

Sixteen State Performance Indicator Grant
October 30, 2000
Conference Call
2:00 EST

Minutes by Ellen Sparks, SC

1. **Roll call** by Ron Manderscheid- States participants present: AZ, CO, CT, Wash DC, IL, IN, MO, NY, OK, SC, TX, UT, VA, VT, WA, also Ted Lutterman, Lucille Schacht, Nancy Callahan, and Olinda González.

2. **Noel Mazade** reviewed the NASMHPD NRI participation in the 16 State Project which has included staff participation in indicator pilot workgroups, compiling and running data, and work toward incorporating the 16 State performance measures into the agency profile system. He noted that the CMHS contract expired at the end of August and that NRI involvement may now be limited due to financial and workload concerns. It was noted that a request for CMHS funding has been made, and that there may be a possibility of added support for NRI in the future. Noel stated that NRI staff will continue to participate in workgroups unless it becomes problematic.

2. **Children's Indicator and Survey Workgroup-** Molly Brunk, VA: reported that VA has completed 432 of the parent version surveys, CO has completed 33 youth and 41 parent version surveys, VT has completed 314 youth version surveys and data should also be coming from KY, DC, UT and other states. VA has completed analysis on the six domains of access, appropriateness, outcome, cultural sensitivity, family involvement, and provider availability. There will be additional analysis as more data comes in. A questionnaire was sent to State Indicator grantees on the possible children's indicators of school performance, criminal justice, and out of home placements. Some states were unable to open the file and Molly will resend the email request. She asked that the surveys be returned to her as soon as possible.

Recovery Indicator- Vijay Ganju, NASMHPD: Vijay reported that a conference call was held last week to review the workgroup's proposal to hold consumer focus groups in different states covering the specific domains that were identified at the previous meeting held in Austin. The proposal from the workgroup included procedures for the focus groups including a proposed set of questions, and the identified resources that may be required for states. Each participating state is reviewing the proposal and evaluating it's own grant resources for implementation. The work is proceeding according to a time frame and the group hopes to have an instrument developed and ready for testing by April. Participating states include CO, TX, SC, AZ, RI, OK, UT, NY, and WA, DC.

2. **State Indicator Pilot Operational Definitions-** Ted Lutterman: The current operational definitions of all the performance indicators are being compiled at NRI and will be emailed to State Pilot participants when completed. This will include the final 16 State numerators and denominators for indicators and operational rules for collecting the data. In addition, submitted data from states will be included. Information is still needed for Atypical Medications (Olinda

will have Jocelyn re-send), Substance Abuse (Jack is working on this), Employment (also being worked on), Mortality (Craig will re-send) and Stakeholder Participation in Planning (Donna Stimpson will send).

3. Diagnosis Modification Proposal- Bernadette Phelan, AZ: The rationale for this proposal is support of correspondence with the current DSM IV and clinical practices. Items 1, 2, and 3 are minor editorial changes, with no changes in programming required. Items 4, 5, and 6 require minimal programming changes, and items 7 and 8 require regrouping of codes. Ron suggested that each state review the proposal and how it relates to their own data system with the group deciding on whether to adopt the proposal on the next call. It was noted that the grouping for 7 and 8 came from the 5 State Study and was done for comparability purposes. UT already uses some of these categories and Ron suggested that any experience with this be shared with the group. (The Annual Report from UT will be mailed to each state.)

4. Presenting 16 State Data Reports at this time- Olinda González shared that some states representatives have requested data output from the 16 States-she raised the issue of how people feel about putting their data out publically. Marie Danforth has compiled a table with data from five of the indicators for reports to GPRA. Ted noted that some of the operational definitions are still being worked out and it may be too preliminary. Olinda stated that the definitions for hospital utilization, the MHSIP Adult Survey and readmission rates may be explicit enough. John Pandiani noted that utilization data has been shared at the National Conference, and that individuals have requested his data for comparison. Olinda and Marie Danforth will review existing data reports for states, send out the reports to the 16 States; this will be reviewed at the next conference call.

5. Calculating Age Categories- Nancy Callahan: Nancy reported that age calculated from date of birth, at the start of the fiscal year, January 1, or at the time of the report could make a difference in the categories into which people fall. States calculate this differently- WA selected whatever the age person is on July 1 but this could slightly over-represent the under 18 while over representing the older groups. VT reports age as of December 31, CT and AZ report age at the last day of fiscal year, TX and VA report age depending on the purpose of the report, IL and SC calculate age tied to the event (admission, discharge, etc.), and CO calculates age at the beginning of the fiscal year and age at admission. Ron suggested that Nancy put together a report on how and when states calculate age for review and analysis at the next conference call. Questions to address are what how each state reports age and the magnitude of the error when compared across states.

WORKGROUP REPORTS

Atypical Medications- Olinda reported for Jocelyn-as RI could not be in attendance. ‘Atypical data has been submitted by VT, NY, and VA. Hospital data is expected from AZ, OK, MO, IL, and CT, and community data is expected from AZ, OK, MO, and CT.’ Olinda will ask Jocelyn to send out a reminder by email to grantees regarding reporting of this indicator.

