Ohio Department of Mental Health

John R. Kasich, Governor
Tracy J. Plouck, Director

Erik Stewart, Ph.D.
Vice President, System Performance
Hamilton County Mental Health and Recovery Services Board
2340 Auburn Avenue
Cincinnati OH 45219

January 27, 2011

RE: Treatment Episode Outcomes (TEO) system

Dear Dr. Stewart,

Thank you for your thoughtful January 18th e-mail regarding the proposed information and outcomes system. This letter attempts to clarify a number of questions you had regarding the design of the new system. This letter is divided into the following sections to respond efficiently to your questions. These sections include: 1) The Annual Mental Health Statistics Improvement Program (MHSIP) survey and Youth Satisfaction Survey-Family (YSS-F); 2) Modifications to the Existing Ohio Behavioral Health (OH-BH) Module; 3) Measurement, Analysis, and Use of Data; 4) Recovery and Stigma Reduction; and 5) Planned Implementation. To assist others with this review of the TEO system, we will post this letter at:http://mentalhealth.ohio.gov/what-we-do/protect-and-monitor/treatment-episode-outcomes/index.shtml.

Annual MHSIP/YSSF Surveys

A number of your questions addressed the annual distribution of the MHSIP/YSSF Surveys. These mail surveys, being conducted by the Ohio Department of Mental Health (ODMH) Office of Research and Evaluation (ORE), are required by the Substance Abuse and Mental Health Services Administration (SAMHSA) for states and territories to secure mental health block grant funding. Until 2009, Ohio was the only state not collecting and reporting this required data. ODMH is required by SAMHSA to report results for 2,000 adult consumers using the MHSIP survey and 2,000 parents or guardians using the YSS-F survey. The survey information will be used primarily for reporting National Outcomes Measures (NOMs) to SAMHSA. Currently, SAMHSA only requires states to collect information from persons who are identified as either Severely Mentally Ill (SMI) or Seriously Emotionally Disturbed (SED). To ensure that our sample is indeed SMI/SED we are using the definition put in place in 2005. In future administrations of the survey, we hope to use the new definition by drawing on the database of client information available through the OH-BH. By using the old definition, we hope to identify individuals in our priority population who had received enough services to have formed an opinion about the severity of their illness. At the present time, ODMH has no plans to collect outcomes information on consumers who are not in either the SMI or SED priority populations.

With regards to using a random sample, while it varies, many states have chosen to use this method to sample their public mental health system consumers (both adult and parent/guardian). We are drawing our random sample from the Multi-Agency Community Services Information System (MACSIS) claims database. We have access to this database and it houses the most current information on who is being

served by Ohio's public mental health system. While it clearly does not capture all persons who come in contact with public mental health services across the state, it provides us with a good representation.

We do realize that the use of mailed surveys come with a number of limitations. For one, the method biases our sampling toward individuals who can read and live in stable housing. To mitigate the literacy bias somewhat, we provide a toll-free number where surveyed consumers can call for assistance with completing the survey. Further, as you know, response rates are becoming increasingly low for mail surveys. To correct for this potential problem, in the first wave of sampling, we over-sampled certain racial minorities in an effort to obtain adequate representation. When the first wave is concluded, we will analyze the non-responding portion of the sampling frame for race, gender, and geographic representation. In the second and third wave of re-sampling non-respondents, we will focus on obtaining higher response rates from the under-represented strata. The sampling frame used for the survey was stratified with a county classification system used by other statewide surveys implemented by the Ohio Department of Job and Family Services (ODJFS) and the Ohio Department of Health (ODH). We also will do an item response analysis. Final results will include sampling error statistics and confidence intervals.

Importantly, as this is a statewide random sample survey, results can say nothing about board areas, counties, or agencies. We encourage boards and providers to consider using the MHSIP and YSS-F for board area and agency-specific findings. Please note that ODMH has no intention of requiring board or agency-level administration of the MHSIP or YSS-F, but we will support voluntary local use with state and national benchmarks.

In terms of consent for contacting involved consumers, ODMH legal staff has advised that as a covered entity the department does not need consent to contact clients at the mailing address provided at enrollment and/or update in MACSIS when conducting surveys for operational purposes. A consumer is allowed to indicate whether he or she wishes to be contacted through some alternative means or place, in which case, there is a field in MACSIS which allows providers to indicate that the consumer has chosen an alternative means of contact. Further, all mail surveys sent out include a form called "Survey Consent Information". This form allows the consumer the option to decline any further contact from the department. Should the consumer choose to forgo use of the "decline contact" form, he or she has the option of calling a toll-free number and speaking to a research and evaluation staff about declining consent.

Modifications to the Existing Ohio Behavioral Health (OH-BH) Module

As you mentioned in your e-mail correspondence on January 18th, 2011, the administration of the department eliminated the state-level mandated reporting requirement for the old Ohio Outcomes System. This was done to reduce administrative burden on provider organizations. However, the Department is still required to report NOMs associated with its federal mental health block grant application annually. To meet this requirement the Department is teaming with ODADAS to modify the existing Ohio Behavioral Health (OH-BH) Module. While reporting in the modified OH-BH will be much less burdensome to provider organizations, there may be slight costs associated with its implementation and maintenance for organizations that do not report OH-BH outcomes currently. At this time, there are no State funds available for implementation of the client-level reporting component of the new outcomes and information system, but technical assistance will be made available. The new outcomes and information system has not been linked to ORC 340.03(A)(4).

