DADS/MH – Integration Plan
QI/QA-Decision Support-Data Management- Research & Evaluation

AIM:

There are four separate divisions that through their inter-dependent relationships provide support to the Behavioral Health Department's pursuit of quality care, efficient service delivery, and innovative, consumer-focused treatment approaches.

The work group will define the functions, roles, and responsibilities of each of the four separate inter-related divisions. The work group will also produce a concise description (workflows, staffing, responsibilities, etc.) of this four-division grouping that will explain the essential inter-relationships among the Research and Measurement, Decision Support, Data Management, and Quality Improvement Divisions.

The Quality Circle will be organized around a set of guiding principles for the Department establishing benchmarks and measured steps for continuous quality improvement.

PRINCIPLES

1. Community-based services;
2. Positive outcomes for clients;
3. Adoption and dissemination of clinical practice guidelines;
- Individualized care;
- Accessible services;
- Consumer and family engagement, education, and empowerment;
- Cultural sensitivity and competency;
- Services based on principles of recovery;
- Prioritization of services to transitional (e.g., adolescents "graduating" into the adult system} and high-risk (e.g. homeless mentally ill) populations.
- Intensity and duration of services consistent with the principle of *"least restrictive means "* (that is, the lowest level of care adequate to appropriately meet clinical need) to achieve successful outcomes;
- Prevention of incarceration of individuals with SMI diagnoses whenever possible; and
- **Integrated treatment as an expectation for clients with co-occurring disorders**, **with appropriate coordination within a comprehensive treatment approach.**

RATIONALE:

The approach to integration of the 4 units (QA/QI, Decision Support, Data Management and Research & Evaluation) into the Quality Circle follows the rationale outlined in SAMHSA's Decision Support 2000+ (henceforth DS 2000) plan. The DS 2000 updates the 1989 Mental Health System Improvement Protocol (MHSIP) Data Standards and delineates the responsibilities included under a Decision Support unit. The DS 2000 document begins from the premise that:

 "The quality of information will determine the quality of care: without good data, stakeholders cannot make good decisions and without good decisions, the system cannot continue to operate."
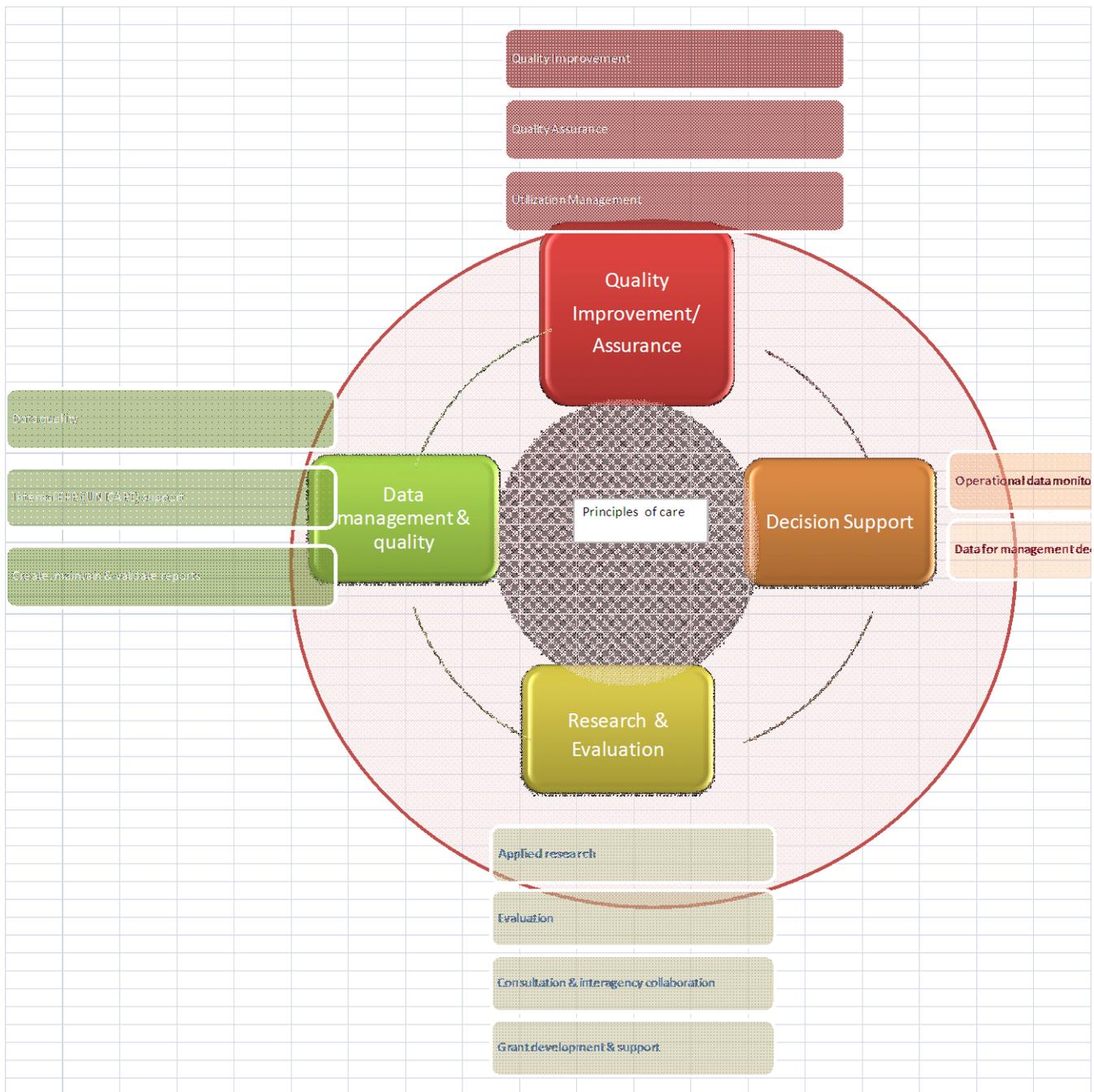
The DS 2000 describes the relationship among the 4 units as mutually supportive of the principal task which is to provide high quality treatment to clients.   In DS 2000, raw data of different types

