SAMHSA's Performance Accountability and Reporting System (SPARS)

Center for Mental Health Services

NOMS Client-level Measures for Discretionary Programs Providing Direct Services

Quarterly Health Indicators (3-month Reassessment Rate)

REPORT GUIDE

CMHS

Center for Mental Health Services
SAMHSA

September 2020
SPARS Version 1.0

Table of Contents

GENERAL OVERVIEW

The *Quarterly Health Indicators (3-month Reassessment) Rate Report* summarizes information about data collection of the quarterly health indicator reassessment interviews collected by selected Center for Mental Health Services (CMHS) grant programs (Certified Community Behavioral Health Clinic–Expansion Grants [CCBHC-E], Certified Community Behavioral Health Clinic–Expansion Grants–Child [CCBHC-E-C], Promoting Integration of Primary and Behavioral Health Care [PIPBHC], Promoting Integration of Primary and Behavioral Health Care–Child [PIPBHC-C] and Primary & Behavioral Health Care [PBHCI]). A *quarterly health indicator reassessment interview* is defined as a reassessment interview that collects physical health and blood draw (if applicable) data and occurs every 3 months from the baseline interview date. In this report, you can find out how many quarterly health indicator reassessment interviews were conducted by a grant, how many were due for that grant, and the rate or percentage of completion for a given reporting period.

This information allows project directors, grantee staff, government project officers (GPOs), and CMHS staff to assess how CMHS grants are doing in meeting the 80% goal completion rate for conducting quarterly health indicator reassessment interviews on time.

Specifically, in this report you can find the following:

1. the number of quarterly health indicator reassessment interviews received per year in a selected Federal Fiscal Year (FFY) (and Quarter, if chosen);
2. the number of reassessment interviews due for the selected FFY (and Quarter, if chosen);
3. the quarterly health indicator reassessment interview completion rate achieved for the selected FFY (and Quarter, if chosen); and
4. the first three items above (number due, number received, and rate) broken out by if the physical health data were collected and if the blood draw data were collected (if applicable).

The *Quarterly Health Indicators (3-month Reassessment) Rate Report Guide* provides you with the following information:

- key terms you need for this guide and the report,
- instructions for running the report and customizing it for your needs,
- a description of how to use the report, and
- an appendix of technical details.

SECTION A: KEY TERMS

This section presents brief definitions of terms used in the *Quarterly Health Indicators (3-month Reassessment) Rate Report* and in this guide.

Grant ID is the grant identification number assigned by CMHS.

Grant Information provides the grant name, city, state, grant start date, and grant end date.

Program refers to the CMHS grant program of which the grant(s) in this report are a part.

Data entered as of is the cutoff date for this report. This report is updated once every 24 hours and includes all data entered as of the time the report was last updated.

Quarterly health indicator interview (3-month reassessment) is a reassessment that specific grant programs (CCBHC-E, CCBHC-E-C, PBHCI, PIPBHC, and PIPBHC-C) are expected to attempt to collect for all consumers while the consumer is in treatment. The due date for collecting these interviews is every 3 months from the baseline interview date until the client is discharged.

Federal Fiscal Year (FFY) is the accounting period of the federal government. It begins on October 1 and ends on September 30 of the next calendar year. Each fiscal year is identified by the calendar year in which it ends and commonly is referred to as "FFY." For example, FFY 2021 began October 1, 2020, and ends September 30, 2021.

Quarter (for a specific Federal Fiscal Year): The FFY consists of four Quarters as follows: Quarter 1: October 1–December 31; Quarter 2: January 1–March 31; Quarter 3: April 1–June 30; Quarter 4: July 1–September 30.

Received is the number of reassessment interviews that were completed and entered on time.

Due is the number of reassessment interviews that were expected to be completed.

Rate indicates the grant's or program's success in collecting reassessment interviews on time shown as a percentage.

Role: Your role in the Substance Abuse and Mental Health Services Administration's (SAMSHA's) Performance Accountability and Reporting System (SPARS) governs what you can view in the system. Some roles include project director, grantee staff, and GPO. The general rule of thumb is that you can run reports for the grant(s) and/or grant program(s) with which you are associated. For example, most grant project directors or grantee staff are associated with just one grant and would only see data for the one grant with which they are associated.

SECTION B: RUNNING THE REPORT

To run the *Quarterly Health Indicators Reassessment Interview Rate Report,* there are three steps:

1. Navigate to the *Quarterly Health Indicators Reassessment Interview Rate Report.*
2. Select the criteria for the reports you wish to view (optional).
3. View the report.

