


SAMHSA
Data Strategy

FY 2007 – FY 2011

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
www.samhsa.gov





FOREWORD

Terry L. Cline, Ph.D.

Administrator, SAMHSA

I am pleased to share the *Substance Abuse and Mental Health Services Administration (SAMHSA) Data Strategy* for fiscal year (FY) 2007 through FY 2011. The *SAMHSA Data Strategy* is a companion document and key element in the SAMHSA Strategic Plan, which can be found at the Web site **http://www.samhsa.gov**.

SAMHSA's data strategy is one of my top priorities. I know from my own experience that all levels of government—Federal, State, and local, as well as social service providers and consumers—need reliable and timely data to inform policy, program, and service decisions. I also know that various stakeholders are moving forward with integrating mental health and substance abuse data into interoperable electronic health records and data systems.

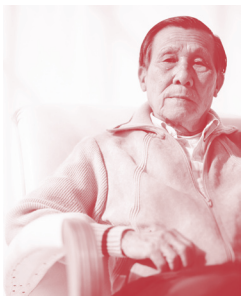
As such, a data strategy work group was formed to thoroughly examine SAMHSA's data activities and develop a plan describing goals and work done or underway to address those goals, as well as future efforts designed to achieve those goals. Those goals are as follows:

- **Goal 1**—Provide periodic national information on the incidence and prevalence of substance abuse and mental illness; associated characteristics of individuals and communities; specialty and nonspecialty treatment and prevention providers and their services; and payers and financing of such services.
- **Goal 2**—Provide effective performance information from block/formula and discretionary grant programs through developing and implementing SAMHSA-wide performance measures and rigorous evaluations. Performance data are vital to planning; decisionmaking; and implementing of policies, programs, and services.
- **Goal 3**—Promote the use of interoperable electronic health records and health information technology to improve quality and safety of care, increase administrative efficiencies, and encourage consumer and family participation in their health care.

The *SAMHSA Data Strategy* is guided by a set of principles to help ensure SAMHSA provides the most timely, relevant, cost-effective, and accurate data that can guide and improve policymaking, program development, and performance monitoring in support of SAMHSA's vision: "A life in the community for everyone." One of the key principles is cultivating partnerships and collaborations with our stakeholders. The *SAMHSA Data Strategy* could not have been completed without the guidance and dedication from our stakeholders. As we move ahead with implementing the activities outlined in this document, SAMHSA is committed to seeking continued assistance from our stakeholders and making certain that the combined fields of substance abuse and mental health move forward together.

SAMHSA is confident that its data strategy will make a major contribution toward ensuring that all stakeholders are armed with the information needed to make decisions that are data-based and data-driven. This ultimately includes empowering people with or at risk for mental and substance disorders with information needed to improve their care, build resilience and facilitate recovery. Our mission is clear.

CONTENTS





I. INTRODUCTION


The purpose of this data strategy is to describe the goals, objectives, and associated actions to help guide the Substance Abuse and Mental Health Services Administration's (SAMHSA's) data-related activities. The *SAMHSA Data Strategy* outlines general directions and milestones, which SAMHSA hopes to achieve by the end of fiscal year (FY) 2011.

Under its statutory mandate, SAMHSA must provide national data on mental health and substance abuse treatment services and on persons with mental and substance use disorders. This mandate includes the determination of the national incidence and prevalence of the various forms of mental illness and substance abuse, and characteristics of treatment programs. Conducting services-related assessments, including evaluations of mental health and substance abuse prevention and service systems and the organization and financing of care, is also part of SAMHSA's mission.

SAMHSA is also required to collect performance data and analyze the effectiveness of its programs. In particular, SAMHSA must meet the requirements of the Government Performance and Results Act (GPRA). Under GPRA, agencies must develop long-term strategic plans defining goals and objectives for their programs, develop annual performance plans specifying measurable performance goals for all of the program activities in their budgets, and publish an annual performance report showing actual results compared with each annual performance goal.

Related to GPRA is the Program Assessment Rating Tool (PART). The Office of Management and Budget (OMB) developed PART to assess the effectiveness of Federal programs and help ensure that management actions, budget requests, and legislative proposals are focused on results. PART examines various factors that contribute to the effectiveness of a program and places great emphasis on performance measurement and program results, including improved outcomes and efficiencies. PART also assesses if and how program evaluation is used to guide program planning and to corroborate program results. Increasingly, information from GPRA and PART assessments is being factored into Federal budget requests.

