

# An OMHSAS Data Strategy for Fiscal Years 2009-2011

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### FOREWORD

Increasingly, state mental health authorities are being challenged to adequately measure the effectiveness of mental health service provision. We are no longer satisfied with simply tracking service utilization and monitoring expenditures. Consumers and families want to know if the services being delivered are the most appropriate and effective for the diverse populations receiving services.

*An OMHSAS Data Strategy for Fiscal Years 2009 – 2011* is a framework to capitalize on the many data-oriented strengths we currently possess, while implementing a multi-faceted approach to overcome our data-related shortcomings. By establishing a vision, defining our mission and establishing guiding principles, we have been directed toward quantifying our data stratagem using five SMART goals. Although these five SMART (Strategic, Measurable, Actionable, Realistic, Timely) data goals are outlined within the document at a high level only, each of the five goals is supported by detailed plans of action. We welcome your participatory role in ensuring that this data strategy makes a significant contribution toward helping us achieve our statewide mission.

### INTRODUCTION

*An OMHSAS Data Strategy for Fiscal Years 2009 – 2011* offers a description of the two-year course that the Pennsylvania Office of Mental Health and Substance Abuse Services (OMHSAS) has charted to make maximum use of data in support of its organizational mission. The data strategy provides a vision, mission and overarching principles that will guide OMHSAS on this journey. The data strategy was developed through the active involvement of a multitude of stakeholders – both internal and external to OMHSAS. We asked the following questions:

1. Do our performance indicators tell the OMHSAS story?
2. What performance indicators are missing?
3. Which performance indicators need more substance?
4. Do our outcomes accurately reflect program purpose, direction and success?

In a planning retreat, participant discussion centered on how, within the context of the National Outcome Measure domains, we could better measure domains such as access/capacity, criminal justice, consumer/family-focused decision making, employment/education, perception of care, social connectedness, wellness and recovery, and many others. Subsequent to the OMHSAS Data Retreat, the findings were compiled into a document which detailed the perceived priority (high, medium, low) and the estimated timeline based on complexity (short, medium or long term)

Several overarching themes emerged. Participants wanted to:

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- △ better understand the various data being used in the reporting.
- △ know which indicators are state and/or federally-required, and must be reported in the existing format.
- △ have a say in which performance indicators should be added to current OMHSAS reporting.
- △ ensure use of behavioral health and other data from non-OMHSAS sources.
- △ see more substance added to some of the existing performance indicators.
- △ examine outcomes over time, as opposed to a point-in-time look.
- △ have information (not just the raw data) more accessible.

## NEED FOR THE DATA STRATEGY

The need for a multi-year, OMHSAS data strategy can be summed up in five words: Accountability, Transparency, Outcomes, Excellence, and Evidence.

**Accountability** - Strategies and performance measures that track state and national trends, and establish cost-effective measurement and reporting systems.

**Transparency** - Strategies and processes that promote the sharing of data in a manner that opens the publicly-funded behavioral health system for clear, constructive public review.

**Outcomes** - Strategies and outcome indicators that quantitatively measure success at both the consumer and system levels, including areas such as housing, employment, functioning and other factors at the heart of consumer recovery.

**Excellence** - Strategies and performance measures that support the increased use of Best Practices and Evidence-Based Practices (EBPs), and improve upon internal management practices.

**Evidence** - Strategies and performance measures that actively engage all stakeholders in developing a shared knowledge of effective practices.

## DATA STRATEGY GUIDING PRINCIPLES

The OMHSAS FY 2009-2011 Data Strategy is guided by the following principles:

- Users of the data are valued partners in data collection and reporting.
- Confidentiality, privacy and other consumer rights will be respected.
- Data will be used to continuously assess and improve programs and services.
- Accuracy and consistency are expected standards.
- Data being collected will be timely and relevant.
- Data collection and reporting efforts will minimize redundancy.
- Data is most valuable when translated into information easily understood by users.
- Peer review processes and publication protocols must be consistently applied.
- Internal and external users of data-driven information expect clarity and accuracy.

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- Data must promote and evaluate Evidence-Based Practices and Best Practices/Promising Practices.

## GOAL 1: Realign Resources to Build Infrastructure

Realign essential resources in order to build needed data infrastructure.

- Maximize employee skills, interests, experience and cross-Division collaboration in order to foster the relationship between data priorities and work results.
- Create learning opportunities for employees that strengthen data collection, analysis and reporting capacities.
- Establish results-oriented contracts with consultants to address areas of quality improvement and evaluation that support OMHSAS data goals.
- Leverage federal Community Mental Health Services Block Grant (CMHSBG) and Data Infrastructure Grant (DIG) funding to expand capacity for OMHSAS data analysis and reporting.

## GOAL 2: Enhance Data Consolidation

Enhance the consolidation of data collection and storage processes in order to eliminate redundancies and maximize efficiencies.

- Assimilate OMHSAS data into the Department of Public Welfare (DPW) Enterprise Data Warehouse (EDW).
- Increase access to and utilization of data sets external to OMHSAS.
- Incorporate Consolidated Community Reporting (CCR) of base-funded services into existing DPW architecture.
- Integrate the Mental Health Statistics Improvement Program (MHSIP), Recovery Oriented Systems Indicators (ROSI) and other consumer and family satisfaction methodologies.

## GOAL 3 Improve Data Integrity

Improve the integrity of behavioral health data to make certain that the data is of an inherent high quality.

- Establish an internal Peer Data Review Committee to govern data integrity and manage accuracy, consistency and timeliness of data reporting.
- Create written standards, definitions and policies/procedures for the reporting of those data used in system evaluation, monitoring and outcome management.
- Expand and enforce a series of business rules, edits and audits that will result in accurate data being available in those information systems upon which OMHSAS relies.

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- Widen the range of data validation routines to foster consistent analysis and application of data.

### GOAL 4: Enrich Information Sharing

Enrich the capacity of and opportunities for information sharing that support the interests and needs of our varied stakeholders.

- Adopt a “social marketing” approach to data sharing that targets audiences based on how the information will most effectively impact them.
- Broaden the scope of information sharing internally by making considered use of: web sites, training, staff meetings and other formats.
- Refocus the production and dissemination of information to target outcomes of care, program monitoring and other strategic purposes.
- Cultivate employee interest and ability to present data findings locally, regionally and nationally at meetings and conferences.

### GOAL 5: Use Data to Further Evidence

Use available data to advance the body of research and knowledge surrounding Promising Practices and Evidence-Based Practices.

- Strengthen the commitment to provide leadership in the reporting of National Outcome Measures (NOMs) and other outcome indicators.
- Use data to facilitate expansion of the application of Assertive Community Treatment, Multi-Systemic Therapy and other SAMHSA-identified Evidence-Based Practices.
- Actively seek participation in: Centers for Medicare and Medicaid, Center for Mental Health Services and other federal/national studies designed to research and apply best practice models of care in Pennsylvania and nationally.
- Inform OMHSAS policy regarding county base funding allocations, Medical Assistance fee For Service rates and HealthChoices Behavioral Health rate-setting using quantitative and qualitative data findings.

## MONITORING AND EVALUATION

Integral to the success of any strategic planning process is the need to employ ongoing monitoring activities. The monitoring of the planned activities within the OMHSAS Data Strategy will include the development of comprehensive peer review procedures as well as the development of an OMHSAS Data Governance Committee to establish direction and oversight priorities.