

CHAPTER IV: DATA PLANNING AND EVALUATION

401 DATA PLANNING AND EVALUATION TEAM FUNCTIONS

The Substance Abuse Prevention and Treatment Agency (SAPTA or Agency) Data Planning and Evaluation (DPE) Team provides support to the SAPTA Treatment, Prevention, and Fiscal Teams and to the Agency as a whole. The DPE Team is responsible for business analysis and applications support, desktop utilities development and maintenance, data management, technical support, training, research and evaluation, reporting, and project management

Data Quality

In the provision of health care, the importance of accurate records and complete information is vital. This is true at the individual, group, and policy levels. Furthermore, SAPTA's various funding sources now require the reporting of outcome measures. Maintaining data that is relevant, timely, and of good quality allows for the accurate measurement of performance outcomes and provides the foundation to ensure that SAPTA funded programs are working for the benefit of the people we serve.

402 NEVADA HEALTH INFORMATION PROVIDER PERFORMANCE SYSTEM

The Nevada Health Information Provider Performance System (NHIPPS) is a web based computer application used to collect and store information about clients or participants in funded treatment and prevention programs. The data are used to satisfy the reporting requirements for the Federal Substance Abuse and Mental Health Services Administration (SAMHSA), the Nevada State Legislature, SAPTA, and the public. The NHIPPS application is Health Insurance Portability and Accountability Act (HIPAA) compliant and runs on secured servers located at the Department of Information Technology facility and is protected by state-of-the-art firewall technology. The web server used to access the data is protected by VeriSign, an internationally known internet security company, and the NHIPPS database itself is password encrypted for additional security.

Security Administration

SAPTA performs high level, system-wide security administration to support the needs of funded providers, but once established in the system, providers are required to perform security administration for their own agency and staff. Security administrators are responsible for day-to-day NHIPPS account management such as resetting passwords and setting up and terminating user accounts, as well as ensuring that the provider environment is properly configured to maintain confidentiality of client information. Each agency must have both a primary and backup security administrator, and must notify SAPTA within two weeks when staffing of either of these positions changes. For detailed security administration procedures, see [Appendix F1](#) entitled, "NHIPPS Security Administrator Step by Step Guide."

NHIPPS Support and Technical Assistance

SAPTA's DPE team members serve as NHIPPS subject matter experts for system related issues and provide technical assistance to all system users as needed. Obtaining quality data requires that system users understand the data collection process as it relates to the job functions they perform. Given high staff turnover and heavy workloads, it can be difficult to maintain well trained staff and to keep all system users up-to-date on the latest NHIPPS enhancements. Thus, training and help desk services are aimed at providing programs with the resources necessary to successfully use NHIPPS.

SAPTA has established help desk procedures which are intended to provide users with NHIPPS information when problems are encountered. As is the case with other agency matters, programs should typically contact their designated SAPTA Program Analyst as a first point of contact. Their program analyst will help them, or refer the call to appropriate DPE or Fiscal staff based on the nature of the inquiry. Should the Program Analyst be unavailable, there will be a designated contact from the Prevention or Treatment Team to take the call.

Coalitions serve as regional providers for training on Prevention and Fiscal modules for the prevention programs they oversee. Thus, coalition staff should be the first point of contact regarding training needs of prevention programs. Coalition staff can then provide training, or coordinate training needs with DPE staff.

Treatment providers are also trained on the Treatment and Fiscal modules. Electronic training media (CD ROM) is available for treatment staff, and can be found on the SAPTA website. SAPTA's DPE staff are working on Web-based trainings to be used for all NHIPPS modules.

NHIPPS Reports and Downloads

NHIPPS has three basic data collection modules: Treatment, Prevention, and Fiscal reporting. It essentially serves, with only a few exceptions, as a one-stop shop for vital information relevant to SAPTA funded substance abuse programs in the state. In addition to collecting data, SAPTA and its funded programs can get up-to-date information which is essential to providing the highest standard of care to clients. Under the reports tab there are a number of downloads available which allow for downloading program records into Excel which can be used to do further analysis. There are some canned on-line reports available as well.

403 FISCAL DATA AND REPORTING REQUIREMENTS

Request for Reimbursement

All funded providers submit their monthly reimbursement requests in NHIPPS. A detailed MS Excel backup report, provided by SAPTA, is a required part of the reimbursement request and is the source data for the Request for Reimbursement (RFR) report. Individual expenditures are allocated to the appropriate fund source in the Fund

Source Allocation section of the RFR. Each month, after a treatment or prevention agency's work is completed and recorded in the system and any performance and detailed backup reports are created, providers can log in to NHIPPS and access the appropriate grant. From within the grant, a RFR report can be generated for the current month. The provider representative completes the reimbursement amounts by budget category. From within NHIPPS, the MS Excel backup document is attached to the RFR report. NHIPPS calculates the reimbursement total, current year-to-date expenditure, budget balance, and the percent expended by budget category. Special permissions are required to submit the report. This may be the established grant signature authority or other agency personnel. Permissions are set by the funded agency's security administrator. For detailed backup document upload procedures, see [Appendix F2](#) entitled, "Fiscal Reporting – Attaching a Document in NHIPPS."

