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Quality Alert

Alert # 10

May 10, 2004

Clinical Outcomes Management Protocol: Performance Specifications and Phase-In Timelines

This alert serves to notify Massachusetts Behavioral Health Partnership (MBHP) network providers of new requirements regarding the measurement of behavioral health treatment outcomes.

If this is received by a provider agency, please distribute this alert to your Quality Director, Clinical Director and/or Medical Director.

SECTION I: INTRODUCTION TO THE MBHP CLINICAL OUTCOMES MANAGEMENT PROTOCOL

Goal of the MBHP Clinical Outcomes Protocol

To improve the quality of care of Members by ensuring:

- That all Members have the benefit of a standardized assessment, with periodic re-assessments, and
- That the results of the standardized assessment are incorporated into the Member's treatment planning process and the provider's quality management process.

Objective of the Outcomes Protocol

All MBHP network providers will measure the effects of behavioral health treatment by using standardized outcomes measurement instruments that are consistent with industry standards for behavioral healthcare.

Method of Implementation

Implementation in four phases: Providers will implement the goals and objective of this outcomes initiative in four phases (see Section I: Phases of Implementation, below).

MBHP support: MBHP will offer training and technical assistance, within resources, to support providers in complying with this initiative.

Preferred Outcomes Instrument Subsidy: MBHP is offering a limited subsidy for current providers using the TOP and for new providers interested in subscribing to the TOP (Treatment Outcome Package, published by Behavioral Health Laboratories). See Quality Alert 11 for details on this TOP subsidy option.

Status update forms: Providers will inform MBHP of progress made in the implementation of this initiative through the periodic submission of a brief “status update” form that will be available through MBHP’s website www.masspartnership.com (options for obtaining hard-copies of the forms are described in Section III). The status update forms will be completed by providers at the end of each phase of this implementation.

Scope of the Outcomes Alert

Quality Alert 10 applies to:

- All mental health and substance abuse providers who have a signed Provider Agreement with MBHP. Each of these providers will be expected to measure clinical outcomes.
- All covered services, with a few exceptions (see Section II: Phase 2.A for a list of exempt Covered Services).

Definition of Key Terms

Covered Services – As defined in MBHP’s standard Provider Agreement and within the Provider Manual and generally described as the services MBHP is responsible for providing to Members.

Full Compliance with the MBHP Outcomes Protocol – a provider will be considered in “full compliance” with this initiative when all phases of this initiative have been completed:

1. All newly admitted Members are being assessed, at the time of intake and at periods of re-evaluation, with a standardized outcomes instrument that is approved by MBHP;
2. The results of the outcome assessment are reviewed with Members and are incorporated into Members’ treatment plans; and
3. The results from the outcomes assessments are collected and recorded in a spreadsheet or database, the results are trended, and the analyses of the results are incorporated into the provider’s clinical practices and/or quality management plan.

Individual/Group Providers – licensed clinicians with an MBHP Provider Agreement who are practicing independently as individuals or as a group and who are billing MBHP using their own individual or group (but not a facility) Medicaid provider number.

Level of Care (LOC) – a broad grouping of services that is similar in terms of settings in which the services are delivered. Levels of Care include: Inpatient Services; 24-hour Diversionary Services; Diversionary Services; Outpatient Day; Outpatient Services; and Emergency Service Programs (ESPs). Note that outpatient individual, group and family therapy belong to the same level of care: Outpatient Services.

Member – MassHealth Members who are eligible to receive Covered Services under the Behavioral Health Program of the Division of Medical Assistance, including PCC Plan Enrollees and children in the care and/or custody of the Commonwealth.

Multi-Site/Multi-LOC Provider – a behavioral health facility (agency, institution, organization, business or other entity) with salaried or fee-for-service clinicians that: operates two or more sites at different addresses under a single legal structure; and/or offers more than one level of care.

Outcomes Instrument – a standardized assessment questionnaire with good psychometric properties that is used to measure a Member’s baseline clinical or life functioning status in one or more identified domains, and is then re-administered to the Member at some specified time interval for the purpose of measuring changes in the Member’s clinical or life functioning status.

Single-Site/Single LOC Provider – a behavioral health facility (agency, institution, organization, business or other entity) with salaried or fee-for-service clinicians that operates in one location and offers one level of care.

