

MHSIP UPDATES

Mental Health Statistics Improvement Program

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49th NATIONAL CONFERENCE ON MENTAL HEALTH STATISTICS

"Back to the Future: Out of the Past"

Sponsored by

Center for Mental Health Services

&

Mental Health Statistics Improvement Program

May 30 - June 2, 2000

(Pre-conference activities begin at noon on 5/30)

Location: Renaissance Mayflower Hotel

1127 Connecticut Avenue, N.W.

Washington, DC 20036

Hotel reservations should be made as soon as possible. You may telephone the hotel directly. Identify yourself as a participant of the CMHS National Conference on Mental Health Statistics to receive the special conference rate of \$118 per night (plus tax) for a single room. All questions regarding the agenda should be directed to Allen Keme at CMHS (301) 443-3343.

MESSAGE FROM THE CHAIR

Hello again out there in Dataland--The Year 2000 has opened with a number of MHSIP-related activities. Several of them will get more attention in the following pages, but I'm going to give you an overview of some of the main ones that MHSIP Policy Group members discussed at our January and April meetings. Yes, we are having so much fun, we have met three times since the last *MHSIP Updates*--and that's not counting all the conference calls and work group meetings that have been held.

The Year 2000 has also brought change to personnel on the Policy Group. Two consumer representatives, Ruth Ralph and Laura Van Tosh, who have encouraged, nudged and pushed the Policy Group to remember its commitment to consumer involvement in all aspects of data standard development, implementation and dissemination, have left the group to pursue other activities. We will miss their direct input into the Group's process, but expect their good work to continue to influence and contribute to our efforts. We are still blessed with the energy and insight Cindy Hopkins' consumer perspectives have brought to the Group and we will be seeking other strong consumer representatives to help fill the gap Ruth and Laura leave behind.

At our January meeting, the Group identified 10 projects or activities to which we want to devote our attention and resources. Some of them are short-term activities, but others are likely to continue for some time into the future. One of the more immediate tasks is to prepare a summary of past and present MHSIP activities and linkages to other activities; Peter Steinmann, NV, is taking on that assignment. Another task is to more clearly define MHSIP's policy about consumer involvement.

The list of longer-term projects includes some familiar items. Despite Ruth's departure, we want to continue to be connected to and involved in the work to define and measure recovery. How we accomplish that, whether by asking another consumer from the Recovery Advisory Group to join the MHSIP Policy Group, asking the Advisory Group to accept a Policy Group member to represent us, or some other option, remains to be discussed and negotiated.

Three more familiar topics are related to the MHSIP Consumer-Oriented Mental Health Report Card. A work group was appointed before the January meeting to re-visit the adult consumer survey. Cindy Hopkins (TX) and Mary Smith (IL) guided the group, and despite being snowed out of D.C. on one occasion, accomplished a review of different versions of the survey, utilization of the survey by various states, and statistical analysis of survey data. Progress by the work group was aided significantly by special contributions from Judy Hall (CO) Jack Wackwitz (CO) and Caroline Kaufmann (PA), as well as the MHSIP Policy Group members.

In a second MHSIP Report Card-related activity, child and parent surveys have been developed by a work group led by Molly Brunk (VA) that includes members from states involved in the CMHS 16-state indicator pilot study. The child/parent survey work group includes MHSIP Policy Group members and there is interest in ensuring the surveys are tested thoroughly and broadly, stakeholder involvement and feedback is secured, and survey items and factors address meaningful issues and contribute to established in-

dicators of performance and outcome.

The third Report Card-related project is Version 2 of the Report Card itself. Although the consumer surveys are components of the Report Card, there are other elements to be considered for modification. A group led by Vijay Ganju (TX) will compile and evaluate the experiences of people who have used various parts of the Report Card since its publication in 1996. Based on this effort, the group will make recommendations for Version 2 to the Policy Group.

A less familiar project, which is moving into its second phase, is the Mental Health Decision Support 2000 + project (previously known as the Data Prototype) sponsored by CMHS and being implemented through a contract with Abt Associates. During phase one of the project, a few current and former MHSIP Policy Group members and others worked as sub-contractors with Abt to help produce a "requirements analysis document" which describes the components of a data system that meets the needs of the current care management and delivery environment. In phase two of the project, a MHSIP Policy Group liaison group, led by Cecil Wurster, will work with Abt principal investigator, Sarah Minden, CMHS project officer, Marilyn Henderson, MHSIP regional user group members and others to solicit broader input into the data standard development process.

