

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

**October 25, 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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**New Measures for Client Level Data Reporting:**

CMHS recently approved the workgroup recommendation for Client Level Data reporting of the criminal justice involvement and school performance NOMS. Collection of these measures will begin in 2012 for those states that are able to report, with the expectation that all states will report in 2013. Copies of the proposed measures are attached at the end of these minutes. Any technical questions about these measures should be directed toward Ted Lutterman ([Ted.Lutterman@nri-inc.org](mailto:Ted.Lutterman@nri-inc.org)), with Olinda Gonzalez ([Olinda.Gonzalez@samhsa.hhs.gov](mailto:Olinda.Gonzalez@samhsa.hhs.gov)) copied on the email.

Several questions were raised on the call:

- *Question:* The measure requests school grade information for children ages 3-17. My state considers school-aged children to be from 5-17. Do you want us to include 3-5 year olds?  
*Response:* The Census Bureau collects school grade for children as young as 3 (nursery, pre-school, and Head Start), which is why this data element also collects this age.
- *Question:* Do we have to add these questions exactly as they are to our administrative data?  
*Response:* If your questions differ, please send NRI an example of how you operationalize *these* questions. NRI and CMHS will then review your questions. If the questions are close enough for approximation they should be acceptable, but please let us know so we *can discuss*.
- *Question:* Are both measures for all adults and children, rather than just those *with SMI/SED*?  
*Response:* Yes, the questions collect information on all children and adults served.

*Criminal Justice Measure: Number of Arrests within the Last 30 Days*

The Criminal Justice Workgroup, comprised of representatives from SMHAs, recommends collecting the number of arrests within the past 30 days at two points: prior to admission (new clients)/start of the reporting period (continuing clients), and prior to discharge/end of reporting period (for continuing clients). An update flag is not needed for this measure – if the number of arrests is unknown, the SMHA should enter “unknown,” rather than carry over the number from admission/start of reporting period.

The field allows any number up to 96 arrests, even though it is difficult to imagine any person experiencing that many arrests within 30 days. The Workgroup recommended this measure, and its operational definition to remain consistent with SAMHSA Treatment Episode Data Set (TEDS) and the GPRA measures.

SMHAs may use either their own MIS or CJ databases as sources client level arrest information. However, for SMHAs that do not already collect this as part of their MIS, the best method for SMHAs moving forward may be to partner with their state Criminal Justice systems to form a data sharing agreement that allows linkages between the two data systems. State criminal justice systems have been developing centralized databases of arrest records. These databases often have different names (e.g., “fingerprint database”) and are housed in various agencies from state to state, which may make it difficult for SMHAs to identify. SAMHSA is trying to have dialogue with the Department of Justice and the Bureau of Justice Statistics to encourage the sharing of Criminal Justice data with SMHAs. Some states prohibit the sharing of data across state agencies, making it impossible for the SMHA to access accurate criminal justice data. This obviously greatly impacts these SMHAs’ ability to report. If your state has such institutional restrictions, please email Olinda Gonzalez explaining the situation so that CMHS can work with you on a case-by-case basis.

*School Performance: Last Grade Level Attended (Children) and Highest Grade Level Completed (Adults)*

Every state currently collects URS data related to the School Attendance NOM through the Consumer Survey. Unfortunately, this method is not conducive to reporting data at the client level. States have had virtually no success getting school systems to share data about suspensions, grades, etc. Therefore, the Workgroup recommends the new Client Level Data measure focus on current grade level for children, and highest grade completed for adults. These two measures are consistent with TEDS and the Census Bureau’s annual American Community Survey (ACS). We did, however, modify the measures to allow for children enrolled in Special Education—in particular children over age 18 in the IDEA program may be included in reporting of current grade level.

These variables will be reported once annually and will be used to generate two outcome measures: (1) the percentage of children at, above, or below modal (age-appropriate) grade; and (2) the percentage of students in the mental health system that drop out of school each year. Current data suggest that older adolescents drop out at much higher rates, especially those with SMI. Since the measure is consistent with the Census Bureau’s measure, it will allow SMHAs to benchmark their data against state and national levels. In developing this measure it became clear children served by SMHAs in special education program should be accommodated.

