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*Commonwealth of Pennsylvania  
Department of Public Welfare  
Office of Mental Health & Substance Abuse Services*

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**An OMHSAS Data Strategy for  
Fiscal Years 2009 - 2011**

## FOREWORD

Increasingly, state mental health authorities are being challenged to identify and adequately measure the effectiveness of mental health service provision. No longer can we be satisfied with simply tracking service utilization and monitoring expenditures. Consumers and families want and deserve to know if the services being delivered are the most appropriate and effective for the diverse populations we serve. Community providers, County Mental Health Programs and Behavioral Health Managed Care Organizations are at the forefront of assessing whether the service array is having a positive impact on individual and systemic outcomes.

Simultaneously, OMHSAS has increasingly challenged itself and its business partners to use effectively data through strategic means to address service capacity, determine effectiveness of treatment methods, and identify measures by which we can promote a consumer and family-driven system of mental health and drug and alcohol services. In *An OMHSAS Data Strategy for Fiscal Years 2009 – 2011* we have designed a framework by which we can capitalize on the many data-oriented strengths we currently possess, while implementing a multi-faceted approach to overcome our data-related shortcomings.

We welcome your participatory role in ensuring that this data strategy makes a significant contribution toward helping us achieve our statewide mission:

*The Office of Mental Health and Substance Abuse Services, in collaboration with other appropriate state offices, will ensure local access to a comprehensive array of quality mental health and substance abuse services that is reflective of the needs of Pennsylvania citizens, effectively managed and coordinated, and responsive to a dynamic and changing health care environment.*

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## INTRODUCTION

An *OMHSAS Data Strategy for Fiscal Years 2009 – 2011* describes a 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 strategy was developed in response to long-standing internal and external stakeholder concerns regarding the availability and utility of existing data, as well as a 2009 report\* by the William M. Mercer consulting firm which identified numerous areas in OMHSAS' current processes, organizational structure and staffing that present obstacles to the effective use of data in furthering the organization's mission.

Prefaced by months of internal functional assessments of data availability and application, in early 2009 OMHSAS convened an Executive Data Retreat. Mental health consumer and family member representatives from the three OMHSAS Advisory Committees -- which jointly form the state mental health planning and advisory council (MHPAC) -- joined OMHSAS Executive Council members and other key participants in evaluating OMHSAS data-related capabilities by asking for responses to 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?

The responses to these questions were subsequently analyzed and eight overarching themes emerged as being of paramount concern:

1. Users need to understand the various data being used in the reporting of the performance indicators.
2. Users want to know which indicators are state and/or federally-required, and must be reported in the existing format.
3. Users believe that current performance indicators are too limited to meet our needs.
4. Users want a say in which performance indicators should be added to current OMHSAS reporting.
5. Users believe we need to use behavioral health and other data from non-OMHSAS sources.
6. Users want to see more substance added to some of the existing performance indicators.
7. Users believe that we need to examine outcomes over time, as opposed to a point-in-time look.
8. Users need to have information (not just the raw data) more accessible.

These eight themes served to validate the need for the organization-wide data strategy and in a very tangible manner worked to inform a set of guiding principles to be used in developing the strategy.

## **DATA STRATEGY GUIDING PRINCIPLES**

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

- Users of the data are valued partners in data collection and reporting. Partnerships with other state agencies, County Mental Health Programs, community provider organizations and agencies, Behavioral Health Managed Care Organizations, consumer, families and other stakeholders will be cultivated to support common purposes around data collection and reporting.
- Confidentiality, privacy and other consumer rights will be respected, consistent with applicable laws, regulations and policies pertaining to the use of data.
- Data will be used to continuously assess and improve programs and services, with a focus on consumer-level and systemic outcomes.
- Accuracy and consistency are expected standards of effective data query, analysis and reporting.
- Data being collected will be timely and relevant, using systems that are easily-accessible.
- Data collection and reporting efforts will minimize redundancy and enhance cross-program collaboration.
- 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 expect clarity and accuracy.
- Data must be collected to evaluate and promote the use of Evidence-Based Practices and Best Practices/Promising Practices.

## **NEED FOR THE DATA STRATEGY**

Long-standing stakeholder concerns in combination with the findings and feedback emerging from an in-depth internal assessment of OMHSAS' existing data systems and reports, the 2009 Mercer report, and the 2009 Executive Data Retreat, have made it clear that concerted action is needed to address five areas of major concern: Accountability, Transparency, Outcomes, Excellence and Evidence.

### Accountability

- State and federal laws, regulations and initiatives require OMHSAS to provide a wide range of program and fiscal data to account for the public mental health and drug and alcohol services systems.
- Meeting these requirements necessitates the development of new and/or revision of existing data elements, performance indicators and data system components.

### Transparency

- The program activities of the public mental health and drug and alcohol service systems are of interest to a broad constituency of consumers, family members, service providers, county administrators, other state agencies, the legislature, public officials and other interested parties.
- Processes must be put in place which makes the systems' program and fiscal data readily available to wide audiences in a manner that facilitates constructive public review and participation in ongoing program development.

### Outcomes

- Assessing the performance of the public mental health and drug and alcohol service systems ultimately means determining whether the provision of services has resulted in meaningful improvement to the lives of the consumers and family members served.
- Outcome indicators must be developed and processes implemented to quantitatively measure and report on success specific to children, adults and seniors to include such areas as housing, employment, school performance, clinical stability, and community tenure.

Excellence and Evidence

- During the past 20 years, research has identified a variety of clinical interventions which have been determined to produce successful outcomes and/or have been determined to be the best among a variety of services providing potentially successful outcomes.
- It is essential that data elements and reporting systems are put in place which capture information on the use and results of these evidence based and best practices in order to inform fiscal and program policy decisions and drive service system transformation.

