

## Ohio DIG Project Narrative SFY 2012

### 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;

In the second year of the grant, a first-year objective to develop a data warehouse to coordinate information from multiple sources for Block Grant reporting was dropped due to barriers in financing and administrative changes in state governance in January 2011. In place of data warehouse development, a third objective specific to the DIG project is to:

- c. Improve information use by incorporating data from the client-level reporting system and randomized mail survey into the SMHA's performance indicator dashboard and community services quality improvement strategy.

### *Project Plan & Time Line: Year Two*

Goal or Objective	Time Line
Client-level data (CLD) reporting system	
• Test pilot CLD elements on new template via web-based reporting facility	11/1/11 – 3/31/12
• Test pilot final CLD template through batch upload facility	4/1/12 – 6/30/12
• Implement CLD reporting requirements statewide	7/1/12 – 6/30/13
• Develop board and agency CLD reports	3/1/12 – 9/30/13
• Complete approved CLD crosswalk	11/1/11 – 4/30/12
• Submit CLD test file to SAMHSA	10/1/11 – 11/30/12
Randomized mail survey	
• Improve generalizability through stratification by race/ethnicity	2/4/12 – 3/30/12
• Examine relationship between cultural competence, outcomes & utilization	2/4/12 – 9/30/12
• Published results of survey	6/30/12
Improve information use	
• Develop Block Grant dashboard	1/27/12 – 9/30/12
• Develop Community Services Quality Improvement Strategy	2/8/12 – 9/30/12
• Develop inter-agency (ODMH/ODADAS) collaboration on system performance measurement	5/1/12 – ongoing

## **Client-level Data (CLD) Reporting: progress and lessons learned (evaluation)**

In October 2010, a cross-divisional Steering Committee was convened to oversee development of a client-level information system to collect NOMs as well as state-level status and outcome measures. The Steering Committee supported collaboration with the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) to expand inclusion of mental health NOMs and other measures within an existing consumer information system (the Ohio Behavioral Health or OH BH system) administered by that agency. In addition to the client-level NOMs required by DIG, the Committee recommended inclusion of the GAF, height/weight measures for calculating BMI, and measurement of key physical health conditions that occur with high frequency among consumers with serious and persistent mental illnesses. Furthermore, the requirement of a yearly update record for open cases was included in the specifications for the new mental health record in the OH BH system. Previously, the system supported only admission and discharge records.

In November 2010, members of the DIG project team met with ODADAS staff to begin planning development of the new mental health record for client-level data (CLD) in the existing information system known as the OH BH. Due to competing priorities at ODADAS for IT project staffing, a technical workgroup did not begin working on the mental health OH BH template until March 2011. In July 2011, representatives from behavioral health agencies provided an external review of the web-based template, resulting in a fairly extensive set of revisions that delayed completion and piloting of the mental health OH BH template. Project management originally scheduled completion of recommended changes in the mental health template for early September 2011, but competing priorities for IT staff at ODADAS contributed to an additional two month delay. During that time, a user manual, field definitions guide, and data entry forms were developed. Providers began entering production data the web-based template in December 2011. Testing features of the new update record will take place in March 2012. In April 2012, the DIG project team and Steering Committee will reconvene to assess provider feedback from the pilot to determine the final data elements in the new mental health record and the frequency of update reporting requirements. In May and June 2012, the technical workgroup will develop and test batch upload capacity. ODMH has set a goal of requiring all SMHA-certified providers to begin submitting the new mental health client-level record beginning July 1, 2012.

Lessons learned from development of the web-based mental health template point to the need for IT staffing support on the OH BH collection system, particularly as we move into developing batch upload capacity. Delays in July and August 2011 were due in some measure to ODADAS' prioritization of staffing for revision and improvement of the batch upload facility for OH BH records. While remaining free-standing state agencies, ODMH and ODADAS are in the preliminary phase of a integration plan which initially involves consolidation of administrative service functions such as fiscal, information technology, legislation, and communications. In October 2011, the departments began integrating staff in their IT offices in an effort to better leverage collective resources and extend collective capacity. The departments are closely collaborating on the CLD reporting project, as evidenced by the assignment of additional staff from both ODMH and ODADAS to the IT team in FFY 2012.

