Substance Abuse and Mental Health Services Administration

SAMHSA

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DEPARTMENT OF HEALTH & HUMAN SERVICES • USA

Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover

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Primary and Behavioral Health Care Integration Program Cross-Site Evaluation

Summer 2016 Grantee Regional Meetings

DEPARTMENT OF HEALTH & HUMAN SERVICES • USA

Introductions

Jonathan Brown, PBHCI Evaluation Director
Mathematica Policy Research

Meeting Agenda

- Introductions
- Review evaluation data sources
- Highlight upcoming data collection
- Answer your questions

Goals of Evaluation

1. What services do PBHCI clients receive?
2. How does integration improve the behavioral health, physical health, and functional outcomes of clients?
3. What are the essential components of integration?
4. What successes and challenges do grantees encounter?

Evaluation Data Sources

Client Outcomes and Delivery of Care

- TRAC/NOMs/Section H
- Grantee registry/EHR data

Implementation

- Grantee applications
- Grantee quarterly reports
- BHICA
- Sustainability plans
- Telephone interviews
- Site visits
- Client focus groups

Staff Experiences with Integration

- Online staff survey

GRANTEE SURVEY

Grantee Survey

Purpose: Gather your perspectives on how integration is implemented; what integration looks like on the ground

- Collaborations between different types of providers
- Use of EHRs and other technologies
- Experience with evidence-based practices
- Factors that facilitate or impede integration

Who: Cohort 6-8 grantee directors and frontline staff

When: Sept 2016 and again Sept 2018 (to look at change over time)

Where: Online; directors and staff will receive email with link to survey

Your Participation in the Survey

Directors

- Please submit staff list to Mathematica.
- Staff are not limited to those included in your application or those directly supported by the grant. Should include anyone you consider to be part of your PBHCI team.
- Send list of staff via our secure website or email list to pbhcisurvey@mathematica-mpr.com

Everyone

- Complete the survey in September
- Encourage your colleagues to complete survey

TRAC/NOMS DATA

Importance of TRAC/NOMs Data

- Main source of data on outcomes
- Main source of data to support continuation of program and respond to inquires
- Valuable data sources but low follow-up rates

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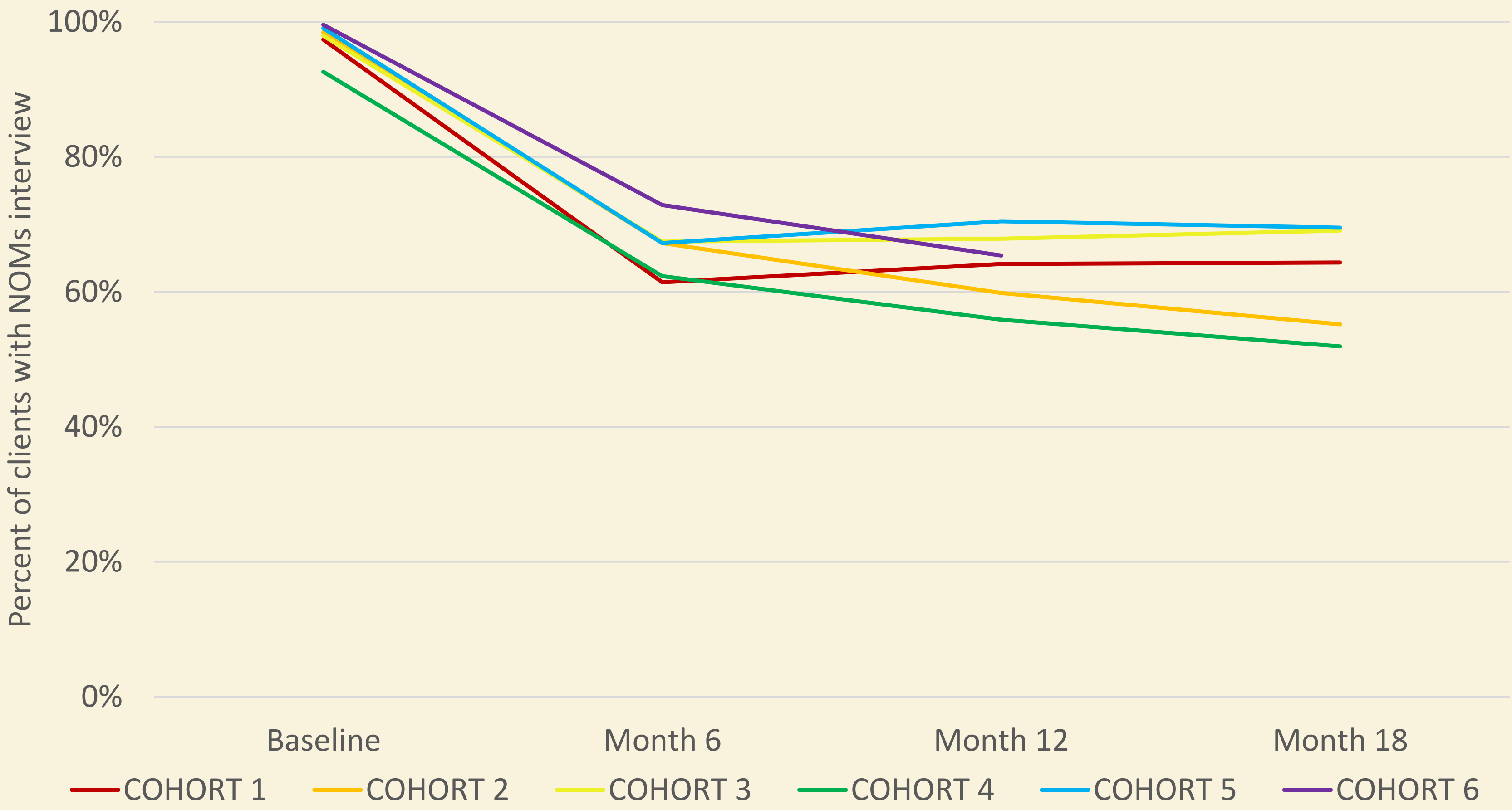
TRAC/NOMs Follow-up*

