



Acknowledgements

In publishing this report, ODMH recognizes the many provider agency and board staff and others who have devoted their time and energy to developing an effective implementation strategy for the statewide Outcomes System. We will never know what sacrifices they have made personally and in their own workplaces to support this effort. But we can hope their work will be a service to other local systems that will find the products useful in supplementing their own implementation efforts. We are, however, certain that the Outcomes System as a whole would be lacking in its integrity, value and local flavor without their active participation.

In particular, we would like to acknowledge the following people and organizations for their contributions to this effort: Michael Flora, Susan Keckler, Reneé Kopache, Thomas Lambric, Gary Mercer, Joyce Semeraro, Ellen Stukenberg, Pam Woodward and the Stark County Community Mental Health Board.



The Ohio Mental Health Consumer Outcomes System Family Member Training

Velma Beale, MA

National Alliance for the Mentally Ill - Ohio
Columbus, Ohio



TABLE OF CONTENTS

Introduction	3
Information for Trainers	4
Target Audience	4
Goals of the Training	4
Trainer Requirements	4
Trainer Preparation	4
Training Agenda	5
Handouts	6
Introduction to the Outcomes System	7
Defining Outcomes	7
Course Goals	9
What Does It Mean to Families?	9
Overview of the Outcomes System	12
Purposes of Outcomes Measures	12
A Brief History of Ohio's Outcomes System Development	13
What Areas (Domains) Are Being Measured?	14
How Does Information Flow Through the Outcomes System?	16
Ten Steps	16
How is the Outcomes System Related to MACSIS?	17
Survey Tools	19
For Adult Consumers	19
For Child/Adolescent Consumers and Families	21
How Can We Use the Data?	24
For Adult Consumers	24
For Children/Adolescents	27
Uses of Data by Advocates	29
Cautions About Data Use	30
Next Steps for Families	33
What Roles You Can Play In Outcomes	33
Where To Get More Information	34
Review and Post-Test	35
Review	35
Post-Test	37
Optional Presentation by Local Agency/Board Staff	38
Appendix	39
Glossary of Terms	39
Overheads	
Handouts	
Agenda	Handout #1
Pre-Training Questionnaire	Handout #2
Adult Consumer Form A	Handout #3
Adult Provider Form A	Handout #4
Adult Consumer Form B	Handout #5
Ohio Scales, Youth Rating	Handout #6
Ohio Scales, Parent Rating	Handout #7
Ohio Scales, Agency Worker	Handout #8
Post-Training Questionnaire	Handout #9
Ohio Mental Health Consumer Outcomes System:	
Big Picture	Handout #10
Evaluation	Handout #11



INTRODUCTION

This manual is designed to help you teach families of both adults and children/adolescents receiving services in the Ohio Public Mental Health System about the Ohio Mental Health Consumer Outcomes System.

The training lasts for one day. This manual provides a Training Agenda and a schedule is built into the trainer's course curriculum, along with learning objectives and notes to the instructor. Your material includes overheads and handouts to enhance the training experience, help you cover details accurately, but briefly, and to provide family members with printed information they can take with them at the end of the course. There is a Glossary at the back of this manual. It is intended to help you and those in your sessions to understand any words that may be new or confusing.

It is important to communicate a positive attitude toward the Ohio Mental Health Consumer Outcomes System and to provide accurate information. To make sure that families understand, each topic covered is followed by an opportunity for questions. If, during the instruction, a question is asked which you cannot answer, don't hesitate to say, "I don't know, but I will try to find out and see that you get that information."

It is also important to stick to the topic of the training. This training is **ONLY** about the Ohio Mental Health Consumer Outcomes System. It is **NOT** a forum for discussing the local mental health system, or for discussing individual diagnoses or treatment needs. Debates on what Recovery means or the desired role of families of adults receiving services are also not appropriate. While these concerns should be treated respectfully, trainers must gently, but firmly, keep all discussions on task or you will not be able to cover the material in the very tight schedule.

If time and local circumstances allow, you may wish to ask a representative of a local agency or Board to speak for about 15 minutes at the end of the training about local implementation of the Ohio Mental Health Consumer Outcomes System and to answer any questions about local outcomes issues.

INFORMATION FOR TRAINERS

Target Audience

This course is designed for family members/significant others/caregivers of adults and children/adolescents served by Ohio's mental health system.

Goals of the Training

- Provide a "Big Picture" of the Ohio Mental Health Consumer Outcomes System.
- Family members will be more willing to take part in outcomes measures. They will also be more willing to help their family member consumer and other families understand outcomes measures.
- Family members will better understand the benefits of outcomes measures.
- Families will better understand and use outcomes in the treatment of their child/adolescent, and/or use outcomes data correctly for advocacy.

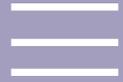
Trainer Requirements

It is recommended that two trainers present the materials. One should be a relative of an adult, and the other, a parent of a child or adolescent, both of whom receive services in the publicly funded mental health system.

Trainer Preparation

SUPPLIES FOR TRAINING

- Trainer's Manual
- Overheads
- Nametags
- Pre- and Post-Training Questionnaires
- Brochures
- Handouts (see list), including copies of Agenda
- Pencils
- Flip chart
- Markers



EQUIPMENT FOR TRAINING

- Overhead projector and stand
- Screen or white wall
- Flip chart stand

TRAINING ENVIRONMENT

- Room that can be darkened enough for overhead transparencies to be visible
- Tables, chairs for participants
- Space to divide into two groups, or separate into two rooms
- Table for trainer(s)

Training Agenda

- 8:30** . . .Coffee
- 9:00** . . .Introductions, pre-instruction questionnaire, defining outcomes
- 9:30** . . .Course objectives, why outcomes measurement is important to family members, roles of family members, definition of major terms in Glossary
- 10:00** . .Break
- 10:15** . .Overview of the Ohio Mental Health Consumer Outcomes System
- 11:15** . .How Does Information Flow Through the Outcomes System?
- 11:30** . .Overview of Instruments. (Work in 2 groups: Families of Adults and Families of Children/Adolescents) Using the data - Families of Adults - Families of Children/Adolescents
- 12:30** . .Lunch
- 1:00** . . .One Group: Uses by Advocates, Cautions, Next Steps for Family Members, and Where to Get More Information
- 1:30** . . .Summary/review, post-training questionnaire, evaluation
- 2:00** . . .Close
- 2:15** . . .OPTIONAL - Presentation by local agency or Board representative

INFORMATION FOR TRAINERS continued...

Handouts

- Brochure
- Agenda
- Pre-Training Questionnaire
- Adult Consumer Form A
- Adult Provider Form A
- Adult Consumer Form B
- Ohio Scales, Youth Rating
- Ohio Scales, Parent Rating
- Ohio Scales, Agency Worker Rating
- Post-Training Questionnaire
- Ohio Mental Health Consumer Outcomes System: Big Picture
- Evaluation



INTRODUCTION TO THE OUTCOMES SYSTEM

Trainer Note: Introduce instructors and students. Distribute and review the agenda (Handout #1).

Objectives:

- Family members will complete pre-training questionnaire
- Family members will understand both the general meaning of the word outcomes and the specific use in the Ohio Outcomes System.

Time: 9:00 - 9:30

Overhead #1

Trainer Note: Instructors introduce themselves briefly. Then, if the group is not too large, ask students to give their name and state whether they are family members of adults or children/youth receiving services. (Tally number of each.) Welcome all participants. Let them know that they are on the "cutting edge" by getting involved early in a new state program which can help their loved ones and the State Mental Health System.

Give everyone a copy of the pre-test. (Handout #2) Explain that we really do need to know what they don't know, so they should answer honestly and to the best of their ability. Tell them that they will also be asked to complete another form after the training so that we can get an idea of how effective the training has been. In other words, we are measuring some outcomes of this training.

Defining Outcomes

Overhead #2

Outcomes in general

Trainer Note: Ask class members to define "outcomes." Accept their answers then sum up by telling them Webster's Dictionary says outcomes are "consequences or results."

(First bullet) Goals are what we want to happen, what we aim for. When we reach our goal, there is a result. That result is the outcome. Because of that outcome, we often set more goals. So, the process is hopefully one of change and growth. When something keeps us from reaching the goal, then we need to re-evaluate our goals and how best to reach them.

INTRODUCTION TO THE OUTCOMES SYSTEM *continued...*

What is the Ohio Mental Health Consumer Outcomes System?

(Second bullet) The Ohio Mental Health Consumer Outcomes System measures outcomes for persons served by Ohio's public mental health system, including adults, children/adolescents and families. In other words, it measures the results of treatment and services, consumer-directed recovery efforts and family supports. These outcomes are NOT, however, an end product, but are ever-changing signs of individual well-being.

How is the Outcomes System Related to Consumer Recovery?

Overhead #3

(First bullet) Recovery is the foundation of several programs of the Ohio Department of Mental Health (ODMH). The Ohio Mental Health Consumer Outcomes System also builds on that foundation.

The Ohio Mental Health Consumer Outcomes Task Force defined Recovery as "a highly personal process of adaptation to severe mental illness that allows a person's life to go forward in a satisfying and meaningful way." The ODMH book, "Emerging Best Practices in Mental Health Recovery," defines Recovery as, "A personal process of overcoming the negative impact of a psychiatric disability despite its continued presence."

(Second bullet) Individual outcomes data can be used to help develop individual treatment plans to help consumers recover.

(Third bullet) In treatment of children and youth, we use the terms "resiliency" and "self-direction" instead of recovery to discuss this personal process. Children do not have the same control over their lives as adults, but they do need to understand that their choices and degree of proper self-direction can help make the difference.

(Final Point) Consumer outcomes are signs of health or well-being for an individual or family, as measured by statements or characteristics of the consumer or family, not the service system. These measures provide an overall "status report" which helps providers understand people's life situations. Using this information in discussions with adult consumers, and families of children, lets clients help design treatment and services to meet the needs they have identified.

**Course Goals****Objective:**

- Family members will learn the overall goals of the training.

Time: 9:30-9:35

Trainer note: The handouts include a copy of these goals. Go over the goals of the training with the class. Ask if these cover what they expected of the course. Explain that word meanings, the forms and how the information will be used, are some of the details we will cover.

Overhead #4 (Goals of the Training)

- Provide a "Big Picture" of the Ohio Mental Health Consumer Outcomes System.
- Family members will be more willing to take part in outcomes measures. They will also be more willing to help consumers and other families understand outcomes measures.
- Family members will better understand the benefits of outcomes measures.
- Families will better understand and use outcomes in the treatment of their child/youth, and/or use outcomes data correctly for advocacy.

CALL FOR QUESTIONS.**What Does It Mean to Families?****Objective:**

- Families will understand some reasons why outcomes measures are important to them.
- Families will learn about the roles of family members of adults, children and youth receiving mental health services.

Time: 9:35

I know you want to know how the outcomes system will meet your family's needs. What are some of your questions about how outcomes measures will affect you and your family members? (Write questions on the flip chart and post on the wall for later use. Keep it short and do not discuss questions and issues raised at this time.)

INTRODUCTION TO THE OUTCOMES SYSTEM *continued...*

Now let's talk about some reasons families should care about Outcomes Measures. Hopefully, as the day goes on, we can answer most of the questions you have asked. If not, we will talk about any left at the end of the day. Measuring outcomes is important to family members because it lets you and your ill family member tell treatment providers how your lives are affected by mental illness. It also allows changes to be made that improve both treatment and system design.

Trainer note: Ask if anyone has other ideas about why families should care about outcomes measures.

What is the role of family members of adult consumers?

In measuring outcomes for adult consumers, there is no form for family members to fill out. Adult consumers and their worker/clinician do answer questions from their points of view. This improves consumer self-awareness and helps consumers feel more empowered to share their needs. It also lets workers compare their assessment with the lived experience of the consumer, and serves as a stepping-stone to meaningful Recovery Management Planning.

Overhead #5

(First Bullet) So, what is the role of family members who support an adult consumer in his/her recovery from mental illness? Your role at first will be to educate and encourage your family member to take part in outcomes measures. You can do this based on your knowledge of the benefits. Later we will discuss how family members can use the data from outcomes measures to affect both their ill family member and the mental health system in positive ways.

What is the role of family members of children and youth?

(Second Bullet) Families or other caregivers of children are asked to fill out a form. For each child, a parent or other caregiver who knows the child will complete the Ohio Scales Parent Rating Form. Each youth age 12-18 will complete the Ohio Scales Youth Rating Form. For each child age 5-18 the worker will complete one of three forms:

- the Ohio Scales Agency Worker Rating Form
- the Child and Adolescent Functional Assessment Scale (CAFAS)
- or the Preschool and Early Childhood Functional Assessment Scale (PECFAS).



Family members of a child receiving services will be involved in planning services and treatment. Knowing what the data means in terms of treatment and service needs will help you support and guide your child in these areas. It will also help you work with provider agencies and staff with more understanding, and with better results. Again, we will cover more about how you can use the data from the outcomes measures later today.

CALL FOR QUESTIONS.