To help diversify ongoing support for MHSIP activities, Human Services Research Institute (HSRI) has agreed to include resources for MHSIP activities in its Evaluation Center grant application to CMHS. If funded, HSRI will provide support for activities such as recovery measurement development and report card revisions.

MHSIP Policy Group and other MHSIP community members have also been integral participants in a project sponsored in part by CMHS that cuts across public and private sectors, and substance abuse and mental health. This project involved a comparison of the (Agency for Health Care Quality and Research (AHQR) Consumer Assessment of Behavioral Health Services (CABHS) and the MHSIP Consumer Survey. With support from HSRI and CMHS, Harvard analysts led by Paul Cleary summarized responses from six private and public behavioral health plans. Representatives of MHSIP, NCQA, Harvard University and others responded to the findings by developing a new survey combining selected elements from both Surveys. NCQA will recommend the new integrated survey to the entities it accredits for FY2001.

You'll get more details about some of these projects in the following pages. And there will be even more information provided in sessions at the National Conference on Mental Health Statistics in Washington, DC, May 30-June 2, 2000. I hope to see you there.

Steve Davis, Ph.D., Chair, MHSIP Policy Group

USER GROUP NEWS

Midwest MHSIP Users' Group (MUG)

The Midwest Users' Group held its Fall 1999 meeting in conjunction with the Southern Regional Conference on Mental Health Statistics in Charleston, South Carolina. In addition to reports from individual states, including states participating in the Sixteen-State

Pilot Indicator Project (Indiana, Illinois & Missouri), a highlight of the meeting was a presentation from Dr. Paul Weaver of Kentucky, describing the consumer directed and operated Mental Health Research Institute he directs. In addition, Steve Davis provided the group with an update on the activities related to the Decision Support 2000 + project, as well as those of the MHSIP Policy Group.

The Spring meeting was held in Columbus, Ohio, April 11-12th, and continued with the theme of presentations on consumer perspectives and recovery, and specifically the implementation of a "recovery model" in Ohio. Discussion of the Decision Support 2000 + project was continued, with consumer participation. A demonstration of the "MACSIS" Information System of Ohio was also provided.

The group plans to again request to hold its Fall 2000 meeting in conjunction with the Southern Regional Conference on Mental Health Statistics.

Chris Powers, Illinois

Southern States MHSIP Users' Group (SoSMUG)

The Southern States MHSIP Users Group (SoSMUG) is planning its Spring 2000 regional users group for May 18-19 in Nashville, TN. This will be a return to Music City, site of the second SoSMUG meeting following our inception in 1990. Pam Sylakowski, MHSIP Principal Investigator for the State of Tennessee, is working on local content for the agenda. Nashville is the home of Vanderbilt University, which is the site for a number of SAMHSA funded projects in the area of mental health services research. This location provides an opportunity for Southern MHSIP representatives to get some first hand reports on several of the studies being conducted by Vanderbilt faculty. Among the Vanderbilt researchers tentatively scheduled to present to the group are Dr. Craig Ann Heflinger and Dr. Len Bickman. Also scheduled is a presentation by Dr. Steve Davis, MHSIP representative from Oklahoma, on the Decision Support 2000 + project. Dr. Sarah Minden of Abt Associates and Marilyn Henderson of CMHS will participate via conference call. A full report on the Nashville RUG meeting will follow in the next issue of MHSIP Updates.

The 1999 Fall meeting of SoSMUG was scheduled in conjunction with the Southern Regional Conference on Mental Health Statistics (SRCMHS) in Charleston, South Carolina. A number of SoSMUG representatives had planned to attend the SRCMHS meeting, so it was decided that having the SoSMUG meeting immediately following the SRCMHS would pose less problems for the often crowded Fall meeting season. The SoSMUG meeting was held November 3-4, 1999. The majority of the meeting was devoted to updated state reports on MHSIP and other data / performance indicator related activities. A number of states discussed initiatives in the area of consumer surveys.

Current plans are for SoSMUG to hold its Fall 2000 RUG meeting in conjunction with the Southern Regional Conference on Mental Health Statistics (SRCMHS). The SRCMHS meeting will take place in San Antonio, Texas on November 5-8. It is anticipated that the SoSMUG meeting will begin the afternoon of November 8 and continue through all day of November 9. The meeting site will be the Gunter Hotel, located a short distance from the Riverwalk section of the city. The Midwest Users Group (MUG), which met concurrently at the Fall 1999 SRCMHS, also plans to have its Fall

2000 meeting in San Antonio at this time.