Phases of Implementation

The timelines for beginning and completing the phases of implementing outcomes assessments differ by provider category. The three provider categories (see definitions, above) are:

1. Individual/group provider
2. Single-site/single-LOC provider; and
3. Multi-site/multi-LOC providers

The four basic phases for implementing outcomes assessments are described in detail within Section II, below. All required implementation tasks are summarized, by provider category, in Section IV: Schedules A, B and C.

Phase 1: Selecting a Standardized Outcomes Instrument

- Begin No Later Than: May 10, 2004
- Complete No Later Than: September 30, 2004 (for all three provider categories)

Phase 2: Administering the Standardized Outcomes Instrument

- Begin No Later Than: October 1, 2004
- Complete No Later Than: April 30, 2005 (Individual/group providers)
May 31, 2005 (Single-Site/single-LOC providers)
June 30, 2005 (Multi-site/multi-LOC providers)

Phase 3: Incorporating the Evaluation Results into Treatment Planning

- Begin No Later Than: December 1, 2004
- Complete No Later Than: March 31, 2005 (Individual/group providers)
June 30, 2005 (Single-site/single-LOC providers)
September 30, 2005 (Multi-site/Multi-LOC providers)

Phase 4: Incorporating the Evaluation Results into Quality Management Planning

- Begin No Later Than: February 1, 2005
- Complete No Later Than: June 30, 2005 (Individual/group providers)
October 30, 2005 (Single-site/single-LOC providers)
December 31, 2005 (Multi-site/multi-LOC providers)

Compliance Monitoring

Providers will be expected to self-report their progress in implementing each of these four phases. The instructions for self-reporting are described in Section II, paragraphs 1.H, 2.I, 3.F, 4.F and 4.G. MBHP will monitor compliance with the implementation of this policy through on-site review of network providers' medical records and other supporting documentation.

- If a provider submits to MBHP a self-report of progress, and this progress is not verified through an on-site audit, MBHP may recover payment for the audited medical records that are non-compliant. There will be no extrapolation in these instances.
- If a provider does not declare a chosen instrument, as specified in paragraph 1.H, by September 30, 2004, then that provider may forfeit the outcomes-contingent rate increase that was granted by MBHP on April 1, 2004. Forfeiture of the outcomes-contingent rate increase for non-participation in outcomes program would be effective November 1, 2004. Providers who do not participate in this outcomes program may be ineligible for future quality-contingent rate increases that MBHP may grant to providers. MBHP may take further action in response to non-participating providers, depending on the extent of the non-compliance and other situational factors related to quality of care. Forfeiture would not apply to service codes exempted from outcomes evaluations. (see Section II, paragraph 2.A)

SECTION II: PROVIDER PERFORMANCE SPECIFICATIONS DETAILS

Section II lists the tasks associated with each implementation phase and describes the performance specifications of each task with the associated timelines. Informational items with no associated timeline are marked "N/A" (not applicable). "Optional" tasks are not required and may be implemented at the discretion of the provider.

Phase 1: Selecting a Standardized Instrument

Performance Specifications	Specifications for Selecting a Standardized Instrument	Begin No Later Than:	Complete No Later Than:
1.A	<p><i>Review MBHP list of approved outcomes instruments:</i> MBHP has reviewed and approved the following standardized outcomes measurement instruments for use in its Clinical Outcomes Measurement Protocol:</p> <ul style="list-style-type: none"> ▪ Adolescent Treatment Outcomes Module (ATOM) ▪ Behavioral and Emotional Rating Scale (BERS) ▪ Behavior and Symptom Identification Scale (BASIS-32) ▪ Brief Psychiatric Rating Scale (BPRS – adult and child) ▪ Brief Symptom Inventory (BSI) ▪ Child-Adolescent Functional Assessment Scale (CAFAS/PECFAS) ▪ Connor's Rating Scales – Revised (CRS-R) ▪ Consumer Recovery Outcome System (CROS)¹ 	5/10/2004	09/30/2004

¹ The Consumer Recovery Outcome System is an outcomes instrument that has been developed and is owned jointly by ValueOptions, Inc, the parent company of MBHP, and Sycare, Inc.

