



Department of Alcohol &  
Drug Addiction Services



Department of  
Mental Health

Orman Hall, ODADAS Director • John R. Kasich, Governor • Tracy J. Plouck, ODMH Director

## MEMORANDUM

Date: April 5, 2012

From: Tracy Plouck, ODMH Director  
Orman Hall, ODADAS Director

To: Stakeholders, Ohio Community Mental Health System

Subj: Update on Development of a More Efficient Outcomes Measurement System

This memorandum serves as an update on the Department's effort to develop a more efficient outcomes measurement system. The Department plans to begin a gradual implementation process for the new system. Beginning in May, 2012, and ending May, 2013, providers will have the opportunity to voluntarily submit National Outcome Measures (NOMS) data to ODMH. The Department plans to ask all Ohio behavioral health providers to submit federally required NOMS data starting in July of 2013. In the interim, there will be piloting of the data collection through a batch upload facility. To encourage participation in the pilot, ODMH may be offering mini-grants to providers to study the cost, barriers and facilitators, and uses of the data. This will give provider organizations one year to work alongside ODMH to implement and submit federally required NOMS data. Importantly, the Departments (both ODMH and ODADAS) plan to provide extensive technical assistance during the entire roll out period. Beginning with this memorandum, the Departments will provide the community with updates every two weeks. It will be helpful to stay abreast of the developments/lessons learned as we proceed with the implementation pilots. These memorandums will provide information about recent developments and be the vehicle through which the Department will ask for further community feedback.

Over the past year and half the Department of Mental Health has been developing a Treatment Episode Outcomes (TEO) system to collect five client-level National Outcome Measures (NOMs) on consumers with serious mental illnesses (SMI) and serious emotional disturbances (SED). This client-level information is being gathered to meet reporting requirements of the Federal Community Mental Health Block Grant administered by the Substance Abuse and Mental Health Services Administration (SAMHSA). The Department's collection of client-level NOMs for employment status, school enrollment and advancement, living situation, criminal justice involvement, and functioning is taking place in collaboration with the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) through creation of a new mental health record in the existing Ohio Behavioral Health System (OH-BH). At

present we are able to capture roughly 30% of the total mental health consumers in the state of Ohio through this system. It is our hope that providers will cooperate in providing this information to the Department in the future without the need for changes to the Department's administrative rules. At present there is no requirement by ODMH for providers to collect the SAMHSA-required data elements. The Department is currently working with stakeholders around the state to determine how to increase provider response rates without the need for state-level regulatory change. The collection of this information is important for a number of reasons. First, collecting these data will enable the state to continue to take advantage of close to 15 million dollars in federal block grant funds used for community mental health services; second, the data will be provided back to providers and boards for quality improvement purposes, giving organizations a way to gauge their performance at the state and national levels; third, it will provide consistency in Outcomes data collection and reporting across the entire state of Ohio; and finally, it provides the Department, boards, and providers a better understanding of clinical characteristics of Ohio's behavioral health population. This information can be used in planning and advocacy.

In anticipation of changes in Ohio's current healthcare environment toward a more integrated model of care, the Department is testing the feasibility of collecting additional physical health data. At present, there are currently no plans to require the collection of these data. Any additional data collected through the OH-BH/TEO system that is not a requirement of the Federal Block Grant will be carefully vetted through the Boards and Provider community in the coming weeks.

Importantly, this new system is designed to collect outcomes solely on the priority population of consumers with SMI and SED and not on every consumer of a provider agency. Data will be entered into admission and annual update records and will allow providers to document a client's SMI or SED status and to report basic socio-medical information about the priority population receiving publically-funded services. To reduce data entry burden on providers, the OH-BH/TEO system will have two options to collect required NOMs: a web-based data entry portal and a batch upload feature.

In late November 2011, the Department requested participation from providers in a pilot of the new system. Many of the provider organizations that volunteered to be a part of the pilot already use the existing ODADAS OH-BH web-based system. We are currently piloting the web-based data entry component of the new mental health record to determine needed changes based on mental health provider feedback. It is expected that providers with a smaller number of consumers will opt to use the web-based facility for capturing and sending data. The next step in the pilot is to test the capacity of the OH BH to batch upload large quantities of data from provider organizations with large numbers of consumers. This is particularly important as provider organizations move toward electronic health records as a means to collect their consumers' socio-medical information.

During the pilot the participating boards and provider organizations have asked a number of important questions. The answers to these questions follow.

- 1. Can the boards require reporting of additional information (other than the NOMs)?**  
Yes, if there is a contract with the provider; No, if the field doesn't already exist on the admission template of the new mental health record.
- 2. Can the boards require more frequent reporting (e.g., quarterly updates/discharges)?**  
Yes, if there is a contract with the provider; the Department only requires a yearly update or discharge record.
- 3. What is the relationship of the OH BH/TEO outcomes requirement to ORC 340.03(A.2.4)?** ORC 340.03 requires providers to collect Outcomes information that is appropriate to the individual consumer. There is no link between ORC 340.03 and the OH-BH/TEO system.
- 4. Will providers get extracts of OH BH/TEO data?** Yes
- 5. Will providers get reports of OH BH/TEO data?** Yes, once we have started to build the database, we will work with providers to determine what kinds of reports would be most useful.
- 6. What is the start date for OH BH/TEO records submission?** July 1, 2012 is when both the batch upload and web-based facility will be available. However, ODMH does not expect to see full reporting from all providers on July 1, but intends to work with providers over SFY 2013 to help them come online with reporting.
- 7. How will the OH BH/TEO system relate to what gets reported in MITS?** ODMH and ODADAS have requested extracts of Medicaid claims. This will help us determine how many admission records we should be getting. What has not been determined is how these two efforts will be linked.
- 8. Will OH BH/TEO data reporting be included in the Agreements and Assurances between ODMH and the Boards?** The Agreements and Assurances between ODMH and the Boards may be modified to include reporting required NOMs. This decision has yet to be made.
- 9. Will software vendors be aware of the needed changes to current electronic health records systems?** Software vendors doing business with Ohio Community Mental Health providers will be included in the communication about the implementation of the new information system. We will work with these vendors to negotiate a reduced cost associated with changes to existing systems.