

# **Client Level Reporting Project (CLRP) - Idaho**

Data Infrastructure Grant Meeting  
April 16 – 17, 2009

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# Description of SMHA

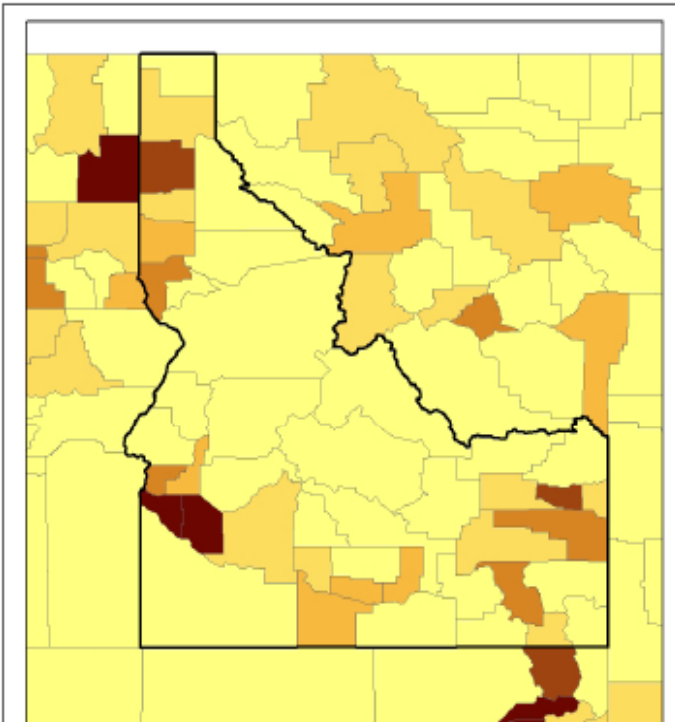
- Department of Health & Welfare, Division of Behavioral Health
- - Adult Mental Health (AMH)
- - Children's Mental Health (CMH)
- - Substance Use Disorders (SUD)
- - BH Data Unit established Jan. 2009

## State operated Community Mental Health Centers through AMH

- Central Office – 3 FTE AMH
- 2 State Hospitals – SHN and SHS
- 7 Regional Programs provide a range of direct services (e.g., PSR, TCM, Crisis, ACT/FACT, PATH, Information/Referral)
- Regions 1, 5 and 6 participated in the CLRP pilot project
- Private providers serving Medicaid clients not included in SMHA data collection

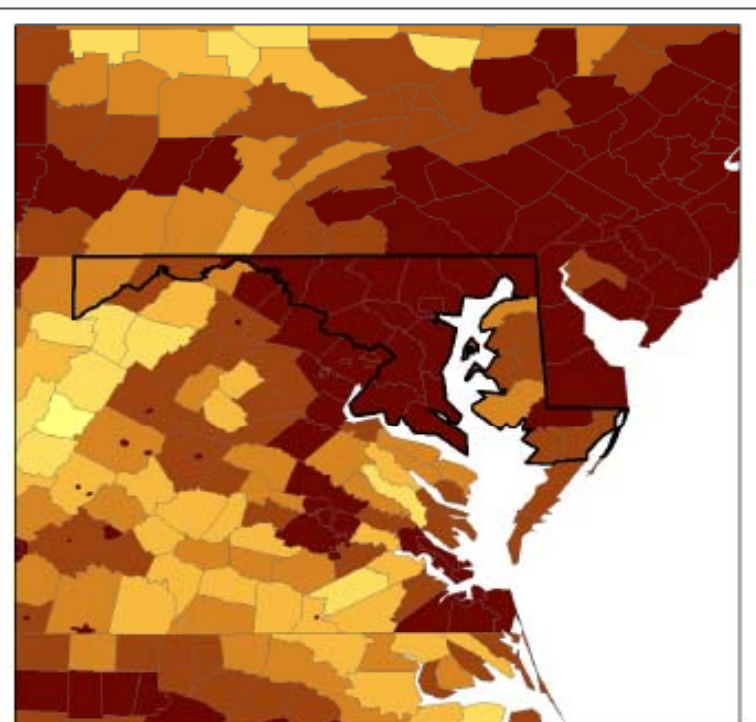
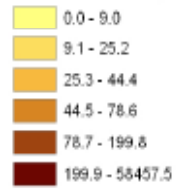
# Comparison of Idaho to Maryland