SAMHSA has responded to these requirements in various ways, including the development of a set of National Outcome Measures (NOMs). A description of SAMHSA's NOMs is at the Web site **http://www.nationaloutcomemeasures.samhsa.gov/**. NOMs data cover 10 domains for all discretionary and block/formula grant programs with client-level outcomes. A primary function of NOMs is the creation of a basic national data set to measure the performance of systems administered by State substance abuse and mental health agencies. Congress affirmed the need for this information in its reauthorization of SAMHSA under the Children's Health Act of 2000 (Public Law 106-310). In that Act, Congress called on SAMHSA to collaborate with the States and other interested stakeholders to develop a plan "for creating more flexibility for States and accountability based on outcome and other performance measures" in both the Community Mental Health Services Block Grant program and the Substance Abuse Prevention and Treatment Block Grant program. To meet this goal, SAMHSA is committed to improving the management of its block grant programs in the same way it is proposing to manage its other major initiatives—by providing States with clear but limited requirements and standards for national outcomes data collection and by requiring accountability through performance.

Other data-related requirements are intended to improve the availability, utility, and quality of information. The Department of Health and Human Services has launched initiatives to improve the effectiveness, efficiency, and overall quality of health and health care through the development of standards for interoperable systems of clinical, public health, and personal health information. In addition to these requirements, the Institute of Medicine's 2006 report, *Improving the Quality of Health Care for Mental and Substance-Use Conditions: Quality Chasm Series*, called for implementing consumer-centered approaches to enhance consumer and family decisionmaking, increase coordination of care between specialty and medical sectors, strengthen the evidence-based and quality infrastructure, and improve workforce development. All of these benefits rely on improvements in information systems maintained by State mental health and substance abuse authorities and service providers in the public and private sectors. Accordingly, there is a need for SAMHSA to exercise leadership in this area—to ensure sufficient attention to these issues in the development of national data standards and electronic health records (EHRs), and to assist States and providers in adapting to the emerging healthcare information environment.

II. NEED FOR DATA STRATEGY

Service system trends, agency data initiatives, and other changes have required a review of SAMHSA's goals for information collection and State data infrastructure support. In the area of national data collection, to date, SAMHSA has focused much of its efforts on specialty providers and services supported through State substance abuse and mental health agencies. While there is a continuing need for these data, several considerations underscore the need to expand the scope and orientation of national data collection activities. First, nontraditional settings, such as jails, prisons, and general hospitals, are becoming increasingly important as sites of institutional care. Issues concerning institutionalization and community-based care cannot be assessed without good information about these types of settings. Second, the growth of Medicaid and Medicare as important sources of public mental health and substance abuse financing means that more attention needs to be given to the services they support and the characteristics of their beneficiaries. Because of these payers, nonspecialty providers of care outside of the system administered by State substance abuse and mental health authorities are responsible for significant portions of publicly funded services. Such providers include nonpsychiatric physicians and general hospitals without psychiatric units.

Even though SAMHSA collects comprehensive national information on the prevalence and characteristics of persons with substance use disorders, equivalent information is unavailable for substance abuse prevention participants and SAMHSA does not have information on its prevention providers. Only limited information is available for adults with serious mental illnesses and children with serious emotional disturbances. Such information is essential for targeting service system reform efforts.

In the area of performance measurement, further challenges remain. Although SAMHSA's block grant programs have made advances in developing performance measures and improving accountability, more work is needed to set consistent definitions and standards for State NOMs data. Methods must be developed for aggregating and analyzing State performance data to derive national performance estimates, along with performance targets.

Considerable work remains to integrate NOMs into the performance measurement activities for individual discretionary grant programs, even though SAMHSA has made significant progress in establishing and collecting performance data within its discretionary programs. To support States and providers in achieving high performance on NOMs, guidance and technical support will be provided. Concurrent with this effort is the need for SAMHSA to improve the quality of evaluation activities in which data collection occurs. Although past evaluations of SAMHSA programs have produced much useful information about the effectiveness of particular program interventions, they nevertheless have been limited in notable ways. These include less rigorous evaluation designs, a lack of uniform evaluation standards and guidelines, considerable variation in evaluation expertise among project officers, and no central repository of information about evaluation activities.

Finally, in the area of data infrastructure, system and policy changes increasingly point to the need for reform. Similar to data developed by other agencies, State mental health and substance abuse agency data have reflected immediate programmatic and administrative needs. In general, such data have had a provider focus with elements necessary to determine provider payment and assess provider performance. Several factors necessitate an expansion of this orientation. First, all stakeholders, particularly legislators, are seeking greater accountability for service programs. Second, States and agencies are increasingly interested in integrating clinical, public health, and personal health information to provide a comprehensive picture of service use and to improve care coordination. However, these efforts have been limited by the lack of common standards for data collection and coding. In the behavioral health area, barriers continue to exist in identifying individuals with overlapping services from substance abuse, mental health, Medicaid, or providers with multiple funding from these sources. Third, SAMHSA's commitment to make services more consumer- and family-centered increases the need to understand the specifics of mental health and substance abuse treatment services individuals receive, and the care they may receive from other public programs. Therefore, it is equally important to provide data to consumers and families (e.g., through public reporting, EHRs, personal health records [PHRs]) to create transparency, accountability, and to support informed decisionmaking and greater involvement of consumers and their families. Efforts need to result in a reduction of incompatible and redundant private and public data systems, allowing a more detailed and comprehensive picture of individuals' service use, and the ability to assess change in outcomes as a result of treatment.

