

## Abstract

The **Ohio Data Infrastructure Grant** proposal describes how the State Mental Health Authority (SMHA) plans to collect client level and sample data to report the National Outcome Measures (NOMs). Each year of the grant, data will be sought from approximately 170,000 consumers with Serious Mental Illness (SMI) and caregivers of children and adolescents with Serious Emotional Disturbance (SED). Over the life of the grant, data will be sought from approximately 500,000 consumers and caregivers. The SMHA will make every effort to insure that the project reflects the needs, cultural diversity, and demographics of the target population.

The SMHA plans to develop reports and/or a data mart that will enable local mental health authorities and service providers to use information from the proposed Treatment Episode Outcomes (TEO) system and from survey sampling, with the overall goal of improving access, enhancing service quality, and efficiently meeting the requirements of funders and national accrediting bodies. To measure annual progress toward meeting project objectives, the SMHA will report GPRA measures for the number of organizations making changes to accountability mechanisms, and the number of organizations that regularly obtain, analyze, and share data on mental health-related results. Additionally, the SMHA will implement a process of continuous data quality improvement for all sources of NOMs data.

To measure and report the NOMs for housing, employment/education, and criminal justice involvement, the MSHA's strategy is to develop and implement a TEO system through which service providers will collect and report on consumers with SMI/SMD at admission and discharge or annual update. Client level data will be collected and reported annually for approximately 161,000 of consumers with SMI/SMD or about 480,000 adults, children and adolescents over the three-year period of the program.

To measure and report the NOMs for client perception of care, social connectedness, and functioning, the SMHA's strategy is to draw a random sample from enrollment records in its outpatient billing system and conduct an annual survey of 3,000 adult consumers and 3,000 caregivers of child and adolescent consumers. Information collected through sampling 18,000 consumers and caregivers over three years will permit the SMHA to report annual changes in perception of care, social connectedness, and functioning scores from 2011 through 2013.

## Table of Contents

### PROPOSAL NARRATIVE

Section A: Statement of Need.....	2
Section B: Proposed Approach.....	7
Logic Model.....	15
Section C: Staff, Management, and Relevant Experience.....	16
Section D: Performance Assessment and Data.....	20
Section E: Literature Citations.....	24

## Section A: Statement of Need

Ohio is applying for its first Data Infrastructure Grant after many years of reporting client level data (change measures) for the NOMs specified in RFA SM-10-009 using the Ohio Consumer Outcomes system. That system was recently discontinued to state budget cuts. Following is a description of the current SMHA systems for reporting client level data.

***State Psychiatric Hospitals.*** The Ohio Department of Mental Health (ODMH) operates a client level Patient Care System (PCS) for seven Regional Psychiatric Hospitals (RPH) that served 5,588 adults in State Fiscal Year (SFY) 2009; children are not served through the RPH. PCS provides an unduplicated count and measure of change from one fiscal year to the next on the number of adults served by age, gender, race and ethnicity, profile of client flow and turnover, and 30 and 180 day readmissions for forensic and non-forensic populations [Uniform Reporting System (URS) Tables 2A&B, 3, 5A&B, 6, 14A&B, 20A&B].

***Community Access.*** ODMH also operates an event-based, client level outpatient billing system called the Multi-Agency Community Services Information System (MACSIS). Data from MACSIS and PCS are combined to provide an unduplicated count and measure of change from one fiscal year to the next. MACSIS and PCS contain data on the number of persons served by age, gender, race and ethnicity (URS Tables 2A&B 3, 5A&B, 6, 14A and 14B). In SFY 2009, MACSIS processed about three million claims from over 350 providers for \$744.5 million in services to 340,000 consumers. MACSIS represents a Medicaid carve-out for mental health service provision in Ohio. It also captures claims for services funded through the state's General Revenue Fund (GRF), federal funds other than Medicaid, and local property tax levy dollars. However, reporting of non-Medicaid funded services varies widely by Ohio's 50 county and multi-county Community Mental Health Boards (Boards). Based on non-automated expenditure reports from Boards to ODMH, about \$135 million in non-Medicaid funded services was excluded from MACSIS in SFY 2009.

***Community Outcomes.*** In August 2009 ODMH discontinued required reporting of data in the Ohio (Mental Health) Consumer Outcomes System, a client level information system that measured clinical outcomes as well as change in employment status and housing for adults, criminal justice involvement, and education (measured as school suspensions and expulsions). The decision to suspend and terminate required reporting was driven by the forced restructuring of the public mental health system due to massive cuts in state funding. The Ohio Outcomes System contained a database of over three million records for over 590,000 consumers and was the basis for reporting change measures in URS Tables 4, 19A&B and status measures for Tables 9 and 15 (adults only) in the Federal Fiscal Year (FFY) 2009 Block Grant Implementation Report.

***Other Client Level Systems.*** For the FFY 2010 Block Grant application/plan, ODMH was able to access client level data on child and adolescent housing in a system called the Behavioral Health Module (BH-Mod) that is managed by the Ohio Department of Alcohol and Drug

Addiction Services (ODADAS). Although mental health service providers are not required by ODMH to report information in the BH-Mod, this treatment episode system captures information on mental health consumers from one-third of mental health providers that are dually certified by both ODADAS and ODMH. These dually certified providers serve about 60% of consumers who access Ohio's community mental health system.

***Residential Care.*** The Residential Care housing category in the BH-Mod does not correspond to the definition used in URS Tables 3, line 4, also Table 6, line 3. Furthermore, providers of residential care for children are under-represented among agencies reporting in the BH-Mod. Since placement of minors in residential treatment facilities is largely funded by Title IV-E, information about housing (locus of care) for minors in state child welfare custody is reported through an administrative system called SACWIS operated by the Ohio Department of Job and Family Services (ODJFS). ODJFS, which administers the child welfare function, in FFY 2010 began sharing SACWIS files with ODMH that allowed identification (by percentage) of children and youth in state custody receiving mental health services in residential care facilities. The merger of SACWIS records provides information only on minors in state custody. It does not include information about minors in residential treatment whose placement was funded by private pay or other forms of state subsidy.

***Evidence-Based Practices.*** Ohio has client level data for the evidence-based practice of Multi-Systemic Therapy. This information is collected by the Center for Innovative Practices, a Coordinating Center for Excellence (CCOE) that contracts with ODMH to provide technical assistance and training to providers for a number of innovative child and family-focused services. ODMH funds other CCOEs that provide information on the number of clients receiving Assertive Community Treatment, Supported Employment, and treatment for co-occurring disorders (MI/SA). However, these CCOEs do not collect demographic or outcome information specific to the consumers (generally adults) included in these counts. Ohio currently is in the process of adding program affiliation codes to service claims for MI/SA consumers, so that race, ethnicity and age information will be available for consumers treated for co-occurring disorders.

***Community Hospitalization.*** ODMH staffs are able to access the Ohio Medicaid Decision Support System for information not captured in MACSIS, such as community hospitalization and treatment for physical health conditions. Decision Support System-Medicaid (DSS-MDC) is administered by ODJFS and can be accessed to produce reports on 30 and 180 day re-admissions to psychiatric units at community hospitals. About 77% of individuals with SMI/SED served by Ohio's public mental health system are covered by Medicaid. Adults admitted to Ohio's RPH generally are not covered by Medicaid, and, as indicated previously, ODMH does not operate any public psychiatric hospitals for children and adolescents. The majority of consumers with SMI/SED who receive psychiatric hospitalizations in the community are covered by Medicaid.

