

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

October 13, 2009

Group 1 – Northeast, 11AM

Group 2 – Midwest/Southeast, 2PM

Group 3 – Western/Pacific/Territories, 4PM

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 August or September 2009

Agenda:

1. **Discussion of the use of Federal ARRA Stimulus Health IT Funds by MH Systems**
2. **Update on the Client Level Data Pilot on mental health NOMS**
3. **2009 URS Reporting Tables**
4. **Availability of Group and Individual State DIG TA**
5. **DIG Workgroup Reports**
 - **Children’s EBP Workgroup**
 - **New Veteran’s MH Workgroup**
 - **Developing a Health Question Module for MHSIP Consumer Surveys**
 - **DIG Supplements (BRFSS) Workgroup**
6. **DIG Supplement Update**
7. **New Reports Available**
8. **Next Month’s Regional Call Topics**

1. **Jim Kretz (CMHS) and Richard Thoreson (CSAT) presented on the Health Information portions of the American Recovery and Reinvestment Act (ARRA) that are relevant to mental health systems:**

The two SAMHSA speakers have been working on behalf of SAMHSA on a variety of health information technology initiatives related to the implementation of the Health Information Technology (HITECH) portions of the economic stimulus program (the ARRA) passed earlier this year. SAMHSA has been working on standards and the development of Electronic Health Records (EHRs) for a number of years and these efforts are now focused through the HITECH portions of the stimulus bill. There are 4 major portions of HITECH relevant to public mental health systems:

- a. **Incentive Payments from Medicare and Medicaid** to general hospitals, Federally Qualified Health Centers and physicians who submit EHR data that meet a “meaningful use” standard.
 1. State psychiatric hospitals and community mental health centers are NOT eligible for these incentive payments, but psychiatrists will be eligible.
 2. SAMHSA is working to make sure that essential behavioral health elements of EHRs and information exchange are included in the development of the “meaningful use” standards
- b. **Health Information Technology Extension Program:** This program will provide grants for the establishment of Health Information Technology Regional Extension Centers that will offer

technical assistance, guidance and information on best practices to support providers' efforts to adopt and use Electronic Health Records (EHRs). The Extension program will be modeled after the U.S. Department of Agriculture's successful Extension Service that has field offices in almost every county of the U.S.

- c. **Competitive Grants to States and Indian Tribes for the Development of Loan Programs to Facilitate the Widespread Adoption of Certified EHR Technology:** This program will provide grants to states and to support loans to eligible health care provider to cover the costs of purchasing an EHR. This program is not yet implemented
- d. **State Health Information Exchange Cooperative Agreement Program:** There will be \$564 million awarded to states to support efforts to achieve widespread and sustainable health information exchange (HIE) within and among States through the meaningful use of certified Electronic Health Records. State applications for this Grant are due by Friday, October 16, 2009. Each state will receive a minimum allotment of \$4 million with increases above that based on a formula.

A copy of this grant announcement was been sent out to the DIG listserve during September. The grant announcement specifically lists the SAMHSA State MH DIG Grants as one of several federal data initiatives that should be part of the coordination on Health Exchanges under these new grants. Each state must identify a high ranking full time staff person to lead this effort.

The U.S. Department of Health and Human Services has established a website with information about its various e-health initiatives: [HTTP://HEALTHIT.HHS.GOV](http://healthit.hhs.gov) States are encourage to regularly check that website for information about the various standards setting and grant opportunities.

Mr. Kretz & Mr. Thoreson discussed the work that SAMHSA has been doing on behalf of the behavioral health field, both in making sure the needs of mental health and substance abuse are addressed in various standards setting, as well as supporting the development and use of EHRs and developing open source options for use by behavioral health providers.

During the call, Ted Lutterman of the NRI discussed a recent meeting that NRI and NASMHPD held with staff from the National Governor's Association about the new State HIE Grants and the overall work on health information technology. NGA staff recommended that SMHAs should approach the lead in their state for these grants to make sure mental health needs are part of the HIE development work in states. A few states in each region identified that they have been successful in getting mental health represented as part of their State's HIE grant process. However, in many states, the SMHA is not part of the current process of planning for the HIE.

