

Strategic Initiative #7: Data, Outcomes, and Quality

Lead: Pete Delany, Director, Center for Behavioral Health Statistics and Quality

Key Facts

- Access to comprehensive health insurance coverage and the provision of services with a strong evidence base leads to improved health and behavioral health outcomes.^{120, 121}
- Fragmented data systems reinforce the historical separateness of service systems.
- Discrete service systems can limit access to appropriate care, lead to uneven quality in service delivery and coordination, and increase information silos.
- Distinct funding streams for State, Territorial, and Tribal mental health, substance abuse, and Medicaid agencies underscore the importance of common measures and data collection reporting strategies.¹²²
- Increasing understanding of practice-based evidence and making data and research more accessible for policy audiences significantly impact their use by policymakers.¹²³

Overview

The transformation of health care systems is expected to improve the quality of life and behavioral health outcomes for millions of Americans. It will also significantly reduce death, illness, and overall health care expenditures. However, without an adequate system to understand behavioral health needs and measure appropriate behavioral health outcomes, the Substance

Purpose of Initiative #7

Realizing an integrated data strategy and a national framework for quality improvement in behavioral health care that will inform policy, measure program impact, and lead to improved quality of services and outcomes for individuals, families, and communities.

Abuse and Mental Health Services Administration (SAMHSA) and the Nation have a limited capacity to assess the transformation's impact on individuals, families, and communities. Additional limitations in the ability to identify and address behavioral health disparities result from the lack of specificity, uniformity, and quality in data collection and reporting procedures. This SAMHSA Initiative aims to improve the quality and availability of data and analysis and promote the dissemination of effective, evidence-based interventions and services. SAMHSA will facilitate efforts within States, Territories, Tribes, and communities to advance policies and programs that contribute to better health and behavioral health outcomes for individuals, families, and communities.

The U.S. Department of Health and Human Services (HHS) and SAMHSA seek to make programming decisions supported with high-quality data. These efforts are consistent with the Government Performance and Results Act (GPRA) Modernization Act of 2010 that amends the GPRA of 1993 and endorses improved accountability through quarterly performance data reporting, priority setting and regular senior leadership meetings. Both emphasize the importance of transparency in these decisions by making data readily available to the public. SAMHSA

continues to strive toward improving the national, State, Territory, Tribe, community, and program-level data collected. However, many budgetary and programmatic decisions are still made with incomplete data.

Through this Initiative, SAMHSA will formulate an integrated data strategy for informing policy, measuring program impacts, and disseminating results. This data strategy will improve the quality of services provided through SAMHSA, Medicaid, and other public and private funding, and, therefore, improve outcomes for individuals, families, and communities.

In recent years, SAMHSA has promoted the coordinated use of data for the formulation of policy and programming. This strategy has focused on:

- Collecting information both to inform national, State, Territorial, and Tribal mental health and substance abuse policy decisions and increase the effectiveness of SAMHSA programs and activities;
- Managing programs and monitoring performance; and
- Advancing activities to promote the interoperability of data systems and the uptake of electronic health records (EHRs).

SAMHSA has made progress in each of these areas and has active and ongoing efforts with Federal, State, Territorial, Tribal, community, and other stakeholders.

The new Initiative takes advantage of a revitalized national interest in data activities and new technologies to establish a more robust behavioral health information infrastructure for the Nation. SAMHSA will serve as the lead voice in addressing mental and substance use disorders within national health reform efforts. SAMHSA also will work to ensure that those most vulnerable have access to high-quality prevention, treatment, and recovery services.

High-quality services are not enough. Quality services may or may not improve behavioral health at the population level. Policymakers must have valid outcome data to allocate resources to services that are both high quality and meet the needs of the population served. Quality and outcome measures for behavioral health services have been developed that are accepted by the much of the field. SAMHSA can capitalize on the opportunity to develop a quality and outcome framework for the field based on these accepted measures.

Expanding access to data for policy development and decisionmaking is a guiding principal of SAMHSA's approach to transforming health care. This expansion includes collecting and assessing national, State, Territorial, Tribal, community, and program-level data and information as well as measuring the impact and effectiveness of service investments. It will require systems-level research to examine new strategies to improve the quality and outcomes of behavioral health care across primary care, specialty care, and social service sectors. Coordination and cooperation across the SAMHSA's Centers and Offices will be essential.

Improved data systems are central to SAMHSA's goal of improving the quality of behavioral health services in the United States. Better use and availability of data will enable providers to

more fully understand individual needs and provide person-centered care that works for consumers. Using a range of data effectively will drive accountability, leading to higher quality, safer, more accessible, and more reliable care. Accountability can also improve the experience of individuals receiving care and support active engagement of consumers and families.

Disparities

Because American Indians and Alaska Natives (AI/AN) make up a relatively small proportion of the broader population, national surveys often do not have sufficient numbers of Tribal respondents to provide a detailed or responsive picture of their behavioral health status and needs. Further AI/AN data collection will be required to obtain a better understanding of the behavioral health needs of this community. To address concerns about appropriate use of their data, research and data collection efforts must be conducted in a collaborative fashion. Protections must be in place. SAMHSA is committed to working with Tribes to address these issues.