***Data Still Needed:*** ODMH's 2009 Block Grant Plan reported data for all required URS Tables except Table 21. Data was not reported for residential services and other psychiatric services in

Tables 3, 6 and 21. Additionally, Tables 11, 12, 16 and 17 were not fully completed because the data were not readily available.

**Describe the reporting Gaps, Barriers and Other Challenges:** Ohio not without challenges when it comes to revamping its data infrastructure in an environment of declining state revenue, changing technology, and potential requirements of national health care reform. The restructuring forced by this environment, however, provides an opportunity to better align the emergent data infrastructure with national standards and requirements.

***Gap/Barrier 1: Lack of a Mental Health Treatment Episode Outcomes System (TEO).*** A TEO system is needed to report NOMs for housing, employment, education (school suspensions/expulsions), and criminal justice involvement. Reporting measures of change in living situation and employment status through collection of admission, discharge and update records in BH-Mod is optional for providers. Additionally, this system is not designed to collect the mental health NOMs, and change measures are not available for suspensions/expulsions and criminal justice involvement. Mandating statewide implementation of such a system will require either a revision or replacement of the existing Outcomes state regulation.

***An Unbounded System.*** Ohio's Medicaid carve-out for behavioral health currently does not offer a defined benefit for persons with SMI/SED, and policies that earmark state and local subsidies for these individuals are overridden by the federal match requirements for Medicaid. Of the 340,000 adult and child consumers served in FFY 2009, just under 50% (N = 169,200) met criteria for SMI/SED status. Ohio's operational measurement of SMI/SED status is based on post-hoc identification of certain age, diagnoses and service unit thresholds in MACSIS. However, analysis of adult service patterns in MACSIS indicates approximately 5% of adult consumers receive only one day of service. Given the post-hoc nature of the SMI/SMD estimation algorithm, the validity of this operational measure is suspect.

***Gap/Barrier 2: No Experience Reporting MHSIP and YSS-F.*** ODMH did not begin administering the MHSIP and YSS-F until FFY 2010. This was primarily due to ODMH's long-term commitment to the Ohio Consumer Outcomes System. With suspension of that system in August 2009, ODMH will begin collecting a convenience sample in the spring of 2010 to report on the NOMs for consumer perception of care, functioning, and social connectedness. A barrier to collecting a randomized sample directly from consumers by ODMH was removed early in FFY 2010 with a legal change to covered entity status. Currently, ODMH is addressing barriers to assure consumer self-determination around contact through a randomized mail survey.

***Gap/Barrier 3: Lack of a Data Warehouse/Decision Support System.*** Information on change in access to public outpatient and inpatient mental health services currently are extracted from MACSIS and PCS using SAS and analyzed in Excel spreadsheets. ODMH has web-based data marts based on MACSIS and PCS extracts, but the current file configuration and Cognos software deployment do not support reporting information for export to URS Tables 3 or 20A

and B. The MACSIS and PCS data marts were designed for use by the Boards and providers and do not support Block Grant reporting requirements.

**Document Decision Support for Planning, Technology and Data Quality Improvement:**

Decision support for Block Grant planning is spread across three divisions at ODMH. The Division of Program and Policy Development (PPD) is responsible for the Block Grant application and implementation report. The Office of Research and Evaluation (ORE) in the Division of the Medical Director is responsible for NOMs measurement design, compilation of the URS Tables, and data quality improvement specific to reporting the URS Tables. The Office of Information Systems (OIS) in the Division of Administrative Services is responsible for operation of MACSIS and PCS and data quality improvement of those systems. Additionally, OIS has responsibility for improved information technology within ODMH.

With suspension of the Ohio Consumer Outcomes System, ODMH leadership initiated a planning process to develop a more integrated and properly aligned system of data collection that supports federal reporting requirements and funding opportunities. Confronted with substantial budget reductions due to a decline in state revenues, the goal of Ohio's public mental health restructuring is to achieve efficiencies through the reduction of administrative burden while assuring equitable access to effective core services and supports.

OIS is in the early stages of developing a data warehouse (decision support system) that will extract and link data from MACSIS and PCS. In April 2010 a prototype of the warehouse will be brought online for testing by ORE. The warehouse is expected to support reporting of the NOMs associated with consumer access to care and reduced use of inpatient hospitalization. Changes in ODMH's covered entity HIPAA status and the rules covering the exchange and handling of outpatient claims information are expected to increase the quality of MACSIS data. At the present time, ODMH does not support web-based data collection system. It does, however, provide publically accessible web-based data marts that draw on extracts from MACSIS and PCS.

**Other Stakeholders and Resources:** Ohio's public mental health system is a large decentralized system in which services are planned and evaluated by the 50 Boards that contract statewide with 350 mental health providers, each of which operates its own information system. Providers of Medicaid-reimbursable services are required to meet national accreditation requirements that include quality improvement. Each Board is required by law to plan and evaluate services based on the data reported by providers. Thus, a measure of responsibility for data quality improvement rests with the both the Boards and providers. Additionally, Planning Council, NAMI-Ohio, Ohio Empowerment Coalition (OEC/statewide consumer organization), the Ohio Federation of Children's Mental Health, and Multi-ethnic Advocates for Cultural Competence (MACC) use data in some of their activities.

Oversight responsibility for improved information technology as it pertains to Ohio Medicaid programs resides with the Executive Medicaid Management Administration (EMMA), a cabinet-

level agency that coordinates policy and administration across all Medicaid sub-recipient agencies. Decision support for Ohio Medicaid program operations resides in the ODJFS Office of Health Plans. The future of MACSIS as a Medicaid carve-out claims system is dependent on the ODMH's participation in EMMA and the evolution of planning for Ohio's Medicaid Information Technology System (MITS). ODMH is participating in development of an electronic health record (EHR) through an interagency staffing at the Ohio Department of Insurance, a cabinet-level partner in the Ohio Health Information Partnership (OHIP). OHIP is a nonprofit, public-private partnership responsible for statewide health information exchange that was designated by the Governor to apply for federal funding to support EHR adoption.

**Other Needs for Collecting and Reporting Data:** ODMH needs data for planning and decision making, including information about non-Medicaid services which, as previously mentioned, is only partially captured by MACSIS. ODMH does not currently have a reporting mechanism that prospectively identifies consumers with SMI/SED upon admission. Data are used for accountability with the state legislature and other funders, as well as for quality improvement. Additionally, Boards use the data for planning, decision-making, quality improvement and accountability to their communities. Providers use data to meet national accrediting requirements, improve the quality of services, and demonstrate results to multiple funders. Consumers and families use data to advocate for system improvements and to inform themselves about the strengths and weaknesses of a provider when seeking services. Some Ohio consumers have used data to advocate for services with the state legislature and local Boards.

**How Identified Needs are Consistent with SMHA priorities:** ODMH has identified priorities in a 2010 – 2012 Strategic Plan that was included in the FFY 2010 Block Grant application. The DIG program will provide additional resources to address the following strategic plan goals:

- I. *Restructure Ohio's mental health system to reduce disparities, achieve efficiencies, and assure access to effective core services and supports.*
- III. *Reform internal and external processes and regulatory framework to align the mental health system with emerging health standards.*

The DIG project will support the development of a data infrastructure that can measure changes in global outcomes for consumers with SMI/SED and through randomized sampling of consumers on perception of care, social connectedness, and functioning. As envisioned, a TEO system will measure global, programmatic outcomes and will target individuals with SMI/SED, about half of the total population served in Ohio's public mental health system. ODMH will be able to develop reports and/or a data mart that will enable Boards and providers to use information from the proposed TEO system to improve access, enhance service quality, and efficiently meet the requirements of funders and national accrediting bodies.

