

August 31, 2006 Data Infrastructure Grant Regional Conference Calls:

Northeast Call at 11:00, Midwest/Southern Call at 2:00 and Western Call at 4:00 (EDT)

The major agenda items for the calls:

1. Reporting of Evidence-Based Practices: Vijay Ganju, SDICC/NRI
2. Review of Proposed 2006 URS Reporting Tables: Ted Lutterman, SDICC/NRI
3. Report on URS/DIG Workgroups: Ted Lutterman, SDICC/NRI
 - a. Consumer Surveys and NOM
 - b. Change Measures Workgroup:
 - c. New Consumer Survey Benchmarking Group
4. Status of DIG Supplements for BRFSS Surveys (Olinda Gonzalez, CMHS)

Reporting of Evidence-Based Practices:

Vijay reported on three (3) activities related to EBPs

1. The EBP Workgroup reviewed the reporting of EBPs in 2005 and their implications for 2006 reporting. For a few EBPs (Illness Self-Management and Medication Management in particular), there was a wide range of implementation rates reported by states and apparent confusion about what constituted the EBP. The workgroup reviewed the fidelity guides developed last year, and felt those provide adequate guidance. The workgroup recommended adding two additional questions to the collection of each EBP. These questions are intended to help determine if an EBP is being implemented consistent with the model:
 - a. Is the SAMHSA EBP Toolkit used to guide EBP Implementation?
 - b. Have staff been specifically trained to implement the EBP?
2. A workshop on how to use Web-based systems to compile information on EBPs necessary for reporting EBP data for URS Tables 16 and 17 is being planned. The workshop will be held on September 27, 2007 in Alexandria, VA. The workshop will focus on the experiences of states in compiling and using EBP information via web-based applications, and will provide TA to the participant states on approaches to compile and use EBP data within their own systems. Please contact Ted Lutterman or Vijay Ganju at the NRI/SDICC to find out about the TA.
3. Vijay reported on a 3-day Conference sponsored by CMHS and the NRI on "Lessons Learned: Embedding EBP's into State Wide Transformation". This conference focused on the experiences of states implementing the CMHS EBP Toolkits and included 250 representatives from the Federal Government, SMHAs, universities, as well as mental health consumer and family participants. Proceedings and presentations from the conference will be posted on the NRI website: www.nri-inc.org later this fall.

Proposed 2006 URS Reporting Tables:

In August, Olinda Gonzalez had mailed to the DIG listserv a copy of the proposed 2006 URS Reporting Forms (due December 1, 2006). These forms are going to the Federal Office of Management and Budget (OMB) for approval, but due to requests from many states, a copy of the forms was sent out. All the proposed changes had been discussed on prior DIG regional calls. Ted Lutterman summarized the changes proposed: There are some minor changes to tables and 3 substantially revised or new tables:

1. Minor Changes:
 - a. Tables 2, 14, 16, 20, and 21 have their age groupings simplified by combining the age 0-3 with age 4-12. This change had been recommended by a DIG workgroup to reflect a concern with very small numbers of children age 0-3 existing in most reporting cells.
 - b. Table 16 and 17 (EBPs) had 2 new questions related to EBPs added (questions are listed in the EBP report above)
 - c. Table 6: Length of Stay had an additional column added to separate out the reporting of persons with very long lengths of stay (over 1 year LOS) in state psychiatric hospitals. This column had been requested by states concerned about a few very long lengths of stay clients skewing their data.

