

The Child and Adult Integrated Reporting System (CAIRS): Development, Implementation, and Utilization of a Statewide Web-based Outcomes Monitoring System

Authors/Presenters:

Chip Felton, CSW
Deputy Commissioner and CIO
Center for Information Technology and
Evaluation Research
New York State Office of Mental Health
44 Holland Avenue, 8th Floor
Albany, New York
Coevsjh@omh.state.ny.us

Steve Huz, Ph.D.
Associate Director
Bureau of Adult Services Evaluation
Research
New York State Office of Mental Health
44 Holland Avenue, 6th Floor
Albany, New York
Coevsjh@omh.state.ny.us

Britt Myrhol, M.A.
Research Scientist
New York State Office of Mental Health
330 Fifth Avenue, 9th Floor
New York, New York
Coevbjm@omh.state.ny.us

Molly Finnerty M.D.
Director
Bureau of Adult Services Evaluation
Research
New York State Office of Mental Health
44 Holland Avenue, 9th Floor
Albany, New York
Comdmtf@omh.state.ny.us

CAIRS is a web-based reporting system developed by the New York State Office of Mental Health in order to 1) promote statewide use of a common set of data elements to track outcomes; 2) streamline data submission and reporting requirements; and 3) provide system flexibility to meet user needs at the provider, county, and state level. Currently, CAIRS is in use by over 1000 programs with approximately 3750 users statewide. We will present on the challenges and lessons learned in developing, implementing and using CAIRS for clinical management and quality improvement.

Challenges and lessons learned in the development phase of CAIRS included those associated with model specification, stakeholder support, and scalability. The CAIRS system is designed to support the unique information needs of users at the provider, county, and state level based on common data elements across all programs. Outreach to all stakeholders took place on an ongoing basis to provide information about the system and obtain feedback from users. We will review the number and types of programs using CAIRS, the types of data collected and the reports available, and the challenges associated with linking to other databases. We will also discuss the challenges posed by balancing program-specific information needs that change over time, against the constraints of an enterprise model. Additional challenges in developing CAIRS-based reports will be discussed, including multiple levels of security clearances, HIPAA compliance (i.e., eliminating cells with fewer than five individuals on public websites), and data quality issues (i.e., masking data from teams with inadequate data entry).

We will review challenges and lessons learned during the implementation phase of CAIRS. Although CAIRS was often rolled out to a particular group of users in coordination with another initiative (i.e., Assertive Community Treatment), it required a separate set of implementation strategies and supports, including its own training, ongoing consultation and supervision, and technical assistance. Challenges associated with program staff turnover include navigating the security clearance process, ongoing training needs, and data management issues.

We will discuss additional implementation strategies, including mandates, "soft" enforcement, and ongoing engagement of stakeholders in report development. In general, it is clear that supporting

the use of CAIRS requires ongoing monitoring, technical assistance, and training support from designated individuals at the state level. Finally, we will discuss utilization of CAIRS at the program level and at the state level. Programs are expected to use CAIRS in two ways: to provide data required by mandatory reporting requirements, and to use CAIRS reports for clinical quality improvement. Both require accurate and complete data entry, and we will discuss the pros and cons of different models developed by programs to meet data entry requirements (e.g. a designated clerk to enter data for all clients, or each team member enters data for own caseload). At the state level, CAIRS data is used to produce program management reports within CAIRS and to populate internal and external websites. We will discuss examples of each, including sample CAIRS reports and CAIRS-based websites such as the Office of Mental Health Balanced Scorecard, the Assisted Outpatient Treatment public webpage, and the Assertive Community Treatment portal. Making CAIRS data more transparent and accessible may additionally serve to promote use by all stakeholders, including consumers, families, clinicians, and program leadership.