the EVALUATION CENTER @ HSRI

TECScript 10

Who is Paying for Outcomes Management Programs?

Messages from 13 June 2003 – 4 August 2003

An Unedited Compilation of Email Messages from the Outcomes Evaluation Topical Evaluation Network (OUTCMTEN) at outcmten@world.std.com

Human Services Research Institute
2269 Massachusetts Avenue
Cambridge, MA 02140
www.tecathsri.org

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov

This **TEC*Script*** was compiled by *the Evaluation Center*@HSRI. The Center is funded through a cooperative agreement with the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. The mission of the Evaluation Center is to provide technical assistance to the evaluation of adult mental health system change.

TEC*Scripts* are one component of the **Topical Evaluations Networks (TENs) Program**. The purpose of this program is to provide mental health system stakeholders (consumers, providers, researchers and families) with the opportunity to communicate directly with each other, and with Evaluation Center associates about topics of specific interest in adult mental health system change evaluation. The Networks Program makes use of electronic mailing lists to allow subscribers who have access to the Internet to participate in ongoing discourse about the specific topics listed below.

The **TEC*Scripts*** are designed to provide interested persons with unedited compilations of email messages from the various mental health electronic mailing lists that the Evaluation Center operates. The only changes that have been made to the original messages are to correct for misspelled words. Messages are in chronological order. Time stamps are Eastern Standard Time. If the message being replied to is not the original message but is still in the same topic thread, this message is in italics and precedes the response, which is in plain text.

The Center operates four electronic mailing lists that deal with different aspects of mental health evaluation. Following are descriptions and subscribing instructions for the four lists:

- **Legal and Forensic Issues in Mental Health Topical Evaluation Network (LEGALTEN)** The purpose of the LEGALTEN list is to facilitate the implementation and use of rigorous evaluations at the interface of the mental health system, the criminal justice system, and the courts.

- **Managed Behavioral Health Care Evaluation (MBHEVAL)** The purpose of the MBHEVAL list is to discuss the evaluation of managed care as it affects the delivery, outcomes and costs of mental health care and substance abuse treatment services at the state, local, program, or consumer level.

- **Multicultural Mental Health Evaluation (MCMHEVAL)** The purpose of the MCMHEVAL list is to foster discussion of issues related to the evaluation of mental health services for diverse cultural, racial and ethnic populations. Potential issues for discussion include measuring ethnocultural identity, cultural competence, and access to mental health services for diverse groups.

- **Outcomes Evaluation Topical Evaluation Network (OUTCMTEN)** The purpose of the OUTCMTEN list is to develop a broad collective expertise with respect to problems of assessing and analyzing outcomes of interventions aimed at improving mental health systems. The list also serves to provide assistance, information, and contacts regarding (1) issues in evaluation, (2) experimental and quasi-experimental design, (3) instrument and survey development, and (4) statistical analysis for mental health.

If you would like to subscribe to LEGALTEN, MBHEVAL, MCMHEVAL or OUTCMTEN visit the list subscription page of our web site at http://tecathsri.org/lists-form.asp or send an email message to:

imailsrv@tecathsri2.org

containing only the following words (leaving the subject line blank):

subscribe list name email address

For example:

subscribe legalten jones@yahoo.com

Transcripts of on-line discussions, as well as printed copies of archived documents are made available in TECScripts by email or mail to interested stakeholders; especially those who do not have Internet access. Visit the publications section of our web site at http://www.tecathsri.org/pubs.asp to view available TECScripts. For more information contact Clifton Chow at the Evaluation Center@HSRI by phone (617) 876-0426 x 2510 or by email chow@hsri.org.

H. Stephen Leff, Ph.D.
Director & Principal Investigator

Clifton Chow
Program Manager

TEC*Script* 10
Who is Paying for Outcomes Management Programs?
13 June 2003 – 4 August 2003

Date: 13 June 2003 4:47PM
From: Susan Mims <susan.mims@ozarkguidance.org>

Does anyone know of any instance in which the funder of services provides any kind of financial assistance to providers who have outcomes management systems? When funders require specific instruments that are proprietary in nature, does the provider typically have to eat the cost of that?