BREAK

Time: 10:00 - 10:15

OVERVIEW OF THE OUTCOMES SYSTEM

Objectives:

- Families will learn the purposes of the Outcomes System.
- Families will review a brief history of the development of the Outcomes System.
- Families will learn the four domains measured by the Outcomes System.

Time: 10:15

Purposes of Outcomes Measures

Overhead #6 (First 3 bullets) Measuring success in a large, complex mental health system requires attention to data in three critical areas: quality, access and cost. Consumer outcomes give important information for managing consumer care, improving the service delivery system, and accounting for public resources.

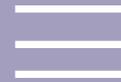
Bottom (“Ultimate Goal”)

Consumers and families are usually most interested to know that the main goals of the Outcomes System are:

1. Improving the health and quality of life of adults, adolescents and children receiving mental health services; and
2. Improving the quality of mental health services.

All your concerns that we listed earlier could most likely be grouped under one of these two goals:

- To improve outcomes for consumers, outcomes data will be used in both clinical care and administration. For clinical care and recovery planning, consumer outcomes data helps with assessment, and with service and treatment planning. Gathering base-line data and comparing it with outcomes data gathered later can show changes in an individual's life. This helps identify services or treatments that may need to be changed. For administrative care management, consumer outcomes help decide levels of care.
- To improve the quality of services, agencies, boards, and ODMH, with active input from consumers and family members, collect and study data. They use this data to make decisions about changing a program, service



or treatment process that affects consumer outcomes. A quality improvement method using this data helps providers learn about current performance, and identifies and tests changes that can improve future performance.

CALL FOR QUESTIONS.

A Brief History of Ohio's Outcomes System Development

Note to Trainers: You should have a copy of *Vital Signs* to show the class. Vision and Mission statements are on the overheads. You need not read these, but should put them up for the class to see.

Overhead #7

Because of a need for statewide data on consumer outcomes as a sign of quality, Michael F. Hogan, Ph.D., Director of the Ohio Department of Mental Health (ODMH), started the Ohio Mental Health Outcomes Task Force (OTF) on September 12, 1996. The OTF was a culturally diverse group of consumers, family members, providers, boards, researchers, and evaluators, and staff from ODMH and the Ohio Department of Alcohol and Drug Addiction Services (ODADAS). The job of the OTF was to develop a set of consumer outcomes. They were to recommend to ODMH a standard, statewide approach to measuring outcomes for consumers served by Ohio's Public Mental Health System. The goal was to provide useful data to all these stakeholders for planned change at the individual, agency and system levels.

Overhead #8

The OTF submitted its final report, *Vital Signs*, to Director Hogan on March 31, 1998. In March 1998, ODMH formed the Outcomes Implementation Pilot Coordinating Group (OIPCG), with members from the same constituencies. They completed the Procedural Manual and a Data Entry Manual in September 1998.

Lake and Stark Counties and a provider of services to adults in Columbiana County volunteered to be the sites for consumer outcomes pilots. The pilot boards and agencies began collecting consumer outcomes data on November 2, 1998 and continued through the spring of 1999.

OVERVIEW OF OUTCOMES SYSTEM continued...

The OIPCG made its final report at the end of the pilot. This report was submitted to Director Hogan in December 1999. At the end of the OIPCG's work, several boards and providers in other local systems were preparing to start using the consumer outcomes approach in fiscal year 2001. At this time, ODMH does not require boards and agencies to take part in the Outcomes System. However, most qualified provider agencies expect to have their first outcomes data by the end of September 2001. ODMH expects that all boards and appropriate provider agencies will be taking part in the Outcomes System by the summer of 2003.

Both, the community plan for boards, and the Certification Standards for community agencies will include outcomes requirements. While the Standards will probably not require the use of the Ohio Outcomes System, they are likely to require the same criteria. Since the OTF found no other outcomes measures that met these criteria, it is likely that many local systems will use the Ohio Consumer Outcomes System. ODMH stresses the importance of using standard tools statewide in order to be able to compare outcomes data. With a common standard, consumers, families, agencies, boards, and ODMH will have a common basis to use in evaluating local outcomes performance.

What Areas (Domains) Are Being Measured?

Overhead #9

The Ohio Outcomes Model includes four domains. A domain is a region or area, in other words, a part. In the Ohio Outcomes System, a domain is an area or part of a person's life that should be considered when designing treatment and services.

Trainer note: Be sure students understand what each domain covers.

The Domains Are:

- Symptom Distress, which looks at the symptoms a person may have from their illness and how much those symptoms interfere with daily living.
- Quality of Life looks at how "good" a person's life is, and if needs are being met. An important piece of this is how much control a person feels they have over the events in their life (known as empowerment). Financial status is also a part of quality of life.



- Functional Status shows how well a person is doing in the community. Areas such as school, work and social relationships are looked at.
- Safety and Health measures how well a person is doing physically. It also measures the amount of freedom a person has from psychological and physical harm from self and others.

The OTF identified 24 outcomes to be measured. They assigned each of these outcomes to one of the four domains. However, many of the outcomes actually involve more than one domain.

HOW DOES THE INFORMATION FLOW THROUGH THE OUTCOMES SYSTEM

Objectives:

- Students will learn about the structure of the Outcomes System and how information will flow through the system.
- Students will learn about the structure of MACSIS and how the Outcomes System is related to MACSIS.

Time: 11:15

Now let's take a look at the over-all structure of the Outcomes System before we look at the forms themselves. Following the data flow will give you an idea of how the system fits together. Data flow concerns the transfer of information from the consumer/family/provider through the agency and board, to the state, and back again.

Overhead #10

This overhead shows how complex the system is. Let's see if we can simplify it.

Ten Steps

Step 1 - The Survey

Once a person completes an outcomes survey, an agency staff person collects it and briefly checks for completeness and accuracy.

Step 2 - Administrative Data

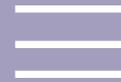
The staff person then adds tracking information.

Step 3 - Data Entry at the Agency

The agency staff enters the information from the survey into the agency's database.

Step 4 - Individual Treatment Reporting

The staff person uses the information to produce a summary report to help the consumer and worker or clinician plan treatment targeted to the individual's needs.

**Step 5 - Data Storage at the Agency and Report to the Board**

Once outcomes data is entered into an agency's database, it is then sent to the board.

Step 6 - Agency Aggregate Reporting

Agencies can now produce outcomes reports, based on all forms completed, for management, quality improvement, and accountability for resources.

Step 7 - Data Receipt at the Board

Board staff will check to make sure the data is complete and let the agency know how many records were received.

Step 8 - Board Aggregate Reporting

The board prepares aggregate outcomes reports for quality improvement, accountability for resources and local system planning.

Step 9 - Data Receipt at ODMH

The board sends the outcomes data via computer to the state server. Errors are checked again at the state level.

Step 10 - ODMH Aggregate Reporting

When the data is received at the state, ODMH can produce aggregate outcomes reports allowing local areas to compare themselves with the rest of the state. Reports also make it possible to develop statewide benchmarks for quality improvement, show accountability for resources and conduct system planning.

How is the Outcomes System Related to MACSIS?**Overhead #11**

ODMH is setting up a statewide management information system to account for services delivered to publicly funded clients. The Outcomes System is a major and ongoing part of MACSIS (Multi-Agency Community Services Information System). Consumer outcomes data is one of three types of data that will be gathered in a data warehouse.

HOW DOES THE INFORMATION FLOW THROUGH THE OUTCOMES SYSTEM continued...

Part 1 - Financial and Reimbursement: The first part of MACSIS (called Diamond) tracks and reimburses services funded by public dollars.

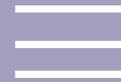
Part 2 - Behavioral Health Module: The second part of MACSIS captures other information about clients served, including admission and closure information.

Part 3 - Consumer Outcomes: This third part contains data on the health or well-being of individuals or families.

Part 4 - Data Warehouse: This section is designed to receive data from all three of these parts and combine it all in a single location for reporting purposes.

Now you can see that outcomes measurement is a critical part of the state's plan to gather data and use it to improve mental health service delivery in Ohio.

CALL FOR QUESTIONS.



SURVEY TOOLS

Objectives:

- Working in separate groups, families of adult consumers will review the Adult Consumer Form A, while families of children/adolescents will review the Ohio Scales Form for Parents.
- Families of adult consumers will fill out Adult Form A as they think their relative would, marking any items they have questions about.
- Families of children/adolescents will fill out the Ohio Scales Parent Form, marking any items they have questions about.

Time: 11:30

The OTF reviewed 126 outcomes tools in search of whole tools, scales or single items that measured the 24 identified outcomes. A set of tools have been developed or chosen to measure these 24 outcomes. Three forms are used for measuring outcomes for adult consumers. Four forms are used for measuring outcomes for child/adolescent consumers and their family members.

Note to Trainers: It is best to break into two groups now, with families of adults in one group and families of children/adolescents in the other group. One instructor should go with each group. Pass out copies of the survey forms and cover the information for each group. Families of children/adolescents should fill out the form for family members. Families of adults may wish to fill out the form for adult consumers as they think their family member might fill it out. Both groups should then score the answers, ask questions and discuss the forms.

For Adult Consumers

Trainer Note: Pass out the Adult Consumer Form A (Handout #3) and Adult Provider Form A (Handout #4). Make sure that everyone has a pencil or pen. As you describe the forms and the subscales, ask the class to look at the forms. Welcome questions at any time as you cover this information.

Lecture

The OTF combined items and scales from several tools and developed some items to create outcomes forms for use with two groups of adult consumers:

- Group A includes adults with severe and persistent mental illness.

SURVEY TOOLS continued...

Generally, these individuals meet the ODMH criteria for Seriously Mentally Disturbed (SMD). These individuals fill out the Adult Consumer Form A, and their service provider fills out the Adult Provider Form A.

- Group B includes adults with less severe illnesses, who usually seek mental health services for short-term problems. They usually do not receive CSP services. These persons fill out the Adult Consumer Form B. (Handout #5)

Adult Consumer Forms

- Symptom Distress (Adult Consumer Forms A and B): The Symptom Distress Scale is a self-report tool that measures the consumer's reported level of distress caused by psychiatric symptoms.
- Quality of Life (Adult Consumer Forms A and B): This section includes 12 general quality of life questions, including some covering the consumer's financial situation. One item on physical health, one item on medication concerns, and items about stigma in the agency and in the community were added to the forms for both groups. The Making Decisions Empowerment Scale is included only in Form A.
- Functional Status (Adult Consumer Form A and B): This section concerns taking part in meaningful activities like work, school, volunteer, and leisure activities.
- Safety and Health (Adult Consumer Form A and B): Questions cover freedom from physical and psychological harm or neglect in the social environment; physical health; effects of treatment, including medication; and whether safety and health is threatened due to being treated with lack of dignity and respect or discrimination in response to life-style or cultural differences.

Adult Provider Form A

- Functional Status: This section of the form has items about social interest, social network, ability to manage money, independence in daily life, housing stability, and meaningful activities. There are also questions about overall role performance, effect of addictive or compulsive behaviors, criminal justice system involvement, and aggressive behavior.
- Safety and Health: The Provider Form includes a series of questions about the consumer being victimized that include the worker/clinician's rating of danger of harm to self.



Trainer Note: Have family members fill out Adult Consumer Form A as they think their relative might fill it out. Tell them to mark any questions they do not understand. Discuss the experience, including ease, how appropriate the questions are, etc. Tell them that you will cover meaning and uses of the information next.

Questions to encourage discussion:

- Were there questions that you didn't understand?
- Were there things on the survey that you thought were very good areas to look at?
- Do you see ways this information could be helpful if the survey were taken every year?
- It is important to understand that the survey scores can be used a number of ways. How would you like to see this information used?
- What other questions do you have?

Stay in small groups to cover the next material for each group.

For Child/Adolescent Consumers and Families

Trainer Note: Pass out the three different Ohio Scales forms: Youth (Y) (Handout #6), Parent (P) (Handout #7) and Agency Worker (W) (Handout #8). Be sure that everyone has a pencil. As you describe the forms and the subscales, ask the class to look at the forms. Welcome questions at any time as you cover this information.

Lecture

Child/adolescent tools chosen include:

- The Ohio Youth Problem, Functioning and Satisfaction Scales (Ohio Scales) with forms for youth over the age of 12 (the Y Form);
- The parent or caretaker form (the P Form); and
- And the child's worker form (W Form), or the Child and Adolescent Functional Assessment Scale (CAFAS) and Preschool and Early Childhood Functional Assessment Scale (PECFAS) option. These scales (CAFAS and PECFAS) are not included in your handouts. We will use the Ohio Scales form to get an idea what this may be like.

SURVEY TOOLS continued...

The Ohio Scales

Four main areas are measured: problem severity, functioning, hopefulness, and satisfaction with services. The parent, youth and agency worker rate the problem severity and functioning scales. There are 20 items on both of these scales. Each item on the problem severity scale is rated for severity/frequency (0 "Not at all" to 5 "All the time"). The total score is figured by adding the scores for all 20 items. Each item on the functioning scale is rated from 0 "Extreme troubles" to 4 "Doing very well". A total score is figured by adding the scores for all 20 items, with higher scores showing better functioning.

