

# CMHS/SAMHSA Data Infrastructure Grants/ Uniform Reporting System Regional Conference Call Report October 23, 2007

Group 1 – Northeast, 11AM  
Group 2 – Midwest/Southeast, 2PM  
Group 3 – Western/Pacific/Territories, 4PM

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

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**Agenda:**

**1. Review of state reporting status for PHQ-8 analysis by Jaclyn Rubio of CMHS.**

- a. Eight states have submitted a state report to CMHS: CT, GA, HI, MA, MD, NE, WA, and WV.
  - i. MD and WV presented preliminary findings.
  - ii. MA is refining their statistical model.
  - iii. CT, having a small N, is revising their subgroup population with data substitution.
  - iv. MD hopes to address both county and regional analysis.
  - v. HI reports using more advanced statistical analysis.
- b. Most states used Algorithm 1 scoring protocol. State reports included descriptive analysis others also used logistic regression analysis. State level analysis was provided although a regional and local level of analysis was also expected.
- c. Ms. Rubio is currently conducting a literature review on 1) depression and mental health risk behaviors, and 2) mental health and chronic illnesses and produce a listing of current models that have successfully integrated mental health and primary care.
- d. Group Discussions:
  - There was a recommendation for a cross-state data analysis.
  - Specific analytical issues; regional and local analyses
  - A PHQ-8 workgroup is expected to meet within the coming month.

**2. PHQ-8 Florida findings (PowerPoint presentation handout was provided to the group) by Dr. Amy Fan of CDC.**

- a. Purpose:
  - i. To determine the prevalence of current and physician-diagnosed depression and anxiety in the state.
  - ii. Examine a wide array of variables associated with depression and anxiety, including socio-demographic characteristics, chronic conditions and unhealthy behaviors.
  - iii. Identify the subpopulations most vulnerable to depression and anxiety but less likely to be diagnosed.
- b. Findings:
  - i. 10,283 non-institutionalized Florida adult residents responded to the BRFSS survey with 10 % missing from the analysis due to missing responses to at least one of the eight items of the PHQ-8.
  - ii. About 9% of Florida adults reported experiencing depression at the time of the survey. Over 13% of Florida adults had been diagnosed with depression and about 11% had been diagnosed at some point during their lifetime.
  - iii. Current and lifetime depression diagnoses were independently associated with gender, age, marital status, employment status, smoking, physical activity, obesity, stroke and asthma. Non-Hispanic blacks and Hispanics were less likely to have a lifetime diagnosis of depression or anxiety, and education levels impacted current depression, but not lifetime depression.
- c. Conclusions and Implications:
  - i. The PHQ-8 is a useful tool for characterizing the burden of depression in the state's general population.
  - ii. Measures of self-experience and obtained diagnosis can be used to identify the unmet mental health needs.
  - iii. The findings call for more efforts to eliminate disparities and to increase availability of and access to mental health services in Florida adults.
- d. Group Discussions:
  - Algorithms 1 and 2 are most commonly used scoring protocol for the PHQ-8 data.
  - Studies using different algorithms are still comparable.
  - All 8 items should be completed to be included in the analysis.
  - Use the term "current" depression to describe the results.
  - Caution should be observed in the appropriate use of weights for split sampling.

**3. Review of Meeting Notes from the Criminal Justice Outcome Meeting held Sept 11, and discussion about convening a WG to revisit the CJ survey questions by Bernadette Phelan, Ph.D. of NRI/SDICC.**

1. Review of the Meeting Highlights:

- a. There was no change in the current reporting method for the Criminal Justice Involvement NOM
- b. CMHS funded a Review of Literature that will provide information on the following areas:
  - a. relationship between utilization of mental health services and a person's criminal justice involvement; and
  - b. other possible sources of criminal justice data used in other studies.

This study is currently contracted to Dr. Bill Fisher of the University of Massachusetts and is expected to be completed by end of December 2007.

2. Workgroup:

In response to the data collection issues raised by a number of states, it was recommended to convene a WG to revisit the criminal justice survey questions. The following areas will be examined:

- a. skip questions format
- b. how to make the questions clearer (particularly the time reference) and avoid ambiguous interpretation

The following states volunteered to participate:

South Carolina  
Oklahoma  
Nebraska  
Wisconsin  
Massachusetts (will check with their forensic person)

The WG will be convened in the next two months and hope to make recommendations on how to clarify the questions in time for states' spring 2008 survey administration.