III. DATA STRATEGY VISION

To provide timely, comprehensive, relevant, and accurate data that can guide and improve policymaking, program development, and performance monitoring in support of SAMHSA's vision: "A life in the community for everyone."

IV. DATA STRATEGY GUIDING PRINCIPLES

SAMHSA's data strategy is guided by the following set of core principles:

- The data collected are timely, accurate, relevant, and cost-effective.
- Data efforts are cost-efficient, purposeful, and minimize redundancy and respondent burden.
- Data are used to inform, monitor, and continuously improve policies and programs.
- Data activities seek the highest quality of data and data collection methodologies and utilization.
- Data activities are coordinated within the agency, maximizing the standardization of data and sharing across programs.
- Partnerships and collaboration with Federal and non-Federal stakeholders will be cultivated to support common goals and objectives around data activities.
- Activities related to the collection and use of data will be consistent with applicable confidentiality, privacy and other laws, regulations, and relevant authorities.
- Data activities will adhere to appropriate governmentwide guidance issued by OMB, its advisory bodies, and other relevant authorities.

V. RELATION TO THE SAMHSA STRATEGIC PLAN

The SAMHSA Strategic Plan, which includes the agency's vision, mission, goals, and strategies, can be found at the Web site **http://www.samhsa.gov**. SAMHSA's vision is "A life in the community for everyone." SAMHSA's mission is to build resilience and facilitate recovery for people with or at risk for substance abuse and mental illness. The SAMHSA Strategic Plan identifies three strategic goals: accountability, capacity, and effectiveness (ACE), which align the Agency's organization and budget structure with its mission. SAMHSA's ACE goals respond to the high priority within the Federal Government to demonstrate results achieved with the investment of Federal dollars through strategies and performance measures that address accountability (i.e., tracking national trends, establishing measurement and reporting systems, and improving management practices). SAMHSA also implements strategies and performance measures that address capacity (i.e., supporting needs assessment; planning and systems improvements; promoting appropriate outreach, assessment, referral, and treatment; and promoting consumer choice). SAMHSA is supporting strategies and performance measures that address effectiveness through improvements in outcomes and increasing the use of evidence-based practices. A summary display of the SAMHSA Strategic Plan is below.

This data strategy addresses elements of all three of SAMHSA's strategic goals, while eliminating unneeded or duplicative data elements and coordinating health information technology activities. Activities designed to improve national data collection support SAMHSA's accountability goal, while activities to improve performance data are targeted to this goal and for capacity and effectiveness. Therefore, decisions related to SAMHSA's priorities are based on the most comprehensive and accurate information available. Activities related to data infrastructure, through a focus on improving information support for service systems, are intended to support the capacity goal. Promoting EHRs will help streamline reporting for substance abuse and mental health providers, communities, and States, creating efficient and cost-effective infrastructures.

SAMHSA Strategic Plan

VISION

A Life in the Community for Everyone

MISSION

Building Resilience and Facilitating Recovery

ACCOUNTABILITY

Measure and report performance

- Track national trends
- Establish measurement and reporting systems
- Achieve excellence in management practices

CAPACITY

Increase service availability

- Support needs assessment, planning, and system improvements
- Promote appropriate outreach, assessment, and referral
- Support service expansion
- Promote consumer choice

EFFECTIVENESS

Improve service quality

- Improve client outcomes in SAMHSA programs
- Identify and promote evidence-based approaches
- Support recruitment, education, and retention of workforce

VI. NATIONAL DATA

National Data is the collection of information needed for informing development of national and State mental health and substance abuse policy, both by officials and stakeholders. Major categories are data on people, providers and services, and major payers.

Goal 1 Statement and Objectives

Provide periodic national information on the incidence and prevalence of substance abuse and mental illness; associated characteristics of individuals and communities; specialty and nonspecialty treatment and prevention providers and their services; and payers and financing of such services.

- **Objective 1.1.** Periodically assess data needs and data quality.
- **Objective 1.2.** Improve ease of access and user interface with SAMHSA public datasets, while ensuring confidentiality.
- **Objective 1.3.** Ensure SAMHSA's analysis of data is responsive to clinical, programmatic, and policy needs.
- **Objective 1.4.** Increase dissemination of SAMHSA data and analyses, targeting the markets critical to promoting SAMHSA's priorities for the field.