Susan Mims, L.M.S.W.
Ozark Guidance
Children & Family Services
2466 S. 48th Street
Springdale, AR 72766
(479) 750-2020, ext. 450

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Who is Paying for Outcomes Management Programs?
13 June 2003 – 4 August 2003

Date: 15 June 2003 8:18PM
From: Randy Kaplan <drk4000@attbi.com>

The State of Connecticut Department of Children and Families is sort of paying for outcomes in a current initiative they have going to evaluate a variety of new services they funded at community agencies a year ago. Essentially they paid each agency that got funding to hire staff who would coordinate ongoing data collection, using standardized instruments that were dictated by DCF. DCF thus gets the data, pays to insure it is correctly inputted into the database and can then crunch the numbers for the benefit of the providers as well as its own management, who wants to be able to evaluate the ongoing success of the initiative.

Randy Kaplan, Ph.D.
Cedarcrest Hospital
Department of Mental Health and Addiction Services
Newington, CT

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Who is Paying for Outcomes Management Programs?
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Date: 16 June 2003 8:42AM
From: Dee Roth <RothD@mh.state.oh.us>

When we put our Ohio Mental Health Consumer Outcomes System in the field on a voluntary basis, we made $3 million available for start-up grants to provider agencies. These grants enabled the agencies to purchase data entry technology, get training, etc. We also developed a free Data Entry and Reports Template for them--it is a piece of software that runs off Microsoft Access--as well as a package of training videos and other materials. There are, of course, ongoing costs associated with measuring outcomes, but we consider these to be part of the costs of accountability for the funding received.

With regard to instruments, we managed to have both our adult instruments and our child instruments in the public domain for Ohio agencies, so this isn't a problem.

Dee Roth, MA, Chief
Office of Program Evaluation & Research
Ohio Department of Mental Health
30 E. Broad Street--Suite 1170
Columbus OH 43215-3430
Phone: (614) 466-8651
FAX: (614) 466-9928
OPER site: www.mh.state.oh.us/oper.html
Outcomes site: www.mh.state.oh.us/initiatives/outcomes/outcomes.html

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13 June 2003 – 4 August 2003

Date: 16 June 2003 8:48AM
From: Stephen Beller <sbeller@nhds.com>

Here's an idea: Seek funding by starting a national demonstration project. This is something we're starting to do.

The idea emerged from our realization that simply collecting, analyzing and distributing data via an outcomes management software is unlikely to bring about meaningful improvements in those outcomes.

Yes, measurement is better than having no data, but the challenge is to transform data into knowledge that practitioners and clients use to make better decisions for exceptional service. This knowledge comes from (a) finding useful information within the data and disseminating it efficiently and (b) having (virtual) forums through which stakeholders share lessons learned, offer innovative ideas, ask key questions, and discuss important issues about treatment (process), outcomes, organizational cultures, etc. The information technological tools are essential, but people's minds make them truly useful.

So … We believe the best strategy is to seek funding for ground-breaking demonstration projects in which innovative people use innovative tools and collaborative discourse to emerge useful knowledge that supports decisions and improves performance.

One of our areas of focus is case management. To learn more about this demonstration project, please contact me.

Steve Beller

Stephen E. Beller, Ph.D.
NHDS, Inc.
sbeller@nhds.com

TEC*Script* 10
Who is Paying for Outcomes Management Programs?
13 June 2003 – 4 August 2003

Date: 16 June 2003 9:38AM
From: Daniel Fallon <psychling@worldnet.att.net>

I wish I could offer a response other than this:

The State of Illinois Dept of Children and Family Services unilaterally imposed a series of assessments that they refer to as `Outcomes Modules' on provider agencies. The frequency with which the instruments must be completed by the `treatment team' has recently doubled from every six months to once per quarter. I calculated the cost to our agency for the `every six months' assessment as being just under $200,000 (conservatively) per year.

Despite assurances to the contrary and the establishment of a website that shows `bar graphs' of assessment data there is virtually no benefit to provider agencies for the completion of these assessments.

