

In January '02, the Kansas SMHA initiated a process for modifying the AIMS in order to meet two major objectives. The first objective was to ensure that Kansas could fulfill the Federal Uniform Reporting System (URS) requirements by reporting data for adults with serious and persistent mental illness (SPMI) and children with severe emotional disturbance (SED) through the Basic and Developmental measures developed by SAMHSA's Center for Mental Health Services. The second objective was to relieve the Kansas Community Mental Health Centers (CMHCs) from a double-reporting burden that resulted from collecting client status information on a monthly basis through AIMS and on a quarterly basis by Kansas University for Client Status Reports (CSRs) for adults and children. Both of these objectives were achieved in fiscal year '03 when the AIMS system was modified and refined through the collective efforts of SRS Central Office (SRS), the Community Mental Health Centers (CMHCs), the Consortium, and primary and secondary mental health consumers.

The AIMS Oversight Committee was established in January '02 by SRS in order to ensure broad stakeholder participation and influence in Kansas's mental health data collection efforts. The AIMS Oversight Committee is a standing committee comprised of representatives from the Consortium, Kansas University, primary and secondary mental health consumers, CMHCs, and SRS. One of the primary purposes of the AIMS Oversight Committee is to share information between all public mental health stakeholders. SRS uses the AIMS Oversight Committee as a vehicle to share information about the Mental Health Statistics Improvement Program (MHSIP) with stakeholders at the local level. By sharing information about federal data initiatives with stakeholders from a broad range of mental health constituent groups through the AIMS Oversight Committee and the Kansas Mental Health Information Exchange Website, SRS is promoting equity among mental health stakeholders and empowerment of primary and secondary mental health consumers.

Starting in January '02 and continuing in Fiscal Year '03, the AIMS Oversight Committee was instrumental in implementing the work plan established in the Federal Data Infrastructure Grant (DIG) application. The way that the AIMS works is that each CMHC provides the required AIMS data to the Consortium through a data replication process or an electronic data interchange. The Consortium collects and manages the AIMS data and reports the AIMS data to SRS through the Basic and Developmental measures and various ad hoc reports. The Consortium also transmits raw AIMS data to Kansas University, which is the vendor that generates the CSRs. Prior to September '02, there was little uniformity in the AIMS data transmitted to the Consortium by the CMHCs, and the data collected through AIMS were inadequate to meet the federal URS requirements and could not be adapted for the quarterly CSRs. Most of these issues were addressed by the programming changes the CMHCs implemented in August '02. Thus, the CMHCs have been relieved of a double-reporting burden that resulted from reporting CSR data through AIMS and to Kansas University.

In August 2003, SRS hosted three AIMS trainings in order to facilitate the AIMS programming changes that the CMHCs began making in August 2002. One of the primary purposes of the trainings was to promote uniformity of the AIMS data. In addition to discussing the AIMS changes and the new AIMS reporting requirements, the training SRS hosted emphasized how AIMS data would be used to meet the federal URS requirements through the Basic and Developmental measures. Representatives from every CMHC in Kansas participated in at least one of the statewide AIMS trainings.