

## WSDSG Meeting in Denver 6/2-6/4

6/2/11

States Reps Updates

Sharon- New Mexico:

Waiting on data from DIG and MIT vendors

Collecting data- State MT's collect

Obstacles with Adult criminal justice

Discrepancies in data collection, which they are working on

Greg- Nevada

Does client reporting in PILOT program

Current projects are looking closely at school attendance and criminal justice

Corey- CA- data management co-PI for DIG

There's realignment in the budget proposal- shifting state hospital department and unknown department

Severe cut of staff in Data Management

Client services info system- getting counties/demographic data- putting together strategy task force to try and get data from respondents, which has been difficult.

There's a large concern that they won't be able to continue data collection

No idea of how future looks

Kathy- OR (research analyst for mh)

Budget- large reductions 4-5M, 885M total funds

10% cut in human services- will affect providers the most

Transitioning to a Global budget- Detailed reports on services and outcomes must be provided to get paid

WITS program- will begin 7/2012 phase I (40 providers)

Starting OWITS +

Angela Aguayo- AZ (works on data for DIG, various projects for the state)

Experiencing vacancy- doesn't really affect data collection, but pulling reports is a problem

Merged data collection with Medicaid agency- enrollment process has changed (People enrolled with Medicaid are automatically a part of the data). This has caused lots of data programming- waiting for transition to settle, so they don't know how it will affect the outcome yet.

The online dashboard has started-organized by regions.

Casey Moyer- Idaho (Lead DIG coordinator, behavioral health)

Work group put together, which is made up of the community stakeholders and providers. This will be a major help for next couple of years.

Shift in use of money for substance abuse treatment (new legislator)

ATR in process of being built- using same info system

Idaho Medicaid- problem with getting providers paid

Impacted a little with budget cuts- less operating \$- less into IT project and data collection, more into Children's MH program, which is going live now.  
Increase access to survey by putting it online.  
Against healthcare reform!

Mariah Storey-WY (research analyst)

New governor has caused big shift in philosophy

Merged disabilities, mental health, and substance abuse- don't know the affects yet- up in the air

Embracing providers

Proposed utilization management & performance measures—new administrators weren't happy- will see what happens with it in a couple of months

Faith Lai-Washington (DIG) & Kevin Campbell (substance abuse & MH)

Data determines modalities/ performance based contract

Substance abuse merged with Mh but still independently run- implement both in data

Collecting data from all sources- hospitals, prisons, etc- will be doing analysis

Process of integrating substance abuse/mh into one portal, which is going through testing

No severe affects from budget cuts- more work, less staff- mostly affects state level

Maria Gokim- ND (DIG research analyst)

Integrated data system- state owned and ran

Client level reporting- might need to go back and modify last 5-6 yrs

Don't really have budget concerns

Moved to Info tech services—not sure what affects it will have, just moving forward

Working on 3 yrs of data from survey

Marci Eads- CO (DIG OPI for data) & Bruck (DIG data analyst)

In same boat as Utah budget cut wise

Not too many problems with collecting data

More budget affects with IT systems- can't hire right now

Web-based state portal-used to improve data quality, useful to consumers, and physicians; also have a referral system

Dashboard Indicators: gains in employment, lowering severity symptoms, school, criminal justice- reporting state wide for now, then will open up in 6months<

Bobby Renner- Montana (works on quality assurance for MH care data)

Cuts to MH services- reduction in case mgmt

Changed to contract for state plan to continue data collection

Bureau chief- What's working and what isn't? Is there a service and works better than others? Do some exploratory analysis and see what they find- but they haven't had time to start looking at these things.

Providers are losing staff

Trying to do more data reports (urban vs rural, demographic)

Dori- Utah (tech and research in substance abuse mh)

Budget cuts but not severely affected

Things are up in the air- don't know what's going to happen with healthcare reform

Drake (Pharmacy & federal report)  
Handout- Defining questions and areas for DSG

Discussion:

Chuck- defensible estimate based on epidemiological surveys  
WITS- MH and substance abuse; screening instrument; quality of life instrument for admission  
What would they support and like to be a part of? Are areas getting the help they need?  
What decisions have been made after reports? Are the providers being used if the consumer was unhappy? Substance abuse does better because data is more obvious- not same with MH  
Use data as performance indicators—doesn't always give answers

Sharon- Friction between state/providers/consumers- data is slow/ communication problems

Utah- have extensive measures- providers know what to expect (annual monitoring report)- no conflict; score cards help; don't use consumer surveys on a client level- want to remain completely anonymous- providers distribute to people coming in December and May- complete at agency (Bias?) and providers mail to data collection- agencies need to make a certain percentage of clients complete surveys or they get a red card. People like to fix things that are red =)

Co-PI and planning councils have huge gap in communication in some states- Councils don't know what to do or ask- states will provide data to planning councils, but do not summarize and explain it to them so planner will understand. Planning councils' decisions and authority differ from state to state. Include them on conference calls?

Presentations:

AZ- System transformation focus group process

\*\*\*\* Sabrina- send map of returning vets/resources to list of emails (excel from Chuck)  
Work on a survey? State profiles, pull reports/data from WICHE's files & post on webpage- organize by regions/states/counties- also list of similar states according to data and results. How healthcare reform/budget cuts are affecting each state.

Instruments- discussion

### **6/3/11**

Olinda- intro- going to be changes to manual—will do another presentation (of changes) in a month or so.

