

CMHS/SAMHSA Data Infrastructure Grants/ Uniform Reporting System Regional Conference Call Report July 1, 2008

Group 1 – Northeast, 11AM

Group 2 – Midwest/Southeast, 2PM

Group 3 – Western/Pacific/Territories, 4PM

Meeting Facilitator: Olinda Gonzalez, Ph.D (CMHS)

Meeting Summary Prepared by State Data Infrastructure Coordinating Center (SDICC) at NRI

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Agenda:

1. Update Federal Adults with SMI and Children with SED Prevalence Estimates
2. Report on Consumer Survey TA Workshop
3. Client Level Project update
4. URS/DIG Workgroup Reports
 - EBP Workgroup and Survey
 - Criminal Justice Workgroup
 - BRFSS Supplement/Prevalence Workgroup
5. Information on DIG Supplement RFA
6. Upcoming Training: Data Integrity TA Workshop: September 2008
7. Scheduling the 2009 DIG Annual Meeting—April 16-17, 2009
8. Next Monthly Regional Calls

1. **Update on the Federal Adults with SMI and Children with SED Prevalence Estimates:** Ted Lutterman reported on the latest estimates of Adults with SMI and Children with SED based on CMHS/SAMHSA's Prevalence Estimation Methodology. Each year, the SDICC updates the estimates of Adults with SMI and Children with SED using the SAMHSA operational definitions when new data become available from the U.S. Census Bureau. An Excel spreadsheet that contains the updated 2007 state-by-state estimated prevalence of Adults with SMI and Children with SED has been sent to the states via the DIG listserv (copies will also be posted on the SDICC website at http://www.nri-inc.org/projects/SDICC/regional_calls.cfm).

Several call participants asked about the formulas used to calculate the Adults with SMI and Children with SED estimates. Mr. Lutterman explained that both of these formulas were established by CMHS during the 1990s. There were two *Federal Register* notices about the formula and a series of chapters in the SAMHSA publication *Mental Health United States: 1996* and *Mental Health United States: 1998* that describe in detail the development of the official SAMHSA definitions and operationalization of these definitions for estimating prevalence. (The *Mental Health United State* publications from 1996 and 1998 are not available electronically, but can be ordered from the CMHS publications clearinghouse: <http://mentalhealth.samhsa.gov/publications/allpubs/SMA99-3285/default.asp>)

- a. Adult with Serious Mental Illness (SMI) Prevalence Estimates: The SAMHSA operational definition is that 5.4% of a state's Civilian Population (with a confidence interval) has a SMI that meets the Federal Definition. Each year, the SDICC has updated the state-by-state estimates by

inputting the latest Civilian Population by Age, by State data published by the U.S. Census Bureau.

- b. Children with a Serious Emotional Disturbance (SED) *Preliminary Estimates*. The SAMHSA Operational Definition for Children with SED assumes that the level of prevalence of SED increases in states with a higher proportion of their children living in poverty. The SAMHSA definition uses two data sets from the U.S. Census Bureau (1) Civilian Population data by Age, by State, and (2) Percent of Children living in Poverty. For 2007, the Census Bureau has released updated Civilian Population data, but has not yet released updated Poverty Data. Staff from the SDICC contacted the Census Bureau and been informed the Poverty data will not be updated until late August or September 2008. Therefore, the Children with SED estimates only update the Population data from last year. A final updated set of Children with SED will be prepared after the Census Bureau releases updated poverty data.

2. **Report on Consumer Survey TA Workshop:** Ted Lutterman reported on the Consumer Survey Technical Assistance Workshop held on June 19-20, 2008. Thirty SMHAs were represented at this workshop that focused on how states can improve their adult consumer and youth/family surveys. The workshop addressed issues of improving sampling approaches, survey administration methodologies, increasing response rates, and how to use survey results for planning. Dr. Mary Smith and Dr. Vijay Ganju led the workshop, and Tim Connor provided some excellent examples from Wisconsin and Lisa Klien (University of Wisconsin Survey Research Center) covered best practices in surveys. Meeting evaluations showed that participants found the workshop very informative and helpful. Thanks to Mary, Vijay, Tim, and Lisa for an excellent job!

Copies of meeting presentations and materials will be posted on the SDICC website. Please contact the SDICC if you would like additional information about the workshop.

3. **Client Level Project update:** The NRI is working on a pilot project funded by CMHS to work with 9 states to test the use of client-level data to calculate the mental health NOMS. The NRI and the states are currently completing the development of a data dictionary and reporting guidelines that will define what data elements will be reported and how data will be coded. The reporting guidelines are being developed around non HIPAA protected health information (PHI) so the data will be client-level but de-identified. A copy of the project data dictionary will be made available to all states once it is finalized and reviewed by the project's Advisory Panel this fall. Contact Ted Lutterman with any questions about the project.

4. URS/DIG Workgroup Reports

- a. **EBP Workgroup and Survey:** Dr. Jeanne Rivard from the NRI reviewed the status of the EBP workgroup and the proposed state survey (a draft of the survey was e-mailed to all states via the DIG listserv prior to the call). The EBP workgroup has been exploring adding additional EBPs for Children, based on new EBP Toolkits that CMHS is finalizing.

This work is in response to a request from a number of states to expand the array of children's EBPs beyond the current three (3) that are included in the URS. A number of states have been concerned that the current 3 child EBPs are designed to serve a small number of targeted children with high needs, but many states are providing many other EBPs for which they cannot receive "credit" in URS reporting.

To help guide the decision on adding any additional child EBPs, the EBP workgroup has developed a brief survey to identify which child EBPs are being implemented by states and if

states are able to count the number of children receiving these EBPs and how states assess fidelity to the EBP models.