	<ul style="list-style-type: none"> ▪ Current Evaluation of Risk and Functioning – Revised (CERF-R) ▪ Methadone Treatment Quality Assurance System (MTQAS) ▪ Personal Experience Inventory (PEI) ▪ Personal Experience Inventory – Adult (PEI-A) ▪ Quality of Life Inventory (QOLI) ▪ SF8, 12, 36 ▪ SOCRATES ▪ Symptom Checklist-90-Revised (SCL-90-R) ▪ Treatment Outcome Package (TOP, TOP-SA) ▪ Youth Outcome Questionnaire (YOQ) <p>This list may be supplemented from time-to-time with the addition of instruments with good psychometric properties for outcomes assessment.</p> <p>Note: MBHP has designated the Treatment Outcome Package (TOP) as its “preferred” instrument. This means that the full range of TOP instruments is preferred for any level of care. Providers using the TOP system will be in substantial compliance with most of the performance specifications contained in this Clinical Outcomes Management Protocol. Providers may choose an outcomes instrument other than the TOP. However, as an incentive to providers to use the TOP, MBHP is offering a limited subsidy arrangement that will make the TOP system available at no cost or low cost to network providers. <u>See Quality Alert 11 for details about this subsidy arrangement for the TOP.</u></p>		
1.B	<p><i>Review Instrument Fact Sheets:</i> MBHP has prepared “fact sheets” for each of these instruments, which are contained in the Attachment to Quality Alert 10. Each fact sheet gives detailed information about each of these instruments and is available through the MBHP’s website at www.masspartnership.com. Additional information can be obtained by contacting the organizations that publish the instruments, as listed on the fact sheets. Publisher contact information is included in the fact sheets.</p>	5/10/2004	09/30/2004
1.C	<p><i>Optional--Attend MBHP informational sessions on instrument selection:</i> MBHP will invite developers and/or publishers of the outcomes instruments to present their instruments to providers. A notification of the session date, location, and names of the presenting publishers will be sent to the MBHP provider network.</p>	To be announced	
1.D	<p><i>Select an outcome instrument:</i></p>	5/10/2004	09/30/2004

To select the most appropriate instruments for the clinical population served, providers will want to compare instruments based on:

- Usefulness of clinical findings
- Validity and reliability with the provider’s patient population
- Ease of administration
- Cost

A provider who serves a broad range of Members by age or presenting problems may choose to use more than one instrument, as appropriate to the age or clinical issues presented by the Member.

The chart below matches the approved instruments to general age and service types:

	Mental Health	Substance Abuse
Children	<ul style="list-style-type: none"> • BERS • BPRS-C • CAFAS • CRS-R • PECFAS • TOP • YOQ 	
Adolescents	<ul style="list-style-type: none"> • ATOM • BASIS-32 • BERS • BPRS-C • BSI • CAFAS • CRS-R • SCL-90-R • SF-8,12,36 • TOP • YOQ 	<ul style="list-style-type: none"> • ATOM • BASIS-32 • PEI • TOP/SA
Adults	<ul style="list-style-type: none"> • BASIS-32 • BPRS • BSI • CERF-R • CROS • QOLI • SCL-90-R • SF-8,12,36 • TOP 	<ul style="list-style-type: none"> • BASIS-32 • PEI-A • MTQAS • QOLI • SOCRATES • TOP/SA

1.E	<p><i>Optional-- Request an exception to the MBHP list of approved instruments:</i></p> <p>If a provider is already using, or wishes to use, a standardized outcomes measurement instrument that is not included in the</p>	5/10/2004	09/30/2004
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	approved instrument list, the provider can file an on-line request to MBHP for approval of the instrument. See Section 1.H below.		
1.F	<p><i>Optional--Request an exception to use functional indicators of change in lieu of a standardized instrument to measure outcomes:</i></p> <p>Within limited circumstances and upon review and approval by MBHP, providers may utilize functional measures of change in the Member's life status in lieu of a standardized outcomes measurement instrument. Examples of functional change indicators include, but are not limited to, objective and quantifiable measures of job status, housing status, school attendance and performance, significant relationships, linkage to community resources, participation in support services, and involvement with the justice system.</p> <p>Example: A justifiable circumstance for the use of functional status indicators might include a provider serving a high volume of Members from cultural populations for which standardized outcomes measurement instruments do not exist or are not practical.</p> <p>If a provider is already using or wishes to use a formalized set of life functioning measures, the provider can file an on-line request to MBHP for approval of these measures. See Section 1.H below.</p>	5/10/2004	09/30/2004
1.G	<p><i>Outcomes for pre-certified acute services:</i></p> <p>MBHP will modify the pre-certification and discharge protocol so that standardized treatment outcomes for 24 hour acute services can be measured. The Brief Psychiatric Rating Scale (BPRS), or some comparable instrument, will replace some assessment items contained in the pre-certification protocol and will be added to the discharge protocol for inpatient psychiatric facilities (included service are: inpatient, holding beds, observation beds, intensive observation beds).</p> <p>Acute services that are pre-certified other than inpatient psychiatric facilities (services including: community-based acute treatment; intensive community-based acute treatment; level IV detox; family stabilization teams; partial hospitalization) may utilize this outcomes data collection process by initiating a step-down and discharge protocol with MBHP, or providers of these services may elect to use another MBHP-approved outcomes instrument of their choice.</p>	To be announced	09/30/2004

