



Seven Years of URS Reporting: State and National Perspective

The Alabama Department of Mental Health and Mental Retardation Perspective

Molly Brooms, Director
MI Community Programs

Melanie Harrison, IT Project Manager
Bureau of Data Management

2009 DIG Annual Meeting
Washington, D.C.
April 16, 2009



A few facts about Alabama's mental health system:

- State-operated Facilities:
 - 7 state hospital facilities
 - All have JCAHO accreditation and Title XIX certification
- Community Mental Health Services:
 - Provided through contracts with 27 community mental health service providers
- Over 102,000 served in FY08 in community centers and state-operated facilities



THE DIG
and
Data Quality in Alabama



- State Hospital Data

- ADT system for state-operated facilities on the state's mainframe computer (on-line, real time)

- Community Service Data

- Standard data sets for electronic submission of client demographics and service events following guidelines
- All community service providers report client level demographic and service event data on a monthly basis to Central Data Repository housed in and maintained by AL DMH/MR



Between MHSIP and DIG: “It is what it is”

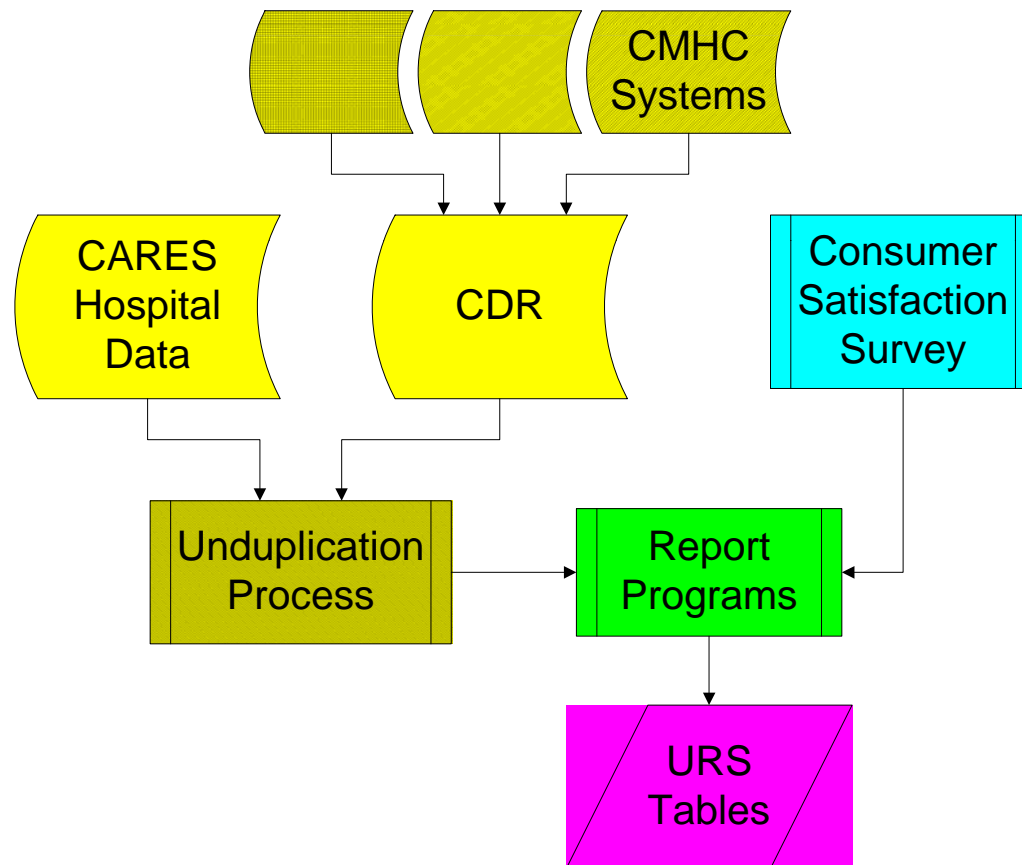
- Promote use of the community data through training and education
- Data analysis revealed BAD DATA!
- Monthly user meetings with community IT staff
- MI Community Programs and Performance
- Improvement staff identified data they wanted to analyze on a routine basis.
- A full time FTE report writer position added to BDM
- Our CDR data still needed improvement



DIG Grant to the rescue!

