

# CMHS/SAMHSA Data Infrastructure Grants/ Uniform Reporting System Regional Conference Call Report September 18, 2008

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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## Agenda:

1. **Children's Evidence-Based Practices Workgroup Report**
2. **Criminal Justice Workgroup Report**
3. **BRFSS-MHSIP Workgroup Report**
4. **Upcoming Training: Data Integrity TA Workshop: November 13-14, 2008**
5. **Information on DIG Supplement RFA**
6. **2008 URS Tables**
7. **2007 URS Output tables and NOMS going on the SAMHSA website**
8. **Next Monthly Regional Calls**

1. **EBP Workgroup:** Jeanne Rivard: The results of the SDICC EBP Workgroup Questionnaire, *Assessing the Capacity for Reporting Additional Children's EBPs in the URS Tables* have been analyzed and the EBP Workgroup held a call to discuss the results. Thirty-nine states submitted either a completed questionnaire or a written explanation of services. Thank you to all of those states who submitted information.

Review of the Results: Jeanne Rivard provided a brief overview of the results (a report detailing the results was e-mailed to the DIG listserv on September 12). Several EBPs stood out as being more prevalent/common than other services; including Trauma-Focused Cognitive Behavioral Therapy (22 states), Parent-Child Interaction Therapy (14), CBT for Depression (13), and CBT for Anxiety (12), and Incredible Years (11). Three other EBPs that were popular were: Wraparound (9), Dialectical Behavioral Therapy (4), and Motivational Interviewing (3). With regard to reporting capacity, 5 to 6 states said they had the capacity to report the number of children receiving Wraparound and/or TF-CBT.

Ideas for Moving Forward: Based on these Results, the workgroup considered three potential scenarios for moving forward:

1. Scenario 1. No change
2. Scenario 2. Keep the tables as they are, but add a few other EBPs to allow states to report on them and get credit.
3. Scenario 3. Given the wide array of EBPs, provide an optional table with a checklist allowing states to check off which EBPs they are implementing in their state, and (as available) spaces to provide

the total number of these EBP programs that are being implemented across the state, as well as the total number of children receiving these EBPs across the state.

The workgroup discussed the three scenarios and options for moving forward. This discussion also revealed the difficulties states experience with data collection and highlighted that no two states are the same. While states expressed concern about their ability to collect client counts and information on which EBPs are being implemented, there was unanimous agreement on the importance of collecting this information and having states get credit for their efforts. The majority of states preferred option three above because it is a good starting place that encourages progress in the system.

After Dr. Rivard reviewed the EBP Workgroup recommendations, the 3 regional calls all discussed the implications for moving forward with developing an OPTIONAL module for states to report on their supporting additional children's EBP services. A couple of concerns were raised by states.

1. States are concerned that the desire to allow states to report and demonstrate their effort in providing EBPs by allowing them to report on additional Children's EBPs may lead to a new reporting requirement. While states supported testing an Optional module, the potential that this may become a Mandatory new requirement is a concern.
2. Several states expressed concern about how to measure the provision of the EBPs. Has CMHS helped to get procedure codes for each of the new EBP services? Having dedicated procedure codes could facilitate identification of services for states that receive service encounter or claims level data. States also expressed concern about how to measure the fidelity of EBPs.
3. Should the Optional table focus on EBPs that states "Promote" (SMHAs support through policy, training, special reimbursement funds or rates, etc), or EBPs that are being "Implemented" in the state?

The EBP Workgroup will meet during the next month to discuss these issues and draft a potential set of reporting tables states could use to report Children's EBPs following Option 3 above.

2. **Criminal Justice DIG Workgroup:** The Criminal Justice NOMS Workgroup met on September 11<sup>th</sup>. Dr. William Fisher (University of Massachusetts) reviewed the White Paper on the relationship of mental health services with criminal justice involvement. The workgroup discussed the implications of the White Paper for future work in refining and testing the NOMs on "Reduced Criminal Justice Involvement".

The Workgroup suggested assessing if SMHAs would be able to provide information on any of the potential alternative measures of the impact of providing mental health services on Criminal Justice involvement. In particular, the workgroup is interested in identifying and then working with states that could test two specific alternative measures: 1) the level or severity of charges filed against mental health consumers (measuring to assess if mental health services leads to a reduction in the severity of arrest charges), and 2) the rate of incarceration of mental health clients (either the number of days in jail or prison or the number of consumers spending time in jail or prison).

As a next step, the Criminal Justice Workgroup decided to develop a short survey of SMHAs that will ask states if they have access to data on (1) either the type or level of arrests/charges and/or (2) consumers spending time in jails or prison. The survey should be designed to ask states both if they currently have access to such data, or identify states that may be able to access such data in the future. A small

subcommittee will meet during September to draft this survey and will bring it back to the larger workgroup for review.

