



This packet is an introduction and brief summary of information related to the strategy listed below. It is not exhaustive and is intended to be a starting point for the conversations that will take place at the Next Steps event. Your expertise and experience with this topic will help to fill in gaps and round out the conversation.

Strategy: Develop Regional Data Center to collect, analyze, and share mental health data

Group Charge: Create a plan for establishing a regional data center

WHAT WE KNOW

Need In St. Louis

Mental illness and addiction are among St. Louis' most serious public health problems.¹ Although we have data at national and local clinic levels, we do not have a complete picture of the state of mental health illness in the region.

Rates of mental illness

- Compared with whites, African American adults have lower rates of depression² but higher rates of alcohol and substance-abuse disorders.³
- In focus groups with St. Louis County students, African American youth reported being diagnosed with a mental illness more often than white youth.⁴ However, this data cannot be generalized to the entire region.

Data on seeking, receiving, and providing services⁵

- Behavioral health encounters at safety net primary care providers in St. Louis City and County increased by 38% from 2013 to 2014 and by 43% from 2010 to 2014.
- The total number of behavioral health users served in 2014 increased by 120% (more than 16,000 additional clients in 2014) as compared to 2005.
- Despite this increase in volume, the number of new users admitted into community mental health services decreased by 6% in 2014, as compared to 2005, indicating potential system capacity constraints limiting the ability to accept new users.
- Four state-funded substance use treatment providers with the widest array of services for the general population within the Eastern Region served more than 10,000 users in 2014, despite limited capacity, particularly for residential and detoxification services.
- Inpatient behavioral health safety net hospital staffed bed capacity decreased by 5% in 2014, as compared to 2007.
- Behavioral health encounters at emergency departments in St. Louis City and County have increased by more than 22% from 2013 to 2014 and accounted for 31% of total emergency department encounters in 2014.

Background

The U.S. Department of Health and Human Services Disparities Action Plan calls for increasing the availability, quality, and use of data to improve the health of minority populations.⁶ In St. Louis, publicly available mental health data is hard to find. There is some provider data from hospitals and community-based providers, but it is difficult to get data about the individuals who have not successfully obtained treatment. This limits our ability to locate areas with the most mental health need and our ability to accurately estimate the prevalence of mental health conditions in the region.

- The lack of available information means needs are unidentified, under-reported, and not treated.¹
- The lack of information about available resources makes it difficult to coordinate services or make referrals.¹
- If service providers used consistent screening tools, the region could develop a better and more comprehensive picture of the needs.¹

Examples

In an effort to better understand the health of individuals and use data to increase accountability and improve services, institutions at the local and national levels are working on various components of information systems.

Locally

- St. Louis conducted a Community Health Assessment (CHA) in 2012 to determine the health status of city residents. The assessment collected data through focus groups, structured interviews, and surveys⁷
- The Saint Louis Mental Health Board contracted with The Brown School at Washington University to assess the St. Louis environment for changes in adult behavioral health and identify current and future needs.¹ Based on the assessment findings, the group recommended improving the information available for behavioral health needs, behavioral health resources, and patient encounters and the tools used for screening and measuring outcomes. For more information, see **Appendix A: St. Louis Adult Behavioral Health Needs Assessment**.
- Regional Health Commission (RHC) publishes an annual “Access to Care” data book that provides operating statistics from primary, specialty, and emergency care safety net health care provider institutions.⁵ See **Appendix B: Progress Toward Building a Healthier St. Louis: Access to Care Data Book 2015**.
- Behavioral Health Network (BHN) collects behavioral health data for the RHC “Access to Care” data book, to include hospital inpatient (acute) psychiatric care, crisis service, and community-based mental health and substance use provider operating statistics. They manage and report on a cross-provider, centralized database for the region’s Hospital Community Linkages initiatives, fostering care coordination between hospital inpatient psychiatric units and emergency rooms and community-based behavioral health providers. Additionally, they are collecting data to better understand regional behavioral health resources and capacity. BHN is engaging service providers to assess the opportunities for data sharing and care coordination across the region and state as well.

Nationally

- SAMSHA established National Outcome Measures (NOMs) reporting systems to help provide a clear picture of mental health services and substance abuse treatment and prevention. These areas are divided into ten domains, including social connectedness, access/capacity, retention, and cost effectiveness⁸
- SAMHSA's National Survey on Drug Use and Health (NSDUH) uses a model-based small area estimate on substance use and mental disorders in states. Its model is based on 25 outcomes, such as serious mental illness in the past year, past year illicit drug dependence or abuse, and past month binge alcohol use.⁹

STRATEGY GOALS

We are proposing the creation of a Regional Data Center to achieve the following primary goals:

- Establish a system for tracking rates of mental health conditions in the St. Louis region, capacity of the behavioral health system, and quality of services delivered, as well as unmet need.
- Develop a system of public reporting with common definitions of mental health conditions, uniform screening tools and methods, formal data sharing rules, and regular reporting mechanisms

IMPLEMENTING A REGIONAL MENTAL HEALTH DATA CENTER

To aid countries with mental health policy development and service planning, the World Health Organization (WHO) developed a guidance package of 13 training modules,¹⁰ including one on mental health information systems (MHIS).¹¹ See [Appendix C: Mental Health Information Systems](#) for more information. The MHIS is designed to improve service efficiency and effectiveness and enable providers to make informed decisions. Without comprehensive examples to look to, the MHIS recommended by WHO can be used as a proxy.

Guiding Principles

Based on experiences across multiple countries, WHO established several principles to follow when developing a MHIS.¹¹

- Start small: progressively develop the information system with the bigger picture in mind, rather than designing the entire system right from the beginning.
- Use well-defined indicators
- Establish a minimum data set that consists of the most essential information
- Make the information system user friendly, and make its purpose clear
- Clarify the relationship with other information systems and decide how integrated the systems will be (fully, partially, or separate)
- Consult with all stakeholders
- Consider the difference between routine and non-routine data and how frequently each should be collected
- Ensure privacy, confidentiality, and access to information and consent

Design and Implementation Steps

The WHO outlined a step-by-step process for designing and implementing a MHIS.¹¹

- Step 1: Needs assessment: what information do we need?
 - Establish a task team: who will be responsible
 - Review current policy and planning objectives: what is the MHIS try to achieve
 - Consult with all relevant stakeholders: this is a continuous process
 - Identify indicators for measuring the policy and planning objectives: determine their validity, reliability, cost, relevance, specificity, sensitivity, balance, and feasibility
- Step 2: Situation analysis: what information do we have?
 - Review the current situation: examine current systems, identify problems with current system, assess where problems could be improved
 - Conduct a "walk-through" analysis: site visits to assess how data are collected and how data go through the current system
- Step 3: Implementation: how can we get the information we need?
 - Identify the essential MHIS subsystems and indicators: identify priority areas

- Establish a minimum data set: operationalize identified indicators and determine minimum data require
- Map the information flow: collection, processing, analysis, dissemination, and use
- Establish frequency of data collection
- Identify roles and responsibilities
- Design and distribute the materials: create instruction manuals, procedure manuals, and data collection forms
- Schedule staff training
- Address practical barriers to getting the needed information
- Build in quality checks
- Conduct a pilot project
- Roll out the MHIS
- Step 4: Evaluation: how well is the MHIS working?
 - Define the criteria for evaluating the MHIS
 - Establish a framework for evaluating the MHIS
 - Compare with baseline assessment
 - Determine the frequency of evaluations

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