Step 1: Navigate to the report

From the top navigation bar, select "Data Entry & Reports," and then select "for CMHS Users." Select "CMHS Reports" to open the SPARS CMHS Reports page.

Select "Quarterly Health Indicators Reassessment Interview Rate Report" on the left menu.

Under "Program or Grant List?" choose whether you want to run the program by Program List or Grant List.

- The Program List will let you run the report by all programs or specific programs.
- The Grant List allows you to run the report for all grants or specific grants (based on your access).
- Note that this report only applies to the three CMHS grant programs (CCBHC-E, , PIPBHC, and PBHCI) that collect 3-month reassessment interviews.

> **NOTE: To run a default report, just click "Download Report."**
>
> You can skip Step 2 (Select Criteria) for your report. You only need to select criteria if you want to customize your report by sorting or filtering it.

Step 2: Select criteria (optional)

You can set several criteria for the report. These criteria specify what data will be included in your report. To set criteria, use the drop-down menus and checkboxes. The following report criteria are available and are described in more detail below.

A. Output As

B. Report By

C. Grant Status

D. FFY – Federal Fiscal Year

E. FFY Quarter

F. Grant Information Contains

G. Sort By

H. Sort Order

I. Show Glossary

J. Program

Output As

You can request your report in HTML, PDF, RTF, or Excel formats. The default is PDF.

Report By

You can group your report by All Combined, Program, Cohort, or Grant. The default is Grant.

Grant Status

You can run the report for active grants or all grants. "Active grants" include grants that have not yet ended. "All grants" includes grants that have ended. The default is Active Grants.

FFY–Federal Fiscal Year

You can select any year from FFY 2019 to the current FFY. The default is the current FFY.

FFY Quarter

You can select All Quarters, 1 s t Quarter, 2 n d Quarter, 3 r d Quarter, or 4 t h Quarter. The default is All Quarters.

Grant Information Contains

This is only applicable if you have selected Grant under Report By. You can enter text/keywords to filter the report. The default is blank, meaning the report will not be filtered by this criterion.

Sort By

By default, the report will sort by grant or program information. To change how the report is sorted, make a selection from the pull-down menu.

The choices are Previous Period Received, Previous Period Due, Previous Period Rate, Selected Period Received, Selected Period Due, and Selected Period Rate. If you select any of the "previous" options, this will sort the report by the column heading for the FFY prior to the FFY you selected for the report. For example, if you selected to run the report for FFY 2020 and choose to sort by "Previous Period Due," the report will sort by the FFY 2019 Due column.

Sort Order

You can choose ascending (low-to-high) or descending (high-to-low) order for your sort. The default is ascending.

Show Glossary

If you want to review a glossary of terms for the report, select yes. The glossary items also appear in the "key terms" section of this guide. The default is to show the glossary.

Program

This section lists the grants or programs for which you can run the report. By default, all the grants or programs you have access to will be selected.

Step 3: View the report

Select "Download Report" to generate the report.

Sample Report for Report by = Program, Selected FFY = 2020, Selected FFY Quarter = All.

Quarterly Health Indicators Report (3-month Reassessment)

Report By: Program
Grant Status: Active Only
FFY: 2020
FFY Quarter: All Quarters
Grant Information Contains: N/A
Sort By: Program
Sort Order: Ascending
Show Glossary: Yes
Selected Program(s): CCBHC-E,CCBHC-E-C, PBHCI, PIPBHC, PIPBHC-C
Grant(s): All Available Grants
Data Entered As of: [Month, Time AM/PM time zone]

Notes:

1. This report is updated once every 24 hours and includes all data entered as of the time it was last updated. Check the date and time at the top of this report to see when it was last updated.
2. Due to the window of eligibility, it is possible to have a reassessment received before it is due.
3. A percentage that is bolded and in red indicates the rate is below 80%.
4. The grant programs PIPBHC-C, CCBHC-E, and CCBHC-E-C do not collect blood draw data in their quarterly health indicator reassessment interview.
5. Therefore, the "Received," "Due," and "Rate" columns in "Any Blood Draw Items Completed" will display "N/A."