## Section B: Proposed Approach

**Describe proposed goals, objectives and activities of the project:** The overarching goal of Ohio's Data Infrastructure proposal is to implement a more integrated and properly aligned system of data collection, reporting, and use that will support the restructuring of the public mental health system. Information collected as a consequence of DIG funding will be used to align and deploy resources to assure service access and capacity are meeting consumer needs. A second, equally important goal of this proposal is to develop information systems that will support reporting requirements for the Block Grant application. Specific goals, objectives, and activities for data collection during SFY 2010 – 2013 are as follows:

- **Goal 1:** Implement a client level reporting system to obtain treatment episode outcomes (TEO) on housing status, employment, education (suspensions/expulsions), and criminal justice involvement.
  - *Objective and Activity:* Convene TEO Steering Committee to plan development and implementation of client level reporting system in FFY 2011. Draft and promulgate an administrative rule for collection of client level data.
  - *Objective and Activity:* Convene TEO Technical Workgroup to develop and test pilot client level reporting system in FFY 2012. Draft template, dictionary, data collection and submission protocols.
  - *Objective and Activity:* Initiate statewide rollout of client level reporting system in FFY 2013. Train staff on template, dictionary, collection and submission protocols.
- **Goal 2:** Implement a randomized mail survey of consumers using MHSIP and YSS-F to gather information on client perception of care, social connectedness, and functioning.
  - *Objective and Activity:* Implement client permission to contact protocol in MACSIS enrollment records in FFY 2011. Obtain randomized list of participant names and addresses.
  - *Objective and Activity:* Develop and implement mail sampling protocols in FFY 2011. Collect, analyze, and report survey sample results in Block Grant Implementation Report for FFY 2011.
- **Goal 3:** Support reporting of URS Tables through access to a data warehouse linking MACSIS and PCS (state hospital patient care system).
  - *Objective and Activity:* Identify customer needs for data warehouse design in FFY 2011. Manually compile and coordinate reporting of URS Tables based on MACSIS, PCS, survey sampling, and BH Mod in SFY 2010 Block Grant application.
  - *Objective and Activity:* Access data warehouse to report an unduplicated count of consumers who received hospital and/or community services in 2011.

**Indicate plans to assess the State system:** ODMH is committed to an ongoing assessment of the adequacy and feasibility of existing and proposed information systems. With the aim of increased efficiencies and reduced reporting burden on providers, ODMH leadership, staff, and

constituent group representatives in 2009 assessed capacity to maintain an existing client level data reporting system (Ohio Consumer Outcomes) that collected, among many other things, measures of change in housing, employment, education (suspensions/expulsions), and criminal justice involvement.

Early in SFY 2010, the ODMH Deputy for Administrative Services assessed the ability of the Office of Information Systems (OIS) to meet customer needs within ODMH. That assessment laid the ground for selection of the new OIS Chief, J.P. McInnis, BBA, who has committed .50 FTE staff support to the DIG program. During the planning year for the TEO system, OIS will assess its readiness to support web-based information technology.

Assessment of providers' capacity to report client level data in a treatment episode format and ODMH's capacity to collect, report, and use that information will identify a minimum necessary dataset needed for Block Grant reporting and long-term oversight of the state's public mental health system. To this end, a TEO Steering Committee comprised of ODMH staff will convene with Planning Council, consumer, provider, and Board representatives to assess policy and program issues related to collection of client level data. Initial steps will involve assessment of a treatment episode data system (BH Mod) operated by ODADAS. Some client level admission data for mental health consumers are collected currently by ODADAS from providers certified by both state agencies to provide mental health and substance abuse services. The TEO Technical Workgroup staff will assess issues related to data exchange from that system and other client level reporting systems that providers may operate.

The reliability of client level information in MACSIS on number of persons served by age, gender, race and ethnicity will continue to be assessed by ODMH staff for potential under-reporting of consumers who do not receive Medicaid-reimbursable services. The validity of a six-month gap in service receipt will be assessed as a proxy measure for case termination as the treatment episode system is brought online. The feasibility of a change in the PCS template for racial categories, which do not conform to federal reporting requirements, will be examined.

**Describe infrastructure development and related activities:** ODMH is currently developing a data warehouse that will link records from MACSIS enrollment, outpatient service claims, and PCS hospitalization data. The data warehouse is expected to facilitate reporting of URS Tables that address inpatient and outpatient access, as well as consumer demographics. A cross-divisional users' group made up of Program & Policy, Research & Evaluation and IT staff will assess ongoing development of the data warehouse on its capacity to support reports needed for the URS Tables.

As previously indicated, ODMH will charter a TEO Steering Committee in FFY 2011 to work with constituent groups (Planning Council, consumers, providers, Boards, other state agencies) on developing a plan to pilot a TEO data collection and reporting system in FFY 2012, with a goal of statewide implementation in FFY 2013. This committee will also be responsible for identifying measures for inclusion in the information system other than the three NOMs for

housing stability, employment/school attendance, and criminal justice involvement. In addition to serving as an advisory group on provider implementation, the TEO ORE Steering Committee will be responsible for developing an administrative rule requiring the collection and reporting of TEO data by FFY 2013. A TEO Technical Workgroup also will convene in FFY 2011 to identify architectural, data specification, documentation, and staffing needs associated with piloting a TEO collection and reporting system in FFY 2012.

Implementation of a randomized mail survey of the MHSIP and YSS-F in FFY 2011 is another major data infrastructure project expected to enhance the ODMH's capacity to collect and use information for quality improvement and Block Grant planning and reporting.

**Describe plans for annual data collection, management, analysis, interpretation and reporting:** Under the management of the DIG Principal investigator, ORE staff will conduct a randomized mail survey of consumers enrolled in MACSIS using the Ohio versions of the MHSIP and YSS-F. (See Attachment 2 for instruments.) Annual mail survey sampling and data will be managed by staff with responsibility for selection of the sampling frames and compilation of mailing lists, data entry (e.g., operating optical mark reading equipment), development and maintenance of Access, Excel and SPSS files for storage and analysis, as well as interpretation and reporting of results in URS Tables 9A&B and 11. Mail survey sampling also will be supported by an administrative support staff responsible for managing mailing labels, envelopes, postage, survey forms and cover letters, and logging returned forms. ORE staff will be responsible for preparing and sending brief reports of results to survey participants, Planning Council, ODMH leadership, and the Block Grant State Planner/Co-Principal Investigator. Survey results will be posted on the ODMH website.

In FFY 2011-12, ORE staff assigned to the DIG program will use samples drawn from randomized mail surveys, an existing administrative system of mental health consumers (BH-Mod), and the TEO pilot to provide estimates for URS Tables 4, 15, 19A&B: change in employment and housing status, criminal justice involvement, and school attendance. For the FFY 2013 Block Grant Implementation Report, ORE staff will use data from the TEO statewide implementation data to report change measures for URS Tables 4, 15, 19A&B.