404 PREVENTION DATA AND REPORTING REQUIREMENTS

The National Outcome Measurements (NOMs) are criteria that SAMHSA established to determine whether states are accomplishing its vision and meeting all Federal reporting requirements. The NOMs are defined in terms of domains, outcomes, and specific measures that would be expected from successful mental health and substance abuse treatment and prevention systems. Concerning prevention, the following NOMs are collected and reported from NHIPPS for the Substance Abuse Prevention and Treatment (SAPT) Block Grant:

- Number of persons served by age
- Number of persons served by gender
- Number of persons served by race
- Number of persons served by ethnicity
- Number of persons served by type of intervention
- Total number of evidence-based programs and strategies

Currently, SAMHSA pre-populates all other NOMs in the SAPT Block Grant.

Submission of this information in aggregate form for the most recent full contract year is required by all providers who expend SAPT Block Grant dollars for the provision of substance abuse prevention services.

Using the NHIPPS Prevention Module, these data are collected online. The NHIPPS Prevention Module was developed to collect information according to SAMHSA's Minimum Data Set. SAPTA DPE Team staff set up each prevention provider in NHIPPS entering provider information, subgrant information, budget and fund source allocation information, program definition, and projected scope of work. Prevention providers are responsible for entering the "Session Activity Detail" which includes the aggregate demographic data. The data are downloaded from NHIPPS to meet reporting requirements.

SAPTA also collects data on all recurring direct service prevention programs using a pre-post survey. The survey instrument was designed by the Prevention Team and the State of Nevada Prevention Coalitions. The questions were taken from the Youth Risk Behavior Survey (YRBS), a previously validated instrument. Scantron technology is used to scan the surveys and the data is analyzed using SPSS.

405 TREATMENT DATA AND REPORTING REQUIREMENTS

As with prevention's direct services, treatment data are also required on each client served by a SAPTA funded provider and NOMs are collected and reported for each client treatment episode. SAMHSA requires SAPTA to collect data for the following NOMs domains and measurements:

1. Reduced Morbidity -- Abstinence from substance use
2. Employment / Education -- Increase in days employed or at school
3. Crime and Criminal Justice -- Reduction in the number of arrests
4. Stability in Housing -- Improvement in housing stability
5. Access / Capacity -- Unduplicated count of persons served
6. Retention -- Increased retention in treatment

The Treatment Module consists of a number of screens where these NOMs data, along with assessments, treatment plans and treatment plan reviews, Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) diagnoses, progress notes and progress reports, are collected. Clients' treatment records can be shared with other agencies with the client's consent, and therefore can improve the quality of care a client receives throughout the course of his or her treatment.

Treatment providers who receive funding from the SAPT Block Grant are also required to collect data on assessed clients who are waiting for services and on their capacity levels.

Utilization Tracking

Treatment performance reporting is completed monthly in NHIPPS when the Monthly Utilization Report is run. Units of service are captured by the American Society of Addiction Medicine (ASAM) service level in each Progress Note the counselor writes after a treatment event. Understanding ASAM Service Levels is fundamental to good reporting in NHIPPS. For a detailed list of these codes, see [Appendix F3](#) entitled, "Treatment Service Code Chart, Chart of Service Codes and Unit Descriptions, Health Division Criteria for Programs Treating Substance Related Disorders." After a provider specified cutoff date, no more than 15 days after the end of the month, the provider will run and save the Monthly Utilization Report for a specific month and year. Clients served and units completed are compared against the contracted scopes of work to determine the year-to-date performance by ASAM service level. For detailed monthly utilization procedures, see [Appendix F4](#) entitled, "Monthly Utilization -- Treatment."

Wait List

Wait list data is also a SAPT Block Grant requirement. Some State funded treatment providers were given additional funding in 2008 to complete a wait list reduction initiative. Clients served by these additional funds must first be assessed and have a substance abuse diagnosis rendered, at which point they may be placed on a wait list for service. The initiative also requires regular contact and documentation while the client waits for admission to a treatment facility. For detailed wait list procedures, see [Appendix F5](#) entitled, “Wait List -- Treatment.”

Capacity Reporting

When an agency has clients on a wait list for a particular service level, they are said to be at 90% Capacity for that service level. NHIPPS allows the appropriate agency staff to report 90% Capacity by service level with the submission of a simple capacity report. For detailed capacity reporting procedures, see [Appendix F6](#) entitled, “Capacity Reporting -- Treatment.”

Quarterly TB/HIV Activity Reporting

Consistent with reporting requirements found in the SAPT Block Grant Goals 5 and 6, the DPE team tracks TB and HIV activities on a quarterly basis. Providers of TB/HIV services report to SAPTA using the “SAPTA TB/HIV Report Form.” A copy of this form is attached as [Appendix F7](#) and directions for completing the form are included. When received, a DPE team member enters data from the forms into an Access Database developed and maintained by the DPE team.