

October 26, 2004 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 call are:

- 1) Overview of the New DIG Grants (Ron Manderscheid)
- 2) Technical details to the new grants (Olinda Gonzalez)
- 3) December 2004 URS Reporting (Ted Lutterman)
- 4) Update on the Symptoms/Social Connectedness Measures Workgroup (Bernadette Phelan and Ted Lutterman)
- 5) Report on Outcomes and EBP Workgroups
- 6) Plans for potential new DIG Workgroups
 - a) URS/DIG Output Report Workgroup (to provide ideas for new Output Tables)
 - b) SMI/SED and Prevalence Workgroup

1. Dr. Manderscheid, from CMHS reviewed the goals for the new cycle of DIG Grants.

The major goals include:

- a. Every state will be able to report all 21 URS Tables by the end of this new 3-year grant cycle
- b. States will work with local providers—to help them implement common data definitions and reporting rules—to increase the comparability of reporting
- c. Electronic reporting by local providers and feedback to local providers will be enhanced or developed. Decision Support 2000+ guidelines may help facilitate or inform this electronic reporting
- d. SAMHSA's 10 National Outcome Measures will be implemented
 - 8 of the 10 are currently in the URS
 - Social Connectedness and Symptoms Reduction will be added to the URS. They will be defined during 2004 and pilot tested in 2005.
- e. States will test new measures from the MHSIP Quality Report and Consumer Recovery Workgroup

2. Dr. Gonzalez reported on the DIG Grant Management Issues:

- a. All states that requested a "No Cost Extension" for their last DIG grants should have gotten the requests in to Olinda by now. States should have received an acknowledgement of the NCE from CMHS.
- b. New DIG Grants: All states should have received a Notice of Grant Award. Dr. Gonzalez sent e-mail to all states via the DIG Listserv on 10/25/04 about the new grants.
 - Some states received a request for additional information with their Notice of Grant Award (see page 3 and the last page of your notice). Please respond to these concerns or conditions within 60 days.

3. December 1, 2004 Reporting

- a. Dr. Manderscheid e-mailed to all states on 10/25/04 a document requesting a response from each SMHA on how they will submit the December 1, 2004 DIG data. States are requested to complete and send back the Commissioner's Form designating which options they will use to electronically submit and edit data (either using the SDICC's URS website or the Excel Tables).

- b. Final 2004 Basic and Developmental Tables in Microsoft Word format have been e-mailed to all states by the Ted Lutterman (SDICC/NRI) and have been posted to the SDICC website: <http://www.nri-inc.org/SDICC/SDICC.cfm> Microsoft Excel versions will be e-mailed to the listserv and posted to the website by the end of 10/26/04. The e-mail included 4 documents: (1) Basic Tables, (2) Developmental Tables, (3) State Data Capacity Checklist, and (4) Definitions.

4. DIG Table Questions:

- a. Table 11: Consumer Perception of Care
- The response categories for the survey sample methods differ for adults versus children. (for adults it asks about a stratified random sample, but for children it asks about a stratified sample)? How should we respond if we do a stratified random sample for kids? Do we check both random and stratified? Or only stratified.
Answer: Check the Stratified box.
 - We have modified the consumer survey to add some additional questions. If we only added the questions to the end of the survey but used all the “official” MHSIP questions, should we report doing the “official survey”?
Answer: Yes, if you used the official questions and added other questions to the end, then you are considered to have used the “official survey”.
- b. Table 19: Outcomes:
- If we can report on an outcome using more than one approach, how do we report?
Answer: On the website, you can report multiple times. Using the Excel sheet, make a copy of the sheet and report twice.
- c. Table 7: SMHA Expenditures and Revenues:
- Should States complete this table or will the NRI complete it?
Answer: NRI will complete this table for the states.

5. Existing Workgroup Reports:

- a. Social Connectedness/Symptoms Workgroup:
This workgroup has held several meetings with states about these 2 new SAMHSA Core Outcome Measures: The group surveyed the states about their current collection of these and found over a dozen states regularly compile information about symptoms, but that every state was using it’s own instruments.
- The workgroup is currently developing operational definitions and options to gather data for each of these measures. The workgroup will identify some questions that can be tested as part of the Consumer Survey process, and will also test methods that allow states that use standardized instruments to report data from those instruments.
 - The workgroup is coordinating its efforts with other SAMHSA efforts, such as the Co-SIG grants, and the CSAT Substance Abuse Block Grant reporting, as well as with the MHSIP Quality Report and the Consumer Recovery Workgroup. The goal is to develop one set of measures consistent across SAMHSA.

- On Symptoms, the workgroup is discussing if the focus should be on “Symptoms Reduction” (perceived by some as a deficit or a “negative” measure) versus on improving Functioning or Recovery (viewed as “strength based measures”).
 - On Social Connectedness, the workgroup is looking at several existing surveys that compile information on social connectedness. The workgroup is also coordinating with the Consumer Recovery workgroup to assess if questions in the ROSI (Recovery Orientation Systems Instrument) would relate to the concept of social connectedness.
- b. EBP Workgroup:
- Vijay Ganju e-mailed to the listserv an updated definition for Illness Self-Management and Medication Maintenance on 10/26/04. These definitions are based on the SAMHSA Toolkits for these EBPs.
 - The EBP workgroup will meet again after the December 1, 2004 reporting of URS data to assess the reporting of EBPs by states and provide guidance for future refinement and addition of new EBPs.
- c. Outcomes: (Criminal Justice, Juvenile Justice, and School Attendance)
- The workgroup is working with several states that are pilot testing consumer survey items to address these issues. Once the states have completed their survey work, the Workgroup will meet to review their experiences and make recommendations for future URS reporting.

6. New/Revised URS Workgroups:

a. DIG Output Reports Workgroup

A new workgroup has been proposed that would focus on refining the existing URS Output Reports and developing new Output Reports that would be more useful to states. The workgroup would start work this fall, and develop model reports that could be generated from the December 1, 2004 URS Reporting. Several states have volunteered to participate in this workgroup. Both State MH Planners and MIS staff are encouraged to participate.

b. SMI/SED and Prevalence/Need Workgroup:

There is an existing DIG workgroup in this area, but it has not met in over a year, while awaiting the release of new epidemiological data from the National Co-morbidity Study (NCS). These data are now available, and the workgroup will be reconvened this fall to work on Tables 13 and 14.

- The workgroup was encouraged to think about how to develop sub-state level estimates to help states plan for services (e.g., small geographic level estimates).

7. Next DIG Regional Calls

- a. Northeast: Thursday, 11/18/04 at 11:00 Eastern:
- b. Midwest/Southern: Friday: 11/19/04 at 12:00 Eastern
- c. West/Territories: Thursday: 11/18/04 at 4:00 Eastern