

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

**September 23, 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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**Agenda:**

- 1. Ending DIG grant processes and new DIG Grant Awards**
- 2. New on-line Forum for state comments on client level data elements**
- 3. December 2010 URS Reporting**
- 4. Two new workgroups for (1) Criminal Justice and (2) School Attendance**
- 5. DIG/SAMHSA Announcements**

**1. Information on No Cost Extensions: Requests due Friday, July 30**

Olivia Cline-Thomas, from the SAMHSA Office of Grants Management, was on the call to answer any questions regarding the ending DIG Grant Project processes and the new 2010 DIG Grant Awards.

Ending Grant: States that requested a no cost extension will be receiving notices in regard to the request within a week or two. If states did not request an extension, the DIG grant ends Oct 1st and states will need to send in a Final Grant Report within a 90 day period. A letter from Grants Management has been sent out indicating required components of Close Out. The Final Grant (Narrative) Report that is required does not need to be extensive. A suggested outline is: 1) Description of the goals and objectives of the 3 year grant project 2) Accomplishments of the grant project, 3) Challenges and barriers and how they were addressed, 4) Special efforts and projects that were achieved in the state in the grant effort. 5) Summary of next steps planned in further improving performance and data systems reporting. 6) You may include an Appendix of the most recent State URS Tables as reported on the SAMHSA website. SAMHSA's letter for close out that was sent will include guidance on a cost report.

The new DIG Grants are awarded and begin Oct 1, 2010. Notice of Grant Awards (NOGA) are being sent out and many states have received them this week. The NOGAs were sent to the Business Official indicated in the RFA or DIG application.

## **2. Web Forum for commenting on DIG Client-Level Data Elements**

The NRI has developed an on-line forum for states to review and comment on potential Client-Level Data Elements for future DIG reporting. The online forum lists each of the elements identified from the Client Level Data Pilot and being considered for DIG reporting. Each data element shows the proposed data definitions and reporting categories. Each element also includes a link to any applicable corresponding Treatment Episode Data Set (TEDS) data elements used for substance abuse reporting. The online forum permits states to comment on individual data elements and to see and respond to comments left by other users. NRI staff will track comments and recommendations from states and prepare a summary of recommendations for review by SAMHSA and discussion on the October DIG regional calls.

The online forum can be accessed at: <http://www.nri-inc.org/BlogData/wordpress/>

## **3. December 2010 URS Reporting:**

The URS reporting forms for the URS reporting due December 1, 2010 were sent out to the states in August, along with reporting guidelines/instructions and data definitions. The 2010 URS tables themselves have not changed from the 2009 URS tables. States can now provide a separate footnote for each EBP for T16 & 17 and can also add separate footnotes for each service system on T18.

Several states have contacted NRI staff with questions about how to report on selected URS tables. States with questions about what to report on tables are encouraged to contact Ted Lutterman (at 703-682-9463 or [ted.lutterman@nri-inc.org](mailto:ted.lutterman@nri-inc.org)) or Azeb Berhane (at 703-682-7549 or [azeb.berhane@nri-inc.org](mailto:azeb.berhane@nri-inc.org)).

During the 3 sets of DIG Regional Calls, several issues regarding future reporting on the URS were raised. These topics will be discussed with CMHS for potential clarification for future years URS reporting

1. Should guidelines be developed for submitting data when only a few persons are in a table cell? For example, a state asked, if there are only 1, 2, or even 10 persons in a URS table cell, should that number be reported? SAMHSA has not set a threshold for not reporting data in the URS, but this topic may be addressed in during the next year.
2. Should there be a threshold of number of services for reporting clients in the URS? One state asked, if a person is only seen once during the year (maybe for an initial assessment) and never seen again, should that person be reported? Under the current URS guidelines, a state should report a client who is seen only once, if that person is registered in its system as a client. This topic may be addressed during the next year for future clarification.
3. Should clients who are in state systems that are being integrated across mental health, substance abuse, intellectual disabilities/developmental disabilities, be reported in the URS if they have a non-MI status? A state asked for guidance about which clients in their newly integrated system should be reported in the URS.

4. URS Output Tables are now at a new location on the SAMHSA Website: SAMHSA has just revised their website and as a result the URS tables are now at a new URL. 2009 and earlier year URS Output tables can now be found at: <http://www.samhsa.gov/dataoutcomes/urs/>

#### **4. New DIG Workgroups to Start in October 2010:**

Dr. Gonzalez from CMHS mentioned that two of the NOMs that will ultimately be part of the client level reporting (Criminal Justice Involvement and School Attendance) will have workgroups established to review and recommend operational measures for them. States that are interested in participating on either or both workgroups should contact Ted Lutterman at the NRI ([ted.lutterman@nri-inc.org](mailto:ted.lutterman@nri-inc.org)) to express interest and get on the list for the workgroups. The workgroups will complete their work via a series of conference calls.

#### **5. Update on SAMHSA Issues:**

Dr. Gonzalez reviewed several issues that SAMHSA is addressing related to the DIGs.

1. The 3 new optional modules that were developed by DIG/URS Workgroups over the last year are now being sent to OMB for approval for inclusion in future URS reporting. The modules that are being sent to OMB are: (1) Children's EBPs, (2) Active Duty Military, Veterans and their Families, and (3) Health-Mental Health Survey Module. Copies of the proposed modules are available from NRI.
2. BRFSS mental health supplements: SAMHSA is working with the CDC to support the inclusion of the PHQ-8 (Depression/Anxiety) module in the next BRFSS cycle (2011). The states that will receive funding for this supplement have not yet been announced. Unfortunately, there will not be funds available this year to supplement state DIG grants to work with state BRFSS coordinators in analyzing the PHQ-8 data. SAMHSA hopes SMHAs will be able to work with their state BRFSS coordinators to analyze and use the PHQ-8 data.
3. TRAC Reporting: The CMHS TRansformation ACcountability System (TRAC) sent out a survey to each state DIG Principal Investigator on August 25 to request their feedback on technical assistance related to their grants. All states are strongly encouraged to respond to this survey.

**October DIG Regional Calls:** Calls for October have not yet been scheduled. Items to be discussed during the October calls will include:

1. Comments and feedback from states on Client Level Data Elements
2. The two new DIG Workgroups (Criminal Justice and School Attendance)
3. Update on EHR and health IT issues
4. Update on a proposed schedule for Client Level Reporting activities.