- Guidelines for the DIG grant application to report URS Tables and National Outcome Measures meant our data quality would have to improve.
- Data quality and integrity became the first initiative of Alabama's DIG grant

URS Data Sources





The Campaign Against BAD DATA

- Accountability
- Buy-in from the CMHCs
- Data became our friend
- Useful tools/tactics:
 - Guilt/Shame
 - Withhold Money
 - Data quality meetings expanded to reach all levels of staff
 - Code sets, tables and data element dictionary published on website
 - Data comparison reports published on website
 - Annual review of data reporting needs



DIG Results

- URS Table data has shown improvement in number of “Unknown” demographics reported.
- All Basic and Developmental Tables reported
- Planned improvements assisted through DIG Grant
 - Tighter system edits
 - Common Client Index for Hospital Patients and Community Clients
 - Electronic Health Record for state-operated facilities
 - Electronic Health Information Exchange between state-operated facilities and community mental health centers



The DIG, The NOMS
and
URS Data for Planning



NOMS

- Still struggling to define our own NOMS
- NOMS have influenced and strengthened the department's accountability measures
- NOMS have been used as departmental SMART Budget goals
- NOMS important in measuring Performance Improvement
- Influenced the department's adoption of the MHSIP Consumer Satisfaction Surveys for Adults, Youth and Families



URS Data

- DIG grant has helped us to focus on improving accountability, increasing access to services, targeting resources, and continuously improving the quality of services
- URS tables are designed to answer questions
 - What are the mental health service needs in AL?
 - Who has access to publicly funded mental health services?
 - What types of services are being provided in AL?
 - What are the consumer outcomes for the services provided?
- EBP reporting has caused us to focus on how we think about data and how we report data



Using Data for Planning and Evaluation

- Reporting and monitoring Block Grant Goals to the Planning Council
- Performance Improvement Data presented to:
 - The Planning Council
 - CMHC PI Directors
 - CMHC Clinical Directors
 - Alabama Council of Community Mental Health Boards – Executive Directors

CMHC Domains Scores and Statistical Significance Variance

(based on Chi-squared Goodness of Fit test)

CMHC	Access	Participation in Treatment	Quality & Appropriateness	Outcome	General Satisfaction	Social Connectedness	Functioning
National	85.0%	82.0%	87.0%	71.0%	88.0%	73.0%	71.0%
ALABAMA	85.7%	75.9%	89.0%	79.8%	85.3%	74.3%	77.6%
Center 1	80.2%	76.9%	84.0%	84.0%	82.1%	75.0%	79.5%
Center 2	88.9%	76.7%	87.6%	85.6%	81.2%	86.2%	89.0%
Center 3	81.1%	75.9%	87.3%	75.9%	85.5%	69.2%	75.5%
Center 4	80.3%	75.4%	87.4%	77.0%	82.9%	77.2%	73.4%
Center 5	84.7%	80.5%	88.7%	77.3%	88.4%	70.8%	76.6%
Center 6	77.5%	73.7%	88.3%	75.0%	82.5%	63.6%	73.5%
Center 7	89.5%	67.9%	96.3%	91.0%	92.6%	78.7%	74.8%
Center 8	84.7%	75.1%	88.2%	75.1%	82.6%	71.5%	73.9%
Center 9	90.7%	81.5%	91.3%	87.7%	89.0%	82.6%	83.8%
Center 10	87.6%	78.2%	92.7%	73.5%	89.8%	63.0%	67.9%
Center 11	88.9%	66.4%	89.1%	84.6%	86.7%	77.9%	81.3%
Center 12	80.6%	65.0%	84.0%	79.6%	75.5%	79.7%	79.7%
Center 13	81.1%	80.4%	85.5%	68.6%	81.0%	74.0%	66.7%
Center 14	86.2%	74.0%	90.0%	78.2%	82.4%	76.0%	76.5%
Center 15	68.2%	65.9%	76.6%	71.3%	65.7%	71.4%	73.3%
Center 16	88.6%	81.5%	90.7%	82.7%	91.4%	62.9%	78.3%
Center 17	89.2%	83.0%	90.9%	83.4%	93.2%	74.1%	81.6%
Center 18	83.6%	65.3%	86.3%	78.8%	76.4%	65.3%	75.7%
Center 19	80.4%	69.9%	83.7%	74.5%	82.9%	72.3%	75.4%
Center 20	93.5%	77.6%	94.8%	85.5%	92.3%	78.7%	79.2%
Center 21	92.2%	80.0%	94.1%	78.7%	86.7%	78.5%	80.2%
Center 22	86.0%	78.8%	89.0%	79.4%	83.6%	76.6%	80.1%
Center 23	90.4%	81.8%	91.9%	82.8%	91.4%	76.0%	80.6%
Center 24	91.3%	82.5%	94.5%	84.3%	91.8%	80.7%	80.7%
Center 25	90.5%	75.0%	88.9%	79.1%	94.6%	78.4%	79.5%
Blue background – positive significant variance							
Green background – no significant variance							
Red background – negative significant variance							