Overview of National Data Activities

SAMHSA datasets for national information, policymaking, and public use include the following:

The Client/Patient Sample Survey (CPSS) is a voluntary periodic survey of public and private specialty mental health organizations in the United States (last conducted in 2006). The Drug Abuse Warning Network (DAWN) is a public health surveillance system that monitors drug-related hospital emergency department episodes and drug-related deaths to provide a picture of the impact of drug use, misuse, and abuse in metropolitan areas and across the Nation. The Inventory of Substance Abuse Treatment Services (I-SATS) is a listing of all known specialty substance abuse treatment programs. The National Survey on Drug Use and Health (NSDUH) is an annual survey of the civilian noninstitutional population aged 12 and older in the United States. The National Survey of Substance Abuse Treatment Services (N-SSATS) is primarily a mail survey that covers two basic topics: facility characteristics and client count, and treatment capacity. The Survey of Mental Health Organizations (SMHO) is a biennial cross-sectional survey of public and private mental health organizations in the United States that provide services through inpatient, residential, or outpatient settings. The Treatment Episode Data Set (TEDS) is a client-level data set consisting of information on substance abuse treatment admissions and discharges.

Goal 1 Past, Present, and Continuing Activities

FY 2005 and FY 2006:

- Awarded grants to States to support a mental health and stigma module in the Behavioral Risk Factor Surveillance System (BRFSS) (Objectives 1.1 and 1.3).
- Improved access to data via the Substance Abuse and Mental Health Data Archive's Web site (Objective 1.2).
- The Office of Applied Studies was designated as a Federal Statistical Unit by OMB to improve data access (Objective 1.2).
- Produced State-by-State trend reports on many topics (Objective 1.3).
- Disseminated reports and alerts to promote field understanding (Objective 1.4).
- Expanded use of the online DAWN Live! query system (Objective 1.4).

FY 2007 and FY 2008:

- Explore options for NSDUH redesign that will keep costs down and meet data needs: implement a new mental health module; add drug consumption questions; and assess feasibility for validating self-reports (biological specimens) (Objective 1.1).
- Field survey and collect data under the CPSS (Objective 1.1).
- Convert SMHO into a National Survey of Mental Health Treatment Facilities (Objective 1.1).
- Expand access to restricted SAMHSA data (Objective 1.2).
- Implement a Center for Substance Abuse Prevention computerized system to include a Web analytic tool (Objective 1.2).
- Link TEDS admission and discharge data for treatment analyses (Objective 1.3).
- Produce reports on a range of priority topics (Objectives 1.1 and 1.3).
- Share de-identified DAWN data with the Centers for Disease Control and Prevention for surveillance of adverse events (Objective 1.4).
- Expand the breadth of national statistics (by revising Mental Health, United States) provided on mental disorders and mental health services (Objective 1.4).

Goal 1 Priority Areas for Future Focus

Priority areas for future focus and milestone activities planned for FY 2009 to FY 2011:

- *Assess national data needs of SAMHSA and the field and evaluate current data availability, including on vulnerable populations and improvements needed including, building partnerships*

  As evolving data needs surface, SAMHSA will explore collaborations with our partners to assess data availability (Objectives 1.1 to 1.4).

- *Information about substance abuse prevention participants and providers of substance abuse prevention services to feed into a prevention locator system*

  SAMHSA plans to explore the feasibility of a national inventory or survey for substance abuse prevention participants and providers of substance abuse prevention services, including peer and other recovery support services. The data collected would also include information regarding revenues and costs (Objectives 1.1 to 1.4).

- *Periodic statistics on persons with mental illness and substance use disorders in jails and prisons, including information on specialty service and costs*

  SAMHSA anticipates that collaboration with the Department of Justice will result in increased access to data (Objectives 1.1 to 1.4).

- *Periodic information on the revenues and costs of specialty mental health and substance abuse providers*

  SAMHSA plans to explore the feasibility of conducting a survey on specialty substance abuse and mental health provider revenues and costs (Objectives 1.1 to 1.4).

- *Comparable, periodic data on the characteristics, revenues, and expenditures of State substance abuse and mental health agencies*

  SAMHSA plans to explore the feasibility of resuming production of a State substance abuse agency report (comparable to current mental health report) (Objectives 1.1 to 1.4).

- *Identify sources for periodic statistics on the characteristics, use, and costs associated with users of mental health and substance abuse services in Medicaid, Medicare, and private insurance, and associated information on benefit and service design*

  SAMHSA plans to identify primary sources of data for each of these major payers and develop comparable statistics for each (Objectives 1.1 to 1.4).

- *Periodic statistics on the prevalence and characteristics of children with serious emotional disturbances and adults with serious mental illness living in households.*

  SAMHSA is embarking on an expansion of the mental health module in the NSDUH for individuals aged 18 and older. SAMHSA plans to explore the feasibility of collaborating with the National Center for Health Statistics to collect information on persons 17 and under through the National Health Interview Survey (Objectives 1.1 to 1.4).

- *Identify methods to collect data on individuals in recovery from substance abuse and/or mental illness, the services they need as well as the services they use*

  SAMHSA plans to explore the most advantageous method to obtain recovery data (Objectives 1.1 to 1.4).

- *Identify methods to collect data on the structure, staffing patterns, service provision, and the persons who use Opioid Treatment Programs*

  SAMHSA plans to explore sources of data to identify additional information regarding the characteristics of individuals who use Opioid Treatment Programs and the programs themselves (Objectives 1.1 to 1.4).

