BEHAVIORAL HEALTH AND SERVICE INTEGRATION ADMINISTRATION

Behavioral Health Service Data Store

2015-17 BIENNIAL BUDGET

ML Request	FY16	FY17	15-17
FTE	3.0	1.0	2.0
GF-State	$562,000	$ 141,000	$702,000
Total	**$562,000**	**$141,000**	**$702,000**

DECISION PACKAGE SUMMARY

The Behavioral Health and Service Integration Administration (BHSIA) requests funding for FTEs and contracted services to develop an integrated behavioral health data collection, storage and reporting system. By funding this request, BHSIA is expected to implement a combined behavioral health database. This effort will strengthen management of the major change associated with integrated mental health and chemical dependency/substance use disorder managed care contracting, monitoring service delivery and quality and outcome analysis. By using existing data resources and developing an updated managed care client service data reporting strategy, this effort will modernize the flow of data, improve accountability, and increase transparency of management decisions and policy development.

PROBLEM STATEMENT

The innovative changes in the Washington State health care purchasing system driven by state and national legislation are requiring the integration of both mental health and substance abuse services into a behavioral healthcare discipline and the larger integration of behavioral health services into the primary medical service system. These changes have also driven a change in the business model used to purchase these services from a fee-for-service to a managed care model. The legacy data systems that have been a core resource in supporting and accounting for the impact of behavioral health services are no longer effective in collecting and managing the information needed to improve decision making and provide meaningful reports on service quality and outcomes. The Health Care Authority (HCA) will be adding chemical dependency and mental health data in the future, but until this is complete, the current system is in need of an upgrade.

PROPOSED SOLUTION

A number of solution options have been considered, from modifying existing legacy systems to purchasing an off-the-shelf database application. The legacy systems all have significant limitations in their design that prohibit them from being the foundation of an integrated system. The specific needs of the state in transitioning to a managed care purchasing model with a set of standardized outcome measures and facilitating the dissemination of evidence based practices place it in a unique position without any existing commercial options. This problem will be addressed through the development of a data management system which makes use of batch electronic file submission functionality to interface with systems managed by vendors and partner agencies. The system will link data from a broad range of

DSHS VISION
People are healthy · People are safe · People are supported · Taxpayer resources are guarded
DSHS MISSION
To transform lives
DSHS VALUES
Honesty and Integrity · Pursuit of Excellence · Open Communication · Diversity and Inclusion · Commitment to Service

administrative and service data systems to provide an effective reporting capability. The data store design relies on years of staff and system experience in linking data from across systems to support the individual business models. The new system will utilize analytic and reporting logic already documented and well tested.

This project will require the work of a full time Project Manager, three Business Analysts along with a Database Architect/Manager and an Application Developer. The administration currently has staff resources designated to fill the project manager, one business analyst and the initial developer positions. This request is to fund the purchase of an expanded data storage capability, consulting services for database design and three FTE positions: two business analysts and one database architect/manager. Additional resources will be needed from the existing development staff currently maintaining the legacy systems as the data collection and storage transitions to the new system. The project manager will be responsible for the overall management and coordination of the project. The business analysts will have the responsibility of working with program staff and stakeholders to review the range of current data elements collected by the legacy systems and identify the elements needed for ongoing support of the field. They will also analyze current required reporting responsibilities and redefine system policies and procedures to upgrade vendor reporting and contract monitoring activities.

This project will require extensive work with a wide range of stakeholders and the careful management of expectations and resources. The database architect will design and implement the actual database table structure and data storage strategy. Consultant services will also be purchased to review and assist in the design and development of the database and table structure. The development staff will be responsible for coding and testing the routines necessary to take the data from various sources (including the legacy systems) and move the elements into the table structure laid out by the architect. The project design is the absolute minimum necessary to provide support to the service system and makes extensive use of current staff and hardware resources. The timeline for this effort is very ambitious with implementation needing to be completed by April of 2016 and detailed design in place by June 1, 2015.

EXPECTED RESULTS

The budget request supports the Department of Social and Health Services (DSHS) Goal 1: Health – Each individual and each community will be healthy and DSHS Goal 2: Safety – Each individual and each community will be safe by improving the tracking of client service quality and outcomes using updated technology and service delivery models.

The decision package is essential to implementing the BHSIA's Strategic Objective 1.1**:** Increase the percent of mental health consumers receiving a service within seven days after discharge from inpatient settings. This package is critical to assure the data necessary to measure this objective in an integrated fashion for future contracts.

This request supports the Results Washington Goal 4 to assure Healthy and Safe Communities by providing effective service and outcome analysis to provide high quality behavioral health services and supports Results Washington Goal 5 to assure Efficient Effective and Accountable Government by improving contract transparency and effective monitoring.

STAKEHOLDER IMPACT

Stakeholders are likely to applaud this effort since it will reduce duplicative reporting and improve the quality of available reporting and analysis.

Contact: Fritz Wrede 360.725.3783   September 16, 2014