

State Change Story #1 – Data Definitions

A group of provider and board representatives referred to as the Blue Ribbon Panel was established to review and make recommendations in response for the need to standardized and mechanized behavioral health (BH) information. The Ohio Department of Alcohol and Drug Addiction Services (ODADAS) developed a web-based BH prototype to test the set of revised data elements and definitions to improve the quality of the data. The Web-based Behavioral Health System WBBHS pilot began in January 2008. Modifications have been made to accommodate access and retention measures, as well as other programmatic varieties. Full implementation will take place in July 2009.

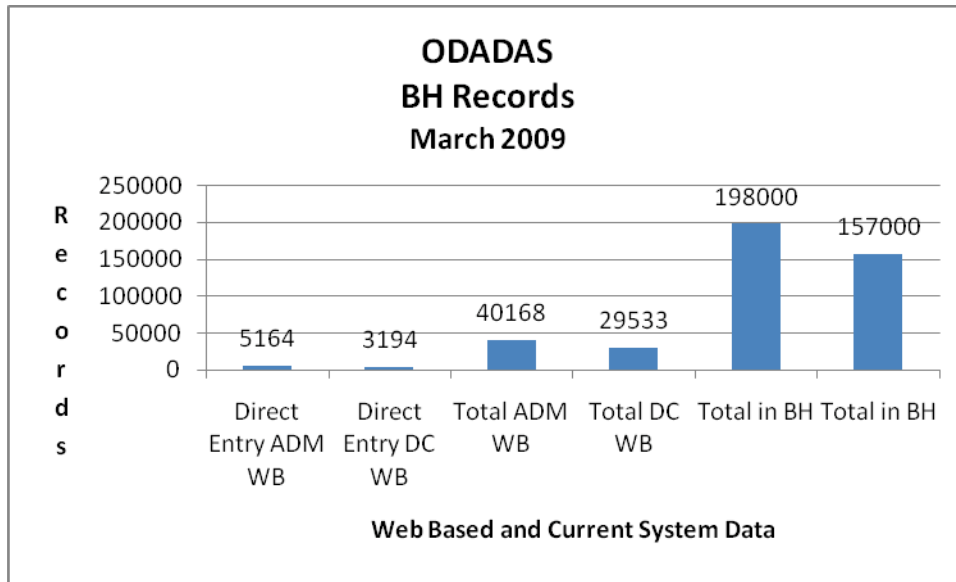
For the STAR-SI providers, the data definitions as established by the Blue Ribbon Panel were also to be used in conjunction with the modified NIATx Excel spreadsheets. The department (ODADAS) anticipates the web-based technology along with the revised BH Module will facilitate delivery of complete and accurate data, will provide access to client-specific behavioral health data in a user-friendly manner and in real time, and will promote customer feedback and CQI.

In Ohio, alcohol and other drug treatment programs are certified based on location, i.e. site. Each site receives a “Unique Program Identification” (UPID) number; all programs located at that site will have the same UPID. For example, at 123 Main Street, UPID #9876 includes an outpatient program, a non-medical residential facility and an acute detoxification (detox) unit. All three programs would have the same UPID. To distinguish the programs with the same UPID, data are extracted or coded based on level of care, e.g. outpatient, residential and detox, etc. To distinguish adolescents from adults, data are grouped by age group. Also owner agencies are listed on the certification, and owner agencies can have multiple program sites. Some agencies will bill under one UPID when there are multiple UPID numbers within an owner agency, making it difficult to determine how many programs are in existence at a single point in time.

As of March 2009 there were 35 UPID numbers using the web-based system. For each client, programs are to submit an admission record and a discharge record for the BH Module and a transfer record if the transfer occurred outside of the agency. Chart A shows that approximately three percent of the admissions records and two percent of the discharge records in the BH system have been directly entered via the WBBHS.

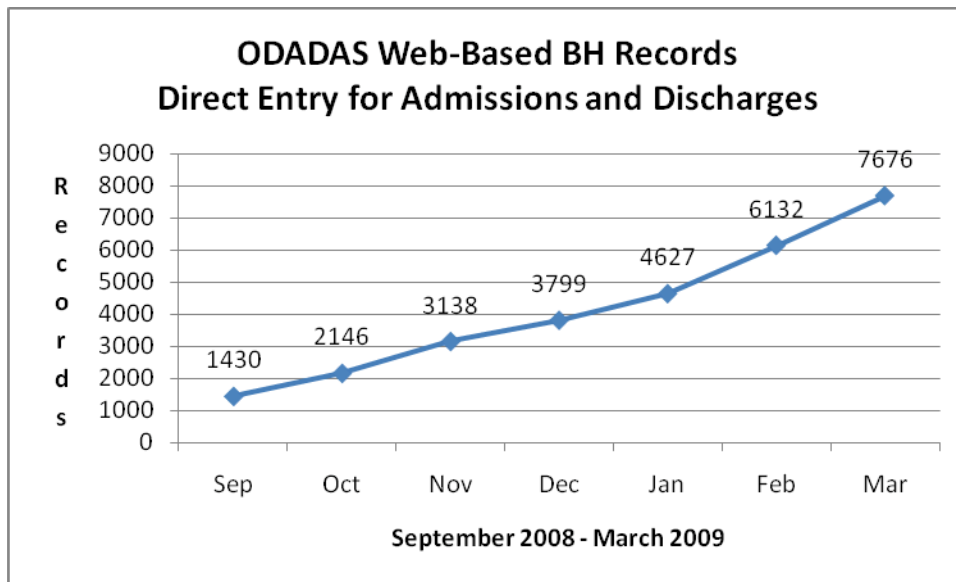
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Chart A. ODADAS BH Records



However, Chart B illustrates that there is a steady increase in the number of records being directly entered.

Chart B. Direct Entry Records



Of the 16 STAR-SI providers, two are using the WBBHS to report client-specific data; an additional three agencies in STAR-SI are reporting in the system.

The introduction of the WBBHs has resulted in the following: increased bottom line of agencies; increase in boards and staff satisfaction through the ability of some agencies to use the BH module for the first time; increased efficiency through data validation (edit checks), i.e.,

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reduction in errors since the system will not permit the user to move forward unless the information is entered properly, and increased access to own data in real time.

By piloting these definitions through a web-based system, the department has become aware of the need for system change decisions at the local level. Previously the department was not aware of the extent and involvement in such decisions. Also, the department appointed its treatment and recovery Regional Coordinators to be point persons to help local agencies and boards prepare for or report BH data. Having designated “point” persons facilitated the learning curve and reduced frustration in the introduction of a new way of doing business. Finally, the department learned that collaboration with boards is essential to increase provider reporting.