Across PBHCI cohorts 1-6:

- **About 66 percent of clients still enrolled at 6 months (~50% of the baseline population) have data.**
- **About 66 percent of clients still enrolled at 12 months (~30% of the baseline population) have data.**
- **Analyses of change over time exclude about 70 percent of clients without follow-up data, and may not be representative of all clients.**

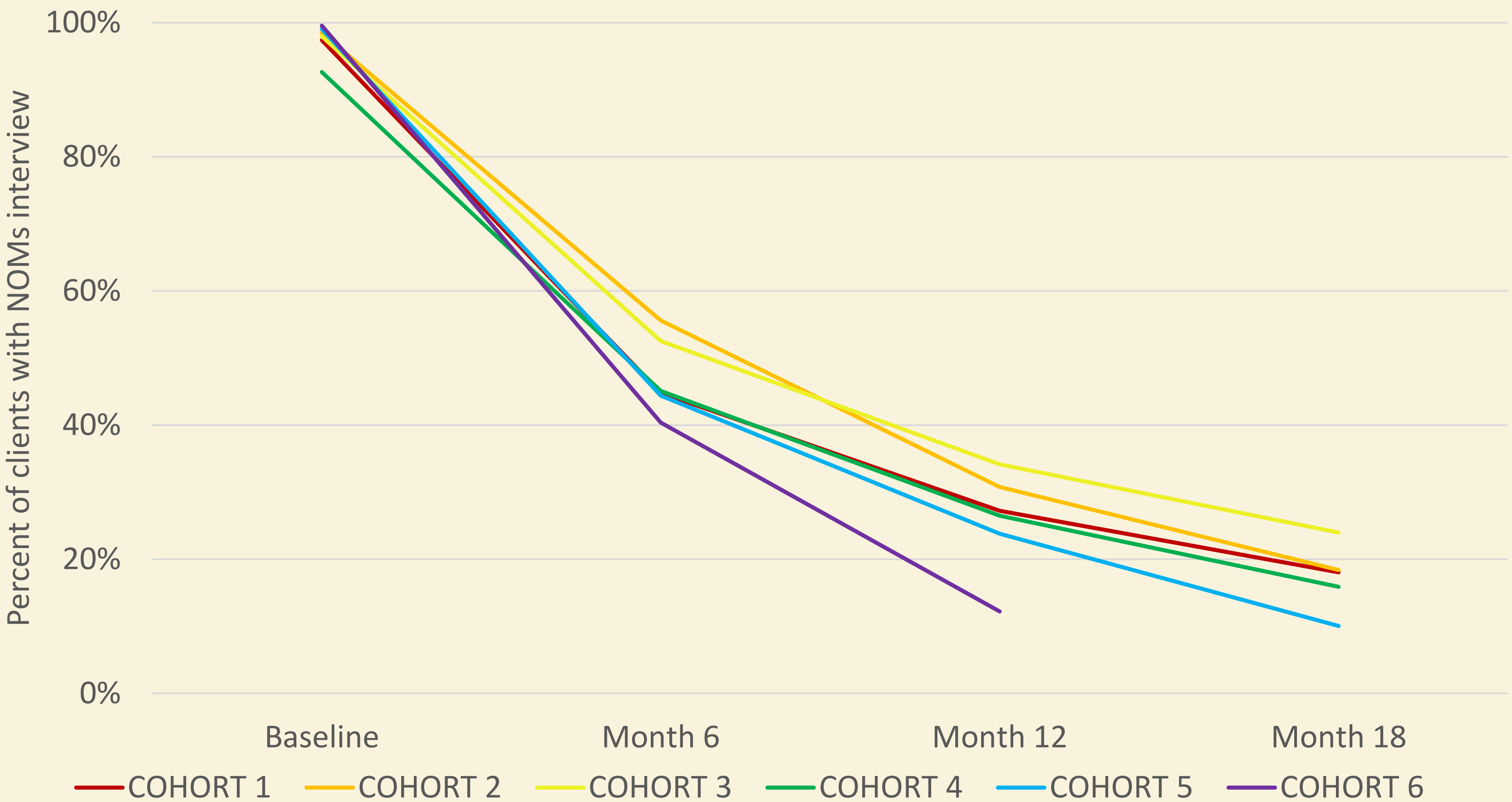
* Based on Mathematica analysis of TRAC data through March 2015. Does not include baseline or reassessment data from CDP. Only clients eligible for the reassessment are included in the denominator at each time point.