(encounter, financial, enrollment, etc) from different sources (billing, registration, etc) are 'piped' as information input into a Decision Support unit that transforms these data into outputs that are designed for multiple purposes ranging from 'Answers to Stakeholders' Questions' to performance measurement. All of the information generated by Decision Support is designed to provide feedback to the system and make continuous quality improvement (CQI) possible. The rationale for proposing 4 units/ departments is backed up by the SAMHSA standards document that has guided data gathering in the mental health field for over two decades.

At present, DADS & MHD have discrete units/departments that cover QI/QA, Decision Support & Data Analysis, and Research & Evaluation. We recommend the creation of a new Data Management unit that will be responsible for most or all of the following tasks (based on an initial assessment of current tasks):

- Data governance
- Data Architecture Management
- Data Development
- Database Operations Management
- Data Security Management
- Reference & Master Data Management
- Date Warehousing & Business Intelligence (except those that done by knowledge workers)
- Document/Content Management
- Meta data Management
- Data Quality Management

At present, many of the tasks that normally belong under Data Management are being performed by staff in Decision Support (MHD) or Data Analysis (DADS). Other Data Management tasks are being performed by HHS IS. The new unit would take on all of the data management tasks performed by other units in DADS & MH, and IS where applicable.   The proposed organizational structure for this new CQI driven system is shown in Figure 1.

Quality Improvement

Quality Assurance

Utilization Management

Quality Improvement/ Assurance

Data quality

Training, EHR/UNICARE support

Create, maintain & validate reports

Data management & quality

Principles of care

Decision Support

Operational data monito

Data for management de

Research & Evaluation

Applied research

Evaluation

Consultation & interagency collaboration

Grant development & support

The Road Ahead

As in any organization, departments/units in both MHD & DADS have performed tasks that would logically belong in another unit. For instance, DADS Data Analysis unit has long been responsible for cost reporting. Integration offers an opportunity to revisit the current task list of all 4 units to determine whether an alternative allocation of tasks is advisable.

Boundary between Decision Support & Data Management

The first issue we considered was the dividing line between Decision Support and the new recommended unit, Data Management. One task for the workgroup was to look at the reality on the ground i.e. the typical tasks done by Decision Support and Data Analysis and Research and then, cluster them in some logical fashion. Each unit will see some of its current functions moved elsewhere and also acquire functions it is not currently performing.

The DS 2000+ report clearly differentiates DS is from DM because the major role of DS is to transform data inputs into outputs that describe the organization's operations along a spectrum-from an evaluative function to report cards.

Of the 10 DM functions in the DAMA-DMBOK framework, only function clearly overlapped with the MHSIP definition of Decision Support. This is the Data Warehousing & Business Intelligence Management, mostly the latter. Some of the functions included under Business Intelligence overlap with Research & Evaluation. Business Intelligence involves a series of distinctive but related activities, which need to be allocated to one or other unit, as noted in Table 1.

Table 1. Business Intelligence Functions & Overlap with DS & R& E

Business Intelligence Function	Unit overlap
Ad Hoc Query/reporting	More DM but some reporting could be DS
Multidimensional analysis	Research
Statistical Analysis	Research mostly
Data Mining	Research
Model "what if" scenarios	Research mostly
Monitor & analyze business performance	Mostly DS and Research may be involved at certain times

Boundary between Decision Support & Research & Evaluation

The DS 2000+ places 4 items under DS that would normally be handled by a Research & Evaluation (Answers to Stakeholder Questions, Consumer Outcomes, Fidelity to Clinical Guidelines, Fidelity to System Guidelines). We note that DS needed to become more focused and concentrate on the remaining two functions – Report Cards and Performance Indicators. The work group needs to identify other DS functions not covered in DS2000+ document.

Current functions of the IS –(which of the 10 DM functions IS actually perform)

It appears that IS does not perform most of these DM functions. However, the workgroup needs to explore this further and interview IS staff to determine which of the Data Management

functions are actually performed by IS staff at this time. The workgroup also needs to consider which of the remaining 9 Data Management functions will be included under the new Data Management unit,

Project-based staffing for critical projects

As we expect considerable overlap in critical skills of staff belonging to each of these units, we feel that the new Quality Circle should institutionalize the concept of project-based staffing for mission critical projects. We propose that the staff in these 4 units of the Quality Circle operate, based on a project driven basis and eschew the idea of four separate silos. We considered the Quality Circle as one budget unit, and abandoned that idea as impractical.

The solution is to create units that reflect our system integration model. The four groups within the quality circle will be defined equally by the overlaps between each of the divisions. We will account for the overlaps rather than trying to eliminate the overlaps using rigidly defined silos. Further, we propose that we formalize a project management structure to oversee projects that involve staff from these units.