Seclusion and Restraint- Ted Lutterman: NRI has data but it will take time to run analyses.

This is related to the resource issue raised at the beginning of the call. NRI will calculate and send data to central offices; it is each state's choice regarding where they send the data from there.

Stakeholder Participation- Donna Stimpson, CT: Paula Wilmarth, MO is retiring, so the workgroup is in need of another co-chair. The group is currently revising the questionnaire they have been developing. Ann Rock, AZ will now serve as co-chair.

Substance Abuse- Jack Wackowitz, CO: A questionnaire was sent and 10 states have responded. When the additional information is received state reports on this indicator will be back to states also, the workgroup will begin to determine how to best capture this information.

Functioning and Symptoms- Mary Smith, IL: Mary has heard from 7 states who plan to send in the requested data. She will be contacting some states regarding questions about the operational definition. The workgroup is considering incorporating data from states that are not in the indicator pilot grant in order to improve analyses of the data. John Pandiani stated that a VT file with requested data has just been sent to Mary.

ACT/SE- John McGrew, IN: The checklist pilot is on-going utilizing the a somewhat format which will be forwarded to Ted to clarify the operational definitions. There are over 50 ACT and SE sites that will be piloted. Data collection should be complete by December and results will be reported in January. John will also send the modified checklists though the List Serve.

Criminal Justice- Lucille Schacht, NRI: Six states are now working on obtaining data on client involvement in prison systems. It is more difficult to find consistency in data collection for jails, and even more difficult finding consistency in data collection for arrests. Lucille is compiling a running list of the various state definitions being used. Ron suggested that the list of definitions be sent to the List Serve so that this can be discussed on the next call.

Mortality- Craig Colton, UT: States are moving ahead slowly matching. John Pandiani's probability methodology is being assessed for states that cannot match data sets.

Living Situation- Nancy Callahan: The workgroup conferenced last week and analyzed data from SC. They are still working on developing living situation definitions for the final format. Under consideration is assessment of the indicator as a system indicator (a snapshot in time) and an outcome indicator (looking at change across time).

Employment- Denny Geertsen, UT: Five states (AZ, CO, OK, SC, UT) and Ted are addressing this indicator. A preliminary survey of these states indicates that all five collect employment data from clients at admission. States collect a range from 8 to 12 employment sub-categories. All states collect data at six months or at updates. Four of the five states collect SS#, and one state collects SS# with Title 19 clients only. Two states can link information to Employment Security Commission data and three may be able to, however there currently are data linkage problems. A detailed survey is being developed for this indicator, and the 16 states will then be surveyed when this is completed. Two states will be piloting with the Employment Security Commission

(OK, AZ) links, and the group will be looking at the comparability of the employment categories.

Link to Physical Health- Deb Kupfer, CO: Data for this indicator comes from consumer surveys which are still being implemented. Other states will be utilizing Medicaid claims data (VT, AZ) for this linkage. Ron referred the workgroup to Chapter 12 of Mental Health US 1998 which outlines a methodology for Medicaid Claims data and a technical appendix.

Readmission within 30 and 180 days- Sudha Mehta, NY: Most of the data is in except that IN will not be able to report on this indicator until July, 2001. Also, some states cannot report on this indicator by diagnosis. By December, Sudha will have a preliminary data analysis reported to CMHS and the 16 states. She will present a proposal to the group regarding risk adjustment of the data. The data report covers state hospital readmissions only at this time as many of the states could not report readmission for community hospitals (this may be addressed at a later date).

Contact within 7 Days- Steve Davis, OK: Steve reported that he has data from some states, and will send reminders to those states that have not yet sent their data.

Costs- Nancy Callahan: There are several states that are working on collecting this data- UT, SC, CT, WA, AZ, CO, VT and NY. TX and IL are making assessments for data collection, and OK has data to send. Nancy will send definitions out to the List Serve again. It was discussed that data is currently being collected statewide by age groupings (children, adults and older adults), but costs can vary by other variables such as diagnosis.

Adult Consumer Survey- Judy Hall, CO/WA: CT and IN are in the process of obtaining data and UT soon have survey data. Three states have no data - MO, IL, and WA. Judy begins her work in WA on Monday and can address the data collection issue there.

Utilization/Penetration Rates- John Pandiani, VT: John continues to work with states on data submission. He is working on having data for three points in time- FY 98, 99, and 2000.

Ron suggested a workgroup be formed to determine the final report format for the project. He suggested the workgroup include Ted and Vijay and asked that Olinda send a request to the List Serve for other participants.

Ron also noted that for the next conference call we will work on the proposals discussed today including: (1) Proposal for diagnostic category changes, (2) Discussion regarding data and the use of data in other reports, (3) Review of issues regarding age categories, and (4) How to deal with comparability of arrest data.

Other items: Ron stated that there currently is active planning for the 2001 National Mental Health Statistics Conference. This will be the 50th Anniversary of the conference and the 25th Anniversary of MHSIP. The Conference is scheduled for May 29 - June 1, 2001.

The next conference call was scheduled for Monday, November 27, 2000, 2:00-4:00 E.S.T.