For future steps, the NRI will work with CMHS to coordinate a brief survey of the SMHAs to determine which states are part of their state's HIE grants and what role the SMHA is playing in this work. This information will be shared with other states to help provide them an additional tool to use to demonstrate to their state's HIE effort how SMHAs in other states are part of the process. In addition, SAMHSA and the NRI will work with staff from the NGA to follow-up on their offer to conduct a webinar for behavioral health on the NGA's work on e-health.

2. **Client Level Data Pilot Project:** Ted Lutterman updated the progress of the CLDP on Mental health NOMS. The project will be completed by March 2010. A draft Final report is due to CMHS in December 2009. All states have completed T1 data submission (12 months of data for all persons served) and analysis of the T1 data (including comparisons of T1 client data with URS data are ongoing).

Most states completed submitting T2 data (the next 12 months of data) during September. A few states are still resolving data issues so T2 isn't yet ready for T1 to T2 change calculations. A few states have had issues with continuity of care between T1 and T2: e.g., clients reported as still in service on the last day of T1 do not show up in the T2 data and/or clients in the T2 as "continuing" clients at the start of T2 were not in the T1 database

States have also sent in qualitative (and quantitative) information about their data submissions (what is the level of effort it took to submit data? Where are the state's data not consistent with recommended data? What would it cost the state (and local providers) to change data systems to report fully consistent Client data in the future? NRI is in the process of reviewing and synthesizing these contextual and cost reports along with the T1 & T2 data for review by the Pilot States and Advisory Committee in December.

The Advisory Committee will meet in DC on December 2, 2009. Each of the 9 pilot states will also participate at the meeting. The Advisory Committee will review and make recommendations on future steps for SAMHSA if it decides to move forward with Client Level data. The focus is on the "process study" of the pilot. Were states able to report complete CLD? Where are there gaps and differences in data? What will it take to help states report complete CLD for all persons served?

3. **December 1, 2009 URS Reporting:**

During September the final version of Excel Tables and instructions for reporting the 2009 URS data were sent to the states via the DIG listserve. Additional copies of tables and instructions are available at: http://www.nri-inc.org/projects/SDICC/urs_forms.cfm

There are NO CHANGES in the content of the tables due to be reported by states for 2009. The excel tables include a few additional data quality edits to help states identify reporting issues. The tables were sent out earlier than in prior years in response to requests from several states to begin work on completing them. The tables are due the same time as prior years: December 1, 2009.

4. **Technical Assistance Available to States on DIG Grants:** The NRI's support contract for the URS/DIGs includes a limited amount of funds to provide Technical Assistance (TA) to states through both individual state and group TA Workshops. SMHAs are encouraged to apply for TA if it can assist their state in improving URS reporting.

Group TA ideas are requested: States were requested to send in ideas for group TA events for this year and next year. The Group TA workshops permit a small group of state representatives to meet with content experts for a 1 or 2 day workshop focusing on high priority issues related to DIG/URS reporting. Previous group TA workshops have focused on Data Integrity and Data Quality, Improving Consumer Survey Administration, Unduplication of Clients, and measuring Evidence-Based Practices. **Please send ideas for future workshops to Ted Lutterman at ted.lutterman@nri-inc.org.**

5. DIG/URS Workgroup Reports:

- a. **Children's EBP Workgroup:** Jeanne Rivard reported on the status of Pilot Testing the recommended new **Optional** URS table on additional Children's Evidence Based Practices. Nine states participated in pilot testing the proposed table. The states that participated in the pilot had been involved in the Workgroup that developed the new table. The major challenges in completing the proposed new table appeared to be the same issues faced by states in completing the existing EBP Tables 16 and 17. That is to say, the length of time to complete the form and the level of difficulty varies depending upon whether the state has existing data sources that contain the information or whether they have to collect it from their regional authorities or local mental health centers. The other major issue that states encountered in this pilot related to the dilemma of how to count EBPs if the state is not monitoring fidelity or does not know the extent to which this is occurring in their provider agencies. This issue has also been raised by states in completing the other existing EBP tables.

While the re-emergence of these two important issues in this pilot indicates a need for technical assistance to develop strategies for resolving these issues, results of the pilot suggest that the recommendations of the Workgroup to adopt the new form on an optional basis should go forward. The data that can be generated by the new optional table will be extremely important in documenting the extent to which children and adolescents across the nation are receiving EBPs. CMHS has now received a copy of the Pilot Study results and will explore adding the new table as an optional table for URS reporting in 2010 and beyond.