Our agency recently implemented our own system-wide Clinical Assessment Protocol in order to provide better care to the youth we serve. We have had to do this, of course, at our own expense and in addition to the $200,000 in time and money that the State DCFS has required of us.

Good luck.

Daniel Fallon, PsyD
Clinical Consultant
Maryville - City of Youth
1150 N. River Road
Des Plaines, IL 60016
(847) 294-2822

TEC*Script* 10
Who is Paying for Outcomes Management Programs?
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Date: 16 June 2003 9:52AM
From: John Ward <ward@fmhi.usf.edu>

In Florida, the Department of Children and Families (previously referred to a Dept. of Health and Rehabilitative Services) paid for the development of what became state mandated outcomes assessment measure (FARS and CFARS) and also paid for the training of clinicians in contracted provider agencies and development of computer software for agencies to collect and report data to the state. For a couple of years prior to development of that software, while Florida used "scannable" paper forms for agencies to use to collect the outcomes data and send it to DCF, the provider agencies were required to purchase the scannable forms (about 20 cents per consumer) from a sole contracted publishing company. Florida is now in the process of developing and piloting "Unity One", a web interface software with multiple levels of security for reporting outcomes and developing outcomes reports.

I am also aware that when Wyoming Division of Behavioral Health Services implemented the FARS and CFARS statewide, they purchased a pentium class PC for each contracted provider agency and the State also paid for the training in the use of the FARS and CFARS scales and for the development of software for inputting and storing the assessment data on the computers. The software also allowed the provider to create a diskette of monthly assessment data to send to Cheyenne office of BHS to report outcomes. At this point they have moved to a web based interface technology (also paid for by the state) that permits providers to input their data and create reports for themselves.

John C. Ward, Jr., Ph.D.
Associate Professor

Department of Mental Health Law and Policy
Louis de la Parte Florida Mental Hlth. Inst.
and
Department of Epidemiology and Biostatistics
College of Public Health

University of South Florida
Tampa, Florida
813-974-1929

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Who is Paying for Outcomes Management Programs?
13 June 2003 – 4 August 2003

Date: 16 June 2003 9:55AM
From: Susan Mims <susan.mims@ozarkguidance.org>

Thanks Randy. So, do the agencies do the hiring and DCF pays for the position, then? Were the standardized instruments chosen by DCFS proprietary? If so, who paid for that? Are these positions being funded temporarily?

Susan Mims

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Who is Paying for Outcomes Management Programs?
13 June 2003 – 4 August 2003

Date: 16 June 2003 9:55AM
From: John Ward <ward@fmhi.usf.edu>

I also forgot to mention that in Florida, the Agency for Healthcare Administration (administers Medicaid funds) also pays $15.00 per FARS or CFARS assessment to provider agencies when the assessments are done on Medicaid enrolled clients.

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Date: 16 June 2003 9:56AM
From: Susan Mims <susan.mims@ozarkguidance.org>

Where are you, Steve? This funding that you've sought: is it a federal grant?

Susan Mims

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Who is Paying for Outcomes Management Programs?
13 June 2003 – 4 August 2003

Date: 16 June 2003 10:00AM
From: Susan Mims <susan.mims@ozarkguidance.org>

This sounds pretty progressive, Dee. The funding was a one time start-up, right?

Are your providers required to use electronic means to gather the data? Or do they have the option of paper and entry and/or scanning? I imagine that the providers are all reporting their data into the software you provided and that they report the information back to a central point?

Susan Mims

Date: 16 June 2003 10:04AM
From: Susan Mims <susan.mims@ozarkguidance.org>

Yikes, Daniel! This sounds like a horror story. What is your DCFS doing with the data other than providing you with bar graphs? Do they use it to make funding or training decisions, for example? Are they proprietary instruments?

What is the battery of instruments that they are requiring you to use? In contrast, what has your agency chosen to use for your internal outcomes program?

Thanks!

Susan Mims

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Who is Paying for Outcomes Management Programs?
13 June 2003 – 4 August 2003

Date: 16 June 2003 10:17AM
From: Dee Roth <RothD@mh.state.oh.us>

Yes, the funding was one-time start-up. We gave providers complete freedom to decide what means they wanted to use to collect the data--many do use our Template, but many use other means such as scanning or hand-held devices that pop up each question for consumers to answer. The only requirement is that eventually the data have to be transmitted to their local mental health boards and then on to us in a standard format. One of the features of the Template is that, if you initially use a different data entry method, you can dump data into it and it formats the data for transport onward.

