

## **Background Statement**

### ***Decision Support 2000+***

Decision Support 2000+ is an integrated set of mental health data standards and an information infrastructure designed to help all stakeholders answer key questions and make critical decisions that will improve the quality of care. Decision Support 2000+ consists of several components: population, enrollment, encounter, financial, organizational, and human resources data sets; performance indicators, report cards, and outcome measures; and fidelity measures for clinical and system guidelines. For each component, the Decision Support 2000+ development team will recommend a *core* set of data elements for use across the entire field and a set of *stakeholder-specific* data elements of interest to particular stakeholder groups. At this time, we are working on stakeholder-specific data elements for the states. For both the core and stakeholder-specific data sets, Decision Support 2000+ will provide uniform definitions, common measures, and consistent procedures for collection, analysis, and reporting data.

### ***Decision Support 2000+ and MHSIP***

Decision Support 2000+ grew directly from the FN10 data standards and the recommendations of the FN11 Workgroup. Members of the MHSIP Policy Group (MPG) have been involved in the design, development, and implementation of Decision Support 2000+ since its inception; in October, 2000 the MHSIP Policy Group formalized its association with the Decision Support 2000+ development team. Cecil Wurster represents the MPG and Larry Allen, Chip Felton, Dennis Geersten, Judy Hall, James Harvey, and Deborah Merrill represent their respective Regional User Groups on the Decision Support 2000+ team.

The MHSIP representatives (including MPG Chairperson Mary Smith) met with members of the Decision Support 2000+ development team in February, 2001. Meeting attendees reviewed the current status of the Decision Support 2000+ data standards; endorsed the modular approach that began with enrollment and encounter data; clarified the separation of data elements into core and stakeholder-specific sets; discussed the ways in which the Decision Support 2000+ team was incorporating FN11 data standards and ensuring that data elements would conform to HIPAA standards; and decided to present the draft enrollment and encounter data sets at the spring Regional User Group (RUG) meetings to obtain comments to guide revision and ongoing development.

At the meeting, the Decision Support 2000+ development team noted that as a result of changes in mental health over the past decade, there is an increased need to broaden the audience for and users of mental health information beyond those of principal interest to the developers of FN10 and FN11; hence, Decision Support 2000+ was designed to be relevant to a wide range of stakeholders in *both* the public and private sectors. In addition, new data standards and reporting requirements in the field necessitated that the data elements recommended in Decision Support 2000+ be compatible with the requirements of the Health Insurance Portability and Accountability Act (HIPAA), the CMHS Uniform Reporting System (URS), and other mandated reporting such as ORYX.

Attached are draft recommendations and supporting documents for the enrollment and encounter core data sets for review and comment. FN11 client master, client eligibility, client periodic, and encounter data items serve as the underpinning of the Decision Support 2000+ enrollment and encounter data sets; a table showing the FN11 data elements included in the Decision Support 2000+ core data sets and in the stakeholder-specific state data sets is also attached. The same table shows the Decision Support 2000+ data elements mapped against those of the URS.