1.H	<p><i>File a status report or exception request regarding selection of an outcomes instrument on the MBHP website:</i> All online forms will be easy to use and take only a few minutes to complete.</p> <p>Status update form: Providers will be required to access the MBHP website to complete an on-line form that identifies their chosen outcome instrument(s).</p> <p>Alternate instrument request form: A form will also be available for providers to request the use of an alternate instrument that meets the criteria of an outcomes instrument, as defined in Section 1.D.</p> <p>Functional outcomes measures form: Additionally, providers who wish to assess outcomes using a formalized set of life functioning measures will complete a related form.</p> <p><i>Note: MBHP is developing web pages for outcomes progress reports and will notify providers when they are available. Hardcopy report forms are also available if providers are unable to access the MBHP website. See "Contact Us" in Section III.</i></p>	To be announced	09/30/2004
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Phase 2: Administering the Outcomes Instrument

Performance Specification	Specifications for Administering the Outcomes Instrument	Begin No Later Than:	Complete No Later Than:
2.A	<p><i>MBHP covered services exempted from outcomes evaluations:</i> With the exception of the services listed below, all behavioral health services covered by MBHP will be evaluated through this outcomes protocol. The MBHP covered services are listed and described in the MBHP Provider Manual, Volume II (July, 2002). The services (with their associated CPT codes) that are exempt from this protocol are:</p> <p>Medication Evaluation Services²</p> <ul style="list-style-type: none"> • Simple and complex medication visit (90862) • Medication diagnostic visit (99404) • 60 minute medication evaluation groups (90857) • Psychiatric consultation on a medical floor (99251, 99252, 99253) <p>Mental Health and Substance Abuse Outpatient Services</p> <ul style="list-style-type: none"> • Family Consultation (90887) • Case Consultation (90882) 	N/A	N/A

² The exemption for medical evaluation services is made on the assumption that Members for whom psychotropic medications are being prescribed by a network psychiatrist are also receiving psychotherapy or other treatment services, and that such Members are receiving outcomes evaluations through these other services. Generally, MBHP recommends against Members receiving medication services only, without receiving other psychosocial treatment in addition to the medication treatment.

	<ul style="list-style-type: none"> • Diagnostic Evaluation (90801) <p>Mental Health Outpatient Services</p> <ul style="list-style-type: none"> • Inpatient-Outpatient Bridge (H0032) • Assessment for Safe and Appropriate Placement (ASAP) (H2028) • Collateral Contact (H0046) <p>Other Outpatient Services</p> <ul style="list-style-type: none"> • Psychological Testing (99402, 96100, 96117) • Special Education Psychological Testing (96100) • Specialing (T1004) 		
2.B	<p><i>Members to be included in the outcomes initiative:</i></p> <ul style="list-style-type: none"> • Only Members (see definition, page 2) who are newly admitted to services after the provider selects and begins using the outcomes instrument shall be included in the provider’s outcomes measurement process as specified in this Quality Alert. • Members who began receiving services prior to the instrument selection do not need to be included in the outcomes process (with two exceptions: the Member terminates services and is re-admitted after the applicable implementation date; or the provider has a pre-existing outcomes measurement process such that baseline measurements were taken prior to the instrument selection). • Members who are re-admitted to services after a period of six months or more should be considered a new admission for the purposes of outcomes evaluation. 	N/A	N/A
2.C	<p><i>Intake/baseline assessments and periodic re-assessments:</i> The outcomes assessment process shall include the administration of the approved outcomes instrument by the clinician, or self-administration by the Member, at the time of the Member’s intake for treatment (baseline assessment), with additional administrations (re-assessments) given at reasonable and clinically justifiable intervals.</p> <p>In the case of a clinician administering the evaluation instrument, the clinician can bill MBHP for the evaluation session within the regular parameters of direct Member contact for that session.</p>	N/A	N/A
2.D	<p><i>Special considerations regarding assessments:</i></p> <p><u>Clinical contraindications:</u> If a Member’s individual practitioner or treatment team decides that the administration of</p>	N/A	N/A

a standardized assessment instrument is not clinically indicated, then the Member can be exempt from the outcomes assessment. These instances should be exceptional and must be justified in the Member's medical record by the medical director or supervising clinician.