Dee Roth, MA, Chief
Office of Program Evaluation & Research
Ohio Department of Mental Health
30 E. Broad Street--Suite 1170
Columbus OH 43215-3430
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OPER site: www.mh.state.oh.us/oper.html
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Date: 16 June 2003 10:29AM
From: Susan Mims <susan.mims@ozarkguidance.org>

Thanks for this information, John. Like Ohio, it sounds like Florida has a serious commitment to getting provider buy-in and making it possible for providers to gather meaningful outcomes. Wyoming, maybe, too. Do you have any idea how much it cost the state to provide the training once the FARS/CFARS were developed and ready to use? It sounds like you are saying that the providers once paid for the forms, but now they do not?

Re: the $15 per assessment. I assume there is a limit to how many of these are reimbursed per client per year. How often do providers do the FARS/CFARS per client?

And, I assume that the outcomes data is being crunched centrally, not by each individual provider, right? Is the state paying for that? Are they using the information to make funding and training decisions?

Sorry for so many questions, but this is very helpful, thanks!

Susan Mims

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Who is Paying for Outcomes Management Programs?
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Date: 16 June 2003 10:45AM
From: Susan Mims <susan.mims@ozarkguidance.org>

Dee, Is there an emphasis on providing immediate feedback to the clinician?

Just curious: do you have a managed care program for Medicaid?

Thanks for your input!

Susan Mims

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Who is Paying for Outcomes Management Programs?
13 June 2003 – 4 August 2003

Date: 16 June 2003 11:01AM
From: Dee Roth <RothD@mh.state.oh.us>

There is a very strong emphasis on use of the information at the clinician level. One of the nifty things about our Data Entry and Reports Template is that it generates three kinds of reports for the clinician: a Red Flags Report that has all the items that the consumer marked as worst or next-most-worst, a Strengths Report that has the same information for the most positive items, and a Change Over Time Report that contrasts the consumer's current ratings with the previous ones.

We've also done a series of trainings for clinicians and case managers about how to use the Outcomes System information to sit down with the consumer and develop a treatment plan. The adult measures trainings were last fall, and the kids' measures trainings are next week. We think that the most important use of the data is at this level, and have had most of our concentration there. After that, we encourage provider agencies and local mental health boards to use aggregate data in quality improvement efforts, and we have just started putting out what will become a series of statewide benchmarking reports, so that local systems can compare their scores to the statewide averages. (The first of those reports is on our Outcomes Web site in the data and reports section.)

We've also started conceptualizing, along with a statewide committee, an Outcomes Data Mart, where both providers and local mental health boards could get a variety of aggregate reports. We've come to view this whole thing as a long-term, many-steps endeavor, in which the use of data is the key to everything!

Ohio does not at this point have a Medicaid managed care program for mental health services. We were headed in that direction several years ago and it fell apart, and we feel like we dodged a bullet!

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Date: 16 June 2003 11:31AM
From: Susan Mims <susan.mims@ozarkguidance.org>

This is very helpful Dee, thanks so much for your information! This is the kind of process I'm hoping we can develop in our outcomes management program. I keep telling our administrators that we *must* develop a process to help clinicians know how to use the information and to help supervisors know how to do this with front line staff. It seems to me that this will require a substantial effort and commitment of time, particularly until it becomes embedded in our daily practice. I do not imagine that will happen overnight!

You are right re: avoiding managed care in Medicaid. You did indeed dodge a bullet. It's been a nightmare in our state for the past 3 years; we're now on provider # 3 and there is a lot of angst about this. This new provider has a fully electronic platform for services, which is great in many ways, only providers are not getting any transition time and we still don't have information about how the process is going to work, exactly-and implementation is only 2 weeks away!

Susan Mims

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Date: 16 June 2003 11:40AM
From: John Ward <ward@fmhi.usf.edu>

Susan,

I will try to answer the questions you asked below.