Ed Payne, SoSMUG Chairperson, Missouri

STATE HIGHLIGHTS

Arkansas

Under Stage II of the Mental Health Statistics Improvement Program (MHSIP) Grant, the Arkansas Division of Mental Health Services implemented a new data-management reporting and analysis system to develop a more effective use of data collection and statistical reporting in which to convey the scope of public mental health services, programs and resources. Specifically, the client and services data sets are a collection of required demographic data provided by 20 service providers (including 15 community mental health centers (CMHCs), three clinics, one affiliate, and one state hospital). Client and services data are reported electronically to the Division of Mental Health Services on a semi-annual and annual basis in accordance with the Arkansas Department of Human Services, Division of Mental Health Services' performance-based contracting criteria. These client and services data play an important role in Arkansas' ability to characterize the composition of the public mental health system; to facilitate policy and program development; to plan for growth or advocate for additional resources. In state year 1998, providers began reporting data under the new system. This project is a significant accomplishment towards the implementation of a uniform, integrated mental health data collection system within Arkansas' public mental health system.

The Arkansas Information Systems Act of 1997 charges the Department of Information Systems (DIS) with leading information technology development within the State of Arkansas. It charges DIS with the development of a state information technology plan to ensure that information resources are used in an efficient manner; that information is administered and shared; and that information technology acquisitions meet state needs, are cost effective, and maximize standardization. The Division of Mental Health Services is responsible for developing a biennial technology plan that establishes agency goals and objectives regarding the development and use of information technology. The Division of Mental Health Services is in the planning process of defining technology projects or initiatives that meet our agency's mission to develop an information technology plan for the new millennium.

The Arkansas State Hospital's current working environment is operating under a software designed and developed by Creative Socio-Medics (CSM) out of Islip, New York known as BHIS (Behavioral Health Information System). The first phase of the installation was July 1998, in which the Master Patient Index database, billing, and scheduling were installed. Plans are currently underway for the next phase for the spring of 2000. It is known as the Project "ASHNET 2000". This will involve the installation, training, and implementation of the electronic medical records known as the Clinical WorkStation (CWS).

The Division of Mental Health Services has an approved 1915(b) Medicaid waiver to implement Benefit Arkansas--the managed behavioral healthcare program (carve-out) for Medicaid-eligible children and adolescents under the age of 21. The Division of Mental Health Services has the lead role in monitoring the managed care

contract's performance indicators, in collaboration with the Division of Medical Services (Arkansas' Medicaid Agency), and the Division of Children and Family Services. The Medicaid Agency will take the lead role in monitoring/oversight of fiscal and management information systems issues. The division will also provide overall coordination of the project with both agencies responsible to the Department of Human Services.

Sheila Duncan, Arkansas

Illinois

This past Fall, Illinois concluded its MHSIP "Mental Health Reform Grant" piloting the implementation of the MHSIP Consumer Report Card at several diverse community mental health centers throughout Illinois. As part of this grant, Illinois also participated in the "Five-State Feasibility Study," focused on developing common performance measures across the states. This pilot, along with participation in the Five-State Study, provided valuable knowledge and experience, and established the groundwork for the continued expansion and implementation of performance and outcome measures throughout the state's public mental health system.

Illinois is presently participating in the Sixteen-State Pilot Indicator Project, and continues to find that such participation enhances the voice and needs of the public mental health service system for specific data elements and information systems.

Chris Powers, Illinois

Iowa

The State of Iowa is finalizing the development of a mental health web site. The site will be available to the public by mid April. This project is the first phase in developing a methodology for gathering information for a mental health data warehouse. The sources of information for the web site are State mental health agency, institutions, and the State Medicaid program.

The website will provide data on services; persons served; expenditures from all 99 counties in the State; accreditation standards and lists of accredited providers; housing programs; grant sites; Bureau of Community Services and Bureau of Quality Assurance information such as responsibilities, overviews and staff job descriptions; managed mental health care data and contractor updates.

Larry Allen, Iowa

Minnesota

Minnesota has just ended its State Reform Grant. The grant activity included reviewing and discussing the Performance Indicators for adults with Serious Mental Illness. Regional meetings with consumers and other stakeholders have been held quarterly around the state to discuss performance indicators of interest to them. These meetings included a review of the indicators used in the 5-state feasibility study.

A statewide meeting was held to review all of the discussions and to recommend statewide performance indicators for community programs. State Hospitals (called Regional Treatment Centers in Minnesota) are involved in the Oryx system and its performance indicators. A work group has been formed to work on operationalizing the indicators. The Department will be working

with counties to implement a wide range of measures on a statewide basis. A complete listing of indicators recommended by the statewide group is available from Jerry Storck.