The Department has been working closely with the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) to create a single entry point for both mental health and substance abuse outcomes data collection. Agencies that provide treatment to consumers with both substance abuse and mental health issues will only need to submit a single record. Additionally, ODMH will permit OH-BH

submissions using the batch file process already in use by ODADAS. We hope to recruit large agencies that use the batch file process to participate in our piloting of the mental health (MH) component of the OH-BH so that any problems with this process can be addressed.

Measurement, Analysis, and Use of Data

In your e-mail you mention a few concerns regarding measurement, analysis, and use of data. It is important to note that first and foremost the data is being used to support Ohio's mental health block grant reporting requirements, which enables the state to receive over $13 million in funds for the public mental health system. In reference to your concerns about measuring functioning, the Department has decided to use the GAF as the standard measure of functioning because it is required training for all Licensed Independent Practitioners by U.S. training programs, used in many clinical settings, and is often required by private insurance companies for prior authorization and reimbursement for a defined benefit. ODMH staffs recognize the issues surrounding the reliability of clinicians who use this measure, and we are putting a quality improvement process in place that includes training for clinical staff throughout the state. There will be a number of webinar trainings on the MH component of the OH-BH as a part of the pilot and during the statewide implementation.

With respect to your questions about measuring criminal justice involvement, staffs at ODMH and ODADAS are aware of the timing discrepancies and have brought this to the attention of SAMHSA. In fact, many states that report information to SAMHSA have voiced similar concerns about the differing time frames on the same measure. SAMHSA is currently taking this issue under consideration. Unfortunately, we are bound by our agreements with SAMHSA to collect and report the data in a pre-determined fashion. The reporting required by SAMHSA for this NOM divides the analysis of criminal justice involvement into two groups: Consumers who have received services less than one year and those who have received services for one year or more. More detailed information about the reporting of this NOM is located at http://www.samhsa.gov/dataoutcomes/urs/.

Recovery and Stigma Reduction

Several of the measures and methods that specifically address recovery and stigma reduction are associated with the direct mail survey of consumers. Our experience with surveying consumers is that many find it empowering to be asked for their opinion about the care they receive and the outcomes of treatment, such as social connectedness and social functioning.

The relatively small set of client-level outcome measures reported through the mental health OH-BH represent a national consensus among the states and territories regarding global indicators of recovery. These indicators can be used from year to year to answer what percentage of consumers have housing, engage in meaningful activity, and report reduced involvement with law enforcement. ODMH collected all these client-level outcome measures--employment status, school suspensions, criminal justice involvement, and adult housing status—through the previous outcomes system and reported them to SAMSHA as NOMs.

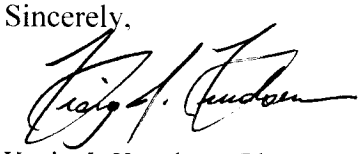
Descriptive measures selected for the mental health OH-BH that are not SAMHSA-required NOMs are designed to address the need for integrated behavioral health and other physical healthcare. We believe that behavioral health care is health care, and we view efforts to assess and treat the whole person essential to effective treatment.

Planned Implementation

The planned implementation of the new mental health outcome and information system will occur gradually over the next two years. The MHSIP/YSS-F surveys were mailed on January 11, 2011 and sampling will conclude in March of 2011. Findings will be analyzed and reported on our website in July, 2011. Results will be reported to SAMHSA in November, 2011. The Department began working with ODADAS on building the mental health component of the OH-BH in October, 2010. We are currently in the beta-testing phase of the web-based data collection tool. ODMH began recruiting provider agencies for the pilot in December, 2010, and expects to begin implementing a pilot of client-level reporting in the OH-BH in mid-February, 2011. Piloting will conclude between July-August, 2011. Following a review of lessons learned from the pilot, the Department hopes to roll out statewide participation in October, 2011, as specified in our SAMHSA-funded proposal for the Data Infrastructure Grant (DIG). In the fall of 2011, we also plan to submit a HIPAA-compliant file of client-level information to SAMHSA. Both SAMHSA and the Department recognize that this file will not be a census of our target population. ODADAS, which has many years' of experience submitting client-level data to SAMHSA, will be working closely with ODMH to ensure the quality of the data we submit. More details on the implementation plan can be found in Ohio's proposal for the SAMHSA-funded Data Infrastructure Grant at https://mentalhealth.ohio.gov/assets/treatment-episode-outcomes/dig-proposal.pdf . As a requirement of the DIG, we will provide an annual implementation report to both SAMHSA and constituents on our website.

I want to thank you again for your thoughtful e-mail regarding the proposed outcomes and information system. We look forward to working collaboratively with the Hamilton County Mental Health and Recovery Services Board on the new system, and welcome any suggestions to improve the system to meet the needs of Ohio's mental health service providers and consumers. Please feel free to call me at (614) 728-2527 or e-mail me at kraig.knudsen@mh.ohio.gov, if you have any other questions, concerns, or suggestions.

Sincerely,



Kraig J. Knudsen, Ph.D.
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