

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

August 16, 2011

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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Agenda:

1. December 1, 2011 URS Reporting Forms and Instructions
 2. Review of Client Level Data Technical Assistance Workshop held August 3, 2011
 3. School Attendance Workgroup Report
 4. Criminal Justice Workgroup Report
 5. 2010 State Prevalence of Adults with SMI and Children with SED Update
 6. Additional Announcements
1. **December 1, 2011 URS Reporting:** The 2011 URS Tables, Instructions, and Definitions were distributed by Azeb Berhane via the DIG Listserv on Monday, August 15. The tables are also available online at http://www.nri-inc.org/projects/SDICC/urs_forms.cfm. Although there have been significant changes to the Block Grant application, there have been no changes to this year's URS tables. Completed tables are due to NRI by December 1, 2011.
 2. **Review of Client Level Data Technical Assistance Workshop held August 3, 2011:** States may begin reporting Client Level Data along with their URS data on December 1, 2011. Twenty-five states have indicated plans to submit Client Level Data this year. All states are expected to report Client Level Data by 2013.

The Client Level Data Technical Assistance Workshop was held August 3, 2011 at the Sheraton Suites in Old Town Alexandria to assist those states that plan to submit Client Level Data this year. Twenty-one states were represented at the workshop, and an additional 40 participants joined in via webinar. The workshop walked participants through the Instruction Manual, and paid special attention to the record layout and coding requirements so that the process of data extraction and entry into the record layout is clear to ensure fewer errors in submitted data. The workshop also provided a forum for participants to ask questions and raise concerns about reporting Client Level Data.

If your state plans to submit Client Level Data this year, please submit your crosswalk to NRI prior to extracting and submitting data. Many of the states that participated in the pilot experienced confusion in how to appropriately create the crosswalk which resulted in errors with coding and recording. By submitting the crosswalk early, misunderstandings can be addressed resulting in fewer errors and less time wasted on resolving those errors.

If you were unable to participate in the workshop and are interested in what was discussed, a recording of the webinar is available on the NRI website at http://www.nri-inc.org/projects/SDICC/tech_assist.cfm. The recordings are broken into two sessions: a morning session and an afternoon session. NRI is also compiling a list of Frequently Asked Questions based on emails sent to the Client Level Data Technical Assistance email account (CLDTA@nri-inc.org).

- School Attendance Workgroup Report:** The third call of the School Attendance workgroup was held on July 20, 2011. The purpose of the workgroup is to recommend a measure to SAMHSA that collects Client Level Data on school attendance/success that will be collected in 2012 or 2013. The workgroup is tasked with making this recommendation by September 1 of this year. Over the last several months, the workgroup has reviewed several potential measures for collecting Client Level Data related to School Attendance. The workgroup concluded that collecting data on the number of suspensions, expulsions, or days missed from school is not feasible due to a lack of availability or access to centralized information at the state level. Therefore, the workgroup has been focusing on one primary measure: Modal Grade Level, which collects information on a child's age-appropriate grade.

The workgroup favors this measure for several reasons:

- Information about a consumer's grade level is less burdensome to collect and is more easily accessible than accessing number of days missed from school.
- The Census Bureau already collects this measure as part of its American Community Survey, which would allow states and SAMHSA to benchmark children in the public mental health system to national and state averages for all children. Since 1971, the Census Bureau has been collecting information on a consumer's state, age, race, and other characteristics that would allow us to develop long-term comparisons of mental health consumers with the overall population, as well as those children with any disability. The American Community Survey is available here: http://www.census.gov/acs/www/about_the_survey/forms_and_instructions/. The home page for information about the American Community Survey (where to find results, information about survey methodology, etc) is: <http://www.census.gov/acs/www/>
- The Substance Abuse Treatment Episode Data Set (TEDS) system collects information on grade level, bringing Mental Health and Substance Abuse measures more in-line with one another.

In Year One, the measure would determine if a child was at, above, or below their age-appropriate grade level. In Year Two, the measure would then identify the percentage of children who advanced each year. New York has been implementing this measure and has identified frightening trends about how many mental health consumers seem to drop out of the public school system. The

Census Bureau shows that 33.7% of children with any disability are below their modal grade level, as compared to 18% of children with no disability. It would be interesting to find out where mental health consumers fall compared to these figures.

There were several concerns raised at the DIG Annual Meeting Breakout Session that were brought up again during this call:

- How many states are able to report this information? Most states on the calls informally indicated this is something they could report; however, NRI will scan the SMHAs to determine feasibility.
- What is the implication if an individual has stayed back a grade? Sometimes it is actually beneficial if the consumer stays behind in order to receive a better education.
- There was concern that a child's length-of-stay would be too short to capture this information. Based on subsequent reviews of several states' data sets, the average length-of-stay for children is just over a year which would allow comparison across years.
- How is disability defined? Census does not provide guidance around disability or special education in their survey, but this is an issue the workgroup will consider. However, for the Client Level Data Set, SED would already be flagged, as well as the fields for specific diagnoses.

CMHS has already run a brief description of this proposed measure by the branch that works on Children's Systems of Care so that expert advice will be considered in the formulation of this measure. The DIG Workgroup will meet again the week of August 22 to finalize the recommendation to SAMHSA, focusing on how to operationalize the measure taking into consideration the concerns listed above. For instance, the Census Bureau has relied on the question "What is the last grade-level the child completed?", but has recently switched to asking "At any time in the last three months has this person attended school? If yes, what grade were they in?" The second version of the question allows the Census to capture accurate grade levels even during summer vacation. In the interim, NRI will also reach out to all of the states to determine how many states are able to collect this data.