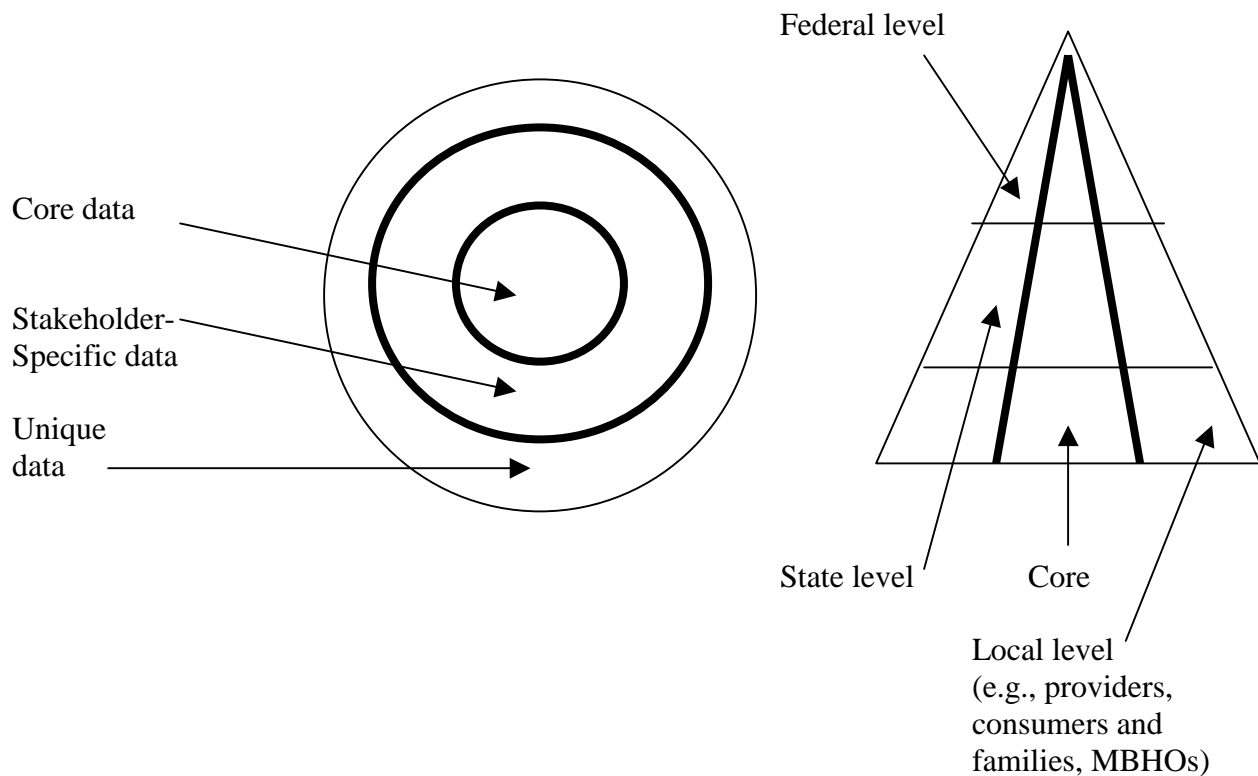
### ***Enrollment Data***

We are aware that “enrollment” is a concept more relevant to Medicaid, Medicare, and private insurance than it is to state and local mental health authorities. Eligible consumers may enroll in Medicaid, Medicare, and private insurance; they become “enrollees” and therefore may use the services for which they are eligible. Data are typically collected upon enrollment and are available on enrollees whether or not they ever use services. While eligibility criteria exist for use of services sponsored by state and local mental health authorities, individuals do not enroll and typically are not known to the mental health authority until they actually begin to use services.

The lack of information about the numbers and types of persons who are eligible for services and who have enrolled (i.e., operationalized their eligibility) creates a significant problem for state and local mental health authorities: they do not have accurate counts of people who potentially could use their services and therefore lack critical information for planning for service use, budgeting, obtaining funds, and allocating resources. While most would agree that such information is vitally important to public mental health authorities, it is also clear that we do not yet have mechanisms for collecting those data. The Decision Support 2000+ team has recommended the kinds of data to be collected on enrollees (i.e., persons eligible for services), but we still need to work out procedures for collecting those data in public mental health systems—although possible solutions include importing encounter data into the enrollment database, collecting enrollment data at non-mental health sites such as medical centers, and population-based outreach efforts.

### ***Definitions of Terms***

Several terms require explanation, namely, “core”, “stakeholder-specific”, and “unique” data sets. As noted above, “core” data are those critical data elements that would be used by all stakeholders to make personal, clinical, or managerial decisions and to evaluate the quality of care; “stakeholder-specific” data are also critical, but primarily of interest to a particular stakeholder or user group (e.g., state and local mental health authorities, consumers and families, providers, insurers, and managed behavioral healthcare organizations). All stakeholders will have, in addition to the “core” and “stakeholder-specific” data, “unique” data that are highly particular to their own local and organization-specific interests and circumstances. See the figures below.



The Decision Support 2000+ team has drafted the standards for the core enrollment and encounter data sets. Data elements potentially suitable for the stakeholder-specific data sets for the states have been identified, but categories and definitions have not yet been specified. Following review by CMHS, the MPG, and the RUGs, the core sets will be revised and distributed to the states. The stakeholder-specific sets for the states will be submitted to the same review process as soon as they are completed. Adoption of these data sets will be highly useful as part of the CMHS Infrastructure Grants.

The remaining components of Decision Support 2000+ are currently under development. The components that are as advanced as the enrollment and encounter sets will be taken to a similar level; data sets that are less well developed (e.g., population data and guideline fidelity measures) likely will be presented in different formats. All data sets will be reviewed by a Technical Expert Workgroup in the summer for final review and revisions will be made by fall, 2001.

It is important to note that all data elements in Decision Support 2000+ will conform to HIPAA standards and that use of Decision Support 2000+ will ensure that all HIPAA requirements are met. In addition, the Decision Support 2000+ data standards will be consistent with FN11, the CMHS URS, and the requirements of the major accrediting agencies. Therefore, Decision Support 2000+ is a single comprehensive system that will satisfy all mandated reporting requirements.

The attached Excel spreadsheets are drafts and will be modified based on your comments and those of others. They currently show data elements with categories, definitions, and data source—ultimately they will provide recommendations for where and how the data should be collected, when it should be collected, frequency of collection, and similar issues.

Further information on Decision Support 2000+ can be obtained on the MHSIP website at [www.mhsip.org](http://www.mhsip.org) or by calling Sarah Minden (617-349-2749) or Marilyn Henderson (301-443-3343).