Multiple services: Members receiving multiple concurrent services at a single LOC do not need to have multiple outcomes assessments. *If a Member is receiving services from multiple practitioners, it is the responsibility of the practitioners to jointly identify a lead practitioner who would be responsible for a single outcomes assessment protocol and for the communication of outcome results to subordinate clinicians.*

For example, if a Member is receiving outpatient services, and day treatment services, the provider of the core ongoing psychotherapeutic service should take the lead in conducting the outcomes assessments.

If outpatient psychotherapy is provided by a clinician and medication management provided by a psychiatrist, the psychotherapist would in most instances be the provider responsible for the outcome measurement. It would be important that the psychotherapist communicate the results of the outcome measurements to the psychiatrist.

Family therapy: When an entire family is being treated through family therapy sessions, it may or may not be feasible to administer an outcomes assessment to every member of the family. Many times, one or more members of the family are concurrently receiving individual therapy.

In such cases, the *routine outcomes assessment completed for the Member of the family who is receiving individual therapy will suffice*. That is, the family members not seen individually do not need to be included in the outcomes assessment, unless the provider otherwise decides to assess each family member or the family as a unit.

If a family is being seen as a unit with no other services being provided to individual family members, then the administration of an outcomes instrument for the family is at the discretion of the clinician.

Group therapy: Each Member involved in group therapy is expected to have an outcomes assessment as part of the Member's intake assessment and revision of the Member's treatment plan.

2.E	<p>Optional: Attend MBHP training on instrument administration: MBHP will offer training on the administration and interpretation of MBHP-approved instruments.</p>	To be announced	N/A
2.F	<p>Phase-in the instrument administration for individual/group providers: Individual/group providers can develop their own schedule for gradually increasing the number of their new referrals who are assessed using the provider-selected outcomes instrument. By the completion date for this performance specification, it is expected that providers will administer the outcomes instrument during the intake process for all Members.</p>	10/01/2004	04/30/2005
2.G	<p>Phase-in the instrument administration for single-site/single LOC providers : Single-site/single LOC providers can develop their own schedule for gradually increasing the number of their new referrals who are assessed using the provider-selected outcomes instrument.</p> <p>The phase-in schedule for Member assessments can be organized by: interval selection; age group; service type; or some other criteria selected by the provider. By the completion date for this performance specification, it is expected that providers will administer the outcomes instrument during the intake process for all Members.</p>	10/01/2004	05/31/2005
2.H	<p>Phase-in the instrument administration for multi-site/multi-LOC providers : Multi-site/multi-LOC providers can develop their own schedule for gradually increasing the number of their new referrals who are assessed using the provider-selected outcomes instrument.</p> <p>The phase-in schedule for Member assessments can be organized by: interval selection; age group; service type; level of care; site; or some other criteria chosen by the provider. By the completion date for this performance specification, it is expected that providers will administer the outcomes instrument during the intake process for all Members.</p>	10/01/2004	06/30/2005
2.I	<p>File a status report on instrument implementation on the MBHP website: Providers are expected to notify MBHP through a form posted on the MBHP website when they begin to routinely administer outcomes assessments to Members.</p>	Anytime (see 2.I note)	Per Schedules A, B, or C (Section IV)

	<p>Note: MBHP is currently developing web forms for outcomes progress reports and will notify providers when the forms are available. Hardcopy report forms are available if providers are unable to access the MBHP website. See “Contact Us” in Section III.</p>		
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Phase 3: Incorporation of the Evaluation Results into Treatment Planning