Jerry Storck, Minnesota

Nebraska

Nebraska MHSIP activities are currently focused on developing performance indicators and using the MHSIP Consumer Survey. In the course of doing this work, we are also addressing Nebraska's need to develop an integrated database (single focus for behavioral health data analysis and synthesis within the Nebraska mental health authority) and improving stakeholders' knowledge, use and access to data.

Nebraska started the process of developing state specific performance measures by reviewing NASMHPD's 32 performance indicators; the Community Mental Health Services Performance Partnership Block Grant application; the MHSIP Report Card; and a variety of other related material. At the January 10, 2000, Nebraska MHSIP Steering Committee meeting, the participants took the time to brainstorm recommended performance measures. Over 90 performance measures were suggested covering themes such as consumer driven outcomes; structure/plan management; access to services; strength-based services; continuous quality improvement; and competent staff. This work will be refined further with the April and July 2000 meetings of the MHSIP Steering Committee.

Each indicator proposed for inclusion in Nebraska's behavioral health performance indicator package was measured against standard criteria including purpose; connection to the State's mission; confluence with national efforts; collection feasibility; burden in developing and sustaining; utility; method of verifying accuracy; and accessibility to end users.

Nebraska is also implementing the 21-item MHSIP Consumer Survey with several additional questions. In the first full quarter of implementation, a total of 1,500 surveys were distributed and 285 returned for a response rate of 19%. The surveys were completed privately by consumers, and returned via postage paid envelopes addressed to the Director of the Nebraska Department of Health and Human Services. The two questions added were "My provider treated me with dignity and respect" and "The services provided included my cultural/ethnic specific values/beliefs/attitudes."

An additional question regarding the consumer's participation in treatment planning is being proposed for addition to the MHSIP surveys to be sent out in April - June, 2000.

Jim Harvey, Nebraska

West Virginia

A common approach to cost finding and rate setting is being developed. Included in the approach is a Uniform Accounting and Financial Reporting Manual. This manual will contain a standardized chart of accounts which will be incorporated into uniform financial statements. Service definitions are being developed for the reporting of service data by grantees.

A key performance indicator system is being developed. The indicators have been piloted at one grantee site and other grantees

are experimenting with their development. The indicators are being developed within the Malcolm Baldrige Health Care Criteria for Performance Excellence framework and will be integrated into a strategic planning process by grantees.

Development of a client-oriented outcome reporting software for internal use by grantees is being piloted at five sites. The software will graphically depict changes in the level of functioning using scores from assessment instruments required under the New Directions Program.

A strategic planning training module has been completed and tested at one grantee site. This module uses the Health Care Criteria for Performance Excellence for self-evaluation and the completion of a plan of operations. Training on the module has been expanded to eight additional grantee sites.

Jim Elzey, West Virginia

Decision Support 2000+

In the May 1999 issue of MHSIP Updates, we described the preliminary work to develop DS2000+. We have now completed case studies of several exemplary public and private sector sites, and have developed a draft requirements analysis for the new system. The requirements analysis is posted on the MHSIP website (www.mhsip.org).

DS2000+ supports the public health model by facilitating collection, analysis, and recording of mental health data from population characteristics through the effects of services. We have received input from numerous groups in the development of this system, including Abt Associates, the Mental Health Statistics Improvement Program (MHSIP), the National Association of State Mental Health Program Directors Research Institute (NRI), and a broad range of stakeholder groups, such as consumers, family members, payers, managed care entities, government representatives, advocacy organizations, providers, researchers, and experts in mental health records and information system technology.

You should find it useful to put DS2000+ in context by reading the background paper by Cecil Wurster on MHSIP's data standards work. This paper, entitled "A View From the Desert, is accessible through the link on the MHSIP homepage.

We are asking for your help in making DS2000+ fully ready for implementation. We would greatly appreciate your review of the draft requirements analysis document and your feedback on the information system and its components. Specifically, we would like your comments on the minimum data sets, the methods to ensure privacy and confidentiality, and the various technological options. Please give us your suggestions for those areas that need more work, and tell us about other issues we may have missed. You may fax your comments to my attention at 301 443-7926 or contact me at 301 443-3343..

We will also feature DS2000+ in several sessions at the upcoming National Conference on Mental Health Statistics. We will present a "DS2000+ Basics" session in a pre-conference workshop session on May 30, and will present an overview of DS2000+ in a plenary session on May 31, followed by a block of 5 breakout sessions on different components of the system. We look forward to your participation.

