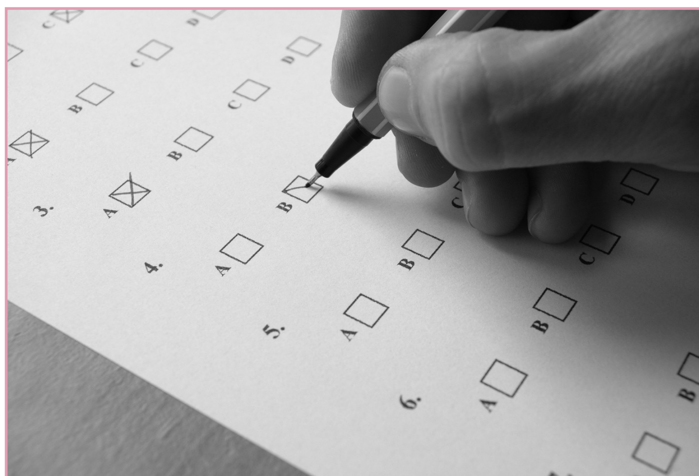

Outcomes: Starting at Home

It is clear that the youth and family behavioral health system is increasingly moving to an outcomes-based system of care. The terms of success have dramatically changed in recent years. In the past, program success was measured in terms of "productivity"—case load size, numbers of clients seen, and numbers of units delivered. Now, with the increased attention to evidence-based practices and practice-based evidence, the success of behavioral healthcare is measured in terms of improvement in quality of life and overall functioning within the context of the family, in the community, with peers, and in school.

This shift in the way that services and systems are assessed has created challenges for providers and funders of behavioral health services, who must now develop new capacity both to achieve and to measure desired outcomes. Research is providing more and more information about practices and approaches that can produce these kinds of outcomes. This leaves providers and funders with two central challenges. First, they must train, support, and sustain a workforce with expertise in the practices and approaches that have been shown most likely to produce desired outcomes. And second, they must develop and sustain processes and infrastructure for measuring outcomes, so that they can ensure that practices and programs that are implemented are in fact producing the desired results. The Ohio Department of Mental Health (ODMH) has developed state-level strategies for addressing each of these challenges.

Centers of Excellence

In 2001, the Ohio Department of Mental Health created a number of Coordinating Centers of Excellence (CCOE). The purpose of the Centers was to focus on a particular practice and/or underserved population, and to bring more to scale interventions found to be effective for improved outcomes. For example, the Center for Innovative Practices (CIP) was created to further facilitate the dissemination of *Multisystemic Therapy* (*MST*). The Center employs *MST* Consultants, who support *MST* teams in 14 communities around the state. Since the Center began its work, the number of *MST* teams in the state has nearly quadrupled.

Based on that initial success, CIP has worked with the state on a number of other home- and community-based initiatives, including the ODMH Resiliency Initiative, and the ongoing development and dissemination of the *Integrated Co-Occurring Treatmen*t model for youth with co-occurring disorders of mental health and substance abuse. CIP has also provided consultation on the implementation of wraparound, consultation on systems of care development, and the implementation of Ohio's newest service, *Intensive Home Based Treatment* (*IHBT*). Thus, the Center has become the hub for information and dissemination of effective and evidence-based practices within the youth and family behavioral health area of our system of care.

A New Level of Accountability

IHBT is a mental health service that is designed to meet the intensive needs of youth with serious emotional disturbance who are at risk of out-of-home placement or who are returning home from placement. The goal of *IHBT* is to provide the necessary mental health services and supports to enable the youth to live in his or her home in the least restrictive, most normative setting possible. *IHBT* services are provided in the home, school, and community