2. New or Substantially revised Tables are included in the Tables:
 1. New Table 9 for the new National Outcome Measures (NOMs): Social Connectedness and Improved Functioning: (the old Table 9-“Checklist of services had been deleted). This table was designed to permit states who have implemented the new Consumer Survey modules for Social Connectedness and/or Improved Functioning to report their results in the 2006 URS Reporting.
 2. Revised Table 19a Criminal Justice and 19b School Attendance Outcomes: These tables were revised to permit states who have implemented the recommended new Consumer Survey Modules related to the NOMs of Criminal Justice Contacts and School Attendance to report results in the 2006 reporting. The tables also permit states that have data on these NOMs from alternative administrative sources to report results.
 3. A new Optional Table 4a: Employment by Primary Diagnosis. This table had been recommended last year by the Employment Workgroup who reviewed data from states and found that the existing client characteristics on Table 4 (Age and Gender) did not make a major difference in employment rates. Workgroup states examined the impact of diagnosis on employment status and found some diagnostic groups made major differences in employment rates. The workgroup recommended 5 groups of diagnoses be tested for reporting. This table permits the reporting of employment status by diagnosis if such data is available.

NOMs Consumer Survey Items Validation Workgroup (new workgroup): Last year, the NOMs workgroup developed and tested several consumer survey modules to provide information for several four of the NOMs. The pilot of the new NOMs survey items indicated that they do factor together as expected and many states are now implementing these modules. This workgroup will analyze the results of these new NOMs modules and compare the results to existing administrative data available from other sources for two of the NOMs “Improved Functioning” and “Criminal Justice Contacts.”

The workgroup had an initial conference call during August to discuss the purpose, approach, and timeline for this work. The workgroup discussed developing a brief survey to identify additional states who have both existing administrative data and who are using the new consumer survey modules. The workgroup will meet again in September to further design the study. States with data available are urged to join the workgroup.

Change Measures Duration Workgroup: (Employment and Increased Stability in Family and Living Situation). The workgroup met in August by conference call to develop a workplan to test the effects of duration of various time intervals for measuring change between at Time 1 (T1) and Time 2 (T2). The workgroup is currently addressing:

What are the appropriate time intervals to measure change? T1 and T2 should be either calculated for a 12 month interval (or possibly 6 months). The workgroup recommended a few states that can calculate changes analyze their data to see how much difference there is in observed changes at the different intervals.

We are looking for a few states that update the Employment and/or Living Situation of consumers on a frequent status (at least every 6 months) to participate in a special analysis. The goal of the analysis will be to determine what state data suggests may be appropriate time intervals to measure change in public systems.

Consumer Survey Benchmarking Workgroup (New proposed group):

Several states are interested in working to conduct additional analyses of the Adult MHSIP and the youth YSS-F surveys to determine what impact different approaches to conducting the survey (sample population, sample methodology, etc) make in the results. The goal will be to provide information that better allows states to compare their survey results to those of states with comparable survey approaches and methodologies and to better use survey findings.

CT, NH, DC, SC, and OK expressed interest in participating in this workgroup.

Prevalence Workgroup and State Grant Supplements for BRFSS Modules:

Olinda reported that States applying to the DIG Supplement Grant Application this summer will be notified in Mid October regarding award notification. The DIG Supplement awards are a second round in the SAMHSA/CDC Intra-Agency Agreement where 35 states will in 2007 be implementing the Mental Health and Stigma Module through the BRFSS and State Public Health Agencies.....while up to 20 DIG grantees will be funded to provide coordination and data analyses related to the project. The Mental Health and Stigma module includes the K6 questions on serious psychological distress.

There will be discussion between CMHS and the CDC to develop preliminary analyses of the PHQ-8 module in states, and more information will be provided as this develops. There will be opportunity to have a workshop on the Mental Health and Stigma Module in the Spring of 2007, and the SDICC is working on ways to further incorporate addressing of the PHQ-8 analyses this Fall.

1. The NRI and CMHS may sponsor, through the SDICC a workshop for states on utilizing the BRFSS and specifically the PHQ-8 data. Please contact Ted Lutterman at the NRI if you are interested in participating in such a workshop.

Next DIG Regional Calls

CMHS did not schedule the next cycle of calls, but instead indicated they would be scheduled for early October 2007.

DIG/URS National Meeting:

Olinda announced that the DIG National Meeting will be in the Washington, DC area on February 14 and 15, 2007.