In FFY 2011-13, ORE staff will manually compile and analyze information gathered by Program, Fiscal, and Medical Director staff to report URS Tables 7, 8, 10, 16 and 17. One element of URS Table 17, *number of consumers who received Integrated Treatment for Co-Occurring Disorders*, will be obtained from MACSIS due to inclusion of a new service code in 2010.

ODMH staff will work with SAMHSA in FFY 2011-13 to accurately report the two CMHS-TRAC GPRA indicators, "number of organizations making changes to accountability mechanisms in order to improve mental health practices/activities as a result of the grant," and "number of organizations that regularly obtain, analyze, and share data on mental health-related results as a result of the grant."

**Describe specific proposed projects and activities to enhance capacity and infrastructure development:**

In FFY 2010, ODMH will continue using MACSIS, PCS, and BH-Mod and collect a convenience sample of YSS-F and MHSIP with questions added for employment/education (expulsions/suspension), housing, and criminal justice involvement.

Implementation of a data warehouse linking MACSIS and PCS files is expected to greatly reduce administrative burden associated with producing extracts, conducting analyses, and interpreting information necessary for reporting the URS Tables for re-hospitalization and access to community services. A pilot model of the data warehouse is scheduled for beta testing by ORE staff in April 2010. In FFY 2011-13, ORE and OIS staff assigned to the DIG program will develop data warehouse capacity to analyze and report information required by URS Tables 1, 2A&B, 3, 5, 6, 12, 14A&B, and 20A&B.

In FFY 2011, ORE staff will develop an Access database that permits analysis and reporting information on minors in state child welfare custody placed in residential treatment facilities. Structuring the merged SACWIS/MACSIS records in a small relational database will permit more complete reporting of URS Table 3 (line 4) and Table 6 (line 3) in the FFY 2011-12 Block Grant Implementation Reports. In FFY 2011, ODMH staff also will initiate conversations with the Ohio Hospital Association about the availability of private, community hospital psychiatric inpatient admission and discharge data. Collaboration with OHA will enhance ODMH's capacity to complete URS Table 3 (line 3) and Table 6 (line 2). Enhanced capacity to report these URS Tables 3 and 6 will support policy and program planning efforts.

With statewide implementation of the TEO system in FFY 2013, complete information concerning housing status for both adults and minors will be available, and the interim SACWIS/MACSIS database will go offline. The TEO system is the major data infrastructure project that will enhance ODMH's administrative data reporting capacity. As envisioned, TEO will be a statewide treatment episode data system that captures global, program-level outcomes as well as special population information, such as military/veteran status. The TEO dataset will contain unique identifiers that allow outpatient services information in MACSIS and hospital episodes in PCS to be linked. In addition, unique identifiers associated with randomized survey samples will allow linkage to information on client perception of care, functioning, and social connectedness.

At the present time, ODMH has no plans to collect information on wait times, although it has obtained estimates of this from Boards in the past.<sup>1</sup> Wait listing and time measurement are not used uniformly among the state's 340 certified providers of mental health services or throughout Ohio's 50 Board areas. A major issue with wait time measurement is, "Wait time for what service?" Wait times for bio-psychosocial assessments and case management are markedly shorter than wait times for psychiatric physician assessments, primarily due to the shortage of psychiatrists. An Ohio-specific issue with nationally comparable wait time measurement is, "Wait time for which patients?" Individuals waiting for services in Ohio are not uniformly

identified prior to intake as SMI or SED. (See discussion of “An Unbounded System” in Section A of this application.) It would pose an untenable burden for ODMH to ask providers to report wait times only for persons identified as SMI/SED, particularly if this requirement is not compatible with CMHS Medicaid policy.

ODMH currently reports Block Grant expenditures for non-direct service activities in URS Table 8. In FFY 2009, expenditures for data collection and reporting comprised about .25% of all non-direct service expenditures. ODMH is able to report Mental Health Service Expenditures by Fund Source in Table 7, but can only estimate the treatment portion of residential care expenditures for children and adolescents in state child welfare custody due to the braiding of Title IV-E funds with Medicaid dollars. (See discussion of “Other Client level Systems” in Section A of this application.)

**Describe potential barriers and how to overcome them:** Administrative burden is frequently cited by providers of mental health services in Ohio as a significant barrier. Providers must comply with a substantial number of reporting requirements from numerous funders and regulatory bodies, including, but not limited to, county commissioners, county criminal justice authorities, Boards, other state agencies, and foundation and grant funders, as well as accrediting bodies such as JHCAO and CARF. A study of provider decision support systems conducted by ORE in 2006 indicated that many providers lack technical infrastructure to support the integrated information systems needed for decision support.<sup>2</sup> Administrative burden is exacerbated, in part, by inadequate technical capacity and the large number of small, undercapitalized providers operating in the current environment. Such providers are not well positioned to take advantage of stimulus dollars for electronic health records and information exchange. The issue of administrative burden is compounded by a 30% workforce reduction in ODMH Central Office staff between August 2008 and December 2009 due to declining state revenues. Although the corresponding level of workforce reduction by community providers is unknown at this time, a 38.7% reduction in general revenue funds to Ohio communities between SFY 2009-10 will undoubtedly have an impact on workforce capacity.

***Solution 1: Provider, Board and Consumer Collaboration.*** Efforts will be made to obtain provider, Board and consumer buy-in through inclusion of representatives from trade and consumer and family organizations on the TEO Steering Committee. Planning will address issues such as duplicative reporting of data elements in state and local systems, minimum necessary information and administrations required, population covered by TEO reporting, consumer contact preference for mail surveys, summary reports for quality improvement initiatives, and ongoing technical assistance and training. ODMH, Boards, and providers have a 10-year history of partnership with implementing the Ohio Consumer Outcomes System. As a consequence of that experience, there is a great deal of technical capacity for client level reporting throughout Ohio’s public mental health system. Ten years of reporting client level outcomes data has created a cultural expectation that service provision in the 21<sup>st</sup> century requires some form of treatment outcome reporting to funders and oversight entities. Through its

community planning process with boards, ODMH will encourage local planning efforts to continue building technical capacity among providers.

***Solution 2: Incentivize TEO reporting through prospective identification of individuals with SMI or SED.*** By requiring TEO records submission only for individuals with SMI/SED, the proposed approach will provide a boundary to the population of focus at intake, discharge and/or update based on provider assessment of symptom severity and duration, diagnosis, and global assessment of functioning. Prospective identification of SMI/SED status in the TEO system will be used to support development of defined benefit packages for most-in-need individuals regardless of payer source. Given this linkage to a defined benefit for priority populations, providers may perceive an incentive to reporting information in the TEO system. Prospective identification of SMI/SED status in the TEO intake/admission records can be compared to estimates obtained through the post-hoc diagnosis/utilization algorithm to improve the quality of information about the population of focus.

