

Ohio DIG Project Narrative SFY 2011

Summary statement of goals and objectives:

The overarching goal of Ohio's Data Infrastructure Grant (DIG) is to implement a system of data collection, reporting, and use that will support the restructuring of Ohio's public mental health system. The proposed information system will meet the reporting requirements of the Block Grant application. Specific objectives of the project are to implement:

- a. A client-level reporting system to obtain outcomes on housing status, employment, school suspensions/expulsions, and criminal justice activity;
- b. A randomized mail survey of consumers to report information on client perception of care, social connectedness, and functioning;
- c. A data warehouse that supports reporting information in the Block Grant URS Tables.

Description & explanation of changes made during the present budget period:

After receipt of the grant in October 2010, Department leadership made changes in the project's staff alignment and responsibilities. Ohio's original DIG proposal stipulated the addition of 100% FTE staff to manage routine operational aspects of the project. Instead, leadership repurposed the DIG Principal Investigator (PI), Carol Carstens, to manage all project operations who will be assisted by Liz Gitter, Planner for Block Grant. In January 2011, SAMHSA approved the PI position as a 100% FTE (full-time equivalent) with 50% FTE state match. Leadership's decision to repurpose existing staff and forgo a new hire was based on concerns that Ohio's projected \$8 billion revenue shortfall for the SFY 2012-13 biennium could result in budgetary reductions and staff layoffs in the second and third years of the project.

On November 2, 2010, Ohio elected John Kasich as its new governor. Mr. Kasich appointed Tracy Plouck as the new Director of the Department of Mental Health on January 6, 2011. At this time, Director Plouck has given no indication of any intent to change the goals and objectives of Ohio's Data Infrastructure Grant.

Description of activities and accomplishments related to the goals and objectives:

Communications and Buy-in

Chief Knudsen convened an internal steering committee to oversee the implementation of the DIG approach to NOMs collection in the fall of 2010. The internal steering committee, which represents a broad cross-section of the Department's policy and operations staff, reviewed and approved the conceptual design of the client-level reporting system developed by the DIG PI. Planning Council members reviewed and approved the plan for randomized survey sampling of consumers with MSHIP and YSS-F. From October 2010 through January 2011, the Chief and DIG PI met with external stakeholders (providers, boards, and consumers) to discuss issues and concerns with the proposed approaches to data collection and reporting. Department leadership also issued official communication to providers and boards concerning the development,

implementation, and piloting of the consumer surveys and the client-level reporting tool. In March 2011, DIG project staff will present a poster session at the 10th All Ohio Institute on Community Psychiatry on the Department's approach to NOMs collection for the Block Grant

Client-level data collection strategy

In October 2011, leadership at ODMH approved collaboration with the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) to develop a client-level data collection tool for the mental health NOMs. ODADAS was chosen as the Department's partner due to its operation of a web-based facility, the Ohio Behavioral Health (OH-BH) module, which is used to collect and report TEDS to SAMHSA. A sizeable segment of Ohio's provider organizations are certified by both ODMH and ODADAS. Many of these dually-certified agencies currently report client-level data in the OH-BH for both mental health and substance abuse consumers. Although it currently contains a limited sample of mental health consumers, the OH-BH was the information system used to collect the housing and employment status NOMs reported in the 2010 URS Tables.

In January 2011 the new governor appointed Orman Hall as Ohio Department of Alcohol and Drug Abuse Services (ODADAS) Director. Director Hall's appointment was made with an announcement that ODMH and ODADAS should plan on combining key agency functions over the next four years. Partnering with ODADAS on the collection of mental health NOMs anticipated this development, which is viewed by the current state administration as a long-term strategy to contain administrative overhead. In addition, the Department's decision to go with a combined TEDS/MH client-level data collection tool was responsive to provider demand for reduced burden and streamlined reporting.

Following the DIG PI's development of a data dictionary and specifications manual for mental health component of the OH-BH in October 2010, the Chief and DIG project staff met with ODADAS staff in early November 2010 to outline specifications for a web-based data collection tool that will support reporting of client-level data. On January 20, 2011, the Chief and DIG project staffs previewed a mock-up of the mental health OH-BH. A second review of the mental health OH-BH occurred on February 23, 2011. ODMH expects to beta test the mental health OH-BH in early March with a handful of providers. Web-based training on the mental health OH-BH is planned as part of the pilot. Recruitment of providers to participate in the mental health OH-BH pilot began in January 2011. At the present time, five providers have confirmed an intention to participate. The pilot, which is designed to collect live data for submission to SAMHSA, is scheduled to begin in late March and end in September 2011.

Submission of a client-level data set

DIG project staff expects to submit a small client-level dataset in December 2011 for the FY2011 reporting period. The client-level data set will include the NOMs for public hospital and community access, housing status, and employment status. The client-level data set may also include NOMs for school attendance and criminal justice involvement, as this information will be collected in the OH-BH pilot. A final decision on the inclusion of school attendance and criminal justice involvement in the file of client-level data will be made after evaluation of the OH-BH pilot. Although the DIG PI is confident about that the data collected on hospital and community access and housing and employment status are of reasonably good quality, the quality of data collected on school attendance and criminal justice involvement cannot be determined until after these data are collected during the pilot for the first time.

