

CMHS/SAMHSA Data Infrastructure Grants/ Uniform Reporting System Regional Conference Call Report

April 29, 2010

Group 1 – Northeast at 11 AM

Group 2 – Midwest/Southeast at 2 PM

Group 3 – Western/Pacific/Territories at 4 PM

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

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

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Note: No calls were held during March 2010

Agenda:

1. **Summary Update on Federal EHR initiatives as related to behavioral health care-Jim Kretz**
2. **Returning Veterans and their Families Workgroup**
3. **Health and Mental Health Survey Module Workgroup**
4. **Employment Workgroup**
5. **Update and discussion on the National Block Grant Conference/DIG Annual Meeting
June 23, 24, 25, 2010.**
 - **Attendance and Agenda**
 - **Discussion on the National Conference DIG Poster Session**
6. **Update on SAMHSA EBP Toolkit publications.**
7. **BRFSS activity update**

1. **Federal Electronic Health Records (EHR) and Health Information Exchange (HIE) initiatives:**

Jim Kretz from CMHS provided an update on the ARRA “HI-TECH” provisions regarding EHRs and HIE as they relate to behavioral health systems.

- a. The ARRA included over \$20 billion in Medicaid and Medicare incentive payments for the use of EHRs. Unfortunately, these EHR incentive payments are limited to general hospitals, physicians and other licensed health providers, and a few other settings. Most behavioral health providers (psychiatric hospitals, community mental health centers, substance abuse treatment providers, etc) as well as Long Term Care providers (such as Nursing Homes) are NOT eligible for the EHR Incentive payments. Note, because behavioral health providers are not eligible for incentive payments, they are also not subject to financial penalties for not using EHRs.

In order to receive the EHR incentive payments, health providers must demonstrate that they meet criteria of “meaningful use” of the EHR. The ONC has recently published for comment proposed rules for defining meaningful use.

- b. **Regional EHR Extension Centers:** To help health providers adopt and use EHRs, \$642 million in funds are being spent on a set of regional EHR extension centers (modeled on the Agriculture Departments’ successful extension service). These will focus initially on rural providers.

The Regional EHR Extension Centers currently have a bias to the view that each provider should have its own computer system. Mr. Kretz pointed out that in the substance abuse field; many providers are very small with very limited computer capacities. A model that utilizes open source

shared EHR systems that multiple providers can use may be more useful for behavioral health systems.

- c. HIE: There were \$547 million in grants to 56 states and territories to establish state health information exchanges. These exchanges will share EHR data between systems. In addition to the state grants, ONC has funded \$60 million on university based projects to automate EHRs and \$34 million for Community College Curriculum development. The Community Colleges will train students in 6 month programs to use and implement EHRs
 - d. Confidentiality Laws: The ARRA and the HIPAA Privacy rules do not preempt state confidentiality laws that are more restrictive than the Federal Rules. As a result, each state must examine its own confidentiality statutes around sharing behavioral health EHR data.
 - e. ONC Website: the Office of the National Coordinator has established a website where they regularly update information on all their initiatives. States are encouraged to check their website regularly to remain current on their EHR/HIE initiatives: <http://healthit.hhs.gov>
 - f. CMHS has developed a draft report on issues behavioral health systems should consider as they plan the acquisition and use of EHRs. An electronic copy of the draft report was e-mailed via the DIG listserv to the states. States are encouraged to send any comments or suggestions to Mr. Kretz at jim.kretz@samhsa.hhs.gov
2. **DIG Returning Veteran's Mental Health Workgroup:** Ted Lutterman reported about the DIG workgroup on Returning Veterans, Active Duty Military, and their Families. The group held their 3rd call during March 2010. During the call states discussed the extent to which their state mental health information systems include information about Veterans, Active Duty Military, and the families of Veterans and Active Duty Military.

The workgroup assessed the level of data currently collected by SMHAs in their information systems that would identify Veterans who have returned from OEF/OIF (the Iraq and Afghanistan wars) as well as family members of Veterans and active duty military. Very few states have SMHA information systems that identify returned OEF/OIF Veterans or Family members. However, SMHAs have described a rich array of initiatives to provide outreach, screening, referrals, services, and training to help meet the mental health needs of returning Veterans and their Families. A

The workgroup is developing a **Checklist of SMHA Returning Veterans' Initiatives:** Work with SMHAs and states to develop a list of various Initiatives and programs that SMHAs have developed to help meet the needs of returning veterans and their families. This list will cover various screening, outreach, training, prevention, coordination and service initiatives that SMHAs have developed. The workgroup will ultimately recommend an optional table for states to report on the types and number of such initiatives and programs they have.

The workgroup will hold their next conference call on May 6, 2010. During that call the workgroup will discuss a draft Checklist of SMHA initiatives and also discuss presenting their work at the June CMHS DIG Annual Meeting.

- 3. Workgroup on the Employment NOM:** The workgroup on the employment NOM held its second conference call during April. During the April Call, Vermont and Missouri discussed their work on the employment NOM.

Vermont described two studies they have conducted. Vermont has been able to access employment data from another state agency which they matched with their SMHA client data. The matching of the state employment data yields more reliable data on employment than the SMHA's self-reported data. An additional benefit of linking with other state employment data is the ability to identify levels of income that consumers earn. In the second study, Vermont compared the rates of employment among SMHA consumers with overall state employment rates over time. As Vermont entered the recession, overall state employment rates have been documented as dropping steadily. However, rates of employment among SMHA consumers dropped 3 times faster than the employment rates of the overall population.