There are two data elements related to generating the school attendance measures discussed earlier. The first data element, “School Attendance Status” asks consumers to identify if they are currently in school with a simple “yes” or “no.” If the client answers “yes,” they are then asked to identify their current grade by completing the second data element, “School Grade Level.” Current grade is defined as the grade level the child has most recently attended in the past three months. This language is based on the ACS’ approach and uses the 3 month window to address collecting current grade levels during

summer and other vacation time periods . This question (data element) is applicable for school-age children ages 3-17 (note: use the appropriate code for non-school age children), with an exception for states with 18-21 year old children in special education program who still receive mental health services in the children's system. This is consistent with the requirement of the federal government's Individuals with Disabilities Education Act (IDEA). The federal government provides funding for states to provide educational assistance and support for all children with disabilities up until the age of 21 or high school graduation, whichever comes first.

For those clients who answered "no – not currently in school," in the School Attendance Status, they are then asked to identify the highest grade level they have completed in the School Grade level data element. Identifying the highest grade completed for clients no longer in school allows CMHS to gather socio-demographic data about the clients SMHAs serve.

For adult clients, 18 years old and over, the School Attendance Status data element does not apply but the appropriate code (code 4) should be used. However, the School Grade level should be completed with the adult client's highest grade completed.

### **Client Level Reporting Status**

Twenty-five states are planning to submit client level data this year, and even more expect to submit in 2012 and 2013. For those states submitting data this year, NRI has requested several deliverables: a crosswalk that demonstrates how each SMHA's data coding and structure map to client level data and provides contextual information about the SMHA's data system; and subsequently, a submission of the BCI and SHR test files. As of this regional call, 18 states have submitted, and received feedback, on their crosswalks. Many have been given the approval to submit their test files using the coding from the approved crosswalk. Two states have completed their test file submission. Test files can be submitted via encrypted email, NRI's FTP server (NRI will provide you with a password upon request), and through a CD or thumb drive shipped to the NRI offices. Specific instructions are provided as soon as your crosswalk is approved. For those states that have not yet submitted their crosswalks, please do so as soon as possible so NRI can work with you on any issues you may have prior to the December 1 deadline for BCI production files.

Once NRI receives a crosswalk from a state, two people review each crosswalk. The results of their individual reviews are combined, and the crosswalk is sent back to the state. Several common themes have been identified:

- Several states have filled in the coding (Part 1) but have left Part 2 of the crosswalk blank. Part 2 is actually reviewed first so the reviewers can put the coding in Part 1 into context. . Please do not leave Part 2 blank.
- NRI is requesting that states use the crosswalk templates. The only reformatting that should be done is the addition of rows to add data variables. Please do not merge cells, or delete rows or columns.
- Service Setting throughout the Reporting Period that maps to URS Tables 3 and 6: some states only reported that they were going to use State Hospital and Community Mental Health Centers

but did not explain why they were not using other settings. After doing more research, NRI determined that the other settings were reported for the URS, causing even more confusion in the review process. It is helpful to the reviewers if states would use the crosswalk to explain why certain settings are not being used, especially if the same codes have been used for other reporting.

- There is often confusion between the “Unknown” and “Not Collected” responses. Please refer to the recently issues, Helpful Tips in Completing the Crosswalk, for definitions on how to use these responses.
- When submitting the crosswalk, several states have overlooked the inclusion of header records – please complete them.
- Mental Health Diagnosis reporting is very important to be clear about in terms of determination procedure. Please elaborate how you determine “No Second Diagnosis,” versus “Unknown” diagnosis.
- Once you receive your revised crosswalk and make the recommended changes, please let us know if any other areas of the crosswalk were modified.

To expedite the process, please review the “Helpful Tips” document as you complete your crosswalk. Staff members at NRI are available to provide answers to TA questions through [CLDTA@nri-inc.org](mailto:CLDTA@nri-inc.org), and can be available for conference calls on a case-by-case basis.

### **Block Grant Reviews**

The Block Grant Application was due on September 1. This year’s review process is different than in years past. In the past, CMHS contracted reviewers to meet in groups for each region to conduct a comprehensive review. This year, the Federal Project Officers monitor the application and works with their respective state rather than the whole group. CMHS is moving forward with the review process.

SMHAs will need to submit a brief progress report on December 30, which is 30 days after the URS data are due. On Page 9 of the DIG RFA there is a template for performance assessment that details how the report should be laid out. One or two pages are adequate, but it needs to be include goals, progress, and any barriers the SMHA may have encountered. It is important to include the grant number in the subject line, because it is used by the Grants Management division to identify the specific grant.

SMHAs carrying over more than 25 percent of the first year grant funds must submit a carry-over request by February 1, 2012.