Performance Specification	Specifications for Incorporating the Evaluation Results Into Treatment Planning	Begin No Later Than:	Complete No Later Than:
3.A	<p>Provide feedback to the Member about the intake assessment and re-assessments: The clinical implications of the initial assessment and the “change scores” (that is, the differences between the Member’s baseline measurement values and the re-measurement values) should be explained to the Member (or Member’s guardian) at the same or next session following each administration.</p> <p>This explanation should be made in clinically appropriate, non-technical language that is understandable to the Member. If such an explanation is deemed by a psychiatrist to be clinically contraindicated, a clinical note to this effect should be made in the Member’s medical record.</p>	12/01/2004	Per Schedules A, B, or C (see Section IV)
3.B	<p>Optional--Attend training by MBHP on the integration of outcome assessment results into Members’ treatment plans: MBHP will offer training to providers on the elements of good treatment planning and how the results of a standardized intake assessment and the subsequent re-assessment are best reviewed with a Member and are best incorporated into a treatment plan.</p>	To be announced	N/A
3.C	<p>Integrate outcomes assessments into Members’ treatment plans by individual/group providers: Individual/group providers can develop their own schedule for gradually increasing the number of outcome results that are reviewed with the Members and incorporated into their treatment plans.</p> <p>The phase-in schedule can be organized by: interval selection; age group; service type; or some other criteria selected by the provider. It is expected that every Member’s treatment plan will incorporate the standardized assessment evaluation by the completion date for this performance standard.</p>	12/01/2004	03/3/2005

3.D	<p><i>Integrate outcomes assessments into Members' treatment plans by single-site/single LOC providers:</i> Single-site/single LOC providers can develop their own schedule for gradually increasing the number of outcome results that are reviewed with the Members and incorporated into their treatment plans. The phase-in schedule can be organized by: interval selection; age group; service type; or some other criteria selected by the provider. It is expected that every Member's treatment plans will incorporate the standardized assessment evaluation by the completion date for this performance specification.</p>	12/01/2004	06/30/2005
3.E	<p><i>Integrate outcomes assessments into Members' treatment plans by multi-site/multi-LOC providers:</i> Multi-site/multi-LOC providers can develop their own schedule for gradually increasing the number of outcome results that are reviewed with the Members and incorporated into their treatment plans.</p> <p>The phase-in schedule can be organized by: interval selection; age group; service type; site; or some other criteria selected by the provider. It is expected that every Member's treatment plan will incorporate the standardized assessment evaluation by the completion date for this performance specification.</p>	12/01/2004	09/30/2005
3.F	<p><i>File a status report on the MBHP website:</i> Providers are expected to notify MBHP through a form posted on the MBHP website when they begin to routinely incorporate outcomes assessments into the treatment plans of all applicable Members.</p> <p>Note: <i>MBHP is currently developing web forms for outcomes progress reports and will notify providers when the forms are available. Hardcopy report forms are available if providers are unable to access the MBHP website. See "Contact Us" in Section III.</i></p>	Anytime (See 3.F note)	Per Schedules A, B, or C (Section IV)

Phase 4: Incorporating the Evaluation Results into Quality Management Planning

Performance Specification	Specifications for Incorporating the Evaluation Results Into Quality Management Planning	Begin No Later Than:	Complete No Later Than:
4.A	<p><i>Implement data collection and basic analysis of outcomes scores:</i> At a minimum, the provider is expected to record change scores for all Members in a simple spreadsheet or database. The provider will analyze and summarize the outcomes data at least twice yearly to quantify the degree to which Members change while receiving services. For single- or multi-site provider agencies, these results should be reviewed by the provider's senior managers, advisory boards, and boards of directors.</p> <p>Note: <i>Providers who choose to enroll in the TOP outcomes system will automatically be in compliance with this performance</i></p>	N/A	N/A

	<i>specification, 4.A, and will be greatly assisted in meeting specifications 4.C, 4.D, and 4.E. See Quality Alert 11 for information about MBHP's subsidy option, which deeply discounts the cost of the TOP system.</i>		
4.B	<i>Optional--Attend training by MBHP on simple methods for electronic data collection and analysis and on the integration of outcome evaluation results into quality management plans:</i> MBHP will provide training to providers who need assistance in setting up simple data collection processes in such a way that outcomes and related information can be readily analyzed. The training will also include the implications of outcomes analysis for practice management and quality management.	To be announced	N/A
4.C	<i>Integrate outcomes assessments into practice management plans for individual/group providers:</i> Individual/group providers can develop their own schedule for gradually phasing in the collection and analysis of outcomes data. The phase-in schedule can be organized by: age group; service type; or some other criteria selected by the provider. It is expected that the results of all Member outcome evaluations will be recorded, at a minimum, in a simple data system that allows basic data analysis and that the provider's clinical practices will be adjusted according to the analysis by the completion date for this performance specification.	02/01/2005	06/30/2005
4.D	<i>Integrate outcomes assessments into quality management plans for single-site/single-LOC providers:</i> Single-site provider agencies can develop their own schedule for gradually phasing in the collection and analysis of outcomes data. The phase-in schedule can be organized by: age group; service type; or some other criteria selected by the provider. It is expected that the results of all Member outcomes evaluations will be recorded, at a minimum, in a simple data system that allows basic data analysis, and that the provider's quality management plans will be adjusted according to the analysis by the completion date for this performance specification.	05/01/2005	10/30/2005
4.E	<i>Integrate outcomes assessments into quality management plans for multi-site/multi-LOC providers:</i> Multi-site/multi-LOC providers can develop their own schedule for gradually phasing in the collection and analysis of outcomes data. The phase-in schedule can be organized by: age group; service type; site; or some other criteria selected by the provider. It is expected that the results of all Member outcome evaluations will	02/01/2005	12/31/2005