VII. PERFORMANCE DATA

Performance Data refers to collection of information needed for determining the effectiveness of SAMHSA-funded programs and activities. SAMHSA is committed to continuously evaluating its programs and to Federal mandates that reinforce and establish standards for such assessment.

Goal 2 Statement and Objectives

Provide effective performance information from block/formula and discretionary grant programs through developing and implementing SAMHSA-wide performance measures and rigorous evaluations. Performance data are vital to planning, decisionmaking, and implementing of policies, programs, and services.

- **Objective 2.1.** Continue to develop standard definitions and methodology for the collection of performance outcome measures from SAMHSA grantees.
- **Objective 2.2.** Assist States and service providers to collect and submit common outcome measures.
- **Objective 2.3.** Continue to use outcome data to monitor SAMHSA grantee performance and foster continuous quality improvement.
- **Objective 2.4.** Establish requirements and procedures ensuring that program evaluations meet generally accepted scientific standards for methodological rigor.

Overview of Performance Data Activities

SAMHSA uses multiple systems for performance monitoring and measurement. The Block Grant Application System (BGAS) is a Web application for the Substance Abuse Prevention and Treatment Block Grant, which prepopulates the applications using TEDS and N-SSATS data. During FY 2006, Web BGAS was expanded to include a uniform application for the Center for Mental Health Services block/formula grant programs. The Mental Health Data Infrastructure Grants (DIG) for Quality Improvement improves State and local data infrastructure for reporting and planning. The Uniform Reporting System (URS) is implemented through DIG, which reports data annually to the Community Mental Health Service Block Grant.

Each SAMHSA Center uses a Web-based data entry and reporting system for its programs (except the Community Mental Health Services and Substance Abuse Prevention and Treatment Block Grant programs). Transformation Accountability (TRAC), the Center for Substance Abuse Prevention Service & Accountability Monitoring System (CSAMS) and the Services Accountability Improvement System (SAIS) are the systems for the Center for Mental Health Services, Center for Substance Abuse Prevention and Center

for Substance Abuse Treatment, respectively. The data from these systems are used to manage and monitor grantee performance, process technical assistance requests, and feed management reports. These three systems also provide NOMs data, a SAMHSA performance measurement tool.

Performance data gathered through these systems are integrated into SAMHSA's budget requests and are critical to such performance measurement efforts as the PART reviews. SAMHSA has established performance measures for all of its major programs and reports performance for these programs on an annual basis. Performance measures relating to SAMHSA's programs are included in the Department of Health and Human Services Strategic Plan, SAMHSA's Strategic Plan and SAMHSA's matrix action plans, as well. All of SAMHSA's programs have undergone PART reviews, with five out of nine programs receiving a score of Moderately Effective.

Goal 2 Past, Present, and Continuing Activities

FY 2005 and FY 2006:

- Convened technical consultation groups for two NOM domains, social connectedness and client perception of care (Objective 2.1).
- Provided support and technical assistance for reporting of substance abuse treatment NOMs and NOMs implementation at the State level and increased the number of States reporting defined NOMs for substance abuse and mental health programs (Objective 2.2).
- Implemented SAIS and began implementation of TRAC and CSAMS to collect NOMs-based performance data from grantees (Objective 2.2).
- Conducted an in-depth analysis of URS data as it relates to NOMs and developed a plan for improving quality of URS data (Objective 2.2).
- Implemented methods to foster data-driven decisions and continuous quality improvement for program/grantee performance (Objective 2.3).
- Initiated an evaluation of the Community Mental Health Services and Substance Abuse Prevention and Treatment Block Grant programs (Objective 2.4).

FY 2007 and FY 2008:

- Continue to design, evaluate, and recommend candidate NOMs for domains currently listed as under development (Objective 2.1).
- Establish performance measures for major and significant programs based on NOMs (Objective 2.1).
- Continue to develop an implementation plan to support NOMs data reporting for States and SAMHSA's significant and major programs (Objective 2.2).
- Convene an internal work group for Territory NOMs reporting (Objective 2.2).

- Work toward full implementation of TRAC and CSAMS and examine ways to promote greater consistency across TRAC, CSAMS and SAIS (Objective 2.2).
- Initiate a pilot project to support State implementation of augmented client-level data collection systems for the Community Mental Health Services Block Grant (Objective 2.2).
- Continue developing standard TRAC, CSAMS, and SAIS management reports to assist grantee management and monitoring and inquiry responses (Objective 2.3).
- Develop benchmarking strategies to determine acceptable levels of outcome (Objective 2.3).
- Continue to develop an effective strategy to publicly release performance data disaggregated by grantee (per the OMB PART requirement) (Objective 2.3).
- Convene an internal work group to develop an appropriate set of agency standards and procedures for management assessment and program evaluation (Objective 2.4).