- Idaho County Occupies 8,485 Sq. Miles
- Owyhee County Occupies 7,678 Sq. Miles
- The State of Idaho Occupies 82,747 Sq. Miles
- The State of Maryland Occupies 9,774 Sq. Miles



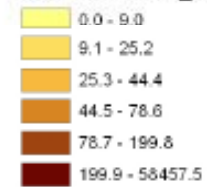
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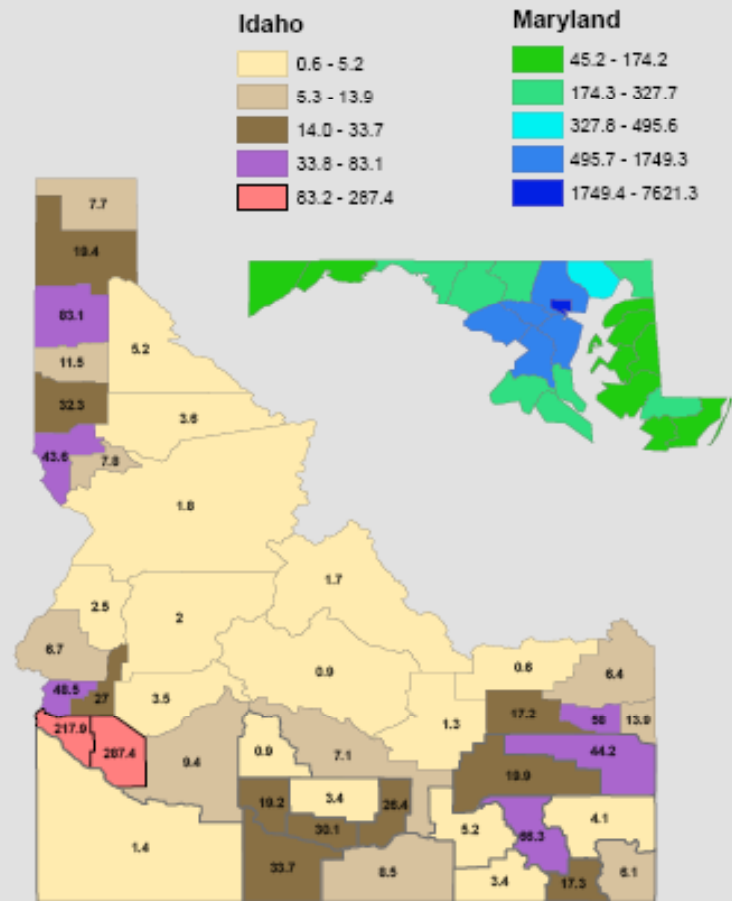