**Discuss how the proposed approach addresses language, beliefs, values and socioeconomic factors in the population of focus:** ODMH has identified culturally competent practice as a priority in its Strategic Plan and has created an initiative to integrate cultural competency into standard practices/protocols and policies to reduce treatment disparities. ODMH staff assigned to the DIG program participates in Cultural Social Interaction Circles, which are designed to build relationships and awareness of fellow co-workers' world-view perspectives and obtain a better understanding of diversity and cultural competence. Ohio's Block Grant program supports the Multi-ethnic Advocates for Cultural Competence (MACC), a 501(c)3 organization that provides technical assistance to state and local agencies to integrate cultural competence into their work. Randomized sampling with the MHSIP and YSS-F will involve oversampling certain ethnic/racial groups to obtain an adequate number of representative responses from minority consumers. Planning and development of the TEO System and survey sampling design will include a request for MACC's assistance to increase the cultural sensitivity of the TEO system and surveys. Ohio will support development of data collection protocols for persons with limited reading skills and when Spanish, Somali, and ASL are the primary language. In its data collection efforts, Ohio also is mindful of the culture of poverty and perspectives unique to its Appalachian counties.

**Describe other participating organizations and their roles/responsibilities:** Organizations that will participate in DIG planning and program activities include the (Block Grant) Planning Council, Ohio Empowerment Coalition (OEC/consumer organization), NAMI-Ohio, Ohio Federation of Children's Mental Health (OFCMH), Ohio Association of County Behavioral Healthcare Authorities (OACBHA – representing Boards), Ohio Council of Behavioral Health Providers (OCBHP), and the Ohio Association of Child Caring Agencies (OACCA). Planning Council will have broad oversight review of DIG planning, program implementation, and performance assessment. Although Planning Council includes one representative from OEC and one from NAMI, Ohio's consumer and family organizations will be engaged separately to review survey sampling protocols, TEO implementation issues, and interpretation of results. OACBHA,

OCBHP and OACCA will work closely with ODMH in the planning and implementation of the TEO System to address provider and board needs and concerns. All participating organizations will have the opportunity to use data to improve the quality of the mental health system by making recommendations to their constituents and ODMH. Preliminary meetings to discuss the DIG program have taken place, and letters of support from OACBHA, OCBHP, and OACCA are included in Attachment 1.

**Logic Model:** See page following end of Section B.

**Describe how the proposed project will address issues in the population of focus:** The MACSIS enrollment template includes demographic variables for race/ethnicity, gender, age, geographic location, and income. For survey data, ODMH uses a regional/county grouping scheme for statistical analysis developed by the Ohio Department of Health for the Ohio Family Health Survey.<sup>3</sup> Spanish language versions of the MHSIP and YSS-F will be available when staff assigned to the DIG program is able to identify consumers and family members with this language preference. Development of a Spanish or Somali language sampling frame will depend on inclusion of this language preference in data collected through the TEO template. The Survey Consent Information form (see Attachment 3) is written at a Flesch-Kincaid grade level of 8.2. This form, which is in a 14-point font for reading ease, will be field tested through consumer interviews prior to survey implementation. Implementation of survey sampling in the spring of 2011 will include a Decline Contact option, which will be made available upon receipt of mail surveys. This option adheres to HIPAA privacy rules regarding the covered member's right to request contact at an alternative address or by alternative means. TEO Steering Committee will review inclusion of sexual identity and disability status categories in the TEO template through consultation with advocates with the GLBT-Q and disability communities.

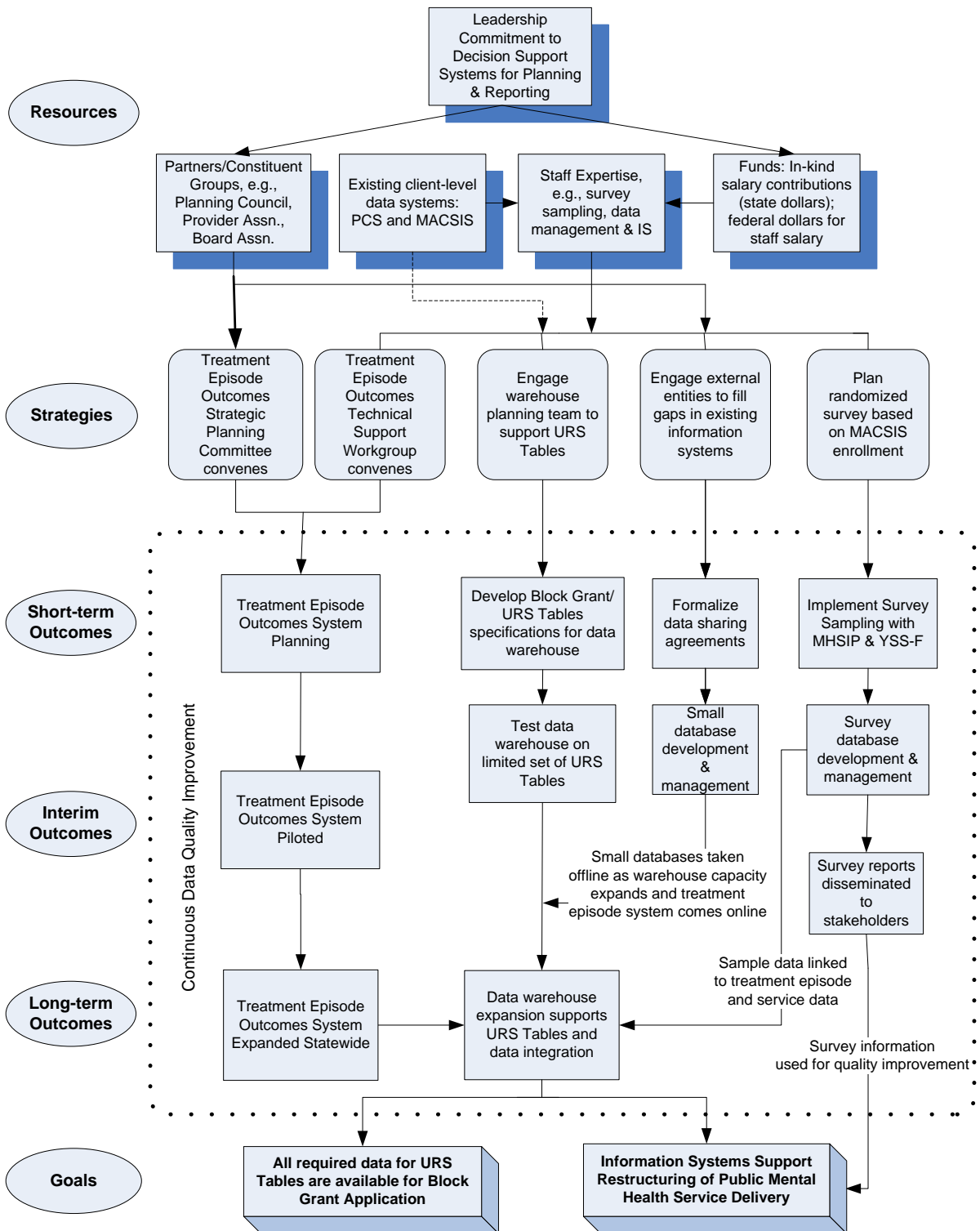
**Describe how members of the population of focus were involved in preparing the application and will be involved in planning, implementation and assessment:** Consumers and family members on Planning Council, OEC, and NAMI reviewed Ohio's proposed approach to the DIG application and provided feedback that affected the final submission. Planning Council was involved in application preparation through discussion at their February meeting, teleconference with their leadership to address questions, and by providing a letter of support. As discussed earlier, representatives with Planning Council, OEC, NAMI, and OFCMH will be invited to participate on the TEO Steering Committee and in the planning, implementation, interpretation of the MHSIP and YSS-F survey sampling. Responsibility for assessing performance measurement of the DIG program overall will rest with Planning Council. Letters of support from the Planning Council, NAMI, and OFCMH are included in Attachment 1.