NRI moving June 6<sup>th</sup>—new address

Review of Timeline and requirements:

July/august 2011 face to face training of state staff

August/September- submission/review of state data crosswalk then submission of test files

December- submission of BCI data file by states ready to report client level data; submission of URS tables by all DIG state grantees

2012- March 1<sup>st</sup> or 30 days after 180 day observation period (for state hospital readmission) following the end of state reporting period- submission of the SHR data file by states ready to report

New manual hopefully done by the end of June

PowerPoint presentation

Questions-

Issues with pools in data collection:

Administrative discharge? Looking into states discharge policies and clinical significance (e.g. Medication assessment every 6 months in Utah and Florida; different in every state)

Assessment only (no change) vs maintenance (change)—what matters is outcome of employment, which is change. Suggestion: flag assessment only patients?

We don't know how to deal with these issues- we should be supporting inquiry from the start of data collection- will affect how it looks and will be used down the line. Performance based funding (AK).

SMI/SED status—Feds working on states' definitions of racial populations

Competitive employment- NILF= Not in labor force; Employed (16yrs or older); if student and working then employed.

Mental Health Diagnoses 1-3:

Issues with reporting 3 most recent diagnoses—lose data from Axis II; how to separate axis I and II in data but be able to report all—suggestion: 3 Axes with 3-4 diagnoses within each. Don't want to get rid of Axis II/III in data, but will it affect the capacity of the file? Need to get accurate info of person at end of reporting period.

Maybe create WITS page discussion on WICHE website?

State client level data reporting capacity for 1<sup>st</sup> yr: When and what can you report? Reporting issues? What kind of TA do you need? How are you building state reporting capacity for compliance?

-OR working on getting WITS going, so they don't have much info.

-NM not sure yet if they will be able to report—collecting data except for school attendance and juvenile justice (sent definition to Ted because they have some questions). They know they can get admin data. Issues with demographics & Medicaid because they weren't filling out the registration forms. Might not be able to this yr.

- Nevada -shouldn't have any problems with data

CA- planning on reporting this yr.

-issues: realignment—what kind of department they will be

-don't have state hospital data yet

-Other data isn't being reported by counties—slow

-Duplication of clients in records (two ID's, different names, but same person)- almost completely fixed

-do not have discharge info on clients

Utah -planning on reporting this yr

Wyoming-Planning on reporting

-Issue: don't enforce updates, so they will have low numbers

Washington -reporting this yr

-need discussion on health providers—need more info on admission

-Clients going to different counties, different id's, names—created an application designed specifically for eliminating these problems \* website: the-link-king.com

North Dakota-issues with names, birthdates, info

Idaho -Planning on reporting this yr

-Program is transferring into WITS program, but there shouldn't be a problem

-Issues: Diagnosis algorithm, administrative discharge criteria, Juvenile justice pieces

AZ-planning to report this yr, including optional ones

-Medicaid changes enrollment—episode care

Montana

-Goal is to work on test file- state hospital data system is separate and she isn't involved.

-trying to find school attendance, but has been told it doesn't exist

-working on mess up survey

-Adult arrest- agreement with dep't of justice has fallen through

TA- programming will come along, IT manager working on crosswalk but just got template from feds

Reporting URS table

CO-reporting

-Medicaid clients served from different providers from non-Medicaid- working on getting both

Input on existing issues?

1st admission= 1<sup>st</sup> admission in state (1<sup>st</sup> provider, if many)

Last discharge= last discharge from last provider

Hard to track using claims' data:

Outcome based on Discharge- 30 days vs 7 months vs last date of service

Treatment plans? Must be seen quarterly? Medication management or something else?

Utah- takes first day and last day of service (every 90 days)

Idaho- prescribers are comfortable following up 6months-yr (every 120 days- discharge?)

Can't tell which clients will be continuing after they've been discharged for a while... data disconnection

Lots of clients being prescribed meds aren't being seen by a therapist every so often

Clinicians- Progress notes (necessary) vs maintenance notes

Recovery support vs intensive treatment episode- not calculating outcome of recovery over and over again. Once they're in recover, they go through maintenance management- TEDS

Calculated while claims are active and see when the service changes

TYPE of SERVICE – use intensity as indicator?

Planning councils- what should be said?

**6/4/11**

#### Steering Committee Report

- Next meeting sponsored by WICHE, but they have meeting with southern regional conference for MH statistics (New Orleans)- explain dues to DSG/ staff support; going to check budget for New Orleans travel
- CMHS sponsoring meeting in January/February? in OR- new state hospital in Salem

#### Consumer Rep Update

- Long term drug induced chronicity and dopamine intake causes sensitivity= more relapse
- 54% of 35M budget is for drugs
- More drugs and different set of problems
- Current Medicaid funding system, more than 99% for expensive, unsustainable, less integrated services (hospitalization, psychiatry, and drugs). Choice Based activities & peers have least
- A lot of peers come out of criminal justice system—however, with background checks many are unable to become peers
- Whitaker→ looking at effectiveness of pharmaceuticals and client data

#### DIG grant piece

- client reports on TRACK (SAHMSA) due at the end of the yr
- Looking at integration of programs and data systems.
- DIG annual meeting (agenda) before block grant conference

The Link King—walk through of website. Sabrina, have Deborah add links to WICHE website (the-link-king.com, mhd-Pi.com (performance indicator), dasa-ta.com (substance abuse analysis), Charles.holzer.com, dsamh.utah.gov

#### WICHE update

State comparison in URS data? Penetration rates affected by set-up of system? How do you translate data for planning council? Financial sustainability?