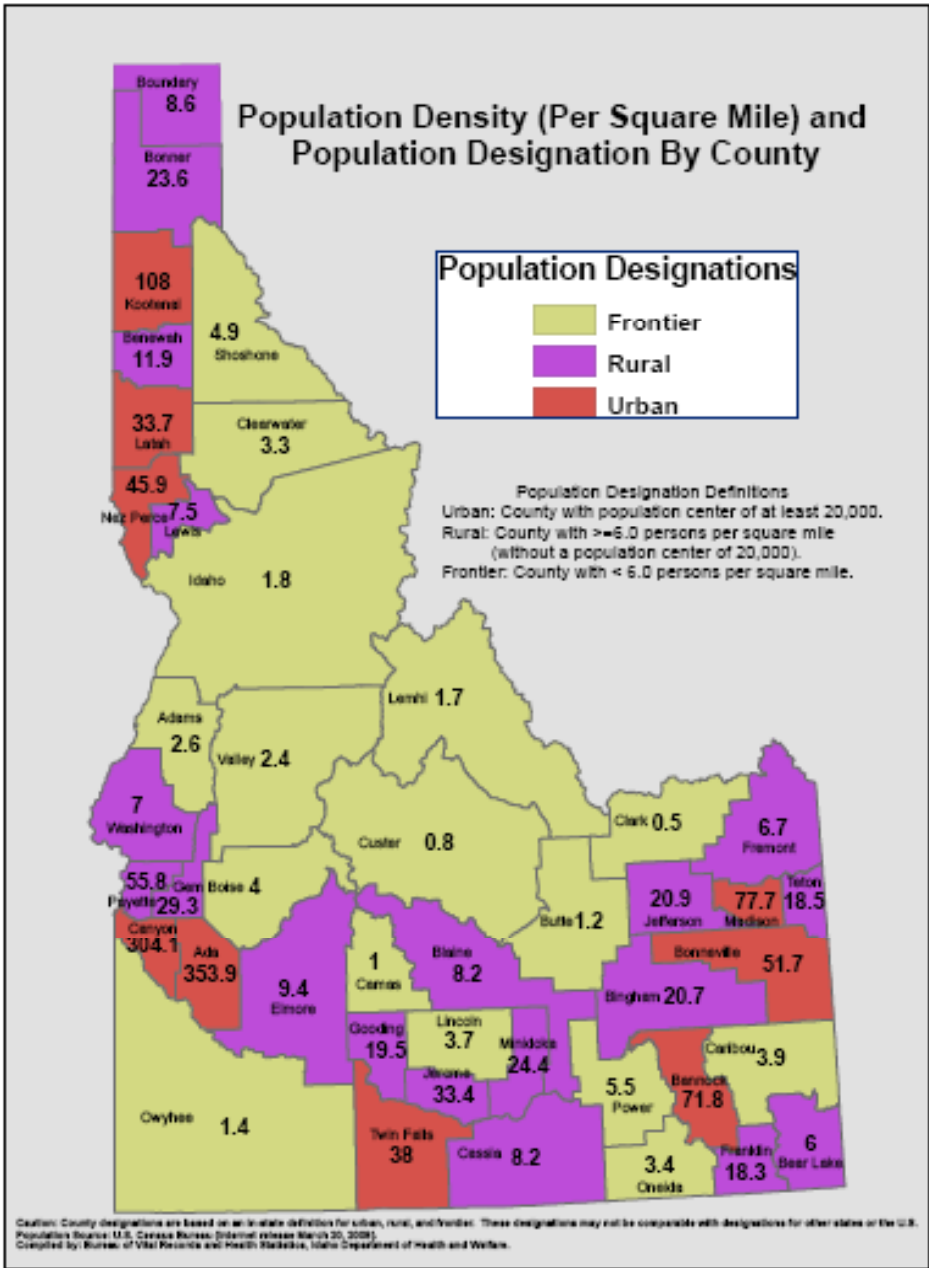
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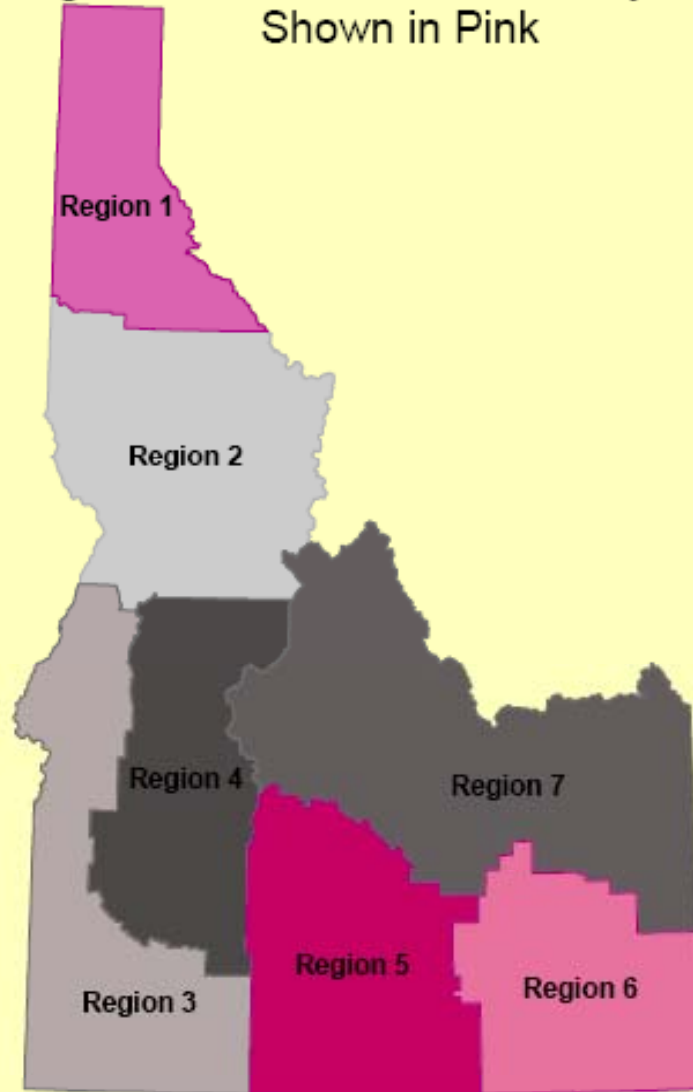