	be recorded, at a minimum, in a simple data system that allows basic data analysis, and that the provider’s quality management plans will be adjusted according to the analysis by the completion date for this performance specification.		
4.F	<p><i>File a status report for the implementation of data collection and basic analysis of outcomes scores:</i></p> <p>Providers will notify MBHP through a form posted on the MBHP website when they begin to routinely incorporate the results of outcomes analysis into their practices and quality management plans.</p> <p><i>Note:</i> <i>MBHP is currently developing web pages for outcomes progress reports and will notify providers when the pages are available. Hardcopy report forms are available if providers are unable to access the MBHP website. See “Contact Us” in Section III.</i></p>	Anytime (see 4.F note)	Per Schedules A, B, or C (Section IV)
4.G	<p><i>File a “notification of full compliance” report on the MBHP website:</i></p> <p>At any time that a provider meets the “full compliance” criteria, as defined in the Key Terms section (page 2), the provider should file a “notification of full compliance” report on MBHP’s web site.</p> <p><i>Note:</i> <i>MBHP is currently developing web forms for outcomes progress reports and will notify providers when the forms are available. Hardcopy report forms are available if providers are unable to access the MBHP website. See “Contact Us” in Section III.</i></p>	Anytime (see 4.G note)	Per Schedules A, B, or C (Section IV)

Section III: Contact Us for Implementation Support

MBHP recognizes that providers may vary in their readiness or ability to implement this initiative and may need support in developing their outcomes measurement protocol. Depending on available resources, MBHP may offer the provider support through telephone consultation, email correspondence, or provider forum meetings.

If you wish to contact MBHP:

- Email the Quality Management Department at outcomes@masspartnership.com.
- View the MBHP website at www.masspartnership.com.
- Call MBHP’s Community Relations staff at 800-495-0086
- Contact MBHP’s Regional Directors:
 - Western Region Linda Trott 413-322-1802
 - Central Region Anne Pelletier-Parker 508-890-6412
 - Northeast Region Jim Kaufman 617-350-1940
 - Metro-Boston Region Chuck Carter 617-350-1930
 - Southeast Region Elaine Crowley 617-350-1910

Providers who cannot access the MBHP website can request hardcopies of forms or related documents by writing to:

Massachusetts Behavioral Health Partnership
286 Congress St., 7th Floor
Boston, MA 02210
Attn: Outcomes Project Manager

Helpful references on outcomes measurement include:

Dickey, B. and Sederer, L. (2001). *Improving Mental Health Care: Commitment to Quality*. Washington, DC: American Psychiatric Publishing, Inc.

Epstein, M., Kutash, K., and Duchnowski, A. (1998). *Outcomes of Children and Youth with Emotional and Behavioral Disorders and Their Families: Programs and Evaluation Best Practices*. Austin: PRO-ED, Inc.

Hernandez, M. and Hodges, S. (2001). *Developing Outcome Strategies in Children's Mental Health*. Baltimore: Paul H. Brookes Publishing, Inc.

IsHak, W., Burt, T. and Sederer, L. (2002). *Outcome Measurement in Psychiatry: A Critical Review*. Washington, DC: American Psychiatric Publishing, Inc.

Nathan, P. "Assessing Substance Abusers". (1996) In Murphy, L. and Impara, J. *Buros Desk Reference: Assessment of Substance Abuse*. Lincoln: The Buros Institute of Mental Measurements.

Sederer, L. and Dickey, B. (eds) (1996). *Outcomes Assessment in Clinical Practice*. Baltimore: Williams & Wilkins.

Section IV: Summary Schedules for Implementation Tasks and Timelines

Section IV contains summary schedules for the tasks that are requirements of the MBHP Clinical Outcomes Management Protocol. Each required task and its associated timelines are listed by provider category: individual/group providers; single-site/single-LOC providers; and multi-site/multi-LOC providers.