**Describe how the project will be sustained:** ODMH will modify its administrative rule to require reporting of TEO data by mental health providers. In turn, mental health providers will change their policies and procedures to accommodate the new TEO system. ODMH staff will also seek to incorporate TEO data into the Community Plans which Boards submit to the state, potentially increasing the Boards' use of the data while reducing the burden of collecting and

analyzing it. Administrative approval will be sought to use future federal Block Grant and state GRF funds to help support this effort.

ODMH staff participate in an inter-agency workgroup of grants managers from all the adult and child-serving state agencies, the Ohio Attorney General's Office, and the Governor's Office of Faith-based and Community Initiatives to improve the state's ability to secure, promote, access, and/or distribute additional federal and private funding. Efforts will be made to seek and secure funding from private and public entities with an interest in behavioral health outcomes measure and consumer perception of care. Additionally, ODMH will address potential staff turnover and/or changes in project leadership through cross-training and collaboration among staff to build a strong team. The co-principal investigators have attended DIG meetings for the past five years and will share their knowledge with the TEO Steering Committee and staff.

# Data Infrastructure Logic Model



### Section C: Staff, Management, and Relevant Experience

**Realistic Project Timeline with key activities, milestones and responsible staff:**

✓ = Milestones

<b>Phase I: Planning and Start Up (10/10 – 9/11)</b>	<b>Time Frame</b>	<b>Key Staff</b>
Assemble program team, including recruitment, screening, and selection of Research Assistant	10/1/10 – 1/31/11	PPD & ORE PIs, Office Chiefs (OC)
✓ Develop sampling frame, organize and implement mail survey, including data entry, analysis, and reporting; develop survey protocol manuals	1/1/11 – 9/30/11	ORE PI, Research Assistant (RA)
Assemble Treatment Episode Outcomes System Steering Committee and begin meetings to identify core assumptions, measurement criteria, and implementation strategies	10/1/10 – 9/30/11	PPD & ORE PIs, OC
Assemble TEO Technical Workgroup to develop pilot for TEO System, including template design, data specifications, documentation, and training needs	3/1/11 – 9/30/11	ORE PI, IT Staff, OC
Collaborate with SAMHSA on operationalization of the GPRA measures; develop performance assessments for stakeholders & SAMSHA, report GPRA	10/1/10 – 9/30/11	Performance Evaluator (PE), RA
Incorporate NOMs into Boards' Community Plan process	1/1/11 – 4/1/11	PPD PI, OC
Modify data warehouse to support reporting in URS Tables 1-3, 5-12, 14, 17 & 20	10/1/10 – 6/30/11	IT Staff, ORE Staff
Develop small databases to support reporting in URS Tables 3, 4, 6, 15 & 19	10/1/10 – 6/30/11	ORE Staff
Coordinate information from multiple sources and enter results into all required URS Tables	8/1/11 – 11/1/11	RA

<b>Phase II: Piloting &amp; Routinization (10/11 – 9/13)</b>	<b>Time Frame</b>	<b>Key Staff</b>
Assess survey implementation and results; make modifications as needed to improve collection, analysis and reporting	10/1/11 – 1/1/12	ORE PI, PE
Implement Survey in Years 2 and 3 following QI modifications	1/1/12 – 7/1/13	RA
✓ Implement TEO pilot, including identification and recruitment of providers and ongoing technical support	10/1/11 – 9/31/12	ORE PI, TEO Technical Workgroup
Evaluate TEO pilot & data quality, analyze TEO data, report results	9/1/12 – 12/31/12	PE/ORE Staff/RA

<b>Phase II: Piloting &amp; Routinization (10/11 – 9/13)</b>	<b>Time Frame</b>	<b>Key Staff</b>
Assemble TEO Quality Improvement & Implementation workgroup to review pilot evaluation and develop recommendations for statewide expansion	1/1/13 – 6/30/13	PPD & ORE PIs, IT Staff, OC
✓ Assemble Policy Workgroup to develop and pass administrative rule for TEO data collection statewide	3/1/13 – 9/30/13	PPD & ORE PIs, Legal Staff
Manage statewide expansion of TEO System	7/1/13 - Ongoing	ORE PI, IT Staff, OC
Annual progress reports, transmission of GPRA data to SAMHSA	2012/13	PE, RA
Annual information coordination and completion of URS Tables	2012/13	RA
Development Activities to Secure Continued Funding	2012/13	Grants Office Staff

**Capability and Experience of Applicant Organization:** ODMH is a cabinet level agency reporting to the State’s Governor and has oversight responsibility for Ohio’s mental health system. Over the course of its history, ODMH has implemented a number of information systems, with the most recent—MACSIS and Ohio Consumer Outcomes—in operation for over 10 years. From 1996 to 2002, ORE staff developed and piloted a model for reporting client level outcomes, and from 2003 to 2009 ORE staff managed Ohio Consumer Outcomes as a statewide system. ORE has six professional staff in a wide range of professional disciplines with either Master’s or PhD degrees with a heavy concentration of course work in research methodology, data analysis and statistics.

As Co-Principal Investigator for the Data Infrastructure Grant, Carol Carstens, PhD, will manage project development, implementation, data collection, and reporting in the URS Tables. Dr. Carstens has ten years experience working in ORE and has conducted numerous studies involving administrative databases and statewide surveys as a senior health services policy analyst. Dr. Carstens works under the supervision of ORE Office Chief Kraig Knudsen, PhD, whose extensive research experience includes an NIMH-funded post doctoral fellowship. Dr. Knudsen is Lead Evaluator on Ohio’s SAMHSA-funded Transformation State Incentive Grant (TSIG) and the Project Veterans Intervention Program. As the site for Ohio’s TSIG and Project Veterans Intervention Program evaluation, ORE has several years’ experience working with SAMHSA to develop and report GPRA and other required outcome (NOMs) measures.

For the past five years, Dr. Carstens has worked closely with Block Grant State Planner Liz Gitter, MSSW, to improve the quality and completeness of Ohio’s reporting in the URS Tables. Ms. Gitter has reported the URS Tables since 2003 and served on the Client Level Advisory Group that advised SAMHSA and NASMHPD-NRI on the URS Tables. Ms. Gitter has also served as a Block Grant reviewer and on SAMHSA committees to revise the Block Grant Plan and improve the monitoring process. She will be active on the TEO Steering Committee, where she will contribute her knowledge of SAMHSA’s policy, procedures, and expectations for data

reporting. As DIG Co-Principal Investigator, Ms. Gitter was instrumental with involving Planning Council in the development of the current proposal, as well as in writing and reviewing major sections of the DIG program narrative.

ORE staff member Kwok Tam, MSSA, will support the Co-Principal Investigators as the project performance evaluator (PE). Mr. Tam has six years experience working in ORE as a health services policy analyst for the Ohio Consumer Outcomes System.<sup>4</sup> One new staff person will be hired to assist Mr. Tam and Dr. Carstens with performance assessment and project management. The new staff will be a research associate (RA) hired to carry out day-to-day aspects of the evaluation, including data collection and compilation of GPRA performance data for entry into the TRAC system. This individual also will coordinate data collection from various sources necessary for completion of the URS Tables. In addition, the research assistant will provide support for the survey sampling project by assisting with mail preparation, logging respondent lists, entering data, and preparing reports.