Youth rate how hopeful they are about life or overall well-being. Parents (or primary caretakers) rate how hopeful they are about caring for the child. There are four items on the hopefulness scale. A brief (four item) scale on the Parent and Youth Forms measures satisfaction with and inclusion in services (1 "extremely satisfied" to 6 "extremely dissatisfied"). Finally, the Agency Worker version of the Ohio Scales measures how restrictive the youth's living arrangements have been during the past 90 days.

The Ohio Scales are quick and easy to give, score and interpret. With very little training, parents or case managers can give, score and interpret the meaning of scores for each of the scales. The two-page form is on the front and back of a single sheet. The 20 questions for problem severity (on the front of the form) and the 20 item functioning scale are the same on the three forms. The satisfaction and hopefulness scales are slightly different depending on the perspective (parent or youth).

CAFAS and PECFAS Option

The Child and Adolescent Functional Assessment Scale (CAFAS) rates problems in children/adolescents who have, or may have, emotional, behavioral, substance use, psychiatric, or psychological problems. The CAFAS rates youth ages 6 through 18. The staff member working with the youth and family completes the CAFAS. Subscales for the CAFAS include: school/work, home, community, behavior toward others, moods and emotions, self-harmful behavior, substance abuse, and thinking. The Preschool and Early Childhood Functional Assessment (PECFAS) is a preschool version of the CAFAS. Use of the CAFAS or PECFAS is an option instead of the Ohio Scales Agency Worker Form.



Trainer Note: Have the group fill out the Parent Form (P) after the lecture. Have them mark any questions they do not understand. Follow this with discussion and questions from the students.

Questions to encourage discussion:

- Were there questions that you didn't understand?
- Were there things on the survey that you thought were very good areas to look at?
- Do you see ways this information could be helpful if the survey were taken at regular times?
- It is important to understand that the survey scores can be used a number of ways. How would you like to see this information used?
- What other questions do you have?

Trainer Note: The trainer for each group should cover the material for their group. Stay in small groups to cover the next material.

HOW CAN WE USE THE DATA?

For Adult Consumers (Background Information)

Objectives:

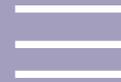
- Families will learn how outcomes measures can be used by the adult consumer, by family members and by the provider of mental health services.
- Family members will look at ways the adult consumer can use results in each of the four domains and the overall form in recovery.

Adult Consumer

An adult consumer uses outcomes to empower himself/herself in the Recovery process. He/she completes the outcomes form and uses the results of this self-assessment to help develop a treatment plan. The treatment plan then targets the needs and behaviors of greatest concern to the consumer and his/her self-determined goals. This is not to say that there should not be input from other stakeholders in the process of developing goals. But the outcomes information helps consumers identify and focus on needs and goals. By measuring a wide range of outcomes and teaching consumers what these outcomes mean, the process takes seriously their personal goals and dreams. This, in turn, will strengthen movement toward a self-determined goal (empowerment). When the survey is given again, a consumer is able to compare him/herself at that time to where he/she was in the past. A person may have improved or be more satisfied with one area of life, and be doing less well in another, or there may be overall change. This helps the consumer to see strengths in one area and weaknesses in another. This allows him/her to use strengths to reach goals and to better understand how the different areas of one's life interact. Outcomes data should always be reviewed with a good interpretation provided by professional staff, including information about the limits of the outcomes measures. Consumers may wish to have an advocate or supporter with them when the information is explained.

Family Member of Adult Consumer

In many cases where there is positive family involvement, adult consumer outcomes can be used to help develop consumer/family/worker partnerships for stronger support systems. Workers are encouraged to use outcomes information for an individual consumer, as appropriate, to inform and educate family members in order to develop better support systems for the consumer. This



can lead to improved outcomes for the consumer. By using individual and aggregate consumer outcomes data, a worker/clinician is better able to identify supports that enhance recovery. This is the information families need in order to help their family member. Families often play a crucial role whether or not they are directly involved by the clinician/worker. The clinician's explanation (with permission of the consumer) of a consumer's outcomes, and what they mean in terms of the consumer's support needs, helps to develop positive working relationships with a consumer's primary caregivers.

Using Scores

The scores can be used as a barometer of the recovery process, but they do NOT indicate the relative importance of issues to the consumer. That is why thorough discussion with the consumer is needed before deciding implications or making recommendations. The scores and specific items in the different domains can help the consumer set priorities on areas of need and can help in treatment planning. Here are a few suggestions about how data from this tool can be used:

Quality of Life

- A clinician should look closely at items 1-12 to find areas in a client's life that are special problems or that should be the focus of treatment planning (e.g., Meaningful Activity, Family Relationships, and Housing).

Physical Health and Medication Issues

- The clinician should check items 13 and 14 closely to decide whether a referral to a physical health care provider is needed or whether the agency's medical staff needs to talk to the consumer about medication.

Symptom Distress

- Identifying certain symptoms with the lowest ratings, as well as other areas on the form with ratings showing fewer problems can be used to identify strengths.
- Symptoms with the highest distress ratings can be compared to other areas with high ratings to explore possible relationships between items for setting goals.
- Consumer symptom distress ratings should be compared over time to measure change.

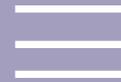
HOW CAN WE USE THE DATA? continued...

Making Decisions Empowerment Scale

- Comparing items with the highest empowerment ratings and items in other areas with high ratings can identify strengths.
- Comparing items with the lowest empowerment ratings with items in other areas with low ratings may show possible relationships for setting goals.
- Comparing ratings over time indicate change.
- A major use of this scale is to identify areas that the clinician could work on with the consumer. This may be a single item or a pattern of items, such as a low sense of empowerment and not being able to get questions about medications answered. This might lead to a plan that would help the consumer be more assertive with his/her doctor.
- Scores over time may show one or two areas where there has been the most improvement. Sharing these results with the consumer will provide positive feedback about areas where he/she is doing well.

Overall Instrument

- Looking carefully at the whole instrument, even without scoring, is a very valuable aid for direct care providers. Sometimes individual questions have more meaning for a treatment plan than would a subscale. This is clearly critical for the Symptom Distress section. Adding the scores in this section is useful, but direct care providers would likely be more interested in which symptom areas were causing the most distress.
- The instrument can help direct care providers know where to advocate for the consumer. Problems with housing, physical health or medications might point to services that are needed. It also provides a better overall picture of the consumer and may highlight areas not before identified as needing attention.
- Direct care providers can also use information from the total form, if appropriate, to help families understand the consumer's needs and to provide the kind of support needed by the consumer. This can help develop positive, ongoing relationships between the consumer, his/her family and the agency worker.

**For Children/Adolescents** (Explanation and Discussion)**Objectives:**

- Families of children/adolescents will score the Ohio Scales Parent Form that they filled out.
- Family members will understand how the information can be interpreted and used in treatment planning.

Scoring

So now you and the caseworker, or if you have an older child, the three of you have all filled out the Ohio Scales surveys. The worker has totaled the scores and you would like to know what they mean. Let's look at how the forms are scored and what the scores tell us. As I explain the scoring, look at your own form that you just filled out. I will give you time to score each section as we go along. When we finish scoring the Ohio Scales Form, we will discuss what the scores tell us.

Problem Severity

All three forms (parent, youth and agency worker) include the problem severity scale. Each of these items is rated on a 6-point scale for how often it happened during the past 30 days: not at all (0), once or twice (1), several times (2), often (3), most of the time (4), or all of the time (5). Each column's score can then be easily added at the bottom of the page. The sum of the six columns then becomes the score on this scale. Are there any questions about how this is done? Now, add the scores for problem severity on your form.

Hopefulness

On the back of the parent and youth versions, eight questions are printed at the top of the page. The first four questions ask for ratings of hopefulness (parent) or overall well-being (youth). Each question is answered according to a 6-point scale with the specific scale items varying to fit the question. In each question, response "1" is the most hopeful or well and response "6" is the least. The four items can then be totaled for a hopefulness scale score. On this scale, a lower total means more hopeful or well. Any questions? Total the four items on your page.

HOW CAN WE USE THE DATA? continued...

Satisfaction

The second four questions on the top half of the back page ask for ratings of overall satisfaction with behavioral health services received and ratings of your inclusion in treatment planning. The questions on the Parent and Youth Forms vary somewhat to fit the person filling it out. Each question is answered according to a 6-point scale with the scale items changing to fit the question. In each question, response "1" is the most satisfied/included and response "6" is the least. The four items can then be totaled for a satisfaction scale score. On this scale, a lower total means more satisfaction. Are there any questions on how to add the scores? Now total your scores.

Functioning

All three forms (Parent, Youth and Worker) include the 20 item functioning scale in the bottom half of the back page. Each of these items is rated using a 5-point scale: extreme troubles, quite a few troubles, some troubles, OK, or doing very well. The functioning scale total is figured in the same way used on the problem severity scale. Each of the 20 items is rated on its 5-point scale. The rating for each item is circled. The columns are coded from 0 (extreme troubles) to 4 (doing very well). Each column's score is added at the bottom of the page. The sum of the five columns then becomes the total score on the functioning scale.

Interpretation and Use of Information

The Ohio Scales gives the clinician and family a wealth of information that is useful and easy to understand. Perhaps most obvious is being able to track the child's progress over time by filling out the form from time to time. In addition, the first measurement gives excellent information to help in the development of a treatment plan.

Critical Items

Specific answers to critical items should be checked first. Positive responses to items such as "hurting self," "talking or thinking about death," "using drugs or alcohol" will require immediate attention. It may also be helpful to check whether the parent and youth give different answers on these critical issues.

Target Problems

The next section to check would be the problem severity scale. A quick scan will tell the problems that are rated as happening most often. These problems are likely to be the most important for treatment and can be included as



target problems in the treatment plan. Again, any differences in the ratings by youth and parent may prove helpful.

Functional Strengths

The next section to check would be specific answers to the functioning scale on the back of the page. Any functioning items that are rated high may be noted as strengths. A rating of "3" or "4" on a functional item identifies specific attributes or activities that can be included in the treatment plan as personal strengths. Any specific areas that might improve quickly and then be helpful in working on problems should also be noted. For example, improvement in hobby participation or appropriate recreational activities might quickly help improve self-concept or relationships with family or peers.

LUNCH

Time: 12:30-1:00

Trainers Note: Bring both groups back together as one group.

Uses of Data by Advocates

Objectives:

- Families will learn some proper uses of outcomes data in advocacy for their family member consumer.
- Families will learn some proper uses of outcomes data in general advocacy for all consumers.
- Families will discuss other uses of outcomes data in advocacy.

Time: 1:00

The proper use of outcomes data is of special interest to advocates for positive systems change. It is also of interest when we advocate for our own family members served by the public mental health system.

Overhead #12

- Your awareness of the potential benefits of the Ohio Mental Health Consumer Outcomes System can help you educate and encourage your consumer relative to take part in outcomes measures.

HOW CAN WE USE THE DATA? continued...

- Your knowledge about the outcomes form can help you discuss with your relative how you can support them in their recovery.
- You can encourage the use of individual information gathered at the agency level to inform consumers and family/significant others in ways that would help families, consumers and providers work together to support recovery.
- Your correct use of published aggregate data (information gathered from a large number of questionnaires) can inform your advocacy and efforts to help improve the mental health system.
- Informed advocates could become highly knowledgeable about this information and help to interpret the data at the agency, board and state level.
- Data can be used to track trends at the local, regional and state levels. This information could provide a concrete basis to advocate for:
 - Continuing services
 - Adding or deleting services
 - Improving services
 - Providing different services and service delivery models
 - Encouraging use of data in research

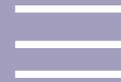
Trainer Note: Ask class members how they think information gathered through outcomes measures can become a tool in advocating for the needs of a consumer, a group of consumers or the needs of all consumers.

Example to encourage discussion: An advocacy group, reviewing aggregate regional data from the Making Decisions Empowerment Scale, might find that it shows a need for a greater sense of consumer empowerment. The advocacy group uses the data to support starting consumer or consumer/family taught workshops and to develop more effective local peer support programs.

Cautions About Data Use

Objectives:

- Family members will learn some limitations of outcomes data.
- Families will learn some cautions about interpreting outcomes data and the implications for services and treatment.
- Families will be given some recommended guidelines for the use of outcomes data.



It is important to remember that many factors may influence outcomes data. As an advocate for an adult consumer, you may, or may not, be included in discussing the scores and what they mean for your family member, but at some point, you should see aggregate data from your board area. As parents of a child or adolescent consumer, you will be involved in discussions about your child and your family. Later, you may also be interested in looking at overall results of the outcomes measurement in your area. By understanding how NOT to use this information, you can learn to be a more effective advocate for improved services and treatment and for better use of funds.

The Ohio Mental Health Consumer Outcomes System provides valuable information. However, two key cautions must be considered before using the consumer outcomes information in decision-making.

- There are very few established links between specific mental health service systems, specific agencies or specific workers/clinicians and consumer outcomes.
- Comparing outcomes across mental health boards, agency/provider organizations, or worker/clinicians should be done with extreme caution until statewide benchmarks, adjusted for case mix, have been developed.

