

May 15, 2006 Data Infrastructure Grant Regional Conference Calls:

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

The major agenda items for the calls:

1. 2006 National Conference on May 30 to June 2 (Olinda Gonzalez, CMHS)
2. Workgroup Reports
 - a. Evidence Based Practices: Vijay Ganju, SDICC/NRI
 - b. Prevalence: Olinda Gonzalez, CMHS
 - c. Consumer Surveys and NOMs: Ted Lutterman, SDICC/NRI
 - d. Change Measures Workgroup: Ted Lutterman, SDICC/NRI
3. Reminder for states to review 2005 Draft URS Reports
4. Scheduling the June 2006 URS/DIG Regional Calls

Plans for the 2006 CMHS Joint National Conference (Olinda Gonzalez from CMHS Reported):

There will be several Pre-Conference and Conference sessions states may wish to attend related to the URS/DIG process.

1. Tuesday, Afternoon, May 30th:
 - DIG Technical Assistance for US Territories, 1:00 to 4:00 pm
 - DIG Data Report (SDICC), 4:00 to 5:00 pm
 - an all day leadership training for Planning Councils,
 - Background on the DIG/URS for new Grant PIs or participants (background on the DIG and including Grants Management staff).
2. Thursday, June 1:
 - Noon Hour informal lunch session Dave Moriarty, CDC- K6Module discussion
 - Presentation on NOMs being generated from the URS by Ted Lutterman, SDICC, part of 10:15 – 11:45 session
 - CDC session, Dave Moriarty-recommended Minimum Data Set Development for all States using the PHQ-8 Module, and ideas for prospective individual state analyses
3. Friday, June 2:
 - The MHSIP Policy Group will facilitate a Forum on Transformation.

Evidence-Based Practices Workgroup (Olinda Gonzalez, CMHS and Ted Lutterman, SDICC/NRI reported):

The workgroup leadership held a conference call and had discussions with CMHS about the future reporting related to EBPs for NOMs and the URS.

- CMHS supports that states measure fidelity, but will not require measuring or achieving certain levels of fidelity to report an EBP. To assist the use of the data national averages will be calculated for states measuring fidelity and those not measuring fidelity.
- The list of EBPs in the URS will be maintained
- No changes in reporting of EBPs to calculate NOMs is currently anticipated
- How EBP reporting relates to the SAMHSA NREPP initiative will be watched, but currently no changes are anticipated.

Prevalence Workgroup and the Supplements to states for mental health modules in the Behavioral Risk Factor Surveillance System (BRFSS): (Olinda Gonzalez Reported)

1. The CDC will be adding the K6 as an optional module for serious psychological distress to next year's BRFSS survey. They only have \$1 million for the K6 (less than last year) in our current interagency agreement, and CDC will again handle adding supplements to states to conduct the K6. CMHS will be notifying states about CDC state selection (and states selected will be eligible for a DIG grant supplement to coordinate and work with the K6 data). States should be notified within the next 4 weeks.
2. The DIG Prevalence Workgroup met last week with David Moriarty (CDC). CDC is willing to work with the DIG Prevalence Workgroup to design a minimum set of standardized reports from the PHQ 8 which will be reported by the CDC for all states conducting the PHQ-8. The workgroup will explore with CDC representatives, how the new mental health modules in the BRFSS can be used to help generate information for the URS Prevalence Table 1 and Need for Mental Health Services (Table 13).

Consumer Survey Items Workgroup: (This workgroup has been developing consumer self-report items for 4 of the SAMHSA National Outcome Measures (NOMS): Social Connectedness, Improved Functioning, School Attendance, and Criminal Justice Contacts): Ted Lutterman (SDICC/NRI reported)

The workgroup met twice during the last month to share our experiences from our work in the DIG on the Adult MHSIP and Child/Family YSSF surveys. Based on these experiences, the workgroup is preparing recommendations for consideration by the MHSIP Policy Group. The Workgroup is working in partnership with MHSIP to enhance the consumer surveys. The workgroup will meet again on May 25 at 3:30 EDT.

Recommendations made:

1. **The MHSIP Policy Group should formally adopt** and add the questions on Social Connectedness (4 questions), Functioning (4 questions), Criminal Justice Involvement (3 questions), and School Attendance (3 questions) as either (a) part of the full MHSIP Survey or (b) as modules to the MHSIP Surveys.
2. **The Scales of the adult and the child/family surveys should be aligned.** Currently, the Adult MHSIP Survey is laid out with "Strongly Disagree = 5", while the YSS and YSSF are scored opposite: "Strongly Agree = 5". In addition, the middle category on the Adult MHSIP is labeled: "I am Neutral" and the YSS and YSSF are labeled "Undecided"
 - a. The middle point in both surveys should be made consistent and should use the category from the Adult MHSIP. The workgroup favored the wording of the Adult MHSIP "I am neutral" over the YSS-F's "Undecided". The workgroup felt "I am neutral" is a good middle point, but that "undecided" was potentially confusing to respondents, because it could be interpreted as the question is not applicable, or as a middle of the likert scale.
 - b. Scoring Order: Recommendation was to keep the current structure with the YSS-F scored one way and the MHSIP scored the opposite. The workgroup discussed changing the scoring so that both surveys would be scored the same. There was some

agreement that “Strongly Agree” should be a 5 on both surveys and “Strongly Disagree” should be a 1 on both. But, the group was concerned that flipping the scoring of one instrument would result in results that would not be comparable with prior surveys. Since many states use survey results to monitor results over time, they were concerned about this impact and thus decided not to recommend aligning the scoring.