Providers may use these summary schedules as a general work plan for implementing outcomes assessments within their practice or facility.

Schedule A: Summary of Required Implementation Tasks and Timelines for Individual/Group Providers

Performance Specification	Required Implementation Tasks for Individual/Group Providers	Begin No Later Than:	Complete No Later Than:
1.A	Review MBHP list of approved instruments.	05/10/2004	09/30/2004
1.B	Review MBHP Instrument Fact Sheets.	05/10/2004	09/30/2004
1.D	Select an outcome instrument.	05/10/2004	09/30/2004
1.H	File a status report or exception request regarding instrument selection with MBHP.	TBA	09/30/2004
2.F	Phase-in the instrument selection for individual/group practitioners.	10/01/2004	04/30/2005
2.I	File a status report on instrument implementation on the MBHP web-site.	Anytime	04/30/2005
3.A	Provide feedback to the Member about the intake assessment and re-assessments	12/01/2004	03/31/2005
3.C	Integrate outcomes assessments into Members' treatment plans by individual/group providers.	12/01/2004	03/31/2005
3.F	File a status report on outcomes integration with treatment plans on the MBHP web-site.	Anytime	03/31/2005
4.C	Integrate outcomes assessments into practice management plans for individual/group providers.	02/01/2005	06/30/2005
4.F	File a status report for the implementation of data collection and basic analysis of outcomes scores.	Anytime	06/30/2005
4.G	File a "notification of full compliance" report on the MBHP website.	Anytime	06/30/2005

Schedule B: Summary of Required Implementation Tasks and Timelines for Single-Site/Single-LOC Providers

Performance Specification	Required Implementation Tasks for Single-Site/Single-LOC Providers	Begin No Later Than:	Complete No Later Than:
1.A	Review MBHP list of approved instruments.	05/10/2004	09/30/2004
1.B	Review MBHP Instrument Fact Sheets.	05/10/2004	09/30/2004
1.D	Select an outcome instrument.	05/10/2004	09/30/2004
1.H	File a status report or exception request regarding instrument selection with MBHP.	TBA	09/30/2004
2.G	Phase-in the instrument selection for single-site/single-LOC providers.	10/01/2004	05/31/2005
2.I	File a status report on instrument implementation on the MBHP web-site.	Anytime	05/31/2005
3.A	Provide feedback to the Member about the intake assessment and re-assessments	12/01/2004	06/30/2005
3.D	Integrate outcomes assessments into Members' treatment plans by individual/group providers.	12/01/2004	06/30/2005
3.F	File a status report on outcomes integration with treatment plans on the MBHP web-site.	Anytime	06/30/2005
4.D	Integrate outcomes assessments into practice management plans for individual/group providers.	05/01/2005	10/30/2005
4.F	File a status report for the implementation of data collection and basic analysis of outcomes scores.	Anytime	10/30/2005
4.G	File a "notification of full compliance" report on the MBHP website.	Anytime	10/30/2005

Schedule C: Summary or Required Implementation Tasks and Timelines for Multi-Site/Multi-LOC Providers

Performance Specification	Required Implementation Tasks for Multi-Site/Multi-LOC Providers	Begin No Later Than:	Complete No Later Than:
1.A	Review MBHP list of approved instruments.	05/10/2004	09/30/2004
1.B	Review MBHP Instrument Fact Sheets.	05/10/2004	09/30/2004
1.D	Select an outcome instrument.	05/10/2004	09/30/2004
1.H	File a status report or exception request regarding instrument selection with MBHP.	TBA	09/30/2004
2.H	Phase-in the instrument selection for multi-site/multi-LOC providers.	10/01/2004	06/30/2005
2.I	File a status report on instrument implementation on the MBHP web-site.	Anytime	06/30/2005
3.A	Provide feedback to the Member about the intake assessment and re-assessments	12/01/2004	09/30/2005
3.E	Integrate outcomes assessments into Members' treatment plans by individual/group providers.	12/01/2004	09/30/2005
3.F	File a status report on outcomes integration with treatment plans on the MBHP web-site.	Anytime	09/30/2005
4.E	Integrate outcomes assessments into practice management plans for individual/group providers.	02/01/2005	12/31/2005
4.F	File a status report for the implementation of data collection and basic analysis of outcomes scores.	Anytime	12/31/2005
4.G	File a "notification of full compliance" report on the MBHP website.	Anytime	12/31/2005