Reassessment Rates (excludes discharges)



Source: Mathematica analysis of TRAC data through March 2015. Does not include baseline or reassessment data from CDP. Only clients eligible for the reassessment are included in the denominator at each time point.

Availability of Outcomes Data (includes all clients)



Source: Mathematica analysis of TRAC data through March 2015. Does not include baseline or reassessment data from CDP. Denominator for each time point is all clients enrolled at baseline.

Strategies to Improve Reassessment Rates

What are the main barriers to getting clients to show up for reassessments?

What has worked to get clients to come for reassessments?

Some suggestions:

- **Establishing workflows for tracking & follow-up (CIHS can help)**
- **Gathering multiple contacts at enrollment**
- **Sending postcards and reminders between appointments**

ELECTRONIC DATA SUBMISSION FOR COHORT 8

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Purpose of Electronic Data Submission

- TRAC/NOMS data has limited information on service utilization
- Extract a targeted set of variables from cohort 8 grantee electronic health records (EHRs), clinical registries, or other systems
- We will use these data to assess:
  - Whether consumers receive a “package” of integrated care
  - Quality of care using clinical quality measures: modeled our measures on those endorsed by the National Quality Forum and/or reported in public programs to facilitate comparisons

Where to Find More Information about Electronic Data Submission Request

- **Spreadsheet of variables and FAQs about electronic data submission request:**

  http://www.integration.samhsa.gov/pbhci-learning-community/resources#data_collection

Reminders about Electronic Data

- You can pull data from any system (electronic health records, registries, pharmacy/prescribing, Excel tracking sheets, others)
- You can provide data in different file types and formats (need to be linkable using TRAC identifier)
- You can use different variable names; give us crosswalk

Where to Submit Data Electronic Data

- **Mathematica assigns every grantee user ID and password to submit data to this site: https://www.pbhcieval.com/Grantee/SitePages/Home.aspx**
- **Do not email files to Mathematica**
- **Do not email files to your GPO or SAMHSA or CIHS**
- **Email pbhcieval@mathematica-mpr.com OR**

  call 1-866-504-9640 with questions

When Electronic Data is Due

- **First submission: Oct 31, 2016**
- **Subsequent submissions follow quarterly schedule**

Dates of the Quarter/Period Covered by Data Submission	Grantee Due Date
1st quarter – Oct 1 through Dec 31	Jan 31
2nd quarter – Jan 1 through March 30	April 30
3rd quarter – April 1 through June 30	July 31 – not in 2016
4th quarter – July 1 through Sept 30 (for first data submission, begin with first date of client enrollment into program if possible)	**Oct 31 – first submission due date in 2016**

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QUESTIONS AND TROUBLESHOOTING

Evaluation Team Contacts

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- **Laura Jacobus-Kantor (SAMHSA Contracting Officer's Representative for PBHCI evaluation): Laura.Jacobus-Kantor@samhsa.hhs.gov**