3. **BRFSS K-6 and Stigma Module Workshop:** The DIG Supplement WG convened last Wednesday, September 10<sup>th</sup>. There were 30 attendees representing about 20 states, WICHE, CMHS, and the NRI.

Dr. Amy Fan of CDC provided an update on recent CDC activities related to the BRFSS module on Mental Health and Stigma (popularly known as K-6):

- Data on K-6 are now available from the CDC website.
- CDC is currently working on several manuscripts for publication in the International Journal of Public Health sometime the end of this year
- Dr. Fan provided the group a brief review of the scoring algorithm for the K-6 data
- Dr. Fan is available to States for consultation on data interpretation

Dr. Fan's update was followed by a lively group discussion on issues and preliminary findings of States, particularly on two areas of concerns:

- The usefulness of the K-6 as a tool to measure the prevalence of serious mental illness (SMI) versus Serious Psychological Distress (SPD).
- Reconciling the difference in SPD rates reported by the National Household Survey on Drug Use and Health (NSDUH) and rates derived using the BRFSS K-6 data. The NSDUH have higher rates than the BRFSS.

While both instruments used the K-6 questions, they differed in their time constructs. The NHSDUH used 'the past 12 months' while the BRFSS used 'the past 30 days' as time reference.

Participating States in the conference call agreed to continue this dialogue to learn more from each others' findings. Meanwhile, the NRI and CMHS will continue to support the group by providing relevant materials and facilitating future conference calls. Conference call handouts and summary notes will be posted online upon approval from CMHS.

Dr. Gonzalez reported that States who were awarded DIG Supplements for the BRFSS K6 in 2006/07 will need to re-apply for a no-cost extension by Tuesday, September 23rd if they need to carry these funds into the next year. States need to contact Roger George for further information at 240-276-1762 or email him at [roger.george@samhsa.hhs.gov](mailto:roger.george@samhsa.hhs.gov).

4. **Upcoming Training: Data Integrity TA Workshop: November 13-14, 2008:** Ted Lutterman reported the SDICC is planning a workshop on techniques and approaches to improve the quality and integrity of data reported to the SMHA and used for URS and other reporting. This will be a one and ½ day workshop in the Washington, DC area on November 13-14, 2008. The SDICC is currently finalizing a panel of state experts to present on approaches they are using at the workshop and to finalize workshop dates.

Topics that will be covered include:

- **Concepts of Data Integrity and Quality:**
  - Aspects of data integrity and data quality
  - Importance of data integrity and quality
  - Problems/issues that compromise integrity and quality of data
  - Strategies in pinpointing data issues

- **Mechanisms to Enhance State Data Quality:** ‘Scrubbing’ the Data and Building Data Edits
- **Conducting Data Audits**
  - Audits by the SMHA as part of licensure and certification
  - Audits Using An Outside Contractor
  - Having Providers conduct audits with the state
- **Using Performance Contracts that focus on Data Quality**
- **Setting the Standards and CQI of Data Quality and Integrity**
- **Using Data Collaboratives with Providers to Enhance Data Quality**
  - Training Providers on Data Quality

The SDICC will be able to pay for the travel and hotel expenses of one representative from up to 20 states. Please contact Ted Lutterman at 703-682-9463 or [ted.lutterman@nri-inc.org](mailto:ted.lutterman@nri-inc.org) if you are interested in participating and/or if you have any recommendations for potential faculty for the workshop.

5. **2007 URS Reporting Status:** Olinda Gonzalez (CMHS) discussed the progress states have made in reporting URS tables—especially the tables used to generate the NOMS. The 2007 data is now final and more states reported NOMS data than any prior year. The 2007 URS data is going up on the SAMHSA Website—both in the NOMS section and the individual state URS tables on the CMHS section of the site.
6. **2009 Mental Health Block Grant Annual Meeting:** Olinda reported that a planning committee for the Annual CMHS Block Grant Meeting met last week. The 2009 Block Grant meeting will be held later in the year than prior years (June 18-19, 2009) and will be at the Marriott Wardman Park Hotel, in Washington, D.C.
7. **Next Monthly Regional Calls:**  
The next set of DIG Regional Conference Calls are scheduled for Monday, November 3, 2008. Roger George of SMAMHSA Grants Management will participate in the Regional Calls to assist states on grant carry over issues and Financial Status Reports
 

11:00 EDT	Northeast Region
2:00 EDT	South and Midwestern Regions
4:00 EDT	West and Pacific Jurisdictions

**Reminder: The 2009 DIG Annual Meeting will be held on April 16-17, 2009:** The 2009 DIG Annual Meeting will be moved back from February to April in 2009. The DIG Annual Meeting will be held on April 16-17, 2009 at the Grand Hyatt Hotel in Washington, DC. The 2009 DIG meeting will immediately follow the NRI’s Annual State Mental Health Agency Services Research and Evaluation Conference.