

Outcome Measures Pilot: SDQ and CASII

Executive Summary

As part of an effort to improve delivery of services to children (and adults) with mental illness through the use of a coordinated statewide evaluation system across public and private payers and all providers, the Minnesota Mental Health Action Group (MMHAG) reviewed outcome measures for children's mental health. The goal of this review was to identify instruments that would provide useful, cost-efficient data and a common evaluation framework used statewide without increasing burden on providers or consumers.

Two instruments were identified to measure outcomes: The Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997) and the Child and Adolescent Service Intensity Inventory (CASII; American Academy of Child and Adolescent Psychiatry, 2005). These instruments were chosen for their ability to assess effectiveness of services and improved outcomes. The CASII is an 8-item instrument, completed by mental health providers and case managers, designed to objectively determine the service needs of children and adolescents. The SDQ is a behavioral screening questionnaire completed by parents, teachers, and/or self (children/adolescents ages 11 and older).

The SDQ and CASII were piloted by mental health providers throughout Minnesota from March 2006 through April 2008. In all, thirty counties, agencies, and collaboratives provided data on 4,239 children and adolescents. The goal of this pilot was to assess if these instruments demonstrated similar validity and reliability to comparable standardized instruments, were able to detect changes in mental symptoms and functioning, were related to providers' service recommendations, and were viewed by providers as clinically useful and appropriate for their populations.

Pilot highlights are as follows:

- CASII Scores ranged across all seven levels of care and decreased significantly from initial administration to 6-month follow-up and from 6-month follow-up to 12-month follow-up, suggesting that the instrument discriminates between services needs and assesses changes in service needs and functioning over time.
- On average, children/adolescents that were identified by the CASII as having higher services need were recommended more hours of services and more hours of services by providers.
- CASII test-retest validity was similar to previous studies and comparable instruments.
- Parent, Teacher, and Self SDQ scores decreased significantly from initial administration to 6-month follow-up and from 6-month follow-up to 12-month follow-up, suggesting that the instrument assesses changes in mental health symptoms over time.
- Inter-rater reliability between SDQ respondents was similar to other omnibus behavioral checklists.
- On average, cases with higher parent, teacher, or child-rated mental health symptom severity (SDQ scores) were also recommended more services by providers.
- All outcome measures (CASII, Parent SDQ, Teacher SDQ, and Self SDQ) related significantly to each other. CASII scores related significantly to all types of providers' service recommendations. Parent and Teacher SDQ's related most strongly to the number and hours of therapy services (individual, family, and group psychotherapy and skills). Self SDQ scores related most strongly to the number of case management hours recommended.
- Clinician satisfaction surveys indicated that the majority of providers agreed that these measures adequately measured emotional distress as well as strengths and assets; measured what they proposed to measure; were appropriate for children of most ages and in most settings; and required a reasonable amount of time to administer. Most providers indicated that the SDQ was helpful in treatment planning and was positively received by clients and families.

The following report details the results of the Children's Mental Health Outcome Measures Pilot.