CONFIDENTIAL

Quarterly health indicators report (3-month reassessment)

Program	Any Physical Health Items Completed			Any Blood Draw Items Completed			Any Part of Health Indicators Interview Complete			
	FFY20/ Received	FFY20/ Due	FFY20/ Rate	FFY20/ Received	FFY20/ Due	FFY20/ Rate	FFY20/ Received	FFY20/ Due	FFY20/ Rate	Cumulative/ Rate
CCBHC-E	13,603	55,740	24.4%	N/A	N/A	N/A	13,603	55,740	24.4%	25.2%
CCBHC-E-C	2,873	15,497	18.5%	N/A	N/A	N/A	2,873	15,497	18.5%	18.4%
PBHCI	4,049	24,232	16.7%	2,418	24,232	10.0%	4,155	24,232	17.1%	21.5%
PIPBHC	3,473	13,719	25.3%	1,469	13,719	10.7%	3,495	13,719	25.5%	26.9%
PIPHC-C	162	2,131	7.6%	N/A	N/A	N/A	162	2,131	7.6%	9.0%
Program Summary: 5	24,430	115,427	21.2%	4,023	40,059	9.6%	24,559	115,427	21.3%	21.1%

SECTION C: USING THE REPORT

What information is shown?

Reading the report from *left to right*, the report display repeats three pieces of information (number received, number due, and rate) by which pieces of the interview were completed. The report separately looks at if any of the physical health items were completed, if any of the blood draw items were completed, and if any part of the quarterly health indicators interview was completed:

1. the number of quarterly health indicator interviews that were received in which any of the physical health items were completed during the specific FFY (and Quarter, if chosen);
2. the number of quarterly health indicator interviews that were due or were expected to be completed for the specific FFY (and Quarter, if chosen);
3. the rate at which your grant or program achieved collection of the physical health items in the quarterly health indicator interviews for a specific FFY (and Quarter, if chosen);
4. the number of quarterly health indicator interviews that were received in which any of the blood draw items were completed during the specific FFY (and Quarter, if chosen);
5. the number of quarterly health indicator interviews that were due or were expected to be completed for the specific FFY (and Quarter, if chosen);
6. the rate at which your grant or program achieved collection of the blood draw items in the quarterly health indicator interviews for a specific FFY (and Quarter, if chosen);
7. the number of quarterly health indicator interviews that were received in which any of the items (physical health or blood draw items) were completed during the specific FFY (and Quarter, if chosen);
8. the number of quarterly health indicator interviews that were due or were expected to be completed for the specific FFY (and Quarter, if chosen);
9. the rate at which your grant or program achieved collection of any of the items in the quarterly health indicator interviews for a specific FFY (and Quarter; if chosen); and
10. the cumulative to date rate at which your grant or program achieved collection of quarterly health interviews on time across all years of the grant.

Reading the report from *top to bottom*, the report shows the four pieces of information described above (shown in the first row) for

1. each of your selected grant(s) or program(s) or cohort(s) individually,
2. the total for all of your selected grant(s) or programs(s) or cohort(s), and
3. the Program Summary.

Why are there multiple columns for received, due, and rate?

The report repeats the same columns (number received, number due, and rate) for quarterly health indicator interviews that complete any portion of the physical health items, any portion of the blood draw items, or any portion of either the physical health or blood draw items. This is to help monitor that grantees are completing all parts of the interview (if applicable). Note that some grant programs may not be required to complete the blood draw section of the quarterly

health indicator interviews.

Take note

There are a few points to keep in mind while using the report.

- The rate is shown in boldface and in red font if the percentage is less than 80%, which is the goal CMHS has set for collecting quarterly health indicator interviews on time. Although grantees should aim to reassess 100% of their consumers who continue to receive grant-funded services, every 3 months, the goal is 80% because CMHS expects that grantees may encounter significant barriers to reassessing some consumers every 3 months.
- The number of quarterly health indicator interviews "Received" is a count of all the quarterly health indicator interviews a grantee collected and entered into SPARS on time for the specific FFY you select (and Quarter within that FFY, if chosen).

  - The time frame for *collecting* quarterly health indicator interviews is 30 days before and 30 days after the due date. The due date is every 3 months from the baseline interview date.[1]
  - Quarterly health indicator interviews are counted as being received for the FFY (or FFY Quarter) in which they were due, not when they were entered into SPARS.
  - This means that if a consumer is due for a quarterly health indicator interview on 9/15/2019 (FFY 2019) and the interview was entered on 10/12/2020 (FFY 2020), it would be counted toward FFY 2019 Quarter 4.

- The number of quarterly health indicator interviews "Due" is a count of all the interviews a grantee was expected to collect for the specific FFY you select (and Quarter within that FFY, if chosen).

  - Note: When a grantee is not able to collect a quarterly health indicator interview, the grantee needs to enter an administrative reassessment interview or an administrative discharge into SPARS. Grantees have until the end of the Quarter following the Quarter in which the reassessment was due to enter an administrative record.
  - Please read the technical details listed in the appendix for the situations that remove the requirement for reassessment interviews.