Suppose you find out that a particular agency has lower outcomes scores or less improvement in scores than another agency, what might this mean? (Discuss) Points to emphasize:

- Perhaps one agency treats more individuals with severe mental disturbances than another or has a different diagnostic mix.
- Community conditions (cultural, economic, urban/rural, etc.) may vary between agencies.

HOW CAN WE USE THE DATA? continued...

Overhead #13

General Guidelines: Outcomes monitoring, plus cost data, will give valuable information to users and purchasers of mental health services that will help them to judge the value of the services. Rather than use outcomes data to punish, an outcomes monitoring system will be more effective if data are used to start discussion, to guide in tailoring treatments, and to identify efficient approaches to treatment. Here are some strongly recommended guidelines for users of outcomes data:

- Outcomes findings should be used as indicators of areas needing further study and for treatment, program and system planning.
- You should not assume the cause of a given finding could be attributed only to the mental health system or to a specific provider or practitioner.
- You should be cautious in interpreting outcomes data.
- Outcomes data should not be used to sanction agencies or staff unless, and until, the approach has been proven valid, reliable and useful.
- Data users should resist the temptation to compare providers or board areas simply based on the raw data or preliminary data analysis.
- Data users must recognize their responsibility to monitor such inappropriate uses of the data.

Remember that until we learn how to weight the data for certain factors, like those we just talked about, we really have no idea what the data means. At this time, the most appropriate and helpful way to use the data from an agency, board area or the state is to raise questions. Asking why some scores are lower than others, why one agency or board area seems to compare poorly with another, etc., can lead to useful ideas to help improve services. The best use of data is often the raising of new questions and creating new studies.



NEXT STEP FOR FAMILIES

Objectives:

- Families will learn ways they can be involved in the Outcomes System, both on the individual/family level and as systems advocates.
- Families will learn where to get more information on the Outcomes System.

What Roles You Can Play In Outcomes

Overhead #14

So, what can you do next to help get the Outcomes System started? You can play two important roles. As family members, you can get involved on the individual/family level. As an advocate, you can get involved on a system level.

Individual/Family Level

As concerned and involved family members of adult consumers, you should discuss the outcomes measures with your family members. Hopefully, they will have had the opportunity to go to training similar to this, but geared toward adult consumers. Assure them that their confidentiality will be protected throughout the process, but that if they wish you to help provide support for their recovery efforts, they can tell their worker/clinician to what degree they wish you to be involved. Encourage them to view the survey instrument as a tool that will help them target their strengths and use those strengths to address the needs they have identified. Tell them that this tool will help them move more easily into the planning of treatment and services designed to help them meet their own goals.

As family members of children/adolescents, you will be asked to fill out survey forms yourself to help measure strengths and needs for treatment and services. Hopefully, you can now do so in a more knowledgeable and productive way. You can also help explain to adolescent consumers in your family what it is all about and how it can help them by giving them an opportunity to voice their own needs. Many of the same ideas about adult consumer participation apply as well to youth. The outcomes surveys allow the family to work with the clinician in helping your child improve.

NEXT STEP FOR FAMILIES continued...

System Level

There are also a number of things you can do to help get outcomes measurement started and to advocate about the Outcomes System. Your first step should be to get informed about local steps to start outcomes measurement. Have someone from your local board or agency speak to your support or advocacy group about local plans. Ask them what roles families can play on the local system level.

Attend board meetings where outcomes implementation or data will be discussed, or get a copy of board minutes. Be sure the family member(s) on your local mental health board keep you informed about outcomes measurement in your community.

Offer to serve on committees, and planning or evaluation groups. Keep up to date on information so that your participation is meaningful and informed.

Start an outcomes monitoring committee in your local advocacy group. The job of this committee is to stay in touch with those in the know and to stay informed about local progress in outcomes implementation, evaluation and use of data. This committee would then keep the larger group informed.

Trainer Note: Ask the class for any other suggestions for advocates to use the outcomes data.

Where To Get More Information

Overhead #15

You can get more information about the Outcomes System either on the Internet or by contacting the Ohio Department of Mental Health. The project web site has a lot of information on-line, including documents in PDF format that you can download to your computer and print out: <http://www.mh.state.oh.us/initiatives/outcomes/outcomes.html>. You will receive a handout later with this address, so don't worry about writing this information down now.

Consumers and providers can now attend training programs designed for them. Soon you will probably be able to view videotapes and get brochures at your local treatment center.



REVIEW AND POST-TEST

Objectives:

- Families will review and discuss the course to clarify what they have learned and ask any final questions.
- Families will complete a post-training questionnaire.

Time: 1:30

Review

Trainer's Note: Tell students that they need not take notes on this review, because they will get copies later to take with them.

Overhead #16

Let's take a few minutes to review what we have covered today. We said that the Ohio Mental Health Consumer Outcomes System measures outcomes of persons served by Ohio's Public Mental Health System. This includes adults, children and youth, and their families. In other words, it measures the results of treatment and services, consumer-directed recovery efforts and family supports. These outcomes are NOT, however, a final product, but are ever-changing measures of individual well-being. The Outcomes System is built on the recovery concept and can be used to help support recovery. Consumer outcomes give important information, which can be used to manage consumer care, improve the service delivery system, and account for public resources.

Starting in 1996, the Outcomes Task Force developed outcomes measures for the state of Ohio. The OTF identified four domains to be measured: Symptom Distress, Quality of Life, Functional Status, and Safety and Health. They also developed a list of outcomes fitting these domains.

Overhead #17

We can best understand the Outcomes System by looking at how information flows through the system. First, adult consumers and their worker or clinician complete their forms. In the case of children/youth consumers, the family member, youth (if old enough) and worker all complete forms. This information is checked and entered into the agency database. A worker produces a summary report to help develop a treatment plan targeted to individual needs. The data is stored in the agency database. The agency can then create outcomes reports based on all the forms entered. These reports help the agency

REVIEW AND POST-TEST continued...

manage care, improve quality and account for resources. The agency also sends the data to the mental health board database, where it is once again checked and can be used to meet similar system needs. The board forwards the data to the state consumer outcomes section of the Multi-Agency Community Services Information System (MACSIS). ODMH can then produce reports that allow local systems to compare themselves with the rest of the state. Reports can also help in developing statewide benchmarks for quality improvement, accountability for resources and system planning.

Overhead #18

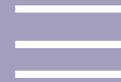
The forms to be used for measuring outcomes for adult consumers include:

- Adult Form A, for adults with severe and persistent mental illness;
- Adult Form B, for adults with less severe illnesses who seek mental health services for short-term problems; and
- Adult Provider Form A. The Adult Provider Form A covers only "functional status" and "safety and health."

Outcomes measures for children and youth include:

- The Ohio Scales Form for youth over the age of 12 (Y Form);
- The parent or caretaker form (P Form);
- The worker/case manager form (W Form); and the option of using the Child and Adolescent Functional Assessment Scale (CAFAS) or the Preschool and Early Childhood Functional Assessment Scale (PECFAS) instead of the W Form.

Family members of adult consumers will not be asked to fill out a form, but they can educate and encourage their family member consumer to take part and to use the results in treatment planning. Families can also encourage adult consumers to welcome family members in discussions with the clinician about how the family can support the consumer's recovery. Families of children and youth will be asked to fill out the Ohio Scales Parent Form and take part in treatment planning.

**Overhead #19**

Family members should note that individual questions are often more important in planning treatment than a subscale or total score. First, note symptom distress items needing immediate attention. Looking for strengths can also help in planning how to use those strengths to improve other areas. Recognize that one of the best uses of outcomes measurement is to monitor change over time. All family members can use their knowledge of the Outcomes System and of aggregate outcomes data to advocate responsibly and knowledgeably for improved programs and services.

Recommended guidelines for using outcomes data include:

- Use outcomes findings as signs of areas needing further study, for treatment and for program and system planning.
- Do not assume the cause of a given finding can be attributed only to the mental health system or to a specific provider or practitioner.
- Exercise caution in interpreting outcomes data.
- Do not use outcomes data to sanction agencies or staff unless, and until, the approach has been proven valid, reliable and useful.
- Resist the temptation to compare providers or board areas simply based on the raw data or preliminary data analysis.
- Recognize your responsibility to monitor such inappropriate uses of the data.

Post-Test

Trainer Note: Pass out the post-test (Handout #9), making sure that everyone has pencils or pens.

Overhead #20

Thank you for your time and attention to this large amount of complex information. We hope you have found this training session helpful and informative. Please complete this post-instruction questionnaire to help us learn how effective this training has been. Additional comments at the bottom, both positive and negative, are welcomed.

REVIEW AND POST-TEST continued...

Trainer Note: After post-tests have been collected, or as they are turned in, pass out copies of the handout titled "Ohio Mental Health Consumer Outcomes System: The Big Picture (Handout #10)." Explain how important their feedback is to this training process. Pass out copies of the Evaluation (Handout #11). One co-trainer could stand near the door and collect them as people leave.

Optional Presentation by Local Agency/Board Staff

If time and local circumstances allow, invite a representative from a local agency or board staff to talk for about 15 minutes on local implementation and roles of family members, and to answer questions.

Close

Time: 2:00

(2:15 if optional presentation is included)

Thank all families for attending and thank persons responsible for any support provided in setting up the training.



APPENDIX

GLOSSARY OF TERMS

Objectives:

- Families will become familiar with terms used in the Ohio Mental Health Outcomes System.
- Families will receive references to use later.

Trainer note: The handout packet contains this Glossary. Go over the main terms used in this training and urge the class members to look at this Glossary when needed in the class. It will also be useful when dealing with provider agencies, boards and other mental health groups about the Ohio Mental Health Outcomes System. If you are running short on time, do not read any of the definitions, but call the underlined terms to the attention of students.

This Glossary is based on the definition of terms used in the Outcomes Task Force Final Report. These terms may be used differently in different settings and some of the terms are still emerging (i.e., Recovery, empowerment). We do not intend to redefine an area of practice or to provide meanings accepted by everyone. When in doubt about whether a term is being used in the sense described here, you should ask the individual(s) to explain their meaning.

Access

The ability to get needed services.

Aggregate Data

A combined set of data at a level above the individual consumer, e.g., a combined set of data from one agency, from many agencies in a board area, or from many boards at the state level.

Benchmarking

The process of comparing local data at different points in time or comparing it to a larger database at the local, regional, state, or national level in order to identify areas for improvement.

Best Practices

Clinical services and supports based on the most recent research and expert agreement about clinical evidence and outcomes. These services and supports are recommended to consumers and families through individual planning.

APPENDIX continued...

Board

A county or multi-county authority responsible for managing the local mental health service system. Most boards also manage substance abuse services and are referred to as Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Boards or Community Mental Health and Recovery Services (CMHRS) Boards. Seven of the 10 largest boards manage mental health systems only, and are referred to as Community Mental Health (CMH) Boards.

Care Management

A collection of information-driven methods for getting the best consumer outcomes in the most cost-effective manner.

Client Satisfaction

One indication of how well the mental health system meets the needs and wants of consumers and families, usually including such items as: staff being responsive and showing respect, how clean and accessible the facility is, and an overall sense of the program's value.

Consumer

A person receiving mental health services and/or supports, including adults, children/adolescents and their families. It is sometimes used to include families of adults (as in "secondary consumer"). Consumers are also called clients or patients. Consumer is a term sometimes, but not always, preferred by persons with serious mental illness and their advocates.

Consumer Quality Review Teams (CQRT)

Service satisfaction teams made up of consumers, family members and providers, now operating in two areas of the state. These teams interview consumers, family members and providers using a standard set of questions that capture both satisfaction with services and system performance.

Continuous Quality Improvement (CQI)

Ongoing system improvement by identifying problems, developing solutions and evaluating.



FAMILIES

& CAREGIVERS



The Ohio Mental Health Consumer Outcomes System

A Training for Family Members

Prepared by Velma Beale, M.A. NAMI Ohio
For the Ohio Department of Mental Health 2001



FAMILIES

& CAREGIVERS



What is an Outcome?

- Webster's Dictionary says outcomes are "final consequences or results"
- The Outcomes Initiative has defined consumer outcomes as "indicators of health or well-being for an individual or family, as measured by statements or characteristics of the consumer/family, not the service system"



FAMILIES

& CAREGIVERS

Outcomes Measures and Recovery

- Recovery is the foundation of the Ohio Mental Health Consumer Outcomes System
- Individual outcomes measurement results can be used immediately to help enhance individual recovery management planning
- With children we use the terms “resiliency” and “self-direction” to discuss this personal process of adaptation and motivation to move forward





FAMILIES & CAREGIVERS

Course Goals

- Provide an overview of the Ohio Mental Health Consumer Outcomes System
- Improve willingness of:
 - families of children/adolescents to participate in outcomes measurement
 - families of adults to encourage consumers to participate
- Help families understand the potential benefits of the outcomes measurement system
- Help families of children receiving services interpret and use individual data in the treatment of children/adolescents
- Help families use data correctly for general advocacy

What Does It Mean For Families?