To improve coordination on the CLD reporting project, in late February 2012 the DIG PI began attending bi-weekly meetings with the interdepartmental IT team for the project. These meetings are aimed at

facilitating timely achievement of such milestones as batch upload capacity by June 2012 and the kick-off of statewide reporting in July 2012. In addition, the interdepartmental IT team meetings will address the development of reports for the shared customer base of providers and county-based administrative boards and ongoing operational issues involving the evolving architecture of the state's IT systems.

#### *Submission of client-level data set in FFY 2012-13*

The existing mental health record in the inter-departmental CLD system (OH BH) supports a partial reporting of client level data in 2011. Because of this, Ohio originally indicated the SMHA would submit a client level data set in December 2011. After submitting the crosswalk to NRI's technical assistance team and discussing the limitations of our current data set—i.e. there are no updates on open cases and only 30% of providers in Ohio currently are submitting client level data—the DIG technical workgroup decided to delay submission of a client level data set until December 2012 of SFY 2013. By the end of April 2012, Ohio will submit a crosswalk that satisfactorily documents the complexities and limitations of our current client level data set.

#### **Randomized Mail Survey: progress and lessons learned**

Staff administered a stratified, randomized mail sample of the MHSIP and YSS-F to approximately 16,000 adult consumers and parents/guardians of child and adolescent consumers in SFY 2011. Participation rate for the MHSIP was 26% and for the YSS-F, 17.5%. The first round of surveys was mailed out in mid-January 2011 and collection was completed at the end of April. Analyses took place in May and June, and survey results were presented to internal (departmental) stakeholders via Powerpoint in July 2011. Results were provided to external stakeholders via the department's website and to Planning Council members via Powerpoint in August 2011. The MHSIP/YSS-F Report can be downloaded at <http://mentalhealth.ohio.gov/assets/treatment-episode-outcomes/survey-report-MHSIP-YSSF%20.pdf>. In addition to response analysis for URS Table reporting, cultural competence measures in the MHSIP and YSS-F were analyzed and presented at the 2011 DIG/Block Grant Conference through poster sessions. A technical report on the 2011 surveys' cultural competence and outcomes analyses will be published online in the SMHA's new research e-journal in May 2012.

Lessons learned from administration of the 2011 survey include the need to revise the stratification strategy from one based on geographic classification of counties to an approach that will improve representation by racial and ethnic minorities. African Americans, the state's largest minority group, were under-represented in response rates for both the MHSIP and YSS-F. In addition, the lower response rate of the family survey (YSS-F) may also have been affected by the time period (July 2009 through June 2010) from which the sampling frame of potential participants were drawn. A number of family members noted that they could not remember service receipt that may have occurred up to 18 months earlier. Administration of the surveys in 2012 drew adult and child/adolescent sampling frames from the universe of individuals who received services during the last two quarters of SFY 2011 (January through June 2011). Based on this shorter, more recent time period, the power analyses for sample size indicated a smaller sampling frame for the MHSIP and YSS-F. The smaller sampling frame in 2012 will allow survey administrators to concentrate on increasing the response rates, particularly from under-represented demographic groups. To facilitate an increased response rate in the 2012 surveys, the SMHA is offering

participants the option of responding by mail with a prepaid business envelope, by phone over a toll-free line, or on the internet through a web-based survey facility.

While the DIG project team has volunteered to work with NRI consultant Ted Lutterman and other states to develop a more standardized national approach to survey administration, ODMH also has made a commitment to use the 2012 adult consumer survey for further research on the relationships between consumers' perceptions of culturally competent service delivery, outcomes, and service utilization. To this end, the DIG PI developed and piloted a set of survey items additional to the 36-item MHSIP that ask about the consumers' experience of culturally competent services. The MHSIP survey addendum is a 20-item instrument based on Cornelius et al's (2004) Consumer-based Cultural Competency Inventory.