- It is possible for the rate to be larger than 100% at times because a grantee can enter a quarterly health indicator interview before the actual due date (within 30 days before the due date). However, the rate for an FFY or a Quarter that has ended will never be more than 100% once all received interviews become due.

  - This means that if you have two quarterly health indicator interviews that you entered early and two others that were entered on time when they were due, your rate would be 4 divided by 2, which is then multiplied by 100, which equals 200%. Your rate would change to 100% when the two reassessment interviews you completed

---

[1] SPARS uses 30 calendar days to calculate the due date for the quarterly health indicators.

early become due.

Rate = # Received/# Due × 100 = rate, or 4/2 × 100 = 200%

- The report is updated once every 24 hours and includes all data entered as of the time they were last updated. Check the date and time at the top of the report output to see when the data were last updated.

THINGS TO REMEMBER/FREQUENTLY ASKED QUESTIONS

- For a quarterly health indicator interview to count as "received," it must be conducted within the window (30 calendar days before or after the due date) and it cannot be an administrative interview. It must be a conducted interview.
- The interviews will show up on the report as due on the due date (3-month anniversary). If you conduct the interview during the 30 days before the due date, your total rate could possibly be over 100%. If you conduct the interview during the 30 days after the due date, there could be a lapse of time between when the interview is counted as due and when the interview is counted as received.
- If a consumer is discharged within the reassessment window, they will no longer have reassessments counted as due. If these two things overlap, the discharge interview should be conducted and entered into SPARS and no reassessment record will need to be entered.
- Quarterly health indicator interview due dates are always based on the original baseline date for each consumer. Quarterly health indicators continue to be due every 3 months until the client is discharged.
- Please keep in mind that there are several circumstances where you may see N/A (not applicable) displayed in your report table. These are listed below.

  ○ If the FFY or FFQ you have selected **ends <u>prior to the grant's start date</u>**—N/A will be displayed for <u>every column for that grant.</u>
  ○ If the FFY or FFQ you have selected **begins <u>on or after the grant's end date</u>**— N/A will be displayed in <u>each column under that FFY or FFQ for that grant.</u>
  ○ If your grant program is not responsible for collecting the blood draw items, then the columns in the report associated with the blood draw measures will be marked as N/A (applies to the CCBHC-E and CCBHC-E-C and PIPBHC-C grant programs).
  ○ NOTE: All grants selected in the report filter will be displayed *and* tallied in the "TOTAL GRANTS" row in the report regardless of whether N/A appears in the report columns.

- If you do not change any criteria and simply view the report, the default report will show data for the current FFY and all Quarters.
- If your user account was just created, you may not have access to this report for up to 36 hours.

ACCESSING HELP

For technical support or questions about SPARS, please contact the SPARS Help Desk.

Telephone: (855) 322-2746

Email: SPARS-support@rti.org

Hours: Monday–Friday, 8:00 AM–7:00 PM ET

APPENDIX A: TECHNICAL DETAILS

This appendix provides technical details about how SPARS data are used to generate the *Quarterly Health Indicators Reassessment Interview Rate Report*. In this section, you can find information about how each of the columns in the report is defined.

Definitions

Received (FFY)

This is the total count of quarterly health indicator reassessment interviews that were received for the FFY (or FFY Quarter) shown on the report column heading and received on time.

Exclusions: Quarterly health indicator reassessment interviews will **not** be counted in the received column of this report if they are

1. Any interview with conducted interview = no, also known as an *administrative reassessment.*
2. An interview with conducted interview = yes and had a reassessment interview date outside the window. This means the quarterly health indicator interview was entered either prior to the beginning of the reassessment window or after the end of the reassessment window. *Or*
3. An interview with conducted interview = yes that was entered in the same window as another reassessment (regardless of whether it was conducted or administrative).

Due (FFY)

This number is the count of quarterly health indicator reassessment interviews that were due for the FFY (or FFY Quarter) shown on the report column heading. Quarterly health indicator reassessment interviews are due every 90 calendar days (approximately 3 months) from the baseline interview date. A quarterly health indicator interview must be collected within ± 30 days of the due date, and the interview must be entered into SPARS within 30 days of the quarterly health indicator reassessment interview date.

The due date will determine toward which FFY a quarterly health indicator reassessment interview is counted, even if the window to enter (± 30 days) spans across two FFYs.