Office of Information Systems (OIS) Chief J.P. McInnis, BBA, will supervise the .50 FTE IS staff assigned to TEO system development and implementation. Following an honorable discharge from military service, Mr. McInnis acquired 25 years' experience in the private sector as a systems analyst, manager, engineer/architect, and IT consultant. Mr. McInnis oversees management of MACSIS and PCS. As ODMH's lynchpin client level reporting system since the mid-1970s, PCS uses a flat file data frame to collect admission, update, and discharge information. Users include virtually all staff at the regional psychiatric hospitals, including nurses, physicians, pharmacists and administrative staff. A wide variety of information is collected, including admission, discharge, billing, medication orders, legal and other information. Staff at many of the Board sign in to PCS via the Internet to review patient information related to the Board's billing.

As discussed in Section A, MACSIS is the ODMH's client level billing system for outpatient services. It bears brief mention in the context of this organization's capability and experience with information systems. As described elsewhere, MACSIS operates as a statewide system with universal buy-in from providers and Boards. As such, MACSIS is a valuable link to the community where the credibility, capability, and experience of OIS are concerned. In addition, the staffing of MACSIS, PCS and an innovative design unit under Mr. McInnis' management demonstrates that ODMH OIS can support multiple IT environments.

Hospital IT staff trained in Avatar management systems have recently transferred into Mr. McInnis' office to support the development of innovative solutions to the ODMH's business needs. This move was prompted by departmental assessment in 2009 of IT staff capacity. The innovative design unit in OIS also includes Stacy Keenan, M.S., the ODMH's Web Facilitator and project lead for the development and implementation of the Ohio Outcomes System between 2000 and 2005. Ms. Keenan's role in the development and implementation of the TEO system for the Data Infrastructure project is yet to be determined, but she is expected to serve as an

invaluable resource on lessons learned in the first half of the decade from Ohio’s implementation of a client level outcomes system.

**Summary List of Staff Positions for Project:**

<b>Position Title</b>	<b>Role</b>	<b>Level of Effort</b>	<b>Qualifications</b>
Sr. Health Svcs. Policy Analyst	Project Lead	.4 FTE	See above narrative & Sec. G
Mental Health Administrator	State Planner	.1 FTE	See above narrative & Sec. G
Health Svcs. Policy Analyst	Performance Eval.	.2 FTE	See above narrative & Sec. G
Health Svcs. Policy Analyst	Research Asst.	1.0 FTE	See above narrative & Sec. G
Information Systems Analyst	IT Developer	.5 FTE	See above narrative & Sec. G

*(No more than 20% of the grant will be used for data collection, performance measurement, and performance assessment.)*

**Staff Cultural Competence:** As mentioned in Section B, ODMH staffs assigned to the DIG project participates in Cultural Social Interaction (CSI) study circles. The aim of the CSI activity is to improve cultural competence among Central Office administrative staffs who participate in small group-facilitated discussions to address cultural and racial issues. After meeting on a weekly basis for six weeks, each CSI group works on a project to improve cross-cultural awareness and relationships in the work place. These activities have increased communication and information sharing across departmental divisions. Although DIG staffs do not provide direct services to the population of focus, increased awareness of diversity issues has prompted greater attention to the collection and use of information provided by diverse groups in the service population. ODMH leadership views the development of culturally competent staff as an ongoing process, and DIG staffs are committed to consulting with MACC on development of a culturally sensitive information system and survey sampling strategies.

**Available Resources:** As discussed in the preceding narrative on Organizational Capability and Experience, a major resource for the proposed project is staff expertise with measurement design and implementation of client level information systems. (See Section F for ODMH’s in-kind match using State GRF.) Additionally, ORE has established collaborative relationships with Ohio’s major universities and has ready access to technical expertise in a wide range of disciplines. Existing information systems such as PCS and MACSIS provide a foundation from which ODMH expects to build reliable, valid reporting of all required URS Tables. As a cabinet level agency under the Governor, ODMH is equipped with an array of communication devices (e.g., phones, computers, web access, video conferencing, copiers, mail) that are available for use on the proposed project.

## **Section D: Performance Assessment and Data**

**Ability to collect and report:** ODMH's Office of Evaluation and Research (ORE) is experienced in the monitoring and evaluation activities required of this project and will comply with all data collection and reporting requirements specified in Section I-2.3. ORE has been in existence since 1972 and has a national reputation for producing high quality research and program evaluation. ORE has conducted a number of large-scale research projects which yielded important results for the mental health system and has excelled in the dissemination of information to all levels of the system. Staff currently manage original research on the economic impact of the current recession on the mental health system, conduct complex policy analyses on large databases, conduct evaluations at both the program and systems levels, and produce the ODMH Balanced Scorecard and the Governor's Performance Agreement Report. As mentioned above, ORE has experience in reporting GPRA for other SAMHSA grants and has previously reported the NOMs. For more detailed discussion of ORE's capability and experience with client level data systems and administrative data bases, please review Section C: Capability and Experience of Applicant Organization.

**Performance Assessment:** The main purpose of the performance assessment will be to evaluate the process and impact of the Data Infrastructure program on the ODMH's ability to collect, analyze, report, and use data required for Block Grant reporting in the URS Tables. To ensure the success of the performance assessment, ORE staff Kwok Tam will contribute his expertise by managing yearly submission of the URS Tables and quarterly reporting of the GPRA. (A more thorough discussion of Mr. Tam's qualifications and role in the Data Infrastructure program is found in Section C.) Co-Principal Investigators Carol Carstens and Liz Gitter will submit the brief project report (within 30 days following the data report submission) on DIG efforts and progress that addresses outcome questions such as goal achievement and effects, impacts, and contributing factors and process questions such as alignment of objectives, plan changes and their effects on planned intervention and performance assessment, challenges to data reporting, and recommendations for improvement.

Project management and performance evaluators will use the State's current Transformation manager software to track state and local infrastructure changes over the period of the grant. This software has been designed for Ohio specifically to track infrastructure changes within the state's mental health system and was used as a model for SAMHSA's Transformation Tracker evaluation tool developed for the Transformation State Incentive Grant (TSIG). Transformation manager will be used to link relevant implementation activities and targets with the specified GPRA measures, such as 1) number of organizations making changes to accountability mechanisms, and 2) number of organizations that regularly obtain, analyze, and share data on mental health-related results.

**Continuous Quality Improvement (CQI):** Ohio's experience with TSIG has shown that continuous performance assessment is critical for program management to improve the process of project implementation and to ensure that stakeholders remain engaged over the period of the

grant. The Principal Investigator will use quarterly results of the program performance monitoring and data quality assessments provided by Mr. Tam to continuously improve processes and outcomes. Three DIG program oversight bodies—Planning Council, ODMH Leadership, and the Division of Program and Policy which prepares the Block Grant Plan--will be provided program performance and data quality reports every six months. Recommendations of these oversight bodies will be incorporated into program activities. The analysis and use of administrative data by ODMH policy and program planners has been and continues to be a major strategy for improving the quality of administrative data.

