Reducing Administrative Burden

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DMHA Core Principles

High quality	Seamlessly integrated	Accessible
Person-centered	Full continuum of care	**Minimal administrative burden**
Innovative	Strong partnerships	Accessible to clients and providers
Data-driven	Smooth referrals	**Easy to use**
Evidence-based	Minimized silos	Expedient
Peer-driven	Functions with payer sources	Transparent
Culturally competent	Includes shared populations	**Expedient access to care**
Trauma-informed		

Data Insights from WISE Indiana's DMHA Data Systems and Intake Evaluation

Reduce data redundancy and standardize data whenever possible

Include providers in discussion of data reporting changes

Feedback loop of information - providing access to the data ("not just a black hole")

Insights from Intake Process

- Amount of required data makes client engagement difficult
- Clients' needs are not being addressed during first visit due to administrative burden
- Due to administrative burden, some centers have one staff person collect the required data at the first visit and another assigned as the client's therapist – requiring the client to share their story multiple times
- High administrative burden increases staff burnout/turnover and client dropout

Intake Experience Committee

- Group comprised of both DMHA and CMHC staff with both data and clinical experience
- Started meeting in May 2022
- Goal to reduce administrative burden and streamline the intake process
- Group looking at requirements from DMHA, Medicaid, DCS, accrediting bodies
- Jody Horstman from Aspire and I are looking at the data burden

DARMHA Data

- We collect demographics, NOMs, encounters and diagnoses for block grant data requirements.
- We collect the above data, health questions, CANS and ANSA data for DMHA.
- The biggest time utilizer is the CANS and ANSA as much of the other data can be collected ahead of the appointment.

CANS and ANSA assessments

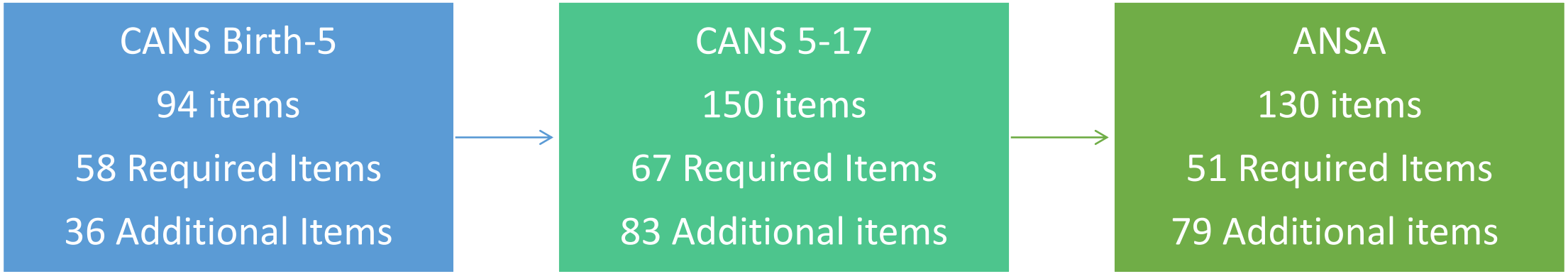
- **CANS** stands for Child and Adolescent Needs and Strengths
- **ANSA** stands Adult Needs and Strengths Assessment

The CANS and ANSA are holistic assessment tools designed to tell a story and be a communication tool. They can support individual treatment plans, monitor progress and evaluate services. They can also be used for decision support including recommending appropriate evidence-based practices. They are utilized nationally in behavioral health and child welfare systems.

The main domains are Life Functioning, Behavioral Health Needs, Risk Behaviors and Strengths.

They have a simple rating system (0-3).

CANS/ANSA data



Ideas to Address the Amount of CANS/ANSA Data

Reduce	Reduce the number of items in the assessments (go to the Core 50? remove the modules?)
Timing	Complete the CANS and ANSA at a different time, not the intake appointment.
Create	Create a smaller intake CANS/ANSA
Replace	Replace the CANS/ANSA

If we were to replace the CANS/ANSA…

The replacement(s) would need to do the following things.

- Determine level of need/care/functioning
- Allow DMHA/providers to see trends in needs
- Allow DMHA/providers to see outcomes (nice if it is a national tool so DMHA/Providers can compare to other states)

Other Things to Think About…

- Including strengths in an assessment can be helpful to the client and the clinician.
- Including SDOH items in an assessment will help the state continue to develop recovery supports.
- Screeners and assessments utilized in integrated settings (health care and behavioral health care).
- Impact on Medicaid programs and DCS.

DMHA is interested in your ideas and suggestions!

There will be a focus group next month and you and your staff are welcome to email me ideas.

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