Survey Sampling Strategy

During November and December 2010, the DIG PI developed surveys forms, a randomized sampling frame of 16,650 names and addresses, and a survey management database. Survey forms measured client perception of care, functioning, social connectedness, school attendance, and criminal justice involvement. The sampling frame of 8,244 adults was calculated to collect information on 2% of the target population (N = 101,850) if the survey had a 25% return rate. The sampling frame of 8,206 parents or guardians of youth was calculated to collect information on 2% of the target population (N = 63,209) if the survey had a 19% return rate.

Surveys were mailed to consumers on January 14, 2011. At four weeks post mailing, the overall adjusted return rate was 11% (1,638 completed surveys). Adult consumer surveys were completed at a 13% rate, while parent surveys were returned at an 8.8% rate. The results from the first mailing were about half the anticipated return rate. A second mailing on the sampling frame took place on February 18. To increase the response rate on the second mailing, sampled participants were offered the option of completing the survey through a toll-free phone line. Sampling is scheduled to end on April 1, with analysis and public reporting of results completed in July 2011. Each of the final sample sizes are expected to be 1% of the target populations' universe.

Submission of survey results

DIG project staff plan to report the NOMs for perception of care, functioning, and social connectedness based on survey data in the SFY 2011 URS Tables. Survey data may be used to report on school attendance and criminal justice involvement, depending on the quality of similar data collected through the OH-BH pilot.

Data Integration

Development of a data warehouse to support Block Grant reporting has proceeded slowly. DIG project staff currently access about 60% of outpatient claims data in the data warehouse. At the present time, only 10% of public hospital data populates the data warehouse. DIG project staff expects to have access to 100% of client-level outpatient data by September 2011. If DIG project staff cannot use the data warehouse to extract the client-level data needed to report the public hospital and outpatient access NOMs, ODMH IT staff will provide these data for the client-level data set.

Barriers to accomplishment and actions to overcome difficulties:

Budget cuts stemming from an \$8 billion revenue shortfall in Ohio have restricted the hiring of new staff and a more timely development of a data warehouse. As noted earlier in this proposal, staffing constraints have been managed through the repurposing of management staff and the use of a part-time FTE. Although budget priorities have limited the number of staff assigned to work on development of the data warehouse, existing staff have been assigned to continue pushing the project forward, albeit at a slower pace.

Administrative burden on providers was an expected barrier to participation in the Department's pilot to collect client-level outcomes. However, the overlapping oversight and evaluation roles of the Department and local mental health authorities (Boards) pose a unique challenge with regard to the issue of administrative burden. Under Ohio Revised Code, Boards are responsible to evaluate service delivery for quality, effectiveness, and efficiency. Although the Department's collection of client-level National Outcome Measures (NOMs) may support the Boards' statutory obligation to evaluate services, Boards can and do impose additional information and outcome measurement requirements in their service delivery contracts with providers.

This issue became increasingly apparent during the process of recruiting providers into the pilot of the mental health OH-BH, the information system through which the Department plans to collect the client-level NOMs' data. As an incentive to pilot participation, DIG project staff has reduced the burden of multiple reporting requirements by designing the pilot to collect a purposive sample rather than a census of the target population. In written and verbal communication with board and provider constituents, DIG project staff has acknowledged the burden of competing reporting requirements from state and local mental health authorities. However, DIG project staff cannot address the structural problem of the Department and Boards' competing oversight and evaluation roles. Because the issue poses a potential barrier to state-wide dissemination of the client-level data collection system during the second year of the project, the matter will be addressed by Department leadership in coming months.

Milestones anticipated with the new funding request

During the 2012 budget period, DIG project staff will review lessons learned from client-level pilot of the OH-BH and develop a plan for state-wide expansion. Dissemination of the client-level data collection with the OH-BH across the state will include development and passage of an administrative rule to govern client-level data collection. At the same time providers across the state are coming online with client-level data submission, DIG project staff will implement a data quality improvement strategy. The development and implementation of web-based reports from data collected through OH-BH will constitute a major feature of the strategy to improve data quality. Development of web-based reports of OH-BH data is scheduled for the spring and summer of 2012. Full implementation of a web-based reporting facility or OH-BH data mart will take place in the third year of the project.

DIG project staff will review lessons learned from survey sampling of MHSIP and YSS-F and implement strategies to improve return rates and sample representation in the SFY 2012 mail survey. Staff will disseminate results as state-level norms in SFY 2011-2013 and encourage providers to adopt the MHSIP and YSS-F.

Key staff

The Research and Evaluation Office Chief, Kraig Knudsen will provide additional management support with a 20% FTE match. Expansion of an existing part-time staff's contract hours provides additional 50% FTE operational support.