The training on the CFARS is on the web and is free to providers (http://outcomes.fmhi.usf.edu). The server (and the training software and information site with free downloadable forms) is maintained by us at FMHI for the state DCF for a small monthly fee (I think currently that is somewhere around $500 or so per month...) and we are getting ready to bring the FARS training to the web (also free access use by anyone wanting to receive the FARS training and certification).

I think the $15 per functional assessment is something like 2 assessments per year...but I can't tell you if that is per provider agency or per client...since many (most?) clients may be receiving services from more than on provider in a year. I know the cap rate for HMO's includes rate for two functional assessments per year for each Medicaid client served in the capitated contract.

Yes, outcomes data is now crunched "centrally" in DCF's Tallahassee office and they use outcomes data to report to the Legislature as part of Florida's requirement of the 1994 Government Performance and Accountability Act. We did data collection and report generation for them (DCF) up until about 1998 or 99. I believe that the plan is in the near future to move to a secure internet web interface data collection and report generating system to get data from contracted provider agencies (system in pilot now).

John,

John C. Ward, Jr., Ph.D.
Associate Professor

Department of Mental Health Law and Policy
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and
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College of Public Health

University of South Florida
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Date: 16 June 2003 12:01PM
From: Susan Mims <susan.mims@ozarkguidance.org>

Thanks a lot for this, John. Our state is not currently requiring outcomes, but the new ASO they've contracted with who will be doing UR/UM for our Medicaid program provides a place for reporting CAFAS scores—supposedly optional, but we're concerned about it because they have a place for reporting the subscores embedded in their form. This is rather pretentious. We took a look at the CAFAS for our outcomes instrument but chose to go with other instruments. Fortunately, "the state" seems interested in the work we've done do develop an outcomes program and seems open to our input. Hence, my many many questions.

The input all of you have given is very welcome.

Susan Mims

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Date: 16 June 2003 12:38PM
From: Tom Trabin <tom@trabin.com>

I believe Pacificare Behavioral Health provides some small financial assistance in the form of improved reimbursement and rewards for positive outcomes. They also provide immediate feedback on change scores to clinicians regarding their individual consumers and quarterly feedback to group practices regarding their aggregated results. I'm told Pacificare supplies the instruments, with the LSQ being the primary one. A group practice provider for Pacificare tells me the major work at the group practice level is done by consumers in completing the instruments regularly, and his administrative staff fax them to Pacificare. Providers involvement is limited to asking their patients to complete the instruments, and later reviewing the results. This is the best example I've heard about recently of an outcomes management system that is well integrated into clinical workflow with minimal burden to providers and meaningful feedback. For those interested in more information, you might contact Pacificare or the contractor who provides their data analyses (Jeb Brown at jebbrown@clinical-informatics.com).

Tom Trabin, Ph.D., M.S.M.

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Who is Paying for Outcomes Management Programs?
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Date: 16 June 2003 8:17PM
From: Randy Kaplan <drk4000@attbi.com>

Yes, the agencies do the hiring and dcf pays for the positions, which are annualized (i.e., a fixed part of the contract); DCF also provides the training. I left my old agency a year ago and went to work for the Adult system (department of mental health and addiction services), which doesn't have a system life the dcf one on the drawing board. Most of the instruments were borrowed from the OHIO initiative. At the time I left, the plan was to have the data entered into a database at the local sites and then have it sent electronically to dcf. dcf spent beucoup dollars on consultants, programmers, etc., etc.

Date: 21 June 2003 6:09PM
From: Daniel Fallon <psychling@worldnet.att.net>

Surprisingly, DCFS has a really fine fellow doing the "outcomes" analysis: John Lyons, PhD. I'm assuming that on a "macro" level there is some relevance to the activity. Unfortunately, not even that has been articulated or communicated in a relevant manner.

We're using the FARS, CFARS, the Ansell-Casey (CF/CSF), the Vineland, The CSBI. DCFS offered several 2 hour presentations in 2001 but forgot to include our agency --- the largest child welfare agency in the State! At the last minute they held two "presentations" for our personnel: 100 people in a room with two good-hearted and overwhelmed DCFS trainers. Impossible.