### Comparison of Population Per Sq. Mile in Idaho and Maryland (States are Drawn to Scale)





Regions Used in CLRP Pilot Project  
Shown in Pink



# Existing Data Infrastructure Sources

- AMH Integrated Mental Health Project (IMHP)
- CMH system uses FOCUS
- Daily Activity Report (DAR) – billing
- Behavioral Health Monthly Data Report
- Medicaid
- Division of Management Services (financial)
- U.S. Census
- Courts
- Division of Vocational Rehabilitation
- State Hospital Reports – moving to VistA
- Annual YSS-F and MHSIP Consumer Surveys
- Manual counts

# Existing NOMS/URS Strengths & Challenges

- Strengths
  - State Hospital data
  - Consumer surveys
- Challenges
  - Duplication
  - Manual counts
  - Clinician updates
  - Disparate data sources

# CLRP Start-Up

- Informing stakeholders (e.g., State Planning Council on Mental Health, Regional and State Hospital Administrators, Div BH Administrators, Division of Financial Management answering to the Governor's office)
- CLRP conference calls with participating states to identify standard data definitions and protocol
- CLRP conference calls with participating regions to discuss project parameters and implementation

# Process to implement CLRP

- Regions 1, 5 and 6 volunteered to pilot
- Created Idaho CLRP workgroup – regional data entry specialists, program managers, IT, data unit, children’s mental health, state hospital, Region 6 intern
- Brainstormed, developed CLRP EXCEL spreadsheet, CLRP client profile form and aggregate button
- Data entry specialists tasked with getting clinicians to update profiles – specialists entered data
- Research analyst cleaned and formatted data
- Data unit supervisor transferred data to submission format

# Challenges to CLRP implementation

- Research analyst's computer & software not sufficient to manage data
- Fast turnaround to enter FY2008 data (holidays)
- Clinicians updating client profiles
- Aggregate system crashed
- Strained regional programs as staff efforts focused on deliverables
- EXCEL database had dropdown menus; menus had to be cleaned once data aggregated and submitted
- Some data entry errors/inconsistencies
- Crosswalk had to describe existing primitive/manual system compared to series of EXCEL spreadsheets designed specifically to meet CLRP – regional data manually gathered and interpreted
- Client ID for basic data not equivalent to SH data
- Children's system uses FOCUS

# Benefits of CLRP participation

- Positive attitude of CLRP team – problem solving and thinking outside the box
- Brought together AMH, CMH, SUD and Data Unit
- Updated client profile information
- Data infrastructure areas of CLRP concern helped to identify WITS needs
- Increased data understanding
- CLRP data definitions better than existing definitions; may use in WITS

## Next steps for last deliverable

- Bound to a fragile EXCEL database spreadsheet
- Establish new FY 09 aggregate because adding to FY 08 is too big
- Existing system can't do comparisons as no carryover ability from FY 08 to FY 09
- Develop a schedule for data entry aggregation to avoid system crash
- Keep stakeholders apprised of progress
- Refine methodology for tracking costs
- Have fun