Goal 2 Priority Areas for Future Focus

Priority areas for future focus and milestone activities planned for FY 2009 to FY 2011:

- *Standardized methods and definitions for all NOMs for block grant and discretionary grant recipients*

  SAMHSA plans to continue to review the NOMs definitions and ensure that an appropriate balance is struck between the unique data collection needs of different programs/populations and the goals of streamlined and standardized data collection methods and definitions (Objective 2.1).

- *Complete definition of developmental NOMs for both mental health and substance abuse programs*

  SAMHSA will continue to use a consensus process to produce recommendations for these developmental NOMs (Objective 2.1).

- *Reporting on all NOMs by all States for both block grant programs*

  SAMHSA is using TEDS to collect treatment NOMs for the Substance Abuse Prevention and Treatment Block Grant, NSDUH to collect substance abuse prevention NOMs, and URS to collect NOMs for the Community Mental Health Services Block Grant. SAMHSA plans to continue to help States develop the technical capacity to report all the NOMs for mental health services and substance abuse prevention and treatment (Objective 2.2).

- *Client-level data for mental health NOMs*

  SAMHSA plans to develop client-level NOMs to augment the information already obtained through the aggregate State data. Pilots will be conducted to test an appropriate methodology for this purpose, followed by full implementation of the measures of the Community Mental Health Services Block Grant (Objective 2.2).

- *Fully implement NOMs reporting systems (CSAM, TRAC, and SAIS) for all discretionary grants*

  SAMHSA plans to implement standards and systems for collecting NOMs-based measures for its discretionary grant programs. SAMHSA also plans to work to develop data collection requirements that complement the NOMs for discretionary programs that do not provide client-level services (e.g., infrastructure and technical assistance programs) or for which NOMs are not well-suited (such as the Protection and Advocacy for Individuals with Mental Illness (PAIMI)) (Objective 2.2).

- *Share program performance data across SAMHSA and with our external partners, including providing regular feedback reports to grantees and States on their performance along with identifying areas of improvement and identifying high performers who can provide technical assistance or mentoring to those who need assistance in improvements*

  SAMHSA plans to work in consultation with the field to develop a process that balances OMB's expectations regarding the public availability of grantee data with grantee concerns about the misinterpretation (and potential misuse) of such data (Objective 2.3).

- *Generate standard and special performance management reports for significant and major programs*

  SAMHSA plans to generate these reports, which will include analyses of services to vulnerable populations including children, older adults, and cultural and linguistic minorities (Objective 2.3).

- *Agency standards and processes for management assessment and program evaluation*

  SAMHSA plans to develop standards and procedures to ensure future management assessment and program evaluations are rigorous enough to provide evidence of program effectiveness (Objective 2.4).

VIII. DATA INFRASTRUCTURE

Data Infrastructure refers to activities directed at increasing the interoperability of substance abuse and mental health data systems with each other and other data systems, promoting the use of EHRs as a fundamental component of such systems, and ensuring appropriate behavioral health components in national health data standards.

Goal 3 Statement and Objectives

Promote the use of interoperable electronic health records and health information technology to improve quality and safety of care, increase administrative efficiencies, and encourage consumer and family participation in their health care.

- **Objective 3.1.** Integrate behavioral health requirements into the national policies, data content and messaging standards for EHRs/ PHRs, and other health exchange standards that guide the emerging National Health Information Network (NHIN).
- **Objective 3.2.** Promote the adoption of EHRs/PHRs and other national health exchange standards by States, providers, and consumers to improve the quality, efficiency, and consistency of data collection, analysis, and reporting among public and private sectors.
- **Objective 3.3.** Encourage States to create shared, client-centric data systems using common platforms that allow for efficient data sharing among mental health, substance abuse, and other relevant systems.

Overview of Data Infrastructure Activities

SAMHSA Data Infrastructure activities are focused on partnering with public and private stakeholders to provide leadership and a systematic structure for the development of national policy and technical standards relevant and necessary to the sustainability of behavioral health business processes within the context of NHIN. This includes the specification and promotion of information architecture and data standards for EHRs/ PHRs that allow for interoperability, commonality of terms, and patient consent that is consistent with Federal privacy and confidentiality laws; the use of EHRs as the mechanism for the capture and reporting of behavioral health clinical and administrative data; and the widespread adoption of interoperable EHRs by States and prevention and treatment providers of mental/substance use services and of PHRs by consumers and families. SAMHSA also supports initiatives and collaborates with other Federal agencies to support data infrastructure reform efforts that will increase the interoperability of substance abuse and mental health data systems with each other and with Medicaid.