- For families of Adult Consumers:
 - Educate and encourage participation
 - Work with consumer and clinician/worker
 - Advocacy
- For families of Children/Adolescents:
 - Opportunity for input
 - Involvement in treatment planning
 - Advocacy



FAMILIES

& CAREGIVERS

Purposes of Outcomes Measurement

- Manage consumer care (access)
- Improve the service delivery system (quality)
- Account for public resources (cost)

ULTIMATE GOALS:

- Improve the health and quality of life of consumers
- Improve the quality of mental health services

Outcomes Task Force: 1996-1998

Vision

All participants in Ohio's publicly supported care system are accountable to monitor and continually improve outcomes for consumers. These outcomes, such as choice, respect, dignity, and cultural and clinical competence, embrace the values of recovery for consumers and families. To inform this quality improvement, Ohio's systems use a variety of compatible data sources and reporting mechanisms, including a standard, statewide approach to measuring consumer outcomes.

Outcomes Task Force: 1996-1998

Mission

The Ohio Mental Health Outcomes Task Force will identify an initial set of critical consumer outcomes and will recommend to the Ohio Department of Mental Health a standard, statewide, ongoing approach to identifying and measuring consumer outcomes and performance of Ohio's mental health system. This approach will reflect the wide range of consumers, payers, providers, and human care systems and will support planned change at the individual, agency and all human care system levels.



FAMILIES

& CAREGIVERS

Domains:

- **Symptom Distress:**
 - The symptoms a person may experience and how much they interfere with daily living
- **Quality of Life:**
 - How “good” a person’s life is, and if their needs are being met
- **Functional Status:**
 - How well a person is doing in the community
- **Safety and Health:**
 - How well a person is doing physically, and freedom from harm from self or others



FAMILIES

& CAREGIVERS

MACSIS Components

Taking a “Big Picture” View of MACSIS

What is MACSIS?

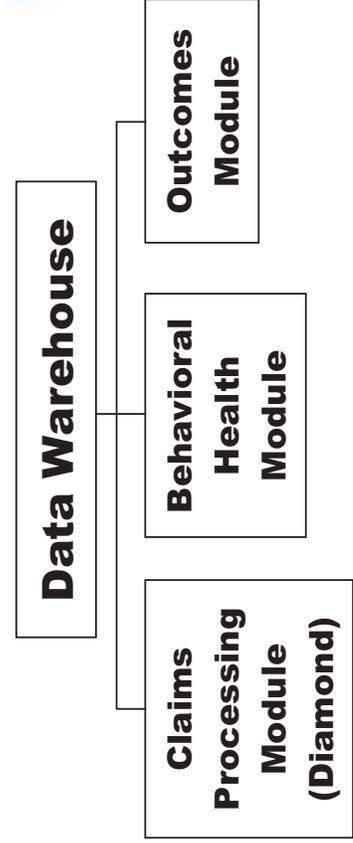
MACSIS is Not Just Diamond

MACSIS is Not Just the Behavioral Health Module

MACSIS is Not Just the Outcomes Initiative

MACSIS is Not Just the Data Warehouse

MACSIS is All of the Above





FAMILIES

& CAREGIVERS

Uses of Data by Advocates

- Educate and encourage participation
- Help you provide recovery support
- Encourage appropriate use to improve support systems
- Become informed advocates to improve systems
- Help interpret data
- Track trends to advocate for:
 - Continuation of services
 - Addition or deletion of services
 - Improvement of services
 - Provision of different services and models
 - Use of data in research



Cautions and Qualifications

- **General Guidelines:**
 - Use findings as indicators for further exploration
 - Do not assume causes are attributed to the mental health system or specific provider
 - Use caution in interpretation of all data
 - Do not use data for sanctions until it has been proven valid, reliable and useful
 - Do not compare providers and board areas based on too little information
 - Recognize your responsibility to monitor inappropriate uses of data



FAMILIES & CAREGIVERS

Next Steps For Families

- Individual/Family Level:
 - Families of adults - work **with** consumer
 - Families of children/adolescents - contribute to data; work **with** child, provider
 - System Level - learn about local implementation, ask how you can get involved, attend meetings, monitor local use of Outcomes System



FAMILIES

& CAREGIVERS

Where to Get More Information

- **Project Website:**

<http://www.mh.state.oh.us/initiatives/outcomes/outcomes.html>

- **ODMH:**

Office of Program Evaluation & Research (614) 466-8651

- **NAMI Ohio News Briefs**

- **Local NAMI affiliate newsletter**

- **Brochures and videos available at local treatment center**

- **Other training for consumers and providers are being taught**



FAMILIES

& CAREGIVERS

Review

- Definition of the Ohio Mental Health Consumer Outcomes System
- Role of the Outcomes Task Force
- Four Domains: Symptom Distress, Quality of Life, Functional Status, Safety & Health





FAMILIES

& CAREGIVERS

MACSIS Components

Taking a “Big Picture” View of MACSIS

What is MACSIS?

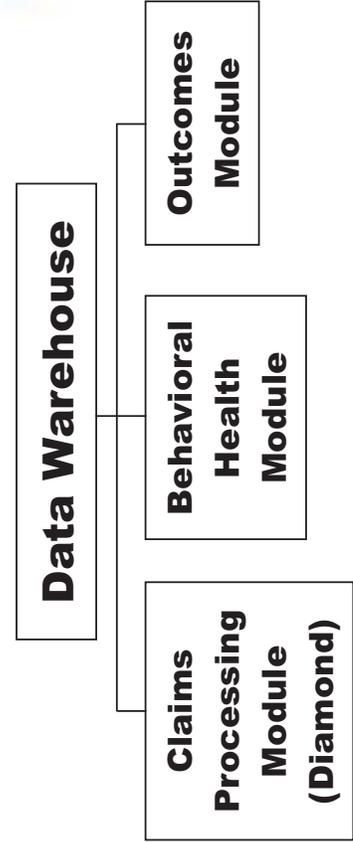
MACSIS is Not Just Diamond

MACSIS is Not Just the Behavioral Health Module

MACSIS is Not Just the Outcomes Initiative

MACSIS is Not Just the Data Warehouse

MACSIS is All of the Above





FAMILIES

& CAREGIVERS

Instruments

- Adult Consumers
 - Adult Form A
 - Adult Form B
 - Adult Provider Form A
- Children and Adolescents
 - Ohio Scales Youth Form (for youth 12+)
 - Ohio Scales Parent Form
 - Ohio Scales Worker Form
- Option to use CAFAS & PECFAS





FAMILIES & CAREGIVERS

Review: Data Interpretation and Use

- Individual questions may be more important than scores
- Symptom distress items may require immediate attention
- Identify and build on strengths
- Monitor change over time
- Use individual and aggregate data to advocate knowledgeably and responsibly for individuals and for improved systems
- Follow the guidelines provided



FAMILIES

& CAREGIVERS

Thank you!!

- Please help us evaluate this training by completing the post-training questionnaire
- When you turn it in, you will receive a copy of the “Ohio Mental Health Consumer Outcomes System: The Big Picture”

FAMILY / CAREGIVERS



HANDOUTS



Training Agenda

- 8:30** . . .Coffee
- 9:00** . . .Introductions, pre-instruction questionnaire, defining outcomes
- 9:30** . . .Course objectives, why outcomes measurement is important to family members, roles of family members, definition of major terms in Glossary
- 10:00** . .Break
- 10:15** . .Overview of the Ohio Mental Health Consumer Outcomes System
- 11:15** . .How Does Information Flow Through the Outcomes System?
- 11:30** . .Overview of Instruments. (Work in 2 groups: Families of Adults and Families of Children/Adolescents) Using the data - Families of Adults - Families of Children/Adolescents
- 12:30** . .Lunch
- 1:00** . . .One Group: Uses by Advocates, Cautions, Next Steps for Family Members, and Where to Get More Information
- 1:30** . . .Summary/review, post-training questionnaire, evaluation
- 2:00** . . .Close
- 2:15** . . .OPTIONAL - Presentation by local agency or Board representative

Pre-Training Questionnaire

NAME: _____

Please check one: **Family member of** **adult** **child/adolescent**
 consumer

This questionnaire is meant only to find out how much you know about outcomes at this time. Hopefully, today's training will help you learn many of the things about outcomes measurement that are important to families.

Please select the answer that best completes the following sentences.
Write the letter for the correct answer in the space provided.

1. Outcomes can be defined as: _____

- a. A type of treatment plans
- b. A place to go to get help
- c. What happens, a result
- d. All of the above

2. Which group or groups of persons were involved in the Outcomes Task Force?: _____

- a. Mental health professionals
- b. Family members of consumers
- c. Consumers
- d. All of the above

3. The Ohio Outcomes System is designed to measure the outcomes of: _____

- a. Treatment and services
- b. Consumer-directed recovery efforts
- c. Family supports
- d. All of the above

4. Outcomes data will be kept at and used by: _____

- a. The treatment provider
- b. The local mental health board
- c. The Ohio Department of Mental Health
- d. All of the above

5. Outcomes data will provide important information for: _____

- a. Management of consumer care
- b. Improvement of the service delivery system
- c. Accountability for public resources
- d. All of the above

6. Clinical Status information on the adult consumer outcomes forms: _____

- a. Diagnoses the individual
- b. Measures the consumer's reported level of distress
- c. Tells which clinic the consumer receives services from
- d. All of the above

7. Outcomes of children/adolescents will be measured by: _____

- a. The Ohio Scales Youth, Parent and Worker Forms
- b. The Ohio Scales Parent and Worker Forms
- c. The Child and Adolescent Functional Assessment Scale or the Preschool and Early Childhood Functional Assessment Scale
Option
- d. A and C above

8. Families can use outcomes data to: _____

- a. Work with an adult or child consumer and his/her worker/clinician, and to advocate responsibly for improved systems
- b. Compare agencies to see which ones are doing the best job
- c. Hold consumers responsible for reaching their outcomes
- d. A and B above

True or False Questions: Circle T or F

9. T F In the Ohio Outcomes System, "Domain" means which diagnostic category the consumer should be in.

10. T F The outcomes survey is not a diagnostic instrument.

11. T F The score on the surveys will indicate the relative importance or priority the consumer placed on items and will help in determining individual strengths.

- 12. T F** The adult outcomes surveys will help determine whether physical health needs should be treated.
- 13. T F** In measuring outcomes of youth, all three forms (parent, youth and worker) include a problem severity scale and a functioning scale.
- 14. T F** Recovery is a deeply personal process, unique to each individual.
- 15. T F** The Quality of Life Domain looks at a person's financial status.
- 16. T F** It is appropriate to assume that the cause of a given finding can be attributed to the mental health system or a specific provider.
- 17. T F** Outcomes findings should be used as indicators of areas requiring further exploration.
- 18. T F** Outcomes data is useful in treatment planning.
- 19. T F** Family advocates should avoid getting involved in local implementation of outcomes in order to preserve neutrality.
- 20. T F** Aggregate outcomes data can be used to identify service and program needs.

Matching: Write the correct letter on the line before each item it defines.

- | | |
|------------------------------------|---|
| 21. _____ Clinical Status | A. How well a person is doing in the community. |
| 22. _____ Empowerment | B. The impact of symptoms on daily living. |
| 23. _____ Functional Status | C. Looks at how well a person's life needs are being met. |
| 24. _____ Safety and Health | D. Feeling in control of, or being able to affect the important decisions in one's life. |
| 25. _____ Quality of Life | E. Addresses how well a person is doing physically. |



Ohio Mental Health Consumer Outcomes System Adult Consumer Form A

A

Today's Date _____/_____/_____	Agency Use Only
Name _____	Client's Medical Record Number: _____
Date of Birth _____/_____/_____	
Gender (check one): Male <input type="checkbox"/> Female <input type="checkbox"/>	

We are very interested in how you are doing, and how our services may or may not be helping you. Please answer all of the questions below, then give the questionnaire to your case manager or another staff person at the mental health agency.

Part 1

Below are some questions about how satisfied you are with various aspects of your life in **the past 6 months**. For each question, checkmark the answer that best describes how you feel.

How do you feel about:

- 1. The amount of friendship in your life?
 Terrible
 Mostly dissatisfied
 Equally satisfied/dissatisfied
 Mostly satisfied
 Very pleased
- 2. The amount of money you get?
 Terrible
 Mostly dissatisfied
 Equally satisfied/dissatisfied
 Mostly satisfied
 Very pleased
- 3. How comfortable and well-off you are financially?
 Terrible
 Mostly dissatisfied
 Equally satisfied/dissatisfied
 Mostly satisfied
 Very pleased

- 4. How much money you have to spend for fun?
 Terrible
 Mostly dissatisfied
 Equally satisfied/dissatisfied
 Mostly satisfied
 Very pleased
- 5. The amount of meaningful activity in your life (such as work, school, volunteer activity, leisure activity)?
 Terrible
 Mostly dissatisfied
 Equally satisfied/dissatisfied
 Mostly satisfied
 Very pleased
- 6. The amount of freedom you have?
 Terrible
 Mostly dissatisfied
 Equally satisfied/dissatisfied
 Mostly satisfied
 Very pleased
- 7. The way you and your family act toward each other?
 Terrible
 Mostly dissatisfied
 Equally satisfied/dissatisfied
 Mostly satisfied
 Very pleased
 Does not apply

Please turn to the next page →

8. Your personal safety?

- Terrible
- Mostly dissatisfied
- Equally satisfied/dissatisfied
- Mostly satisfied
- Very pleased

9. The neighborhood in which you live?

- Terrible
- Mostly dissatisfied
- Equally satisfied/dissatisfied
- Mostly satisfied
- Very pleased

10. Your housing/living arrangements?

- Terrible
- Mostly dissatisfied
- Equally satisfied/dissatisfied
- Mostly satisfied
- Very pleased

11. Your health in general?

- Terrible
- Mostly dissatisfied
- Equally satisfied/dissatisfied
- Mostly satisfied
- Very pleased

12. How often do you have the opportunity to spend time with people you really like?

- Never
- Seldom/rarely
- Sometimes
- Often
- Always

Part 2

These next few items ask you about your health and medications **within the past 6 months.**

13. How often does your physical condition interfere with your day-to-day functioning?

- Never
- Seldom/rarely
- Sometimes
- Often
- Always

14. Concerns about my medications (such as side effects, dosage, type of medication) are addressed:

- Never
- Seldom/rarely
- Sometimes
- Often
- Always
- Not applicable/no medications

The next two items deal with how you have been treated by other people.