State Budget Measures from URS

	Workload / Objective	Unit of Measure	Data Source (Database Name)
WL 1	State-operated psychiatric hospital utilization rate per 1,000 population (National benchmark is .60)	state hospital utilization rate	CARES
WL 2	Community services utilization rate per 1,000 population (National benchmark is 18.99)	community service utilization rate	Central Data Repository
WL 3	Acute Care Unit capacity at state-operated psychiatric hospitals.	Acute Care Capacity	CARES
WL 4	Extended Care Unit and Specialty Unit capacity at state-operated psychiatric hospitals.	Extended Care Capacity	CARES
Goal 1 Obj 1	Decrease the average daily census of acute care units by 3% from FY 08 baseline of 560.	Avg. Daily Census of Acute Care	CARES
Goal 1 Obj 2	Decrease the number of probate admissions to state hospitals for individuals with involuntary commitment by 5% from FY 08 baseline of 2,400.	Number of probate admissions to state hospitals	CARES
Goal 1 Obj 3	Maintain the 30 day state psychiatric hospital readmission rate at or below the FY 07 baseline of 3.5%. (the national average is 9.6%)	30 day readmission rate	CARES

More on Budget Measures

Goal 2 Obj 1	Increase the number of patients discharged from extended care into local services by 10% from FY 08 baseline of 157.	# patients discharged from extended care	CARES
Goal 2 Obj 2	Decrease the number of patient days (days spent receiving care in an extended care unit) by 10% from FY 08 baseline 134,000.	# of extended care patient days (in house)	CARES
Goal 3 Obj 1	Increase the number of children/adolescent served by 1% from FY 08 baseline 25,000.	Number of unduplicated children and adolescents served	Central Data Repository
Goal 3 Obj 2	Increase the number of days of residential and in-home service for children/adolescents by 1% from FY 08 baseline of 65,000.	# days child residential and in-home service	Central Data Repository
Goal 3 Obj 3	Increase the number of hourly units in outpatient and case management for children and adolescents by 1% from FY 08 baseline 293,000.	# of hours child outpatient and case management	Central Data Repository



Inspiration

- DIG Grant has also encouraged us to look past the NOMS and Block Grant Reporting for ways that we can link our hospital and community data in other areas.
- MICRS – MI Community Residential Services
- SRNA- Special Residential Needs Assessment Project



Flexibility is essential.

- Frequently need to add/modify data elements or ask new questions
 - Diversion
 - IMR
 - Unknown prior to commitment
 - Contract Codes for Acute Care



It's good to be lucky.

- It is absolutely essential to have a Melanie and company.