ODMH's administrative rules require providers of clinical services eligible for Medicaid reimbursement to meet national accreditation requirements, which include continuous quality improvement (CQI) processes and use of treatment outcomes. The TEO Steering Committee will use these rules and processes as a way to promote the use of NOMs collected through the TEO system in providers' CQI processes. The TEO Steering Committee will collaborate with ODMH's Director of Quality Improvement and evaluation staff with Boards and providers to develop technical assistance and training to promote use of the NOMs. Additionally, the Block Grant State Planner will work with Planning Council to inform them of TEO findings. Through this information sharing activity, Planning Council will be encouraged to develop recommendations for the CQI processes of ODMH Central Office, regional psychiatric hospitals, Boards, and community providers.

**Process evaluation of client level data collection and reporting:** Over the course of the grant, a stakeholder workgroup made up of Planning Council members, consumers, family members, providers, and Boards will be formed through the TEO Steering Committee to provide quality improvement assessment specific to the TEO client level data collection and reporting project. In the first year of the grant, TEO Steering Committee duties will consist primarily of planning. In the second and third years of the grant, a TEO workgroup made up of staff and stakeholders will be convened to evaluate the pilot and make recommendations for statewide expansion of the TEO system. As a part of piloting the TEO system in the second year of the grant, ORE staff will prepare and disseminate a report on project status, data quality, and lessons learned. The pilot's evaluation will include use of focus group interviews to gather information from participating providers. Implementation of the TEO system statewide will include data quality edits and reporting to providers. The pilot's final report will be disseminated to participating providers, the TEO Steering Committee, Planning Council, Block Grant State Planner, Department Leadership, SAMHSA, and the public via the ODMH website. Through this process, the TEO Steering Committee will encourage providers to use the TEO data for CQI processes that meet national accreditation requirements. Additionally, the Boards will be encouraged to use the TEO data in planning and evaluation required in Community Plans submitted to ODMH. ODMH staff would also work with Planning Council to use the data to make CQI recommendations to SAMHSA and ODMH's Leadership.

**Data Reporting:** In the table below, the sources of data for each required URS Table are listed. MACSIS, PCS and Surveys are all administered by ODMH. Entities that provide these data are

mental health service providers, psychiatric hospitals, and consumers. MACSIS and PCS data are collected daily; Survey data will be collected every six months. Data quality for MACSIS and PCS are assured through frequent analyses, edits, and reports. Survey data quality will be assured through established sampling and analytic methodology.<sup>5</sup> As discussed in Section A under Other Client Level Systems, the BH-Mod (BH) is administered by the Ohio Department of Alcohol and Drug Addiction Services; SACWIS and DSS-MDC are administered by the Department of Job and Family Services; data for recipients of selected evidence-based practices are collected by the Coordinating Centers for Excellence (CCOEs). DSS-MDC data quality is assured through frequent analyses, edits, and reports. SACWIS data quality is sufficient to support linkage to MACSIS records and population estimates. BH data quality is sufficient to support comparison with other sample data for population estimates. More in-depth discussion of BH, SACWIS and CCOE data quality issues is found in Section A. Administrative data systems such as BH, SACWIS and DSS-MDC collect information on a daily basis; the CCOEs collect and report data annually. Discussion of HIPAA-compliant data handling protocols and security standards is found in Section H.

Table No.	Table Content	Source		
		SFY 10	SFY 11	SFY 12
1	SMI/SED Estimates	MACSIS	MACSIS	MACSIS
2	Undup. Count by Age, Gndr, Race	MACSIS	MACSIS	MACSIS
3	Undup. Count by Age/Gender			
	a. Community OP	MACSIS	MACSIS	MACSIS
	b. State Hospital	PCS	PCS	PCS
	c. Community Hospital	DSS-MDC	DSS-MDC	DSS-MDC
	d1. Adult RTC	BH-Mod	TEO/BH/Survey	TEO
	d2. Child/Adolescent RTC	BH/SACWIS	TEO/BH	TEO
4	Employment	BH/Survey	TEO/BH/Survey	TEO
5A/B	Medicaid Status by Gndr, Race/Eth	MACSIS	MACSIS	MACSIS
6	Client Flow/Turnover by Age			
	a. State Hospital: Adults	PCS	PCS	PCS
	b. Com. Hosp.: Adults & C/A	DSS-MDC	DSS-MDC	DSS-MDC
	c. RTC: Adults & C/A	BH	TEO/BH	TEO
	d. Community OP	MACSIS	MACSIS/TEO	TEO
7	State MH Expend/Revs	MACSIS/PCS	MACSIS/PCS	MACSIS/PCS
8	Profile of MHBG Expenditures	BG Acctng	BG Acctng	BG Acctng
9A/B	Social Conn. & Functioning	Survey	Survey	Survey
10	Agency Profile	BG Acctng	BG Acctng	BG Acctng
11	Consumer Perception of Care	Survey	Survey	Survey
12	SMHA Profile	MACSIS	MACSIS	MACSIS
13	Wait lists	N/A	N/A	N/A
14A/B	SMI/SED by Age, Gndr, Race/Eth	MACSIS	MACSIS	MACSIS

Table No.	Table Content	Source		
		SFY 10	SFY 11	SFY 12
15	Living Sit. by Age,Gndr,Race/Eth	BH/Survey	TEO/BH/Survey	TEO
16	EBPs by Age, Gender, Race/Eth			
	a. Supported Housing	CCOE	TBD	TBD
	b. Supported Employment	CCOE	TBD	TBD
	c. ACT	CCOE	TBD	TBD
	d. Therapeutic Foster Care	N/A	TBD	TBD
	e. MST	CCOE	TBD	TBD
	f. FFT	N/A	TBD	TBD
17	SMI EBPs by Age, Gndr, Race/Eth			
	a. Family Psychoeducation	N/A	TBD	TBD
	b. IDDT	MACSIS	MACSIS	MACSIS
	c. Illness Self Mgt	N/A	TBD	TBD
	d. Medicaid Mgt	N/A	TBD	TBD
18	New Generation Antipsychotic Use	N/A	N/A	N/A
19A	Criminal Justice Involvement	BH/Survey	TEO/BH/Survey	TEO
19B	School Attendance	Survey	TEO/Survey	TEO
20A/B	State Hosp Re-admit Civil/Forensic	PCS	PCS	PCS

N/A = Not Available      TBD = To Be Determined      BG Acctng = Block Grant Accounting

## Section E: Literature Citations

- <sup>1</sup> Mutual System Performance Agreement/Community Plan Survey Final Report. December 20, 2006, Ohio Department of Mental Health. Available online on 2/5/10 at:  
<http://b9962ed140049a571a710839f1f71c989aaf09ce.gripelements.com/oper/research/publications/evaluation-reports/documents/mspa-final-report.pdf>
- <sup>2</sup> Final Report of the Outcomes system Quality Improvement Group: Appendix B—Special Report on Contextual Issues. November 27, 2006. Ohio Department of Mental Health, 30 E. Broad St., Columbus, OH 43255-0414.
- <sup>3</sup> About the Ohio Family Health Survey, 1998. Ohio Department of Health, Available online 2/5/10 at:  
<http://www.odh.ohio.gov/ASSETS/C77BD6CA182347B5A21FDDA3963A40B2/ofhsuninctbkpt3a.pdf>
- <sup>4</sup> Ohio Consumer Outcome System Reports prepared by Kwok Tam in collaboration with other ORE staff available online 2/5/10 at: <http://mentalhealth.ohio.gov/what-we-do/protect-and-monitor/consumer-outcomes/reports/index.shtml>
- <sup>5</sup> Dillman, DA. (1978). Mail and Telephone Surveys: The total design method. NJ: Wiley and Sons.