

DHCS CSI and DCR Data Quality Improvement Project

Webinar #1: DCR Kick-off

Mental Health Data Alliance, LLC
(MHData)

November 2, 2017

Slides available at: <http://www.mhdata.org/events>

Overview of Project Goals

1. Support the ability to submit good data to the current state CSI and DCR mental health data systems
2. Close the feedback loop for counties to validate that they have good data in the CSI and DCR state mental health data systems
3. Improve the value of state CSI and DCR mental health data systems for counties, the state and stakeholders

Project Approach

Over 1.5 years:

1. Provided counties with 2 reports which provide an overview of current data and errors for CSI and DCR
2. Met with counties to review reports and identify potential causes of data patterns and inconsistencies
3. **Work with counties and DHCS to improve processes to submit data to DCR and CSI**
4. Provide counties with 2 reports which provide an overview of improved data for CSI and DCR

Highlights from Information Gathering Phase for DCR

DCR Issues

- **DCR Findings**

- **Summary of Issues Related to the DCR Assessments**

- 53 of 59 Submitting entities experienced potential issues with identifying issues for partners on PAF
- 50 of 59 Submitting entities had potential issues with missing 3M Assessments
- 46 of 59 Submitting entities had potential issues with missing KET Assessments

- **Summary of Issues Related to the General DCR System**

- The DCR system times out and data is lost
- Data is difficult to correct
- CSI number often does not match, causing PAF assessments to remain pending and confusing users
- There are several outstanding issues related to reestablished partners for XML counties

- **Summary of Issues Related to the DCR System Access and Support**

- Logging into the DCR in addition to an EHR is a barrier for staff
- There is little training resources for new staff
- Submitting entities cannot get Approver Status for new staff

Completing the PAF

53 of 59 Submitting entities experienced potential issues with identifying baseline data for partners on PAF.

- The ability to identify an issue upon entry establishes a baseline from which to improve.
- Some staff are very skilled at completing the PAF to capture issues for partners, while it is likely that others are not.
- The PAF form is long and burdensome and staff complain that they have very little time to complete the form, that it's layout is burdensome, and that the choices on the form are ambiguous or not always appropriate for their partners.
- Mistakes made on the form are difficult or impossible to correct.

Completing the 3M

- **50 of 59 Submitting entities had potential issues with missing 3M Assessments.**
 - Common challenges to 3M data quality included:
 - capturing the data within the 45-day window allowed
 - missing information for discontinuous partners when they are away from program
 - finding utility in the assessment for children and TAY
 - submission of assessments out of order (for XML counties)
 - and in NetSmart Avatar XML, submission of assessments for new partners or once one is missed counties
 - mistakes made on the form are difficult or impossible to correct

Completing the KET

- **46 of 59 Submitting entities had potential issues with missing KET Assessments.**
 - A major challenge with KET assessments is that when they are absent, it is assumed that nothing happened, and it is impossible to tell if an event was missed. Therefore, the data quality is unknown, and program administrators can only guess as to how often a key event might be missing.
 - Also, there is no schedule to ask a partner about the outcomes on the KET assessment and reporting of key events often requires partners to volunteer unsolicited information evoking staff to remember that the key event discussed is reportable on a form rarely in hand.
 - Other issues include that mistakes made on the form are difficult or impossible to correct.

Recommendations for Improving Completion of Assessments

1. Provide regular statewide training or training resources
2. Grant SSA role to county administrators to allow ability to correct data
3. Consider reducing the amount of information collected
4. Consider reformatting the form and data collection interface to be more user friendly

DCR System Issues

- **The DCR system times out and data is lost.** Several submitting entities complained about the DCR timing out and losing information from forms which were partially completed.
- **Data is difficult to correct.** Some data on the PAF is locked once entered, and KETs cannot be deleted. XML submitting entities require training or guidance on batch submission to correct errors.

DCR System Issues

- **CSI number often does not match, causing PAF assessments to remain pending and confusing users.**
 - Due to the various issues and lag time with CSI data reporting, DCR partners frequently do not match to a CSI partner.
 - When this happens, staff become confused and often do not realize that the partnership is active and that other assessments can be submitted.

DCR System Issues

- **There are several outstanding issues related to reestablished partners for XML counties.**
 - One submitting entity noted that partners who are reopened after 365 days are not being accepted in the DCR system.
 - Another noted that there was a change to the DCR at some point that began creating reestablishment KETs for partners who had been gone for a year or more which may have broken the process for Caminar to submit reestablishment PAFs for partners who had been gone for a year or more.
 - A third identified a problem when uploading large batches of data that the DCR would not take the flow of multiple discontinuation and reestablishments for a partner as it would only take the most recent discontinuation and reestablishment records while ignoring the others.

Recommendations for DCR System Issues

1. Counties to work with DHCS on a case-by-case basis to troubleshoot errors
2. DHCS/Counties to test load issues in the Behavioral Health Information System (BHIS)
3. Counties should propose enhancement to DCR data entry

System Access and Support

- **Logging into the DCR in addition to an EHR is a barrier for staff.** This takes staff extra time. There are also issues associated with resetting passwords and DCR webpages giving errors on load.
- **There are few training resources for new staff.** Staff turnover rapidly, and there are few available training resources for new staff.
- **Submitting entities cannot get Approver Status for new staff.**
 - The following counties noted that they are waiting for approver status: Del Norte, Plumas, San Francisco, San Mateo, and Shasta.
 - For example, San Francisco has been waiting for almost a year for a new Approver to be approved by DHCS with Approver Status. San Francisco indicated that DHCS told them the hold-up is due to approval by a DHCS committee. However, the process is taking an extended period of time which is causing delays to sign up new DCR users as staff turns over.
 - This is leading to poor data quality as new users cannot access the system to enter data.

Recommendations for DCR System Access and Support

1. Streamline Approver role permissions
2. Examine help desk processes to identify efficiencies, improve communications with the end user, and develop a process manual
3. Automate password reset
4. Provide counties with access to reports on a regular schedule
5. Consider seamless login integration
6. Provide regular statewide training or training resources

Discussion & Resources

- Other issues?
- Other recommendations?
- Other thoughts?
- Other comments?

Resources

- DHCS Data Quality Improvement Webinar Information:
 - <http://www.mhdata.org/events>
- BHIS Website:
 - <https://bhissecure.dhcs.ca.gov/>
- NEW DCR Rewrite Training Date:
 - November 7, 2017 from 2:00 pm – 4:00 pm
 - Register at <https://attendee.gotowebinar.com/register/519153493217405697>
- Best Way to Reach DCR Help Desk:
 - MHSADCRSupport@dhcs.ca.gov
- For County Approver Information, email:
 - MHSDData@dhcs.ca.gov

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