GOALS AND OBJECTIVES:

In order to address these needs and concerns, goals must be established and a wide variety of actions must be put in place to realign human and data system resources, enhance data consolidation, improve data integrity, enrich information sharing, and use data to further the application of evidence based practices.

## **GOAL 1: Realign Resources to Build Infrastructure**

### **Goal 1 Statement of Purpose:**

Instrumental to OMHSAS becoming a data-driven organization will be its ability to critically assess and as necessary, periodically realign its human resources and other assets. A data strategy involves a commitment to educating and proactively engaging OMHSAS personnel at all levels. We must also recognize the advantages of optimizing our internal resources through strategic partnerships with other state agencies, County MH/MR Programs, Behavioral Health Managed Care Organizations provider organizations and agencies, fellow states, consultants and other external entities. In order to build needed data infrastructure, the following objectives have been identified:

- Objective 1.1. Maximize employee skills, interests, and experience as well as intra-organizational collaboration in order to foster the relationship between data and work priorities.
- Objective 1.2. Create learning opportunities for employees that strengthen data collection, analysis and reporting capacities.
- Objective 1.3. Establish results-oriented contracts with consultants to address areas of quality improvement and evaluation that support OMHSAS data goals.
- Objective 1.4. Leverage federal Community Mental Health Services Block Grant and Data Infrastructure Grant funding to expand capacity for OMHSAS data analysis and reporting.

## **GOAL 2: Consolidate Data Collection and Storage**

### **Goal 2 Statement of Purpose:**

All too often in state government, we have designed protocols, systems and structures that serve as standalone functions. While these components may operate effectively unto themselves, they are incompatible with and/or redundant to other system components. As a result, necessary data linkages can only be partially established, if at all, and end users are continually frustrated by the lack or incompleteness of program data. In order to eliminate costly redundancies and maximize data system efficiencies, the following objectives have been identified:

Objective 2.1. Assimilate OMHSAS data into the Department of Public Welfare Enterprise Data Warehouse.

Objective 2.2. Increase access to and utilization of data sets external to OMHSAS.

Objective 2.3. Incorporate Consolidated Community Reporting of base-funded services into existing DPW architecture.

Objective 2.4. Integrate the Mental Health Statistics Improvement Program, Recovery Oriented Systems Indicators and other consumer and family satisfaction methodologies.

## **GOAL 3: Improve Data Integrity**

### **Goal 3 Statement of Purpose:**

At its core, data integrity translates to data being of high quality in terms of accuracy, timeliness and consistency. Absent these qualities, program data is of limited utility and could result in ill-advised management decisions. Fundamental to the availability of high quality data, is improved effectiveness in our efforts to validate the data we create and receive. Also essential is the establishment of clear and consistent data-related procedures to help ensure that the various data being reported conform to our business needs. In order to improve data integrity, the following objectives have been developed:

- Objective 3.1. Establish an OMHSAS Data Governance Committee with specific functions related to enhancement of data integrity and managing accuracy, consistency and timeliness of data reporting.
- Objective 3.2. Create written standards, definitions and policies/procedures for the reporting of data used in system evaluation, monitoring and outcome management.
- Objective 3.3. Establish 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.
- Objective 3.4. Widen the range of data validation routines to foster consistent analysis and application of data.

## **GOAL 4: Enrich Information Sharing**

### **Goal 4 Statement of Purpose:**

A vast array of individuals and organizations has a stake in the public mental health and drug and alcohol services systems. While the type and amount of program information that is of interest to these individuals and organizations varies widely, the need for the data to be made available/presented in a timely and readily understandable manner is common to all. Whether the data are being made available solely for informational/educational purposes, or to facilitate the user's role in the monitoring, planning and/or development of services, it is essential that existing barriers to accessing non-confidential program data be removed and optimum use is made of new technologies in data dissemination. In order to enrich information sharing, the following objectives have been developed:

- Objective 4.1. Adopt a “social marketing” approach to data sharing that targets audiences based on how the information will most effectively address their interests and needs.
- Objective 4.2. Broaden the scope of information sharing internally by making considered use of: web sites, training, staff meetings and other formats.
- Objective 4.3. Refocus the production and dissemination of information to target outcomes of care, program monitoring and other strategic purposes.
- Objective 4.4. Cultivate employee interest and ability to present data findings locally, regionally and nationally at meetings and conferences.

## **GOAL 5: Use Data to Further Excellence and Evidence**

### **Goal 5 Statement of Purpose:**

It is essential that service system resources be used efficiently and effectively. Toward that end, program outcomes must be established; progress measured on an ongoing basis; and findings used to inform key fiscal and program policy decisions. Through the establishment of a data-informed environment, OMHSAS will be able to evaluate the effectiveness of existing service modalities as well as maintain a leadership role in promoting the development/expansion of service delivery approaches that have been empirically proven to facilitate recovery and build resiliency. The following objectives have been established to further use evidence and promote excellence:

- Objective 5.1. Strengthen the commitment to provide leadership in the reporting of National Outcome Measures (NOMs) and other outcome indicators.
- Objective 5.2. Use data to facilitate expansion of the application of Assertive Community Treatment, Multi-Systemic Therapy and other SAMHSA-identified Evidence-Based Practices.
- Objective 5.3. 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.
- Objective 5.4. Use quantitative and qualitative data findings to inform OMHSAS policy and decision-making regarding county base funding allocations, Medical Assistance fee For Service rates and HealthChoices Behavioral Health rate-setting.