The three regional calls discussed the proposed draft survey. The Regional Calls all agreed that it would be useful to find out more information about the extent to which any of these EBPs are being implemented by SMHAs and how they could be reported. A few clarifications for the draft survey were identified.

- States should only report on EBPs that the SMHA is supporting—e.g., if the SMHA is supporting the EBP through policy, training, reimbursement, or other active support then it should be reported. But, if a provider or group of providers are offering an EBP without any support from the SMHA, that would not be reported.
- The survey will be sent to DIG contact persons to be completed. SMHAs should NOT send the survey on to local providers to complete...if the SMHA cannot answer about an EBP's implementation status, they should report the EBP is not supported by the state or information about the EBP are not available.
- This survey and current work will focus on children's EBPs. Future work may look at expanding the number of Adult and Older Adult EBPs.

Dr. Gonzalez from CMHS reiterated that this effort is to identify a small number of potential child EBPs that could be added to the URS for OPTIONAL Reporting. It is not CMHS's intent to require reporting of an expanded list of EBPs.

The SDICC will send SMHAs revised version of the Children's EBP Survey in July. Please respond as quickly as possible. The EBP Workgroup will meet to discuss survey results in August 2008.

- b. **Criminal Justice DIG Workgroup:** Mr. Lutterman reported that a White Paper reviewing the research literature on the relationship of mental health services with criminal justice involvement—particularly arrests has been completed for the workgroup by Dr. William Fisher (University of Massachusetts). Once the final version of the paper is reviewed by CMHS, the workgroup will reconvene by conference call to discuss future work in refining and testing the NOMs on "Reduced Criminal Justice Involvement".
- c. **BRFSS Supplement/Prevalence Workgroup:** On June 16, 2008, the BRFSS Supplement workgroup held a call to review state analyses of the BRFSS supplement. Dr. Elsie Freeman (Maine) reviewed the strategies used by Maine in disseminating the results of the PHQ-8 and other BRFSS data. It was emphasized during the call the importance of widespread dissemination to create an impact on existing practices.

In addition, Dr. Freeman also discussed how Maine is using the BRFSS physical health questions with their annual MHSIP consumer survey. Dr. Freeman presented some results that compared reported physical health status of SMHA Consumers (from the MHSIP survey) to overall Maine population data (from the BRFSS). The data showed several factors of poorer physical health status for SMHA consumers.

A number of states expressed an interest in participating in a special workgroup to explore adding a standardized set of the BRFSS questions to the state's MHSIP Survey. If you are interested in participating in this workgroup please contact Ted Lutterman at the SDICC/NRI. The workgroup will convene by conference call during late July 2008.

Kansas and Vermont, likewise, shared their respective experiences in disseminating and using data from the BRFSS. Vermont has been collaborating with the state Public Health Agency for

12 years and has been analyzing data on arthritis, for example, as it relates to persons with depression, their rate of hospitalization, etc. Kansas, on the other hand, has added the PHQ-8 in the state surveillance system and has been using mental health data to inform the State's Healthy 2010 initiative.

- 5. Information on DIG Supplement RFA:** Dr. Gonzalez reported that for the latest BRFSS, that CDC has awarded grants to 16 states to add the K6+ Stigma module to the SDICC. CMHS received eight (8) applicants for DIG supplements to analyze the K6 data. CMHS is currently reviewing the applications and will notify states later this summer.

Dr. Gonzalez reported that the 2007 K6 data set is complete and ready for analysis by states. Dr. Gonzalez is working with staff at the CDC to finalize guidance for analysis (weighting variables and recommended strategies for analysis). Tara Strine (770-488-2543 email: tw2@cdc.gov) from CDC is the lead on developing analyses of the K6 data. A future BRFSS Supplement Workgroup Call will review the CDC recommendations for analysis.

States were reminded that reports on their DIG Supplements to analyze the PHQ-8 data are due to Dr. Gonzalez. If you have any questions, please contact Dr. Gonzalez at 240-276-1762 or via e-mail at Olinda.gonzalez@samhsa.hhs.gov

- 6. Data Infrastructure Grant Continuations:** Dr. Gonzalez reported that CMHS has completed processing the DIG grant continuations. They anticipate 54 state grants will be continued. States should receive their notice of continuation during the next month.
- 7. Upcoming Training: Data Integrity TA Workshop: September 2008:** Ted Lutterman reported the SDICC is planning a workshop on techniques and approaches to improve the quality and integrity of data reported to the SMHA and used for URS and other reporting. This will be a one or two day workshop in the Washington, DC area in September 2008. The SDICC is currently working to identify experts to present on approaches they are using at the workshop and to finalize workshop dates.

The SDICC will be able to pay for the travel and hotel expenses of one representative from up to 20 states. Please contact Ted Lutterman at 703-682-9463 or ted.lutterman@nri-inc.org if you are interested in participating and/or if you have any recommendations for potential faculty for the workshop.

- 8. Scheduling the 2009 DIG Annual Meeting—April 16-17, 2009:** Dr. Gonzalez reported that the 2009 DIG Annual Meeting will be moved back from February to April in 2009. The DIG Annual Meeting will be held on April 16-17, 2009 at the Grand Hyatt Hotel in Washington, DC. The 2009 DIG meeting will immediately follow the NRI's Annual State Mental Health Agency Services Research and Evaluation Conference. It is hoped that moving these two meetings to later in the year will minimize the Winter travel difficulties that have affected the participation of some states the last few years.

9. Next Monthly Regional Calls:

The next set of DIG Regional Conference Calls are scheduled for Tuesday, August 5, 2008

11:00 EDT	Northeast Region
2:00 EDT	South and Midwestern Regions
4:00 EDT	West and Pacific Jurisdictions