Group discussions:

- States will not be held accountable to use the WG's recommendation if it came later in the state process of survey approval/administration.

**4. 2007 URS/NOMS Reporting by Ted Lutterman of NRI/SDICC.**

**a. URS/Block Grant Implementation reports are due on Monday, December 3 this year rather than Saturday, December 1.**

b. States should have received a revised set of URS tables via e-mail.

i. Changes:

1. Tables 19 A & B: "Not Available" category added and expanded information on data collection for 1) adults and 2) children.
2. Table 11 Consumer Survey race question: many states switched to the two-question format for race and ethnicity. The new tables have check boxes that will use the appropriate formula depending on whether a one or two question format was used.
3. Table 9: The word "Optional" has been removed.
4. Table 21 (Optional): designed to allow depiction of *any* readmission (discharged from system and readmitted to another).
  - a. Supposed to be inclusive of state hospitals. Can include readmission to private hospitals so long as a psych bed use requirement is met.
  - b. Readmission data from a state psychiatric to any psychiatric hospital provides only a partial picture. Based on state experience, most have no access to readmission/discharge patients (with limitations like Medicaid-funded clients).

c. Group Discussions:

- i. Tables 20 and 21: Anyone admitted within 30 days is automatically included in the 180 days readmission.
- ii. URS instructions need further clarification on what should be reported in Table 21.
- iii. Federal rules established by OMB do not permit the collection of a race category of "Other" race. If a state collects a category of "Other" race, it should report it to the URS in the Not Available (N/A) category and indicate so in the footnotes.
- iv. Comments on data for Table 9 to note when data is to be collected or recorded for the next survey year.

- v. Length of Stay (Table 6) There are differences between what is collected for the URS and the NRI's Profiles tables. Table 6 collects the average Length of Stay, while Profiles compiles information about how many consumers had various lengths of stay. The group discussed if the Average LOS data on Table 6 is necessary and/or if the URS and Profiles data could be aligned.

**5. Review of new DIG Grant Terms and Conditions for some grantees with timelines by Roger George of CMHS/Grants Management.**

- a. Mr. George and Olinda should be copied on all e-mails. Questions of programmatic in nature are usually referred to Olinda while budgetary questions are usually referred to Roger.
- b. **Review of timeline – dependent on time of receipt of award. It was suggested to have state responses submitted ASAP or within 60 days from the date of receipt of the NOGA. Section 3 Terms and Conditions of the grant award will indicate what is due from the state.**
- c. **States should respond to the Special Terms and Conditions and not to the General Terms and Conditions (this is a uniform Terms and Conditions that are contained in all NOGA).**
- d. The NOGA is sent to the person whose name is provided in the business contact address in the application, not to the Principal Investigator. States should contact Roger George for a copy of the NOGA, if needed.
- e. 28 grants need elaboration on participant's protection and confidentiality rule.

**6. Status of Client-Level Reporting Project.**

Selected pilot states will be announced soon.

**7. Group Discussion: DIG Regional Conference Calls - whether calls are helpful as they are or if there are suggestions to make them more interactive.**

The group discussed options to make the monthly regional conference calls more interactive for the states. Several states offered suggestions for items to include in the monthly calls:

- a. Report or have a repository on how states are using the data on URS/NOMS. A suggestion was made to have NRI as a repository site.
- b. SAMHSA's Co-Occurring Center for Excellence (COCE) is another multi-state project that has regular conference calls. It was suggested to explore their model of having state present their work during the call.
- c. Summary reports after the meetings are helpful.
- d. Administrative information is useful, but interactive discussion is also important. Noted time constraints if meetings were to become more interactive. A suggestion was made to blend administrative and interactive discussions as formats to be used intermittently.
- e. For WG reports, a suggestion was made to limit the reporting to the WG's final recommendation and not the WG's discussions.
- f. Have experts present on special topics. States were requested to submit to Olinda topics that may be presented by subject experts.

**6. Next DIG meeting conference calls are scheduled for Monday, November 26<sup>th</sup>.**

- a. Group 1 – 11:00 AM Eastern Time.
- b. Group 2 – 2:00 PM Eastern Time.
- c. Group 3 – 4:00 PM Eastern Time.