The same issues also apply to other minority groups including racial and ethnic minorities and the LGBTQ population. In addition to these concerns, data and performance systems often do not capture items like identification with ethnic subpopulations (i.e. Vietnamese as an Asian subpopulation) or sexual and gender identity. Tracking these items can allow for a better understanding of public health issues related to specific groups. The desire for more and better data is balanced by limitations in sample sizes and resource constraints, but SAMHSA will work to improve its collection and understanding of problems across the population.

Health Reform

Activities within the Data, Quality, and Outcomes Initiative are focused on monitoring progress toward the achievement of health reform goals and objectives. SAMHSA's existing survey and surveillance activities will play an important role in tracking changes in access to and coverage of behavioral health services to needed populations. In addition, SAMHSA's planned development of an annual behavioral health barometer report will provide a snapshot of the status of various behavioral health indicators both nationally and within States. This snapshot show trends and anticipated progress in promoting mental health and in preventing and treating the substance abuse and mental illness of individuals, families, and communities across the country. Moreover, SAMHSA's efforts to advance a national behavioral health quality strategy that parallels the national quality strategy required annually through the Affordable Care Act provides SAMHSA an opportunity to exert leadership in the identification and reporting of important behavioral health quality and outcome measures reflective of key health reform goals.

Behavioral Health Workforce

Significant information and data needs are related to behavioral health workforce development. At present, limited data are available to inform strategic planning efforts aimed at recruitment and retention of a highly skilled, diverse, and culturally competent behavioral health workforce. SAMHSA is committed to broadly disseminating existing data about the behavioral health workforce through publications, such as *Mental Health, United States, 2008*, as well as identifying and addressing informational gaps to assist the efforts of educators, providers,

stakeholders, and policymakers toward achieving a knowledgeable, experienced, and compassionate behavioral health workforce.

More specifically, SAMHSA is providing training through the Projects for Assistance in Transition from Homelessness (PATH) on a number of topics, including the use of the U.S. Department of Housing and Urban Development (HUD) homelessness data collection system. Several SAMHSA workforce efforts target quality improvement through workshops, intensive training and resources that promote the adoption of evidence-based practices; training and technical assistance on process improvement activities through the NIATx program; and activities to advance the delivery of clinical supervision to foster competency development and staff retention. The annual National Survey of Substance Abuse Treatment Services (N-SSATS) and the biannual Mental Health Services Survey also collect data on standard operating procedures, continuing education requirements for staff; and accreditation, licensing, and certification of programs.

Goals

- Goal 7.1:** Implement an integrated approach for SAMHSA's collection, analysis, and use of data.
- Goal 7.2:** Create common standards for measurement and data collection to better meet stakeholder needs.
- Goal 7.3:** Improve the quality of SAMHSA's program evaluations and services research.
- Goal 7.4:** Improve the quality and accessibility of surveillance, outcome and performance, and evaluation information for staff, stakeholders, funders, and policymakers.

Specific Goals, Objectives, and Action Steps

Goal 7.1: Implement an integrated approach for SAMHSA's collection, analysis, and use of data.

Objective 7.1.1: Create a coordinated SAMHSA-wide performance measurement and monitoring system for SAMHSA discretionary, formula, and Block Grant programs.

Action Steps:

1. Develop and launch an integrated platform for the collection, analysis, and dissemination of grant-related performance data.
2. Develop and implement standard procedures for internal and external data users to successfully use data to monitor progress and outcomes of grants, including Block Grants.

Objective 7.1.2: Expand SAMHSA's internal analytic capacity that realizes an integrated data collection and behavioral health services system research program.

Action Steps:

1. Organize the Center for Behavioral Health Statistics and Quality (CBHSQ) to include an analytic support unit with expertise in mental health and substance abuse epidemiology, survey and statistical methodology, health service systems research, and program evaluation.
2. Promote collaborations across SAMHSA Centers; Federal partners; State, Territorial, and Tribal governments; and other stakeholders to create timely and relevant analyses to inform health reform and other initiatives with special attention to issues related to Tribal communities and minority populations based on standards outlined in the Institute of Medicine (IOM) *Report on Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement* funded by the Agency for Healthcare Research and Quality (AHRQ).
3. SAMHSA/CBHSQ will work with the Open.Gov Initiative to identify innovative strategies, including data.gov, to make data available as soon as possible while protecting confidentiality of survey respondents.

Goal 7.2: Create common standards for measurement and data collection to better document the quality and outcomes of behavioral health services.

Objective 7.2.1: Build and disseminate standard definitions and metrics to measure performance and quality of services and programs funded by SAMHSA.