Missouri described how their recent URS data has shown an increase in the number and rate of persons who were employed, even during the recession. The Missouri results are thought to be largely a part of improvements in the collection of data within the Missouri's data system with employment data now being collected for many more consumers. This highlights a challenge in target setting for NOMs—where it is possible that gains from IT system improvements may overshadow the actual labor market condition.

The primary goal of the workgroup is to establish a general understanding of the impact of the economic recession on persons with mental illness that will aid states to set more reasonable employment targets in the Community Mental Health Block Grant and that will help CMHS/SAMHSA better understand and potentially adjust national NOMS employment data. The workgroup will hold at least one more conference call in May and will be a discussion item during the June DIG Annual Meeting. Meeting notes will be posted on the NRI website.

- 4. Health-Mental Health Survey Module Workgroup:** The workgroup held a conference call in April and discussed the results that 12 states have received in adding a small group of standard health questions (usually derived from the BRFSS) to their state MHSIP survey. All the participating states now have results from their latest MHSIP Surveys and agreed to share results with the workgroup. The workgroup discussed the levels of data that should be shared, as well as preliminary common results.

The NRI is developing an Excel template for states to submit data for their MHSIP health items as well as corresponding BRFSS results. The next workgroup call will discuss the reporting template, as well as plans for presentations on the results of states adding health questions to their surveys at the June DIG Annual Meeting. The goal is to propose an optional health question module that states can use if they wish to add health questions to their consumer surveys.

- 5. Update and discussion on the National Block Grant Conference/DIG Annual Meeting June 23, 24, 25, 2010.** Dr. Gonzalez discussed the plans for the National Block Grant Conference and the DIG Annual meeting in June 2010. Each state has been invited to send their state adult planner, their children's planner, their MH data lead, their Planning Council Chair and their Olmstead plan coordinator. If the SMHA Commissioner has not appointed the state planner PI or DIG data PI to attend, they can use DIG funds to attend. A State DIG grant coordinator may also attend, but they should let Dr. Gonzalez know which persons will attend using DIG Grant funds. CMHS is anticipating over 700 participants for the June 23-24th National Block Grant Conference.

Pamela Hyde, SAMHSA's new Administrator will be the keynote speaker on June 23rd. Following Administrator Hyde will be speakers from SAMHSA detailing activities on each of the 10 Strategic Initiatives that SAMHSA has identified. On Wednesday evening there will be a DIG Grant Poster Session and Reception highlighting how SMHAs are using data to improve care. SMHAs are encouraged to submit Poster Sessions highlighting how they use data.

The National Block Grant Conference will end on Thursday at 4:00 PM and the DIG Meeting will start at 4:15 and run through Friday afternoon. The state DIG coordinator and State MH Planners should attend the DIG Annual Meeting. The preliminary agenda for the DIG Annual Meeting is: Thursday afternoon session will review the 2009 URS reporting by the states and provide an update on the 3 ongoing DIG workgroups. Friday will include breakout sessions on the three workgroup and will then focus on the Client Level Pilot study and the shift to client level reporting with the new DIG grants. Friday afternoon, from 1:00 to 3:30 will be a discussion with states about data elements for client level reporting.

The agenda and registration for National Block Grant Conference/DIG Annual Meeting will be going up on a special website this week. States can go to <http://www.nationalgranteeconference.com/> to register for the meeting.

- 6. CMHS EBP Toolkits:** Dr. Gonzalez reported that in response to questions from several states about the status of the CMHS EBP Toolkits she talked with Dr. Crystal Blyler about their status. Several updated toolkits that reflect the experiences of states and local programs in implementing EBPS will soon be released. The updated toolkits will have new training videos and materials to help providers in implementation. The fidelity measures have also been updated for several of the toolkits. The written portions of the toolkit can be downloaded from SAMHSA's website at: <http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/>.
- 7. BRFSS Supplements:** Dr. Gonzalez reported that CMHS is in the process of completing an agreement with the Centers for Disease Control (CDC) to include the Depression Module in this year's BRFSS surveys. CDC will supplement state grants to add the Depression module. CMHS will NOT be able to provide a DIG grant stipend to SMHAs to fund their working with their health departments on this module. SAMHSA hopes that SMHAs will be able to continue their work with State Public Health Departments to support analyses of the depression module within their states.
- 8. SAMHSA Review of the DIG Grant Applications:** The same number of states and territories applied for the new DIG grants as the last cycle. Grants will be reviewed during May. States will be informed of their funding by the end of September 2010.
- 9. Next Monthly Regional Calls:**

The next set of regional DIG calls will be held during May 27, 2010. The calls will discuss the following topics:

 1. Veteran's Workgroup
 2. Employment Workgroup
 3. Health-Mental Health Workgroup
 4. Plans for the June 22-25 National Conference/Annual DIG Meeting
 - a. Discussion of topics and sessions of interest to states
 - b. Should there be a DIG Poster Session on Uses of Data?
 5. Discussion of new CMHS/SAMHSA facility surveys being sent to states and mental health providers
 6. Update on Federal EHR and HIE initiatives