



Ohio Department of Mental Health

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To: Stakeholders, Ohio Community Mental Health System

From: Sandra Stephenson, MSW, MA
Director

Subject: Outcomes Measures Reporting System

Date: August 28, 2009

I am writing to inform you of decisions I have made regarding the Department's requirements for reporting outcomes measures. When I last wrote on this subject on May 13, 2009, I had recently received a set of recommendations from the Measuring Outcomes Efficiently Team. The Team had recommended the continuation of a stand alone outcomes reporting system. Additionally, the Team recommended two options for instruments for the adult measures, and also recommended continuing the use of the Ohio Scales for Youth forms with some modifications.

I deliberately waited to make a decision on the Team's recommendations until after the passage of the State's biennial budget. Having assessed the impact of the biennial budget on our system, it is clear to me that we can no longer afford a stand alone system for state reporting of outcomes measures that exceeds minimum requirements and perpetuates administrative burden and costs for providers, Boards, and ODMH itself. Given the past and future reductions in funding for ODMH Central Office, the state level outcomes collection and reporting activities can no longer be supported. Accordingly, we will soon discontinue all current outcomes measures reporting requirements and collection procedures at the state level. These changes in reporting requirements will be incorporated into the outcomes procedural manual, and will take into consideration the closeout of required state-level research projects.

At a minimum, Ohio must report the National Outcomes Measures (NOMS) developed by the Substance Abuse Mental Health Services Administration (SAMHSA) to continue receiving federal funding. A portion of the current outcomes reporting system measures are used to meet the NOMS requirements. It is our intent to meet the requirements previously fulfilled by the current outcomes reporting system measures through use of SAMHSA's client satisfaction surveys, which are the Mental Health Statistics Improvement Program (MHSIP) for adults and the Youth Satisfaction Survey for Families (YSS-F). Using these surveys will enable Ohio to become eligible for federal grant funding to support collection and reporting of NOMS.

For the longer term, we intend to develop a cost-efficient, mailed survey to obtain the MHSIP and YSS-F measures. The procedures will allow consumers to opt out of being surveyed. Current estimates are that approximately 2,000 collected responses would be necessary for each survey instrument. This would be a significant reduction from current reporting requirements. We will consult with provider organizations, boards, and consumer organizations in the development of these reporting procedures.

We will also need to develop an interim solution until the mailed survey is established. ODMH intends to work with selected provider organizations and boards who may already be or have an interest in using the MHSIP and YSS-F survey instruments.

Please note that even though ODMH will no longer be collecting the current outcomes measures at the state level, provider organizations will need to meet the requirements of their national accrediting organizations. Some provider organizations may want to keep their current collection procedures in place (with the exception of state level reporting), and others may want to develop alternatives that meet the requirements of their respective national accrediting organizations. We will work to assure that examples of brief, efficient outcomes measures, particularly those that have been used effectively in integrated care settings, are made available to provider organizations. These examples will be disseminated by the Ohio Coordinating Center for Integrating Care.

It is also important to note that these actions are being taken within the context of the worst financial crisis experienced in Ohio in decades. We would urge boards to also eliminate any outcomes measures reporting requirements that exceed minimum state level requirements. Every dollar going to administration and support at all levels of the system should be examined as to how essential the expenditure is for direct client care.

We will provide additional detail about implementation efforts in the coming weeks.

Thank you for your assistance and support in our efforts to achieve efficiencies in our system.

c: LST
Assistant Deputies