Goal 3 Past, Current, and Continuing Activities

FY 2005 and FY 2006:

- Formed a Behavioral Health Standards work group to engage public and private stakeholders identifying priorities for national standard setting activities related to Health Insurance Portability and Accountability Act (HIPAA) and EHRs. Cosponsored the SAMHSA Behavioral Health Information Technology Summit (Objective 3.1).
- Provided staff to the American Health Information Community (AHIC) Confidentiality, Privacy, and Security (CPS) Work Group and the National Committee on Vital and Health Statistics Privacy Subcommittee, Federal advisory bodies that, in part, address privacy issues related to NHIN. Facilitated State substance abuse and mental health representation on the AHIC CPS (Objective 3.1).
- Provided leadership in the development of behavioral health EHR data and privacy standards through the Health Level 7 (HL7) and the Health Information Technology Security and Privacy Panel standards bodies (Objective 3.1).
- Piloted the Digital Access to Medication (D-ATM), a centralized Web-based, database to support verification of patient enrollment in opioid treatment programs and the provision of safe and accurate dosing (Objective 3.2).
- Developed functional requirements for behavioral health EHR software for certification by a private-sector organization designated to certify health information software and improve consumer purchasing confidence (Objective 3.2).
- Encouraged State Prevention Systems to use the Minimum Data Set, Database Builder, and the prevention platform as a means of supporting a common platform among these State Systems (Objective 3.3).
- Worked with other Federal agencies and assisted States to improve the interoperability of data systems for State substance abuse, mental health, and health and other State programs (Objective 3.3).
- Commissioned a white paper on privacy enabling technologies in international health systems to support policy and technical standard setting bodies involved in designing NHIN (Objective 3.1).
- Convened a SAMHSA-wide workgroup to develop a uniform and consensus-based strategy, budget, and work plan for implementing interoperable EHRs, PHRs, and health information systems (Objectives 3.1 to 3.3).

FY 2007 and FY 2008:

- Create national information architecture specifications necessary to build interoperable EHRs and PHRs (Objective 3.1).
- Develop national terminology standards to reflect behavioral health data elements (Objective 3.1).
- Assist States with model EHRs systems to create a plan for mapping EHRs to national standards and supporting other States in the replication of model EHRs (Objective 3.1).
- Promote EHR/PHR adoption through the use of open-source, Web-based EHR technology and software that is nationally certified (Objective 3.2).
- Collaborate with States, national provider organizations, and other partners and stakeholders to help providers and consumers select, implement, and optimize the use of EHR/PHR systems (Objective 3.2).
- Develop a planning tool to support data sharing across State mental health, substance abuse, and other agencies with relevant data systems (Objective 3.2).
- Compile lessons learned from D-ATM pilots to determine feasibility for potential expansion into a national system (Objective 3.2).
- Promote professional collaboration between behavioral health and medical providers that support privacy and the improved physical health of the consumer, through the use of EHRs/PHRs (Objectives 3.2).
- Promote the interoperability of data systems for State substance abuse, mental health, and health programs through the provision of technical assistance, planning, and implementation tools for integrated management information architecture, and the description of best practices in the States (Objective 3.3).
- Establish an agencywide lead for healthcare information and financing (Objectives 3.1 to 3.3).
- Create incentives for routine and appropriate data sharing of mental health and substance abuse program data (Objective 3.3).

Goal 3 Priority Areas for Future Focus

Priority areas for future focus and milestone activities planned for FY 2009 to FY 2011:

- *Develop national standards related to health information exchange that will integrate the vast majority of data content, messaging, and privacy requirements necessary to sustain substance abuse and mental health treatment and prevention business processes*

  SAMHSA plans to identify methods to develop national standards to sustain clinical and administrative business processes (Objective 3.1).

- *Support inclusion of behavioral health elements into medical EHRs, especially primary care*

  SAMHSA plans to promote the inclusion of behavioral health elements, including process and outcome performance measures, into EHR software developed for general and specialty medical sector uses (Objective 3.1).

- *Increase the number of mental health and substance abuse providers who will adopt an interoperable EHR*

  SAMHSA plans to promote the adoption of EHRs by helping providers select, implement, and optimize utilization of EHR systems and convening meetings for providers to learn about open source, Web-based EHR systems explicitly designed for behavioral health or designed for more general health care but including behavioral health components (Objective 3.2).

- *Increase the number of States that will have interoperable, client-centric data systems with common information technology platforms for Medicaid, substance abuse and mental health agency data, and that incorporate EHRs that meet national standards*

  SAMHSA plans to explore assisting States to create web based EHRs for their behavioral health providers in conjunction with State Medicaid, mental health, and substance abuse agency data (Objective 3.3).

IV. FUTURE DIRECTIONS

The SAMHSA Data Strategy articulates the agency's commitment to the collection, use, and analysis of the highest quality data and building behavioral health data infrastructure using interoperable data systems. Over the past several years, SAMHSA has made progress in all three data strategy areas. Our national data activities have been responsive to changing data needs. In the performance data arena, SAMHSA continues to define our NOMs and provide support and technical assistance for NOMs implementation. SAMHSA has provided leadership by representing behavioral health in the national policy and technical development of NHIN.