15. I have been treated with dignity and respect at this agency.

- Never
- Seldom/rarely
- Sometimes
- Often
- Always

16. How often do you feel threatened by people's reactions to your mental health problems?

- Never
- Seldom/rarely
- Sometimes
- Often
- Always

Part 3

The following questions ask you about how much you were distressed or bothered by some things **during the last seven days.**

Please mark the answer that best describes how you feel.

During the past 7 days, about how much were you distressed or bothered by:

17. Nervousness or shakiness inside

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

18. Being suddenly scared for no reason

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

19. Feeling fearful

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

20. Feeling tense or keyed up

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

21. Spells of terror or panic

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

22. Feeling so restless you couldn't sit still

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

23. Heavy feelings in arms or legs

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

24. Feeling afraid to go out of your home alone

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

25. Feeling of worthlessness

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

26. Feeling lonely even when you are with people

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

27. Feeling weak in parts of your body

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

28. Feeling blue

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

29. Feeling lonely

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

30. Feeling no interest in things

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

31. Feeling afraid in open spaces or on the streets

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

32. How often can you tell when mental or emotional problems are about to occur?

- Never
- Seldom/rarely
- Sometimes
- Often
- Always

33. When you can tell, how often can you take care of the problems before they become worse?

- Never
- Seldom/rarely
- Sometimes
- Often
- Always

Part 4

Below are several statements relating to one's view about life and having to make decisions. Please check the response that is closest to how you feel about the statement. Check the word or words that best describes how you feel now.

34. I can pretty much determine what will happen in my life.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

35. People are limited only by what they think is possible.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

36. People have more power if they join together as a group.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

37. Getting angry about something never helps.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

38. I have a positive attitude toward myself.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

39. I am usually confident about the decisions I make.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

40. People have no right to get angry just because they don't like something.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

41. Most of the misfortunes in my life were due to bad luck.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

42. I see myself as a capable person.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

43. Making waves never gets you anywhere.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

44. People working together can have an effect on their community.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

45. I am often able to overcome barriers.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

46. I am generally optimistic about the future.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

47. When I make plans, I am almost certain to make them work.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

48. Getting angry about something is often the first step toward changing it.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

49. Usually I feel alone.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

50. Experts are in the best position to decide what people should do or learn.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

51. I am able to do things as well as most other people.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

52. I generally accomplish what I set out to do.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

53. People should try to live their lives the way they want to.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

54. You can't fight city hall (authority).

- Strongly agree
- Agree
- Disagree
- Strongly disagree

55. I feel powerless most of the time.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

56. When I am unsure about something, I usually go along with the rest of the group.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

57. I feel I am a person of worth, at least on an equal basis with others.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

58. People have a right to make their own decisions, even if they are bad ones.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

59. I feel I have a number of good qualities.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

60. Very often a problem can be solved by taking action.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

61. Working with others in my community can help to change things for the better.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

Part 5

Please tell us some things about yourself.

62. What was the last school grade you completed?

- Less than 1st grade
- 1st grade
- 2nd grade
- 3rd grade
- 4th grade
- 5th grade
- 6th grade
- 7th grade
- 8th grade
- 9th grade
- 10th grade
- 11th grade
- High school diploma/GED
- Trade/Tech school
- Some college
- 2 yr college/Associate degree
- 4 yr college/Undergraduate degree
- Graduate school courses
- Graduate degree
- Post-graduate studies
- Further special studies

63. Race (check all that apply):

- White
- Native American/Pacific Islander
- Black/African-American
- Hispanic/Latino
- Asian
- Other _____

64. What is your marital status?

- Never married
- Married
- Separated
- Divorced
- Widowed
- Living together

65. What is your current living situation?

- Your own house/apartment
- Friend's home
- Relative's home
- Supervised group living
- Supervised apartment
- Boarding home
- Crisis residential
- Child foster care
- Adult foster care
- Intermediate care facility
- Skilled nursing facility
- Respite care
- MR intermediate care facility
- Licensed MR facility
- State MR institution
- State MH institution
- Hospital
- Correctional facility
- Homeless
- Rest home
- Other _____

66. What is your employment status?

- Employed full time
- Employed part time
- Sheltered employment
- Unemployed
- Homemaker
- Retired
- Disabled
- Inmate of institution

67. Are you in treatment because you want to be?

- Yes
- No

Please stop here. Thanks!!



Ohio Mental Health Consumer Outcomes System Provider Form A

P

Client's Name _____ Today's Date ____/____/____

Client's Medical Record Number _____

Please circle the appropriate response for each statement that corresponds with the client's highest level of functioning in **the past 6 months**.

1. Does the client initiate non-professional social contact or respond to others' initiation of social contact?

Withdrawn/isolated Minimal contact Moderate contact Optimal contact Unsure

2. How effectively does this client interact with others? NOTE: "Effectively" refers to how successfully and appropriately the client behaves in social settings (i.e., how well she/he minimizes interpersonal friction, meets personal needs, achieves personal goals in socially appropriate manner).

Very ineffectively Ineffectively Mixed or dubious effectiveness Effectively Very Effectively Unsure

3. How effective is the client's social support network in helping the client meet his/her needs? NOTE: A support network may consist of interested family, friends, acquaintances, coworkers, peers, or social clubs, etc.

Very ineffective Ineffective Mixed or dubious effectiveness Effective Very Effective Unsure

4. Please rate the client's housing stability

Moved very frequently Moved often Moved a few times Moved once Did not move Unsure

5. Has the client been forced/compelled to move from his/her living arrangements?

Yes No Unsure

6. How well does the client perform independently in the following day-to-day living activities?

	Task is not completed	Someone other than the client completes task	Client needs extensive supervision assistance	Client needs some or supervision assistance	Client acts independently	Unsure or not applicable
A. Personal hygiene	1	2	3	4	5	?
B. Dressing appropriately	1	2	3	4	5	?
C. Obtaining regular nutrition	1	2	3	4	5	?
D. Using public transportation	1	2	3	4	5	?
E. Shopping	1	2	3	4	5	?
F. Doing laundry	1	2	3	4	5	?
G. Housekeeping	1	2	3	4	5	?
H. Managing money	1	2	3	4	5	?

7. To what extent has the client engaged in the following meaningful activities?

	Almost Never (<1x / mo.)	Seldom (<1x / week)	Sometimes (1-2x / week)	Often (3-4x / week)	Almost always (≥5x / week)	Unsure or not applicable
A. Work	1	2	3	4	5	?
B. School	1	2	3	4	5	?
C. Volunteer activity	1	2	3	4	5	?
D. Parenting	1	2	3	4	5	?
E. Homemaking	1	2	3	4	5	?
F. Leisure activity	1	2	3	4	5	?

8. Of the roles listed above, in general how well is the client performing in his/her primary role?

Extremely poorly Poorly Satisfactorily Well Extremely well Unsure

9. How frequently is the client's functioning compromised by addictive or compulsive behaviors (e.g., alcohol abuse, drug abuse, gambling)?

Almost always (≥5x / week) Often (3-4x / week) Sometimes (1-2x / week) Seldom (<1x / week) Almost never (<1x / month) Unsure

10. Has the client abided by the law sufficiently to avoid incarceration and/or criminal justice system involvement?

No

Yes

Unsure

11. Has the client attempted to or actually physically harmed someone?

Yes

No

Unsure

12. Has the client been a victim of:

- | | | | |
|-------------------------------|-----------|----------|--------------|
| a) rape | Yes _____ | No _____ | Unsure _____ |
| b) assault | Yes _____ | No _____ | Unsure _____ |
| c) threats | Yes _____ | No _____ | Unsure _____ |
| d) exploitation | Yes _____ | No _____ | Unsure _____ |
| e) harassment | Yes _____ | No _____ | Unsure _____ |
| f) suicide attempt | Yes _____ | No _____ | Unsure _____ |
| g) other type of harm to self | Yes _____ | No _____ | Unsure _____ |
| h) hate crimes | Yes _____ | No _____ | Unsure _____ |
| i) theft, robbery, vandalism | Yes _____ | No _____ | Unsure _____ |

Thank you!!



Ohio Mental Health Consumer Outcomes System Adult Consumer Form B

B

Today's Date ____/____/____	Agency Use Only Client's Medical Record Number: _____
Name _____	
Date of Birth ____/____/____	
Gender (check one): Male <input type="checkbox"/> Female <input type="checkbox"/>	

We are very interested in how you are doing, and how our services may or may not be helping you. Please answer all of the questions below, then give the questionnaire to your case manager or another staff person at the mental health agency.

Part 1
Below are some questions about how satisfied you are with various aspects of your life in the past 6 months . For each question, checkmark <input checked="" type="checkbox"/> the answer that best describes how you feel.

How do you feel about:

1. The amount of friendship in your life?

- Terrible
- Mostly dissatisfied
- Equally satisfied/dissatisfied
- Mostly satisfied
- Very pleased

2. The amount of money you get?

- Terrible
- Mostly dissatisfied
- Equally satisfied/dissatisfied
- Mostly satisfied
- Very pleased

3. How comfortable and well-off you are financially?

- Terrible
- Mostly dissatisfied
- Equally satisfied/dissatisfied
- Mostly satisfied
- Very pleased

4. How much money you have to spend for fun?

- Terrible
- Mostly dissatisfied
- Equally satisfied/dissatisfied
- Mostly satisfied
- Very pleased

5. The amount of meaningful activity in your life (such as work, school, volunteer activity, leisure activity)?

- Terrible
- Mostly dissatisfied
- Equally satisfied/dissatisfied
- Mostly satisfied
- Very pleased

6. The amount of freedom you have?

- Terrible
- Mostly dissatisfied
- Equally satisfied/dissatisfied
- Mostly satisfied
- Very pleased

7. The way you and your family act toward each other?

- Terrible
- Mostly dissatisfied
- Equally satisfied/dissatisfied
- Mostly satisfied
- Very pleased
- Does not apply

Please turn to the next page →

8. Your personal safety?

- Terrible
- Mostly dissatisfied
- Equally satisfied/dissatisfied
- Mostly satisfied
- Very pleased

9. The neighborhood in which you live?

- Terrible
- Mostly dissatisfied
- Equally satisfied/dissatisfied
- Mostly satisfied
- Very pleased

10. Your housing/living arrangements?

- Terrible
- Mostly dissatisfied
- Equally satisfied/dissatisfied
- Mostly satisfied
- Very pleased

11. Your health in general?

- Terrible
- Mostly dissatisfied
- Equally satisfied/dissatisfied
- Mostly satisfied
- Very pleased

12. How often do you have the opportunity to spend time with people you really like?

- Never
- Seldom/rarely
- Sometimes
- Often
- Always

Part 2

These next few items ask you about your health and medications *within the past 6 months*.

13. How often does your physical condition interfere with your day-to-day functioning?

- Never
- Seldom/rarely
- Sometimes
- Often
- Always

14. Concerns about my medications (such as side effects, dosage, type of medication) are addressed:

- Never
- Seldom/rarely
- Sometimes
- Often
- Always
- Not applicable/no medications

The next two items deal with how you have been treated by other people.

15. I have been treated with dignity and respect at this agency.

- Never
- Seldom/rarely
- Sometimes
- Often
- Always

16. How often do you feel worried by people's reactions to the problems that brought you to the agency?

- Never
- Seldom/rarely
- Sometimes
- Often
- Always

Part 3

The following questions ask you about how much you were distressed or bothered by some things *during the last seven days*.

Please mark the answer that best describes how you feel.

