

# CMHS Data Strategy

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# Data Strategy: Motivating Factors

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- Tightening budgets
- Increasing demands for accountability
- Mental health transformation
- Service system trends

# Government Performance and Results Act of 1993 (GPRA)

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- Holds Federal agencies accountable for achieving program results
- Requires each program to set program goals, measure performance against goals, and report on progress
- Expects agencies to regularly conduct evaluations of their programs
- Results are expected to shape budget decisions

# OMB Program Assessment Rating Tool (PART)

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- Developed in 2002 and characterized as “fast tracking” GPRA
- In 2004, about 20 percent of programs were assessed using the PART
- Results show programs as “effective” or “ineffective.”
- Used for informing budgeting decisions and promoting performance measurement and accountability

# Budgets and Accountability

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“[It is] a very clear priority that this budget has to reach a balance by 2012. That has forced many of the hard decisions . . . [In preparing the 2008 budget] we looked for underperforming programs - specifically, programs where there was no measurable way for determining whether they succeeded or not.”

The Honorable Mike Leavitt, Secretary of Health and Human Services, 2/5/07



# Key Elements of MH Transformation

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- MH care is consumer and family driven
- Improving services will require paying close attention to how mental health care and general medical care systems work together
- A comprehensive MH plan must reach beyond the SMHA to address the full range of treatment and support service programs

# Service System Trends

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- Increasing dominance of Medicaid (and Medicare)
- Change in role of State MH Authorities
- Growing importance of nonspecialty providers

# CMHS Data Strategy

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- Purpose: Guide CMHS data-related activities
- Addresses 4 areas:
  - Data for management
  - Data to assess public system performance
  - Data for policy
  - State data system reform

# Data for management

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- Implement the Transformation Accountability (TRAC) system:
  - initial focus on grant and TA programs
  - collection of client-level standardized measures in NOMS framework
  - emphasis on performance measurement

# Data to assess public system performance

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- Extend and improve National Outcome Measures (NOMS):
  - Increase reporting rates
  - Explore ways to reduce reporting burden
  - Increase standardization with SA
  - Improve consistency of measurement

# Data for Policy

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- Objective: To develop good policy, we need national data on the full breadth of services, providers, and payers; and the characteristics and utilization patterns of consumers

# Data for Policy

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- Populations – (focus on SED & SMI)
- Providers/services (spec. and non-spec.)
- Payers (Medicaid, Medicare, private insurance, & other State/local)

# Example: Improve Pop. data

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- Expert meeting on 12/6/06
- Discussed both methods and data sources, with emphasis on Adults w/SMI and Children w/SED
- Emphasis on practical recommendations that recognized budget constraints

# Recommendations

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- Children w/SED:
  - Priority - Nat. Health Interview Survey
  - Use/validate the Strengths & Difficulties Ques.
- Adults w/SMI:
  - Priority - Nat. Survey on Drug Use & Hlth
  - Use/validate the Kessler Serious Psychological Distress Scale (K6)
  - Add measure of functioning/disability

# State Data System Reform

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- Improve information on the characteristics of State MH agency data systems
- Develop/improve TA to support
  - data sharing and interoperability
  - utilization of EHRs
  - use of data for management and reporting

# CMS/SAMHSA Initiative

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- Be mutually beneficial to States and Feds
- Support state-wide client-centric systems (rather than provider-based systems)
- Create a richer information environment to serve multiple needs/constituencies
- Increase “return on investment” by reducing duplication and improving management



# Pilot State: Oklahoma

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- Using the State's Medicaid claims system as the foundation, integrate all behavioral health claims processing and payments
- Create an integrated system of care for consumers, independent of treatment funding, with a single point of entry (eligibility determination and assessment)
- Implement information systems in support of the integrated care system



# Oklahoma (contd)

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- Implement enhanced reporting systems that meet state and federal requirements (e.g., NOMS)
- Support from CMS through its Medicaid IT Architecture initiative

# Summary

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- A variety of forces make it desirable for CMHS to improve and systematize its data activities to improve its relevance and utility for all stakeholders
- These activities offer the possibility of improving policy-making and the effectiveness of services

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