4. **Criminal Justice Workgroup Report:** The third call of the Criminal Justice workgroup was held on July 21, 2011. The purpose of the workgroup is to recommend a measure to SAMHSA that collects Client Level Data on criminal justice records that will be collected in 2012 or 2013. The workgroup is tasked with making this recommendation by September 1 of this year. Over the last several months, the workgroup has discussed ideas on how best to collect data about criminal justice involvement. The two primary focuses of the workgroup are:

- Short-term: What is the best time-frame for collecting arrest data – 30 days or one year? The URS relies on a time period of one-year, while the rest of SAMHSA uses a 30-day measure.
- Long-term: Is the focus on arrests really the most meaningful measure of criminal justice involvement? What would a meaningful measure be?

The URS currently collects information about a consumer's arrest record within the past year. Other parts of SAMHSA, specifically Substance Abuse, collect information on criminal justice involvement within the past 30 days. The workgroup determined that in order to be consistent with the rest of SAMHSA, a 30-day measure should be used to collect information on this NOM in the short-term. This is beneficial because the TEDS already collects this at admission, discharge, and an annual update, so practices may already be in place to collect these data. Since 9/11, states are required to maintain a database of arrest records. SAMHSA is working with the Department of Justice to encourage sharing across agencies, and identify where, in each state, SMHAs can access arrest records to facilitate accurate reporting of this measure. However, the workgroup is not particularly satisfied with using the number of arrests within a given time period as a meaningful measure of the success of mental health services. It becomes even more complicated/less meaningful if there is a diversion program in place that is used to get consumers into services. A better measure of criminal justice involvement would be to determine how well consumers, together with public mental health systems, are doing at avoiding incarceration.

To develop a measure to be used in later rounds of Client Level Data reporting, the group recommends creating a pilot study that would develop a measure similar to the Sequential Intercept Model that captures where consumers interact with the criminal justice system at five different points.

The workgroup will meet again in late August. If any states that implement diversion programs or Sequential Intercept Programs and report on the success of these programs, please let NRI know so that we may include them in our work on alternative criminal justice measures.

5. **FY2010 State Prevalence Update:** SMI/SED estimates rely on the Census Bureau's Civilian population figures that are usually released during the summer. SAMHSA has an official procedure for estimating the number of adults with SMI and children with SED, and uses figures from the Civilian population rather than the Residential population for two reasons:
- Fewer prevalence of mental health consumers in the military, and
 - The military is often responsible for medical care, so there is less likelihood of military personnel appearing in the public system.

Annual estimates of the numbers of Adults with SMI and Children with SED are entered into your Block Grant applications and are used in URS reporting. Each summer for the last eight years, NRI has provided these numbers for every state. The figures have not been updated for 2010 because the Census Bureau has not released their numbers for the Civilian population. Because last year was the Universal (10 year) Census, the Census Bureau has delayed publishing their interim estimates. There is a chance that the figures for 2010 will not be released until 2012. Because of this, there were two options for moving forward:

- Use FY2009 estimates, or
- Use Residential Population figures to determine estimates for 2010. This would result in an increase of 1.2 million people in the population, resulting in changing rates of estimates that would vary across states.

Because of this increase in population, and the confusion that may result from a one-year modification, SAMHSA has decided that SMHAs should use FY2009 figures for 2011 reporting. Once the 2010 numbers are available, NRI will go back and update the files.

6. Additional Announcements:

- 2010 URS Output Reports should be posted on the SAMHSA website within the next two weeks. After the Regional Calls, the 2010 Output reports were posted on the SAMHSA website and are available at: <http://www.samhsa.gov/dataoutcomes/urs/>
- All presentations from the DIG Annual Meeting are available online: http://www.nri-inc.org/projects/SDICC/meeting_reports.cfm
- Olivia Cline-Thomas, Grants Management Specialist moved to a new position at SAMHSA with Drug Free Communities as of August 14th. At this time, Sherie Fairfax and Gwendolyn Simpson will be acting Grants Management Specialists until the position is filled. Please contact either Sherie or Gwendolyn if you have any grants management questions related to the DIG program.

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- Up to 25% of year one funds can be carried into year two without any further requests or formal approval. If you need to carry over funds in excess of 25%, please submit a formal request.
- The Block Grant Application is due September 1, 2011. It is important that planners work with data representatives to come up with a needs assessment that is data-driven. Project officers are taking an active role to work with states on their application reports. Please contact your project officer with specific questions, and let them know if you have any issues accessing the WebBGas system.
- Dr. Gonzalez recently attended a SAMHSA-sponsored Health Information Technology Meeting. SAMHSA invited state IT representatives in behavioral health to attend the two-day meeting to assist states in developing their infrastructure to meet national standards and address interoperability and outcome measures. It was a very general session, but SAMHSA is actively working to include the behavioral health component in the Affordable Care Act. A report will be distributed via the DIG Listserv.

- SAMHSA has recently created an online store that will allow people to access current and recent SAMHSA-produced publications. The Publications Tab on the website, www.samhsa.gov provides access to documents related to the SAMHSA 'Quality Behavioral Framework' that have been presented to stakeholders recently
- A new conference call has been set up specifically for the Pacific Jurisdictions to help ensure that they are well-informed and guided on the submission of Client Level Data.