Action Steps:

1. Work with partners and stakeholders—including representatives of diverse ethnic, racial and sexual minority populations—to develop a set of quality and performance indicators for SAMHSA's Block and discretionary grant programs that are consistent with Affordable Care Act guidelines and SAMHSA's recovery-oriented approach to care and that support SAMHSA's Strategic Initiatives.
2. Develop an annual report of the state of behavioral health in the United States.
3. Conduct a rigorous review of SAMHSA's GPRA measures to ensure that each program included in the GPRA Report and Plan captures the numbers served, the key goal of the program, and, when appropriate, an outcome to measure recovery.
4. Develop a recommendation on inclusion of efficiency measures in the GPRA Report and Plan.

5. Present proposed measures to SAMHSA leadership, Advisory Councils, Federal partners (e.g., other HHS agencies, Office of Management and Budget [OMB], and Office of National Drug Control Policy [ONDCP]), and SAMHSA constituents.
6. Incorporate revised indicators into SAMHSA's performance measurement systems.
7. Include sexual identity questions in SAMHSA's national surveys and program evaluations, building on the Intra-Agency Agreement with the National Center for Health Statistics Sexual Identity Question Design and Development Center.

Objective 7.2.2: Create a national behavioral quality framework consistent with the National Health Quality Framework.

1. Develop and implement a quality framework with examples of measures for behavioral health programs, including those funded by SAMHSA and other public sources and develop or identify population-based measures for tracking the performance of the Nation's behavioral health system.
2. Develop and implement a behavioral health service and system quality improvement framework—including processes, mechanisms, and outcomes for use by individual practitioners, programs, States, Territories, Tribes, and other funders—that is coordinated with EHR adoption and implementation.

Objective 7.2.3: Establish standards for defining and measuring resilience and recovery for substance abuse and mental health.

Action Steps:

1. Develop initial working definitions and metrics for resiliency and recovery.
2. Present proposed definitions and metrics to SAMHSA leadership, Advisory Councils, Federal partners (HHS, OMB, ONDCP), and constituents.
3. Work across SAMHSA's Centers and Offices to incorporate definitions and metrics into SAMHSA funded programs and throughout the Nation's behavioral health system.

Goal 7.3: Improve the quality of SAMHSA's program evaluations and services research.

Objective 7.3.1: Develop and implement a SAMHSA-wide evaluation policy to assess the effectiveness of SAMHSA programs.

Action Steps:

1. Finalize and implement a SAMHSA-wide evaluation policy in time for inclusion, where appropriate, in FY 2011 contracts.

2. Develop and implement a Web-based proposal and tracking system for SAMHSA-funded evaluations, including summaries of projects, timelines, and findings.

Goal 7.4: Improve the quality and accessibility of surveillance, outcome and performance, and evaluation information for staff, stakeholders, funders, and policymakers.

Objective 7.4.1: Create a single access point for disseminating State, Tribal, Territorial, and community data and information.

Action Steps:

1. Develop a new searchable State/Territorial/community Web page on www.samhsa.gov that draws from existing data systems and includes a “link farm” based on frequently asked questions.
2. Develop a Web-based, dashboard-driven State, Territorial, Tribal, and community data link on SAMHSA’s Web site that includes material relevant to diverse communities and provide technical assistance and support for users.

Objective 7.4.2: Increase accessibility to data reports that demonstrate improvements in access to services and physical and behavioral health outcomes within and across populations.

Action Steps:

1. Work with Federal, State, Territorial, Tribal, community partners, and other stakeholders to encourage the use of national survey and program performance data to document and monitor progress toward improving access to physical and behavioral health services (e.g., through acquisition of health insurance).
2. Develop and implement a data users conference for State, Territorial, Tribal, and community stakeholders and academic partners, including representatives of groups that experience behavioral health disparities.
3. Create opportunities to support behavioral health service researchers in using SAMHSA and related behavioral health data through training, accessibility, and internships.

Strategic Initiative #7 Measures

Population-Based

- Increase the number of States adopting the Behavioral Health Barometer for planning and reporting purposes.

SAMHSA Specific

- Reduce contract evaluation expenditures by 10 percent by 2012 through implementation of an SAMHSA-wide evaluation strategy.

References:

¹²⁰ Mathematic Policy Research, Inc. (2010). *How does insurance coverage improve health outcomes? Reforming health care Issue Brief #1*. Retrieved March 25, 2011, from http://www.mathematica.org/publications/PDFs/health/reformhealthcare_IB1.pdf

¹²¹ Mathematic Policy Research, Inc. (2010). *Basing health care on empirical evidence. Reforming health care Issue Brief #3*. Retrieved March 25, 2011, from http://www.mathematica.org/publications/PDFs/health/reformhealthcare_IB3.pdf

¹²² Health Resources and Services Administration. (2008). *Background and purpose of the performance measure implementation for Health Center Program grantees*. Program Assistance Letter. Retrieved March 25, 2011, from <http://bphc.hrsa.gov/policy/pal0806.pdf>

¹²³ Brownson, R. C., Seiler, R., & Eyler, A. A. (2010). Measuring the impact of public health policy. *Preventing Chronic Disease*, 7(4). Retrieved March 25, 2011, from http://www.cdc.gov/pcd/issues/2010/jul/09_0249.htm