During the past 7 days, about how much were you distressed or bothered by:

17. Nervousness or shakiness inside

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

18. Being suddenly scared for no reason

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

19. Feeling fearful

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

20. Feeling tense or keyed up

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

21. Spells of terror or panic

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

22. Feeling so restless you couldn't sit still

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

23. Heavy feelings in arms or legs

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

24. Feeling afraid to go out of your home alone

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

25. Feeling of worthlessness

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

26. Feeling lonely even when you are with people

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

27. Feeling weak in parts of your body

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

28. Feeling blue

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

29. Feeling lonely

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

30. Feeling no interest in things

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

31. Feeling afraid in open spaces or on the streets

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

32. How often can you tell when mental or emotional problems are about to occur?

- Never
- Seldom/rarely
- Sometimes
- Often
- Always

33. When you can tell, how often can you take care of the problems before they become worse?

- Never
- Seldom/rarely
- Sometimes
- Often
- Always

Part 4
Please tell us some things about yourself.

34. What was the last school grade you completed?

- | | |
|--|--|
| <input type="checkbox"/> Less than 1 st grade | <input type="checkbox"/> 10 th grade |
| <input type="checkbox"/> 1 st grade | <input type="checkbox"/> 11 th grade |
| <input type="checkbox"/> 2 nd grade | <input type="checkbox"/> High school diploma/GED |
| <input type="checkbox"/> 3 rd grade | <input type="checkbox"/> Trade/Tech school |
| <input type="checkbox"/> 4 th grade | <input type="checkbox"/> Some college |
| <input type="checkbox"/> 5 th grade | <input type="checkbox"/> 2 yr college/Associate degree |
| <input type="checkbox"/> 6 th grade | <input type="checkbox"/> 4 yr college/Undergraduate degree |
| <input type="checkbox"/> 7 th grade | <input type="checkbox"/> Graduate school courses |
| <input type="checkbox"/> 8 th grade | <input type="checkbox"/> Graduate degree |
| <input type="checkbox"/> 9 th grade | <input type="checkbox"/> Post-graduate studies |
| | <input type="checkbox"/> Further special studies |

35. Race (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Native American/Pacific Islander | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black/African-American | <input type="checkbox"/> Other _____ |

36. What is your marital status?

- Never married
- Married
- Separated
- Divorced
- Widowed
- Living together

37. What is your current living situation?

- Your own house/apartment
- Friend's home
- Relative's home
- Supervised group living
- Supervised apartment
- Boarding home
- Crisis residential
- Child foster care
- Adult foster care
- Intermediate care facility
- Skilled nursing facility
- Respite care
- MR intermediate care facility
- Licensed MR facility
- State MR institution
- State MH institution
- Hospital
- Correctional facility
- Homeless
- Rest home
- Other _____

38. What is your employment status?

- Employed full time
- Employed part time
- Sheltered employment
- Unemployed
- Homemaker
- Retired
- Disabled
- Inmate of institution

39. Are you in treatment because you want to be?

- Yes
- No

Please stop here. Thanks!!



Ohio Youth Problem, Functioning and Satisfaction Scales Youth Rating - Short Form (Ages 12-18)



Name: _____ Date: _____ Grade: _____ ID#: _____
Completed by Agency

Date of Birth: _____ Sex: Male Female Race: _____

Instructions: Please rate the degree to which you have experienced the following problems in the past 30 days.	Not at All	Once or Twice	Several Times	Often	Most of the Time	All of the Time
1. Arguing with others	0	1	2	3	4	5
2. Getting into fights	0	1	2	3	4	5
3. Yelling, swearing, or screaming at others	0	1	2	3	4	5
4. Fits of anger	0	1	2	3	4	5
5. Refusing to do things teachers or parents ask	0	1	2	3	4	5
6. Causing trouble for no reason	0	1	2	3	4	5
7. Using drugs or alcohol	0	1	2	3	4	5
8. Breaking rules or breaking the law (out past curfew, stealing)	0	1	2	3	4	5
9. Skipping school or classes	0	1	2	3	4	5
10. Lying	0	1	2	3	4	5
11. Can't seem to sit still, having too much energy	0	1	2	3	4	5
12. Hurting self (cutting or scratching self, taking pills)	0	1	2	3	4	5
13. Talking or thinking about death	0	1	2	3	4	5
14. Feeling worthless or useless	0	1	2	3	4	5
15. Feeling lonely and having no friends	0	1	2	3	4	5
16. Feeling anxious or fearful	0	1	2	3	4	5
17. Worrying that something bad is going to happen	0	1	2	3	4	5
18. Feeling sad or depressed	0	1	2	3	4	5
19. Nightmares	0	1	2	3	4	5
20. Eating problems	0	1	2	3	4	5

(Add ratings together) Total _____

<p>Instructions: Please circle your response to each question.</p> <ol style="list-style-type: none"> 1. Overall, how satisfied are you with your life right now? <ol style="list-style-type: none"> 1. Extremely satisfied 2. Moderately satisfied 3. Somewhat satisfied 4. Somewhat dissatisfied 5. Moderately dissatisfied 6. Extremely dissatisfied 2. How energetic and healthy do you feel right now? <ol style="list-style-type: none"> 1. Extremely healthy 2. Moderately healthy 3. Somewhat healthy 4. Somewhat unhealthy 5. Moderately unhealthy 6. Extremely unhealthy 3. How much stress or pressure is in your life right now? <ol style="list-style-type: none"> 1. Very little stress 2. Some stress 3. Quite a bit of stress 4. A moderate amount of stress 5. A great deal of stress 6. Unbearable amounts of stress 4. How optimistic are you about the future? <ol style="list-style-type: none"> 1. The future looks very bright 2. The future looks somewhat bright 3. The future looks OK 4. The future looks both good and bad 5. The future looks bad 6. The future looks very bad <p style="text-align: right;">Total: _____</p>	<p>Instructions: Please circle your response to each question.</p> <ol style="list-style-type: none"> 1. How satisfied are you with the mental health services you have received so far? <ol style="list-style-type: none"> 1. Extremely satisfied 2. Moderately satisfied 3. Somewhat satisfied 4. Somewhat dissatisfied 5. Moderately dissatisfied 6. Extremely dissatisfied 2. How much are you included in deciding your treatment? <ol style="list-style-type: none"> 1. A great deal 2. Moderately 3. Quite a bit 4. Somewhat 5. A little 6. Not at all 3. Mental health workers involved in my case listen to me and know what I want. <ol style="list-style-type: none"> 1. A great deal 2. Moderately 3. Quite a bit 4. Somewhat 5. A little 6. Not at all 4. I have a lot of say about what happens in my treatment. <ol style="list-style-type: none"> 1. A great deal 2. Moderately 3. Quite a bit 4. Somewhat 5. A little 6. Not at all <p style="text-align: right;">Total: _____</p>
--	---

Instructions: Below are some ways your problems might get in the way of your ability to do everyday activities. Read each item and circle the number that best describes your current situation.	Extreme Troubles	Quite a Few Troubles	Some Troubles	OK	Doing Very Well
1. Getting along with friends	0	1	2	3	4
2. Getting along with family	0	1	2	3	4
3. Dating or developing relationships with boyfriends or girlfriends	0	1	2	3	4
4. Getting along with adults outside the family (teachers, principal)	0	1	2	3	4
5. Keeping neat and clean, looking good	0	1	2	3	4
6. Caring for health needs and keeping good health habits (taking medicines or brushing teeth)	0	1	2	3	4
7. Controlling emotions and staying out of trouble	0	1	2	3	4
8. Being motivated and finishing projects	0	1	2	3	4
9. Participating in hobbies (baseball cards, coins, stamps, art)	0	1	2	3	4
10. Participating in recreational activities (sports, swimming, bike riding)	0	1	2	3	4
11. Completing household chores (cleaning room, other chores)	0	1	2	3	4
12. Attending school and getting passing grades in school	0	1	2	3	4
13. Learning skills that will be useful for future jobs	0	1	2	3	4
14. Feeling good about self	0	1	2	3	4
15. Thinking clearly and making good decisions	0	1	2	3	4
16. Concentrating, paying attention, and completing tasks	0	1	2	3	4
17. Earning money and learning how to use money wisely	0	1	2	3	4
18. Doing things without supervision or restrictions	0	1	2	3	4
19. Accepting responsibility for actions	0	1	2	3	4
20. Ability to express feelings	0	1	2	3	4

(Add ratings together) Total _____



Ohio Youth Problem, Functioning and Satisfaction Scales Parent Rating - Short Form

P

Child's Name: _____ Date: _____ Child's Grade: _____ ID#: _____
Completed by Agency

Child's Date of Birth: _____ Child's Sex: Male Female Child's Race: _____

Form Completed By: Mother Father Step-mother Step-father Other: _____

Instructions: Please rate the degree to which your child has experienced the following problems in the past 30 days.	Not at All	Once or Twice	Several Times	Often	Most of the Time	All of the Time
1. Arguing with others	0	1	2	3	4	5
2. Getting into fights	0	1	2	3	4	5
3. Yelling, swearing, or screaming at others	0	1	2	3	4	5
4. Fits of anger	0	1	2	3	4	5
5. Refusing to do things teachers or parents ask	0	1	2	3	4	5
6. Causing trouble for no reason	0	1	2	3	4	5
7. Using drugs or alcohol	0	1	2	3	4	5
8. Breaking rules or breaking the law (out past curfew, stealing)	0	1	2	3	4	5
9. Skipping school or classes	0	1	2	3	4	5
10. Lying	0	1	2	3	4	5
11. Can't seem to sit still, having too much energy	0	1	2	3	4	5
12. Hurting self (cutting or scratching self, taking pills)	0	1	2	3	4	5
13. Talking or thinking about death	0	1	2	3	4	5
14. Feeling worthless or useless	0	1	2	3	4	5
15. Feeling lonely and having no friends	0	1	2	3	4	5
16. Feeling anxious or fearful	0	1	2	3	4	5
17. Worrying that something bad is going to happen	0	1	2	3	4	5
18. Feeling sad or depressed	0	1	2	3	4	5
19. Nightmares	0	1	2	3	4	5
20. Eating problems	0	1	2	3	4	5

(Add ratings together) Total _____

<p>Instructions: Please circle your response to each question.</p> <ol style="list-style-type: none"> 1. Overall, how satisfied are you with your relationship with your child right now? <ol style="list-style-type: none"> 1. Extremely satisfied 2. Moderately satisfied 3. Somewhat satisfied 4. Somewhat dissatisfied 5. Moderately dissatisfied 6. Extremely dissatisfied 2. How capable of dealing with your child's problems do you feel right now? <ol style="list-style-type: none"> 1. Extremely capable 2. Moderately capable 3. Somewhat capable 4. Somewhat incapable 5. Moderately incapable 6. Extremely incapable 3. How much stress or pressure is in your life right now? <ol style="list-style-type: none"> 1. Very little 2. Some 3. Quite a bit 4. A moderate amount 5. A great deal 6. Unbearable amounts 4. How optimistic are you about your child's future right now? <ol style="list-style-type: none"> 1. The future looks very bright 2. The future looks somewhat bright 3. The future looks OK 4. The future looks both good and bad 5. The future looks bad 6. The future looks very bad <p style="text-align: right;">Total: _____</p>	<p>Instructions: Please circle your response to each question.</p> <ol style="list-style-type: none"> 1. How satisfied are you with the mental health services your child has received so far? <ol style="list-style-type: none"> 1. Extremely satisfied 2. Moderately satisfied 3. Somewhat satisfied 4. Somewhat dissatisfied 5. Moderately dissatisfied 6. Extremely dissatisfied 2. To what degree have you been included in the treatment planning process for your child? <ol style="list-style-type: none"> 1. A great deal 2. Moderately 3. Quite a bit 4. Somewhat 5. A little 6. Not at all 3. Mental health workers involved in my case listen to and value my ideas about treatment planning for my child. <ol style="list-style-type: none"> 1. A great deal 2. Moderately 3. Quite a bit 4. Somewhat 5. A little 6. Not at all 4. To what extent does your child's treatment plan include your ideas about your child's treatment needs? <ol style="list-style-type: none"> 1. A great deal 2. Moderately 3. Quite a bit 4. Somewhat 5. A little 6. Not at all <p style="text-align: right;">Total: _____</p>
---	---

Instructions: Please rate the degree to which your child's problems affect his or her current ability in everyday activities. Consider your child's current level of functioning.	Extreme Troubles	Quite a Few Troubles	Some Troubles	OK	Doing Very Well
1. Getting along with friends	0	1	2	3	4
2. Getting along with family	0	1	2	3	4
3. Dating or developing relationships with boyfriends or girlfriends	0	1	2	3	4
4. Getting along with adults outside the family (teachers, principal)	0	1	2	3	4
5. Keeping neat and clean, looking good	0	1	2	3	4
6. Caring for health needs and keeping good health habits (taking medicines or brushing teeth)	0	1	2	3	4
7. Controlling emotions and staying out of trouble	0	1	2	3	4
8. Being motivated and finishing projects	0	1	2	3	4
9. Participating in hobbies (baseball cards, coins, stamps, art)	0	1	2	3	4
10. Participating in recreational activities (sports, swimming, bike riding)	0	1	2	3	4
11. Completing household chores (cleaning room, other chores)	0	1	2	3	4
12. Attending school and getting passing grades in school	0	1	2	3	4
13. Learning skills that will be useful for future jobs	0	1	2	3	4
14. Feeling good about self	0	1	2	3	4
15. Thinking clearly and making good decisions	0	1	2	3	4
16. Concentrating, paying attention, and completing tasks	0	1	2	3	4
17. Earning money and learning how to use money wisely	0	1	2	3	4
18. Doing things without supervision or restrictions	0	1	2	3	4
19. Accepting responsibility for actions	0	1	2	3	4
20. Ability to express feelings	0	1	2	3	4



