

## Kraig Knudsen - Treatment Episode Outcomes System

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Kraig Knudsen, Chief, Office of Research and Evaluation  
 Carol Carstens, Manager, Treatment Episode Outcomes

The Hamilton County Mental Health and Recovery Services Board (HCMHRSB) is in receipt of your memorandum dated November 12, 2010, regarding "New Admissions and Outcomes System." Since the dissemination of that memorandum, the HCMHRSB has held two meetings with our contracted mental health agencies to discuss the Department's new Treatment Episode Outcomes system. During those meetings a number of questions arose concerning that system and the decision was made to forward this correspondence to share those items, as opposed to having numerous providers and the Board raising these issues separately. As the Department's memo indicated the immediate initiation of these new data collection exercises, your timely response to this inquiry is very much appreciated.

- The random sample survey is scheduled to begin immediately (January, 2011). Our understanding is that selection of prospective participants will have to occur after agencies submit OH-BH admission records since it is those records that will identify a client as SMD/SED, which is a requirement for participation. Statewide OH-BH will not be implemented until September, 2011. How, then, will sampling and surveying proceed?
- How will the Department conduct the random sample survey?
- Who will have responsibility for the surveying?
- If the Department will be conducting the surveys, how will the Department attain consent for contacting the involved clients?
- How did the Department arrive at the sample size of 4,000 consumers?
- At what level does the Department intend to utilize the random sample survey results? Will this data only be used to satisfy Federal NOM requirements, or will it be analyzed at more discreet levels (regional, county, agency) in an attempt to interpret what may be occurring at those levels?
- Survey efforts are vulnerable to numerous forms of error. What methods will the department be utilizing to reduce the possibility of coverage and non-response error.
- According to the memo, only SMD/SED individuals will participate in Ohio's new outcomes system, even though half of all clients in the public mental health system do not meet the SMD/SED designation. Will there be an outcomes system for the other half of the clients served in our state?

- Our understanding is that the changes made to the outcomes system are the direct result of the administration's concerns related to administrative burden. Using the previous State-mandated system (Ohio Consumer Outcomes/Ohio Youth Scales), Hamilton County agencies were able to meet both State requirements as well as local needs. Is it the position of ODMH that the new Treatment Episode Outcomes system will meet the Board's statutory requirement for evaluating the local system and the Department's requirements for the Mutual System Performance Agreement?
- Related to the previous bullet, and being mindful of the Department's stated intent of reducing administrative burden, numerous agencies that have utilized the previous state-mandated system as the means for meeting requirements of other funders and accreditation organizations have shared concern that both administrative burden and costs will increase significantly for them given the changes that will result through implementation of a new outcomes system. Will resources/funding be made available by the Department to assist in the assumption of this new mandate?
- Many agencies in our system, and statewide, serve clients needing treatment for both mental health issues as well as alcohol or other drug addiction. Will two of each administration (admissions, closure, level change) be required for clients receiving services for both of these concerns?

The OH-BH contains a data element that captures the consumer's Global Assessment of Functioning (GAF) score. Research literature that has examined the GAF has called into question the reliability of the measure. Indeed, research suggests that inter-rater reliability of the score is insufficient in the routine clinical context and that measurement error is too large for assessment of change for individual consumers. Given these findings, how does the state intend to utilize the GAF data in the new TEO system?

- AOD OH-BH submissions utilize a 30 day parameter for arrests, while the new OH-BH mental health version will utilize a 12 month parameter. Are there any concerns related to confusion that might ensue that could result in error in submissions, and if so, has the Department discussed plans for addressing this in some manner?
- Has there been any discussion as to the manner in which data will be analyzed in an attempt to determine program/agency/treatment efficacy using these new variables. For example, it would be a natural assumption that comparisons would be drawn between criminal justice contacts during the 12 month period prior to admission and the criminal justice contacts during the 12 month period prior to closure. However, for clients involved in treatment for a period of less than 12 months in length, these two periods will overlap, resulting in measurement of the same periods. For clients involved in the system for many years, a typical occurrence for SMD/SED clients, no assessment will be achieved until the client's involvement terminates, eliminating the provision of information intended to assist in the implementation of change for the purpose of system improvement. How will these issues be addressed/managed?
- When ODADAS made the change in BH Mod (OH-BH) submissions from a Board facilitated process to a direct submission to ODADAS through a web-based (single entry) process, they permitted some (typically larger) agencies to submit using a new batch file format (xml). There are quite a number of large MH agencies in Ohio, several of which are located in Hamilton County. Will ODMH, similar to ODADAS, also permit OH-BH submissions using this batch file process, or will all mental health agencies be required to submit through a web-based (single entry) process?
- Numerous agencies in Hamilton County utilize well-established reporting based upon the state's previous system (OCO-OYS) to meet requirements of other funding and accreditation entities. It is

doubtful that the state's new TEO system will meet the requirements of those entities. If a Board can collect the identical NOM information through other means, would this be acceptable to the Department and would they then grant a waiver from participation in the MH OH-BH?

- What is the established timetable for implementation of the various steps that will be necessary to accomplish this change in measures and methods?
- What type of training will the Department provide and when can agencies anticipate those trainings will occur?
- How do the measures selected in the new MH OH-BH coincide with recovery and stigma reduction?

We appreciate your assistance in bringing clarity and greater understanding to these issues. As a system that served more than 21,000 publicly-funded mental health consumers this past fiscal year, and as a system that has established an outstanding reputation for outcomes data collection, management and use, these issues are critical to us. We certainly welcome any opportunity to work collaboratively with the Department around this and future outcomes efforts.

Best regards,

Erik Stewart on behalf of Hamilton County QA Representatives

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