- b. **Returning Veteran's Mental Health Workgroup:** The NRI's new contract to support the DIG effort calls for a new workgroup that will address information states have about Returning Veteran's and that should ultimately lead to recommending new performance measures related to the mental health services for returning Veterans. During the call it was discussed that the new Workgroup would first focus on what types of information about Veterans, Active Duty Military, and the families of Veterans and Active Duty Military exist in current SMHA systems, as well as reviewing the types of services and supports that SMHAs are providing to these individuals. The workgroup will hold its first call before the November Regional DIG Calls.

Several states volunteered to participate on the Veteran's MH Workgroup. In several states, the DIG representative indicated they would check to identify the most appropriate participant from within their system. States that indicated an initial willingness to participate include:

Vermont: John Pandiani
Maryland: Susan Bradley
Delaware: (representative to be identified)
District of Columbia: (representative to be identified)
Texas: Tanya Guthrie
Kentucky: Hope Barrett
South Carolina: Ellen Sparks
North Carolina: Becky Ebron
Illinois: Dorothy Elfring
Hawaii: Philippe Gross

An announcement about the first meeting of the new Workgroup will be sent out to the Listserve prior to the first call. Please send us names of any staff in your state who may NOT be members of the DIG listserv who should receive an invitation to the workgroup call.

- c. **Developing a Health Module for the MHSIP Survey:** This workgroup will review the experiences of states adding health questions to their state MHSIP surveys to determine if states are finding similar results and determine if a small set of health questions can be added as a new optional module to the MHSIP surveys.

The next steps for the workgroup are to develop a common template to help states analyze their survey results in a common framework. The next conference call will focus on developing a set of recommended analyses for states to run on their data so comparable information can be shared across states. The state of Maine has sent in information about the analyses they conducted of their survey results, including information on the client age and other groupings used for the analysis. During the fall, the workgroup expects to receive results from most of the state using health questions and will review their data to identify if results are similar across states. Persons interested in participating in this workgroup should e-mail Ted Lutterman at ted.lutterman@nri-inc.org.

- d. **DIG Supplement (BRFSS) Workgroup:** This workgroup has been discussing analyses that have been completed on the PHQ-8 and K6 modules to the BRFSS by CDC and other authors. Over the next several months, the workgroup will be inviting Dr. Ronald Kessler to discuss the use of the K6 modules as well as CDC and states to discuss analyses of they have conducted on the BRFSS supplements.

6. **DIG Supplements -- the PHQ-8 module implementation (depression) for the BRFSS:** Olinda Gonzalez reported that eight states have been funded with new DIG Supplements to add the PHQ-8 depression/anxiety module the BRFSS. These states are: DC, HI, IN, ME, MS, NJ, SC, and WY.
7. **New Reports Available:** Dr. Gonzalez discussed two sets of reports that are now available. The *International Journal of Public Health* has recently produced a special journal of articles on the 2007 BRFSS findings for psychological distress among U.S. Adults. More than 15 original articles are presented on serious psychological distress findings and associations to selected health and other factors. Copies of this journal have been sent to each state.

A new publication produced for SAMHSA by the NRI titled: **Funding and Characteristics of State Mental Health Agencies: 2007** has just been released. The SMHA report uses information from the State Profiles System and the Uniform Reporting System to describe how the state mental health agencies in each state are organized, structured, financed, and who they serve. There is a section in the report that addresses how states are using Electronic Health Records and their information system. A copy of the report is being mailed to each SMHA Commissioner and within the next two months the report will be electronically available via the SAMHSA website. Ted Lutterman thanked the states for their participation in providing information for the report and reviewing drafts of the report. He also discussed with states that a 2009 version of this report on SMHA systems is currently being finalized and will be sent to SAMHSA for review later this month.

8. **Next Monthly Regional Calls (November 2009):** The next set of regional DIG calls will be held during November 2009 (date to be determined). Roger George from SAMHSA Grants Management will participate in these calls to discuss issues related to the DIG Grants. DIG Workgroup reports will be covered as well as an update on the new Health Information Exchange (HIE) grants to states.