Fortunately, Maryville's Quality Assurance staff put the entire process together, conducting several internal training and support programs. As of January 2001 Maryville has been 99.9% compliant (targeted youth and assessment schedule) with the process. There is no financial support for the Illinois Outcomes Modules to the agencies. We must purchase the instruments, our staff are not compensated for the meetings of the treatment teams and the completion by the treatment teams of the instruments.

On June 2, 2003, Maryville implemented a Clinical Assessment Protocol.
The overall goals of the CAP are:

To provide the Treatment Team with critical information regarding the psychiatric, neurologic and educational status of youth in their care;
To establish system wide structure and consistency in Clinical Assessments;
To determine effectiveness of treatment planning and service interventions;
To individualize treatment from both the clinical and program perspectives;
To track youth progress along key dimensions;
To develop service programs that better address identified youth needs.

We are using the following instruments:

The Quick Neurological Screen Test II - Every youth in our care for more than thirty (30) days;
The Child Behavior Checklist (Achenbach) - First administration at thirty (30) days; thereafter every ninety (90) days;
The Youth Self Report (Achenbach) - First administration at thirty (30) days; thereafter every ninety (90) days;
The Wide Range Achievement Test - III - Once every twelve (12) months.

Maryville has a substantial computer information system that allows us to collect both instrument score data and discrete item (Achenbachs) data for all youth. We will utilizing the services of a local University for the purpose of analysis and evaluation.

Gotta go ...

Hope that helps.

Daniel Fallon, PsyD

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Date: 22 June 2003 7:24PM
From: John Ward <ward@fmhi.usf.edu>

Daniel, What instruments are they requiring you to purchase and what training did they provide?

John Ward, Ph.D.

Date: 23 June 2003 10:05AM
From: Susan Mims <susan.mims@ozarkguidance.org>

Thanks for this, Daniel. Interesting. It sounds like your clinical staff must be feeling pretty overwhelmed, with all of the instruments you're using. Are you utilizing paraprofessionals for any of this activity?

Susan Mims

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Who is Paying for Outcomes Management Programs?
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Date: 30 June 2003 2:49PM
From: Daniel Fallon <psychling@worldnet.att.net>

John…

The instruments are identified below.

There was a one-time 2 or 2.5 hour training for 60-70 people in a room.

Clearly, these are not difficult instruments to complete with some introduction and with some minimal supervision.

- Dan…

We're using the FARS, CFARS, the Ansell-Casey (CF / CSF), the Vineland, The CSBI.

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13 June 2003 – 4 August 2003

Date: 3 Aug 2003 10:25AM
From: William Berman <wberman@echoman.com>

I'm re-activating an old thread about outcomes management programs.

Are any states providing aggregate data back to the agencies that submit the data, either in the form of summary reports, control & comparison charts, pivot tables, data warehouses, etc? I haven't seen much about the availability of these data either for benchmarking for the agencies or for research/publication.

Bill Berman, Ph.D.
Chief Clinical Officer
The Echo Group
603-447-8600 x1009
wberman@echoman.com

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Date: 4 Aug 2003 7:29AM
From: Dee Roth <RothD@mh.state.oh.us>

The Ohio Mental Health Consumer Outcomes System is providing aggregate reports on statewide data back to local agencies and to our mental health boards, so this information can be used by both agencies and boards for comparison purposes. We started out with a general statewide report, and then did a special report on adult scores on the Symptom Distress Scale. From now on out we will be issuing a report every quarter, alternating between the general report and a special-topic report. Both of those reports can be accessed on our Outcomes Web site.

We have had a statewide committee working on the conceptual design for an Outcomes Data Mart, so that agencies and boards can get access to both their own data as well as other agencies' and boards' data for comparison. It's a pretty complicated business to figure all this out, so we will be working on it for the better part of another year, probably, but we see the Data Mart as an important component of giving data back, in order to encourage data use at the local level.

Dee Roth, MA, Chief
Office of Program Evaluation & Research
Ohio Department of Mental Health
30 E. Broad Street--Suite 1170
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