Exclusions: Quarterly health indicator reassessment interviews will *not* be counted in the due column of this report if they are:

1. due prior to the grant's goal start date,
2. due on or after the grant's end date, or
3. excluded from future interviews because you have indicated in SPARS that a quarterly health indicator reassessment interview will not be attempted in the future. To make sure these cases are excluded, you must do both of the following in the system:

○ submit an administrative baseline or administrative reassessment, and
○ indicate the following response category in the reassessment for Question 2 in the Record Management section ("Why was the interview not conducted?"): "Consumer refused all interviews."

4. A consumer who has been discharged in the following way:

○ A clinical discharge was collected and the interview date was less than or equal to the last day of a quarterly health indicator reassessment window,
○ An administrative discharge (clinical discharge interview was not collected) was entered into SPARS, and the date the consumer was discharged indicated in Section J, "Clinical Discharge Status," was less than or equal to the last day of a reassessment window.

In each of these scenarios, the current quarterly health indicator reassessment and all future quarterly health indicator reassessments in that episode of care for that consumer will be **excluded** *from the grantee's count of reassessments due.*

Please note: The Client-level Measures (Services) tool only asks for the month and year for the discharge date. However, for the purposes of this report, the first day of the month is used as the default day of the month.

Rate (FFY)

This number is calculated as the "Received" column, divided by the "Due" column within an FFY (or s Quarter), and then multiplied by 100 to calculate a percentage ((Received/Due) × 100). The rate for both the selected and the previous FFY (or Quarter) is rounded to the nearest tenth of a percent. The rate is shown in boldface and red font if below 80%.

Please note: It is possible to have a rate > 100% because quarterly health indicator reassessments can be received prior to the due date occurring. Once the FFY period ends, however, it is not possible to have a rate > 100%.

Cumulative Rate

This is calculated as the number of Received/Due (for the *entire grant period to-date)* and then multiplied by 100 to get the rate ((Received/Due) × 100). The rate is rounded to the nearest tenth of a percent. The rate is shown in boldface and red font if it is below 80%.

How does the report run?

Information is taken from the records you submit on each consumer to

1. check for quarterly health indicator reassessment interviews that are due,
2. confirm that the quarterly health indicator reassessments are required, and
3. determine whether the received quarterly health indicator reassessment interviews were collected and entered on time.

A different piece of information, or variable within SPARS, is used depending on whether an interview was conducted or an administrative record was entered. The process used to determine this information for this report is described below.

❖ **The System Checks for All Quarterly Health Indicator Reassessment Interviews That Are Due within the Selected FFY/Quarter (for the Specific Grant/Program)**

1. The quarterly health indicator reassessment interview due date is calculated.

   ➢ Quarterly health indicator reassessment interviews are due every 90 calendar days (approximately 3 months) from the baseline date. The baseline date is the date of the baseline interview, if one exists. If not (an administrative baseline was conducted), then the baseline date it is equivalent to the first received services date, which defaults to the 15th of the month and year entered.
   ➢ A consumer will not have a quarterly health indicator reassessment due until their quarterly health indicator reassessment due date occurs on or after the grant's goal start date.

2. The system checks if a quarterly health indicator reassessment is required.

   ➢ The requirement for the quarterly health indicator reassessment interview is removed from this report **when an administrative reassessment or discharge is entered on time** under the following conditions.

   i. A consumer refused all interviews:

      1. No additional (future) quarterly health indicator interviews are required.
      2. Enter an administrative reassessment.

   ii. A consumer was not able to be located for 90 days or more (lost to contact):

      1. No additional (future) interviews are required.
      2. Enter either an administrative reassessment or discharge.

   iii. A consumer is discharged from treatment and is not interviewed:

      1. No additional interviews are required, and the current reassessment interview is no longer counted as "Due."
      2. Enter either an administrative reassessment or discharge.

    iv. A consumer died:

        1. No additional (future) interviews are required, *and* the current reassessment interview is no longer counted as "Due."

        2. Enter either an administrative reassessment or discharge.

The system searches the database for reassessment interviews that had a due date within the selected time frame and for which the exemptions listed in 2i–iv above do not apply. The reassessment interviews that meet both of these criteria are counted within the "Due" column for the specific time frame.

❖ **The System Runs the Same Process for the FFY/Quarter Prior to the Selected FFY/Quarter**

The same process is used to determine the due dates, required reassessment interviews, and acceptable reassessment interviews received for the FFY/Quarter prior to the selected FFY/Quarter.

❖ **The System Runs the Calculations and Populates the Table**

The system runs the calculations (the received and the number due, and then calculates the rates ((Number Received/Number Due) × 100)) and then displays the data.