The workgroup is still working on several of the items identified during their last conference call:

3. **The “Participation in Treatment Planning” domain should be strengthened.** The two adult MHSIP questions that are supposed to calculate this domain do not statistically factor into a domain. Since Person-Centered, Individualized Treatment Planning is a core concept in transformation and recovery, the MHSIP domain related to Treatment Planning should be retained, but new or revised questions should be developed to make the domain statistically valid.

There are 3 items currently used in the Child/family survey (YSS-F) that do factor together for a Treatment Participation Domain. The workgroup recommended using the YSS-F questions as a set to recommend testing to see if they work for adults. The first two questions (2 and 3) have the highest factor loading, so the workgroup recommended that at least those two items be considered for adding to the Adult MHSIP.

YSS-F Version

2. I helped to choose my child's services.
3. I helped to choose my child's treatment goals.
6. I participated in my child's treatment.

Possible Adult Version:

- I helped choose my services.
- I helped choose my treatment goals
- I participated in my treatment* Item may be dropped

The workgroup discussed the issue of should the current two “Treatment Participation” related questions be retained in the MHSIP or dropped when the two new questions are added. The workgroup did not achieve a final decision on dropping the old items.

4. YSS-F Changes: The workgroup endorsed two recommendations made by Molly Brunk for the YSSF.

- a. Drop two unnecessary items. These items are redundant with other items and could be dropped without affecting domain scores. The items are:
 7. The services my child and/or family received were right for us.
 21. I am satisfied with our family life right now
- b. Add one item from adult MHSIP. While this item is clearly part of the outcomes domain, it does ask about symptoms and could be used to report on the decreased symptomatology NOMS. Place it first in the outcomes set of items.
 - a. My child's symptoms are not bothering him/her as much

5. Specific Question Wording Issues: Several of the MHSIP and YSS/YSSF questions have been highlighted as being confusing and in need of simplification. For example, the MHSIP Survey has had items noted in 2000 as needing clarification:

17. Staff told me what side effects to watch out for. Retain
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.
20. Staff were sensitive to my cultural background (race, religion, language, etc.)
25. Staff I worked with were competent and knowledgeable.

Workgroup members agreed to review the 4 questions and send possible wording changes to Ted Lutterman (NRI/SDICC) for distribution to other workgroup members. The workgroup will review wording via e-mail and plan to have final wording by the next workgroup conference call on May 25.

6. **Shortening the Consumer Surveys:** The workgroup discussed the need to balance two major concerns:
 - a. Need to maintain the integrity of the survey domain scores for states and programs that have been using the survey for years and need to compare future results to past results
 - b. Need to keep the survey relatively short in order to maintain high response rates and reduce burden.

The workgroup discussed how these two interests may be mutually exclusive. The maintenance of historical continuity in scoring of the surveys was seen as the highest priority. However, if some items can be dropped from the survey while maintaining the integrity of domain scores, that should be considered.

The workgroup has not achieved a consensus about dropping or retaining items.

Change Measures Workgroup: (Employment and Increased Stability in Family and Living Situation) Ted Lutterman, SDICC/NRI reported. The workgroup has met twice by conference call to develop recommendations on how to report Employment and Living Situation as “Change” measures looking at change between at Time 1 (T1) and Time 2 (T2). The workgroup is continuing its exploration of these issues. Below is a report of their current working

Summary of Group Recommendations on Employment Change:

1. Employment data should be reported by 5 diagnostic groups—this will add more useful information than reporting by other client demographic characteristics such as race/ethnicity.
2. Employment Change should be reported for at least 2 groups of clients:
 - a. Clients who complete services during the year (T2 = discharge)
 - b. Clients who are still in service at the end of the reporting year (T2 = updated status)
3. Clients should receive services for a minimum time in service to count for employment change. Clients with less than this minimum time would not be included in the calculation. The group is considering a 6 month minimum to allow mental health services to have an impact on client outcomes.
4. 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.
5. Data should be reported for a subset of the client demographics reported on other URS/DIG tables. Race/Ethnicity should be dropped from reporting due to likely very small “n” of clients in many categories.

6. The workgroup is developing some possible reporting tables and several states have volunteered to analyze their employment data for the different possible T1 to T2 intervals and statuses.

Living Situation: The workgroup began discussion about what the appropriate focus should be for a measure of change or stability in living situation. Two specific areas have been suggested. The group will discuss these further on their next conference call:

1. Movement into and stability in **Independent Living Situations**
 - a. The group liked this as it is a focus of desired living situation for many consumers
 - b. Disadvantage: Would need to operationalize “Independent Living” situations for reporting (not a current URS category).
2. Movement from **Homeless** at T1 to other Housing Situations at T2
 - a. Focuses on a high need group’s movement off the streets or out of shelters.
 - b. Disadvantage is only ~4% of SMHA clients are homeless, so this measure would focus on a very small population of clients.

Next DIG Regional Calls

1. Northeast: Monday, June 19, 2006 at 2:00 PM EDT
2. Midwest/Southern: Monday, June 19, 2006 at 11:00 AM EDT
3. West/Territories: Monday, June 19, 2006 at 4:00 PM EDT