Over the next 4 years, SAMHSA will continue to address emerging data issues and advances in technology. We will continue to work toward eliminating duplication, minimizing respondent burden, promoting efficiency, and nurturing partnerships, within and outside of the Federal Government. While continuing to collaborate across SAMHSA, we will use this document as we identify priorities for future budgets. Our map for the future, which identifies milestones by goal, can be found on the following two pages.

To this end, SAMHSA is committed to providing timely, comprehensive, relevant, and accurate data. Through the implementation of this data strategy, SAMHSA envisions an agency that collects, uses, and values data not only because data are essential for making informed policy, management, and operational decisions, but because data supports SAMHSA's vision: "A life in the community for everyone."

GOALS AND MILESTONES

By the end of FY 2011, SAMHSA's data vision—

to provide timely, comprehensive, relevant, and accurate data that can guide and improve policymaking, program development, and performance monitoring in support of SAMHSA's vision of a life in the community for everyone—

will be realized by—

GOAL 1	Provide periodic national information on the incidence and prevalence of substance abuse and mental illness; associated characteristics of individuals and communities; specialty and nonspecialty treatment and prevention providers and their services; and payers and financing of such services.
MILESTONES	• To assess national data needs of SAMHSA and the field and evaluate current data availability, including on vulnerable populations and improvements needed, such as building partnerships. • To have a periodic survey of substance abuse prevention participants and providers of substance abuse prevention services to feed into a prevention locator system. • To ensure the publishing of nationally representative data on the prevalence and characteristics of inmates with mental illness and substance use disorders in jails and prisons. • To increase information on the financing of mental health and substance abuse treatment services; to include information on the revenues and costs of specialty providers, revenues and expenditures of State substance abuse and mental health agencies, and use and expenditures in Medicaid, Medicare, and private insurance. • To annually collect and publish nationally representative data on adults with serious mental illness and children with serious emotional disturbances residing in households. • To use or obtain data on persons in recovery from substance abuse and/or mental illness and services they need as well as the services they use. • To use or obtain data on persons who use Opioid Treatment Programs and these program characteristics.

In 2011, we envision that our national data collection activities, within the limits of our resources, will provide a more comprehensive picture of persons with mental health and substance abuse problems, the system of specialty and nonspecialty services for their care, and the sources of financing of such services.

GOAL 2	Provide effective performance information from block/formula and discretionary grant programs through developing and implementing SAMHSA-wide performance measures and rigorous evaluations. Performance data are vital to planning, decisionmaking, and implementing policies, programs, and services.
MILESTONES	• To complete and implement standardization of definitions for NOMs and/or performance measures for significant and major programs. • To complete methods for reporting and collecting NOMs and/or performance data, including client-level data for mental health NOMs, on significant and major programs. • To complete implementation of NOMs reporting systems (CSAMS, TRAC, and SAIS) for all discretionary grants. • To develop plans to make performance data publicly available. • To generate standard and special performance management reports for significant and major programs. • To develop agency standards and procedures for program evaluation.

In 2011, we envision that performance measurement will be utilized through the substance abuse, mental health, and prevention fields as a tool for the continuous improvement of the quality, availability, and efficiency of services.

GOAL 3	Promote the use of electronic health records and interoperable health information technology to improve quality and safety of care, increase administrative efficiencies, and encourage consumer and family participation in their health care.
MILESTONES	• To develop national standards related to health information exchange that will integrate the vast majority of data content, messaging, and privacy requirements necessary to sustain substance abuse and mental health treatment and prevention business processes. • To support inclusion of behavioral health elements into medical EHRs, especially primary care. • To increase the number of mental health and substance abuse providers who will adopt an interoperable EHR. • To increase the number of States that will have interoperable, client-centric data systems with common information technology platforms for Medicaid, substance abuse, and mental health agency data, and that incorporate EHRs that meet national standards.

In 2011, we envision that our efforts to promote the adoption and utility of interoperable EHRs and State data systems will result in better information treatment, the promotion of consumer and family participation in care, and an increase in the quality and effectiveness of system administration.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

SAMHSA
1 Choke Cherry Road
Rockville, MD 20857

SAMHSA Health Information Network (SHIN)

P.O. Box 2345
Rockville, MD 20847-2345
1-877-SAMHSA-7
www.samhsa.gov/shin

The Substance Abuse and Mental Health Services Administration (SAMHSA), part of the U.S. Department of Health and Human Services (HHS), focuses attention, programs, and funding on promoting a life in the community with jobs, homes, and meaningful relationships with family and friends for people with or at risk for mental or substance use disorders. The Agency is achieving that vision through an action-oriented, measurable mission of building resilience and facilitating recovery.

For detailed information about current grant opportunities, browse the SAMHSA Web site at **www.samhsa.gov** and click on "Grants." Visit regularly for updates.

A Life in the Community for Everyone

SAMHSA

Substance Abuse and Mental Health Services Administration

U.S. Department of Health and Human Services