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TABLE 1.1. OUTCOMES MATRIX AND INDIVIDUAL CLIENT THRESHOLDS					
Outcome (Defined)	Method of Collection	Source of Data	Time of Collection	Criteria	Threshold
1) Problem Severity	Ohio Scales	Parent report	Admission (every six months if *IHBT* case remains open) and discharge	10-point improvement on the Problem Severity Scale score (from admission to discharge)	80% of *IHBT* clients meet the criteria
2) Functioning	Ohio Scales	Parent report	Admission (every six months if *IHBT* case remains open) and discharge	8-point improvement on the Functioning Scale score (from admission to discharge)	80% of *IHBT* clients meet the criteria
3) Satisfaction with Services	Ohio Scales	Parent report	Admission (every six months if *IHBT* case remains open) and discharge	Achieve a "7" score on the Satisfaction Scale score at time of discharge	80% of *IHBT* clients meet the criteria
4) Hopefulness	Ohio Scales	Parent report	Admission (every six months if *IHBT* case remains open) and discharge	2-point improvement on the Hopefulness Scale score (from admission to discharge)	80% of *IHBT* clients meet the criteria
5) Whether the child lived in out-of-home placement for more than a total of 14 days during the measurement period.[1]	Supervisor tracking utilizing *IHBT* tracking sheet	Parent report	Admission and discharge	Youth not in out-of-home placement for more than a total of 14 days from time of admission to time of discharge.	70% of *IHBT* clients meet the criteria
6) Whether the child is attending school and getting passing grades in school	Ohio Scales	Parent report	Admission (every six months if *IHBT* case remains open) and discharge	A score of 2 or better on Ohio Scales item #12 from the Functioning Scale at time of discharge.	80% of *IHBT* clients meet the criteria
7) Whether child is living at home at time of discharge from *IHBT*	Supervisor tracking utilizing *IHBT* tracking sheet	Parent report	Discharge	Youth not in placement at time of discharge	70% of *IHBT* clients meet the criteria

[1] Admission measurement for out-of-home placement is for six months prior to admission. This serves as the baseline measurement for each client.

TABLE 1.2. CONSUMER OUTCOMES MEASURED AT SIX MONTHS POST DISCHARGE[2]		
Outcome (Defined)	Method of Collection	Source of Data
Whether the child lived in out-of-home placement for more than a total of 14 days since *IHBT* discharge	Agency tracking utilizing *IHBT* tracking sheet	Parent report
Whether the child is attending school and getting passing grades in school since *IHBT* discharge	Agency tracking utilizing *IHBT* tracking sheet, as measured by question #12 from the Ohio Scales Functioning Scale.	Parent report

[2]Consumer outcomes measured at six months post-discharge do not have thresholds.

where the youth lives and functions, and focuses on ameliorating the presenting mental health issues that put that youth at risk of placement while promoting positive development and healthy family functioning. *IHBT* is a family-focused, strengths-based approach that emphasizes parent and professional partnership and collaboration with other agencies and child-serving systems. *IHBT* services strive to be culturally responsive and respectful, and build on the unique qualities and resources of each child and family and their extended support systems. *IHBT* integrates core mental health services (community psychiatric supportive treatment, behavioral health counseling and therapy service, mental health assessment, and crisis response) into one seamless service for consumers. Social services which support the basic needs and functioning of the youth and family may also be provided as needed.

Since 2004, the Ohio Department of Mental Health has been requiring that licensed providers use a tool called the Ohio Scales to measure outcomes and utilize them in treatment. With the new *IHBT* service rule, however, the state has required a further level of accountability.

Providers must collect and submit required outcome data, and must achieve designated outcome thresholds. In addition, *IHBT* providers are required to monitor their fidelity to the *IHBT* standards. Certified programs are asked to collect outcomes at regular intervals—at intake, every 6 months while open, upon discharge, and optionally at 6 months following discharge. Providers are required to meet certification standards and achieve seven specific outcome thresholds in order to continue to be certified to provide *IHBT* services (See Tables 1.1-1.2). Specifically, agencies have three years from the date of certification of *IHBT* to meet all seven thresholds in order to maintain certification. Clearly, this approach represents a quantum leap from merely counting contact hours or other outputs.

The focus on fidelity and outcomes requires agencies that offer *IHBT* to invest additional resources for infrastructure purposes. For instance, there are additional data management costs, additional fidelity and CQI monitoring costs, and additional training costs. This certification is unique since it shifts the focus from productivity to quality and outcomes.

In summary, Ohio has chosen to focus certification efforts on outcomes and standards of care in addition to its efforts to disseminate evidence-based practices for early adopters. This two-fold path supports both agencies who implement EBP's, and those agencies that can demonstrate they meet best practice standards and obtain outcomes over time. One of the intentions in moving toward a standard-based and outcome-driven system is to impact the level of workforce training and skill sets, and ultimately to affect the quality of care and outcomes for youth and families.

Author

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