Ohio Youth Problem, Functioning and Satisfaction Scales Agency Worker - Short Form



Child's Name: _____ Date: _____ Child's Grade: _____ ID#: _____

Child's Date of Birth: _____ Child's Sex: Male Female Child's Race: _____

Form Completed By: _____ Case Manager Therapist Other: _____

Instructions: Please rate the degree to which the designated child has experienced the following problems in the past 30 days.	Not at All	Once or Twice	Several Times	Often	Most of the Time	All of the Time
1. Arguing with others	0	1	2	3	4	5
2. Getting into fights	0	1	2	3	4	5
3. Yelling, swearing, or screaming at others	0	1	2	3	4	5
4. Fits of anger	0	1	2	3	4	5
5. Refusing to do things teachers or parents ask	0	1	2	3	4	5
6. Causing trouble for no reason	0	1	2	3	4	5
7. Using drugs or alcohol	0	1	2	3	4	5
8. Breaking rules or breaking the law (out past curfew, stealing)	0	1	2	3	4	5
9. Skipping school or classes	0	1	2	3	4	5
10. Lying	0	1	2	3	4	5
11. Can't seem to sit still, having too much energy	0	1	2	3	4	5
12. Hurting self (cutting or scratching self, taking pills)	0	1	2	3	4	5
13. Talking or thinking about death	0	1	2	3	4	5
14. Feeling worthless or useless	0	1	2	3	4	5
15. Feeling lonely and having no friends	0	1	2	3	4	5
16. Feeling anxious or fearful	0	1	2	3	4	5
17. Worrying that something bad is going to happen	0	1	2	3	4	5
18. Feeling sad or depressed	0	1	2	3	4	5
19. Nightmares	0	1	2	3	4	5
20. Eating problems	0	1	2	3	4	5

(Add ratings together) Total _____

ROLES: Enter the number of days the youth was placed in each of the following settings during the past 90 days. (For example, the youth may have been in a detention center for 3 days, a group home for 7 days and with the biological mother for 80 days.)

_____ Jail	_____ Foster Care
_____ Juvenile Detention Center	_____ Supervised Independent Living
_____ Inpatient Psychiatric Hospital	_____ Home of a Family Friend
_____ Drug/Alcohol Rehabilitation Center	_____ Adoptive Home
_____ Medical Hospital	_____ Home of a Relative
_____ Residential Treatment	_____ School Dormitory
_____ Group Emergency Shelter	_____ Biological Father
_____ Residential Job Corp/Vocational Center	_____ Biological Mother
_____ Group Home	_____ Two Biological Parents
_____ Therapeutic Foster Care	_____ Independent Living with Friend
_____ Individual Home Emergency Shelter	_____ Independent Living by Self
_____ Specialized Foster Care	

90 (Total for the two columns should equal 90)

Markers:	Number in Past 90 Days
School Placement: _____	Arrests _____
Current Psychoactive Medications: _____	Suspensions from school _____
_____	Days in Detention _____
	Days of School Missed _____
	Self-Harm Attempts _____

Instructions: Please circle the number corresponding to the designated youth's current level of functioning in each area.	Extreme Troubles	Quite a Few Troubles	Some Troubles	OK	Being Very Well
1. Getting along with friends	0	1	2	3	4
2. Getting along with family	0	1	2	3	4
3. Dating or developing relationships with boyfriends or girlfriends	0	1	2	3	4
4. Getting along with adults outside the family (teachers, principal)	0	1	2	3	4
5. Keeping neat and clean, looking good	0	1	2	3	4
6. Caring for health needs and keeping good health habits (taking medicines or brushing teeth)	0	1	2	3	4
7. Controlling emotions and staying out of trouble	0	1	2	3	4
8. Being motivated and finishing projects	0	1	2	3	4
9. Participating in hobbies (baseball cards, coins, stamps, art)	0	1	2	3	4
10. Participating in recreational activities (sports, swimming, bike riding)	0	1	2	3	4
11. Completing household chores (cleaning room, other chores)	0	1	2	3	4
12. Attending school and getting passing grades in school	0	1	2	3	4
13. Learning skills that will be useful for future jobs	0	1	2	3	4
14. Feeling good about self	0	1	2	3	4
15. Thinking clearly and making good decisions	0	1	2	3	4
16. Concentrating, paying attention, and completing tasks	0	1	2	3	4
17. Earning money and learning how to use money wisely	0	1	2	3	4
18. Doing things without supervision or restrictions	0	1	2	3	4
19. Accepting responsibility for actions	0	1	2	3	4
20. Ability to express feelings	0	1	2	3	4

Post-Training Questionnaire

NAME: _____

Please check one: **Family member of** **adult** **child/adolescent**

Now that you have completed the training, we would like to know how much you have learned. Please answer all the questions to the best of your ability. We also want feedback on today's training. Thank you.

Please select the answer that best completes the following sentences. Write the letter for the correct answer in the space provided.

1. Outcomes can be defined as: _____

- a. A type of treatment plans
- b. A place to go to get help
- c. What happens, a result
- d. All of the above

2. Which group or groups of persons were involved in the Outcomes Task Force?: _____

- a. Mental health professionals
- b. Family members of consumers
- c. Consumers
- d. All of the above

3. The Ohio Outcomes System is designed to measure the outcomes of: _____

- a. Treatment and services
- b. Consumer-directed recovery efforts
- c. Family supports
- d. All of the above

4. Outcomes data will be kept at and used by: _____

- a. The treatment provider
- b. The local mental health board
- c. The Ohio Department of Mental Health
- d. All of the above

5. Outcomes data will provide important information for: _____

- a. Management of consumer care
- b. Improvement of the service delivery system
- c. Accountability for public resources
- d. All of the above

6. Clinical Status information on the Adult

Consumer Outcomes Forms: _____

- a. Diagnoses the individual
- b. Measures the consumer's reported level of distress
- c. Tells which clinic the consumer receives services from
- d. All of the above

7. Outcomes of children/adolescents will be measured by: _____

- a. The Ohio Scales Youth, Parent and Worker Forms
- b. The Ohio Scales Parent and Worker Forms
- c. The Child and Adolescent Functional Assessment Scale or the
Preschool and Early Childhood Functional Assessment Scale Option
- d. A and C above

8. Families can use outcomes data to: _____

- a. Work with an adult or child/adolescent consumer and
his/her worker/clinician, and to advocate responsibly
for improved systems
- b. Compare agencies to see which ones are doing the best job
- c. Hold consumers responsible for reaching their outcomes
- d. A and B above

True or False Questions: Circle T or F

9. T F In the Ohio Outcomes System, "Domain" means which diagnostic category the consumer should be in.

10. T F The outcomes survey is not a diagnostic instrument.

11. T F The score on the surveys will indicate the relative importance or priority the consumer placed on items and will help in determining individual strengths.

- 12. T F** The adult outcomes surveys will help determine whether physical health needs should be treated.
- 13. T F** In measuring outcomes of youth, all three forms (parent, youth and worker) include a problem severity scale and a functioning scale.
- 14. T F** Recovery is a deeply personal process, unique to each individual.
- 15. T F** The Quality of Life Domain looks at a person's financial status.
- 16. T F** It is appropriate to assume that the cause of a given finding can be attributed to the mental health system or a specific provider.
- 17. T F** Outcomes findings should be used as indicators of areas requiring further exploration.
- 18. T F** Outcomes data is useful in treatment planning.
- 19. T F** Family advocates should avoid getting involved in local implementation of outcomes in order to preserve neutrality.
- 20. T F** Aggregate outcomes data can be used to identify service and program needs.

Matching: Write the correct letter on the line before each item it defines.

- | | |
|------------------------------------|--|
| 21. _____ Clinical Status | A. How well a person is doing in the community. |
| 22. _____ Empowerment | B. The impact of symptoms on daily living. |
| 23. _____ Functional Status | C. Looks at how well a person's life needs are being met. |
| 24. _____ Safety and Health | D. Feeling in control of, or being able to, affect the important decisions in one's life. |
| 25. _____ Quality of Life | E. Addresses how well a person is doing physically. |

The Ohio Mental Health Consumer Outcomes System: The Big Picture

The Ohio Mental Health Consumer Outcomes System is an ongoing effort to obtain outcomes measures for persons served by Ohio's Public Mental Health System, including adults, children/adolescents, and their families or caregivers. In other words, it is designed to measure the outcomes (or results) of treatment and services, consumer-directed recovery efforts and family supports. These outcomes are NOT, however, an end product, but are ever-changing indicators of individual well-being. The Outcomes System is built on the foundation of the recovery concept.

Consumer outcomes provide important information which can be used in three ways:

- the management of consumer care;
- the improvement of the service delivery system; and
- accountability for public resources.

Starting in 1996, the Outcomes Task Force (OTF), made up of a diverse group of constituents, developed an approach to outcomes measurement for the state of Ohio. The OTF identified four domains to be measured:

- Clinical Status, which looks at the symptoms a person may have from their illness and how much those symptoms interfere with daily living.
- Quality of Life looks at how "good" a person's life is, and if needs are being met. An important piece of this is how much control a person feels they have over the events in their life (known as empowerment). Financial status is also a part of quality of life.
- Functional Status shows how well a person is doing in the community. Areas such as school, work and social relationships are measured.
- Safety and Health measures how well a person is doing physically. It also measures the amount of freedom a person has from psychological and physical harm from self and others.

The OTF also developed a list of outcomes fitting these domains.

We can best understand the Outcomes System by looking at how information flows through the system. First, the consumer and their worker or clinician, and, in the case of children/youth, the family member, and youth (if old enough) all complete the appropriate forms. This information is checked and entered into the agency database. A worker then uses the information to produce a summary report to help the consumer and clinician develop a treatment plan targeted to individual needs. The data is stored in the agency database with all name-identifying information removed. Then the agency can create aggregate outcomes reports used in managing care, improving quality and accounting for resources. The agency also sends the data to the board database, where it is once again checked and can be used to meet similar system needs. The board forwards the data to the state consumer outcomes section of the Multi-Agency Community Services Information System (MACSIS). Once the data is received by the state, ODMH can produce aggregate reports allowing local systems to compare themselves with the rest of the state. This information can also help develop statewide benchmarks about quality improvement, accountability for resources and system planning.

The tools to be used for outcomes measurement for adult consumers include: The Adult Form A, for adults with severe and persistent mental illness; Adult Form B, for adults with less severe illnesses; and Adult Provider Form A. The Adult Provider Form A covers only "functional status" and "safety and health. "

The forms for children and youth include:

- The Ohio Scales Form for youth over the age of 12 (Y Form);
- The parent or caretaker form (P Form);
- The worker/case manager form (W Form); or the optional Child and Adolescent Functional Assessment Scale (CAFAS) or the Preschool and Early Childhood Functional Assessment Scale (PECFAS).

Family members of adult consumers will not be asked to fill out a form, but they can educate and encourage their family member consumer to take part in outcomes measurement and use the results in treatment planning. Families can also encourage adult consumers to welcome family discussion with the treatment

provider about how the family can support the consumer's recovery. Families of children and youth will be asked to fill out the Ohio Scales Parent Form and take part in treatment planning. Family members should note that individual questions might be more important in planning treatment than a subscale or total score. First, note symptom distress items needing immediate attention. Looking for strengths identified can also help in planning how to use those strengths to improve other areas. Recognize that one of the best uses of outcomes measurement is to monitor change over time. All family members can use their knowledge of the outcomes system and of aggregate outcomes data to advocate responsibly and knowledgeably for improved programs and services.

Recommended guidelines for using outcomes data include:

- Use outcomes findings as signs of areas needing more exploration and for treatment, program and system planning.
- Do not assume the cause of a given finding is due only to the mental health system or to a specific provider or practitioner.
- Be cautious in interpreting outcomes data.
- Do not sanction boards, agencies or workers based on the outcomes data unless and until the approach has been proven valid, reliable and useful.
- Resist the temptation to compare providers or board areas simply based on the raw data or preliminary data analysis.
- Recognize your responsibility to monitor such inappropriate uses of the data.

Additional information about the Outcomes System is on the Internet. The project web site has a lot of information on-line, including documents in PDF format that you can download to your computer and print out:
<http://www.mh.state.oh.us/initiatives/outcomes/outcomes.html>

Evaluation

Please give us some feedback on today's training.
Your comments will be very helpful.

	Poor	Fair	Good	Excellent
1. Information covered	1	2	3	4
2. Visuals (overheads and flip charts)	1	2	3	4
3. Trainer(s)	1	2	3	4
4. Handouts	1	2	3	4
5. Location	1	2	3	4
6. Room(s)	1	2	3	4
7. Over-all rating of training	1	2	3	4

8. What did you like best/find the most useful?

9. What did you like least/find the least useful?

10. (Check all that apply) I will use the information presented here in:

Helping my family member

Informing others

Advocacy