### **Data Use and Information Systems Management: progress and lessons learned**

#### *Data Use in System Performance Measurement*

Prior to Ohio's current administration, local behavioral health authorities (Boards) submitted a combined community plan to ODMH and ODADAS that addressed legislative requirements of both departments. Community Plan legislation also contains an evaluation requirement, but criteria for meeting the evaluation requirement were rescinded when ODMH suspended its previous outcomes system in SFY 2010. The ODMH and ODADAS administrations that took office in January 2011 worked with the Boards to revise the community plan expectations and an inter-agency team of staff and Board representatives was formed to develop changes to the document that address the changing local and state needs. Incorporation of the NOMs into the community plan process is not supported by the current administration. Instead, ODMH will develop and implement grant agreements and assurances as part of a revised funding process between the state and Boards. DIG project staff has regularly informed Boards that client-level outcomes reporting will be required of certified providers beginning in July 2012 and that the yearly randomized administration of the MHSIP and YSS-F in statewide mail surveys are taking place.

The community system restructuring currently taking place in Ohio has made it difficult for ODMH to establish evaluation standards for local behavioral health systems. Administrative restructuring is being driven by such changes as the elevation of Medicaid match responsibility from the Boards to the state's Office of Medicaid and by the alignment and integration of ODMH and ODADAS. The DIG project team maintained a focus on the larger, overarching goal of imbedding the NOMs into the evaluation of specific programs. The DIG PI participated in the evaluation planning for Ohio's State Plan Amendment (SPA) to CMS to develop health homes at behavioral health centers providing care to individuals with serious, persistent mental illness (SPMI). Inclusion of DIG staff in the health home evaluation planning activity provided ODMH with an opportunity to educate state Medicaid officials about Block Grant reporting requirements, the URS Tables, and the role of the NOMs in tracking desired social outcomes associated with behavioral health services. Through this process, the state's Medicaid authority agreed to adopt the MHSIP client perception of care survey will be included in Ohio's SPA for health home evaluation.

In January 2012, ODMH's DIG PI and ODADAS' Chief of Evaluation met with the leadership team of the two departments to present information on the new mental health template in the interdepartmental

CLD system and the use of client-level data in system performance measures pertinent to drug and alcohol services. At that meeting, the administration of both departments asked evaluation and program development staff from the two departments to formally collaborate on their approach to system performance and quality indicator measurement. The DIG project staff recognized that before interdepartmental collaboration can proceed, OMDH must identify and adopt performance measures relevant to mental health services and the state's Block Grant dash board. To that end, the DIG project team met in late January to establish criteria for selection of statewide performance measures. Next steps involve prioritization of proposed measures and adoption of a core set of indicators

As part of the DIG team's commitment to improving the quality of the client level data captured in the new OH BH mental health template, efforts were made in CY 2011 to adapt the algorithm in a GAF report generator created by MHS, Inc., to a web-based environment. The GAF report generator is designed to take clinicians through a series of decision points that result in a final score. DIG funds were allocated for to purchase rights to the algorithm, and departmental IT staff created html code to operationalize a GAF report generator on the web. To better standardize GAF score, the web-based GAF report generator will be accessible to clinicians in Ohio. The purchase contract has not yet been finalized, but the DIG team expects to roll out the web-based GAF report generator in the spring of 2012.

#### *Information Systems Management*

Ohio's new administration has focused the lion's share of state and departmental IT resources on development of MITS, a major upgrade of the state's current Medicaid information system. IT restructuring plans for the state include elevation of the current behavioral health carve-out, which is administered by ODMH and ODADAS through the Multi-Agency County Services Information System (MACSIS), to the state's office of Medicaid in the Department of Job and Family Services in SFY 2012. Because MACSIS currently operates as a carve-out of the state's larger Medicaid system, IT staffing priorities at ODMH in CY 2011 shifted to supporting MITS' development and operations. In the midst of this state-level administrative and operational restructuring, IT staffs at ODMH continued to support DIG efforts to develop and report a client-level data set of mental health outcomes in the OH BH, which is linked operationally to MACSIS. That support is most evident in the formation of an inter-departmental technical workgroup to facilitate inclusion of OH BH operational requirements in state planning for the MITS conversion. The DIG PI is an integral part of that interdepartmental OH BH workgroup. In addition, in October 2011 ODMH IT staff was assigned to support OH BH operations, when previously all OH BH operations were handled by ODADAS IT staff. In February 2012, the DIG PI also attending weekly MACSIS Operational Management meetings so that information about OH BH mental health records submission can be disseminated to Boards and providers. DIG staff participation on the MACSIS Operational Management meetings will be crucial for testing batch upload capacity in the spring of 2012 and implementation of statewide records submission beginning in July 2012.