement. The National Quality Forum, a nonprofit that endorses the use of performance measurements as a way to improve health care, has identified five different types of measurement. The organization characterizes those as:

- process measures, which look at whether a provider is correctly following steps or treatments that have been proven to benefit patients;
- outcomes measures, which look at the results of the treatment;
- patient experience measures, which show how individuals feel about the services and care they received;
- structural measures, which review items such as provider staffing and retention levels, facility characteristics, and adherence with licensing requirements; and
- composite measures, which reflect a combination of different performance measures.

### Factors Involved in Measurement

To undertake an effective measurement effort, the literature suggests that policymakers should:

- decide on the outcomes they want to address;
- identify the target audience for the information;
- clearly define the items to be measured or the criteria to be met; and
- determine whether and how data can be collected to measure for the identified outcomes.

Both the type of data to be collected and the means of collecting the data will depend on the outcome that's being measured. The following examples illustrate the point:

- If the focus is on whether patients believe they have benefitted from the services they received, a patient satisfaction survey will provide that information.
- If the desired outcome is treatment matched to the patient's current mental health needs, ongoing measurement of the patient's symptoms — through clinical or self-reporting surveys — would allow for adjustments as treatment progresses.
- If the desired outcome is a reduction in the number of days a patient spends at a high level of treatment, billing data would show whether that has occurred.

### Measurement in Montana's Adult Mental Health System

Since 2002, DPHHS has been administering the national Mental Health Statistics Improvement Program (MHSIP) Satisfaction Survey for adults who have received publicly funded mental health services. This uniform measurement tool allows for comparison with other states that have administered the survey in the same manner to similar target populations.

The survey measures consumers' perceptions of the services they have received across seven general topic areas: access, appropriateness and quality, effectiveness and outcomes, satisfaction, participation in treatment planning, social connectedness, and functioning.

In Fiscal Year 2014, the Adult Mental Health Bureau mailed the survey to 3,000 randomly selected adults and received 431 responses, for a 17 percent response rate and a margin of error of plus or minus 5 percentage points.

Respondents generally were satisfied in all areas surveyed. The fewest number of people — 59 percent — were satisfied with the outcomes of their treatment and with their social connectedness, or community, family, and friend relationships. The highest number — 84 percent — indicated overall satisfaction with the services provided.

A similar national measurement tool is not being used for children's mental health services.

### Common Measurement Tools

Numerous tools exist for determining and monitoring treatment efforts. The table on the following page lists some commonly used tools, which typically involve completion of a questionnaire by either a clinician, a parent, or a youth receiving services. The surveys range in length from 25 questions to nearly 200 questions. Most are answered by rating the frequency or severity of specific behaviors, feelings, or activities.

Some of the tools are used primarily for diagnosis and treatment planning, while others are used for assessing the results of treatment. Some are used for both purposes.

The table is included primarily to provide some familiarity with selected tools and their acronyms. It is not an exhaustive list of all such tools.

<b>Measurement Tool</b>	<b>Acronym</b>
Ages and Stages Questionnaire-Social Emotional	ASQ-SE
Beck Youth Inventories	BYI
Behavioral Assessment System for Children	BASC
Behavioral and Emotional Rating Scale	BERS
Child and Adolescent Functional Assessment Scale	CAFAS
Child and Adolescent Needs and Strengths	CANS
Child and Adolescent Service Intensity Instrument	CASII
Child Behavior Checklist	CBCL
Diagnostic Interview Schedule for Children	DISC
Children's Global Assessment Scale	CGAS
Early Childhood Service Intensity Instrument	ECSII
Strengths and Difficulties Questionnaire	SDQ
Youth Outcome Questionnaire	Y-OQ
Pediatric Symptom Checklist	PSC

### Sources

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\*Following publication of this briefing paper, the cited report was revised and republished to clarify the authorship. Bobbi Renner is now listed as the sole author of the report.