Marilyn Henderson, SAB/CMHS

CONSUMER ISSUES

The MHSIP and CABHS Integrated Consumer Survey

In 1998, the National Committee on Quality Assurance (NCQA) convened an expert committee to evaluate two selected national behavioral health care consumer surveys, the Mental Health Statistics Improvement Program (MHSIP) Consumer Survey and the Consumer Assessment of Behavioral Health Survey (CABHS) for integration into a single consumer survey instrument. Each instrument has received extensive input from the public and private sectors in the behavioral health care field, respectively. The integrated survey will be considered for adopting as NCQA standardized measures for use in behavioral health plans and services. Both of these surveys have utilized input from researchers, policy makers, and consumers, and both assess consumer perceptions across the domains of access to treatment, quality or appropriateness of treatment, and global evaluations of the health plan and treatment. The surveys differ somewhat in emphasis, structure, and design.

Ronald W. Manderscheid, Ph.D.

CMHS MHSIP Consumer Survey

The MHSIP Consumer Survey, which is a component of the MHSIP Consumer-Oriented Report Card, has been adopted for use by numerous groups since its release in 1996. However, over the years, a number of different versions have been developed and a variety of methods have been used in its implementation. The MHSIP Advisory Group has undertaken the task of developing and disseminating guidelines for the use of the current release of the survey.

A workgroup comprised of representatives of consumer and family organizations, state mental health authorities, the Center for Mental Health Services and the NASMHPD Research Institute, met in February to review the results of analysis on the survey's psychometric properties, as well as recommendations from various groups that have implemented the survey.

Workgroup recommendations include the identification of a specific set of items that will comprise the "official version" of the current survey, as well as key methodological issues that should be incorporated during implementation. This information will be posted on the MHSIP Website in the near future. Revision of the full version of the Consumer Oriented Report Card, utilizing "lessons learned" from the numerous implementation sites across the states, is expected to begin later this year.

Cindy Hopkins & Mary Smith, Co-Chairs
MHSIP Consumer Survey Committee

16-State Indicator Pilot Project

The State Indicator Pilot project is a collaboration between the CMHS Survey and Analysis Branch and the CMHS State Planning and Systems Development Branch. The purpose of the project is to pilot 32 selected performance indicators during a three-year grant award period. The project is currently in its second year. Much work has occurred in refining the collection and reporting of the selected performance indicators. It is anticipated that the performance indicators will be comparable across States.

The Sixteen-State Indicator Pilot Grantees continue to meet on monthly conference calls to discuss implementation of the performance indicators being piloted. Progress has been made in collecting data from most of the states on hospital penetration rates, and work is well underway to collect community data for this indicator using unduplicated counts. On the adult MHSIP consumer survey, data can now be compared for 11 of the states in the domains of access, appropriateness, outcome, and client participation in treatment. A second wave of data collection for states who have implemented consumer surveys in a second year, and work on risk adjustment for survey subgroups is now being addressed. Consumer surveys for children using the MHSIP Consumer survey as a foundation have been developed by the children's consumer survey group. Parents and adolescent surveys will be piloted this spring in a few states.

Data are being collected by the states for the indicators, 'contact within 7 days following hospital discharge,' and 'readmissions to hospitals within 30 and 180 days.' Also, a pilot for a cost mode to assess cost by clients in four treatment areas in being initiated in 5 states.

Workgroup committees continue to work on indicators for linking consumers to primary health services, refining an indicator on mortality rates, and addressing indicators on the degree of involvement in the criminal justice system, level of functioning, recovery, degree of involvement of stakeholders in policy and planning, and employment. These efforts and others will be further developed in a face-to-face meeting in the summer. Presentations will be made at the National Conference on Mental Health Statistics (May 30th) and the Block Grant Planning Conference later in the summer.

Olinda González, Ph.D.
Survey and Analysis Branch

MHSIP Website

To facilitate sharing information about the development of data standards for mental health, CMHS funded the development of the MHSIP website. At the www.mhsip.org website, you can: learn about MHSIP; view the online MHSIP calendar to see what events are coming up for MHSIP; read *MHSIP Updates*, current MHSIP events, and announcements; see what projects MHSIP is currently involved in, e.g., Decision Support 2000 +, and Report Card Indicators; read MHSIP State Reform and Indicator Pilot grant summaries; access the online MHSIP library for information on Decision Support 2000 +, FN-10, FN-11, Humanizing Decision Support, Enhancing MHSIP to Meet the Needs of Children, Report Card Toolkit, and more; learn the history of MHSIP, the Policy Group and its operational guidelines; get a list of names and email addresses of all the Regional Users Groups members in the MHSIP Users Group section. You can join the indicators listserv at www.mhsip.org/indicators.html.

In recent months, the website has had a lot of visitors. For example during the month of April, 2000, there were 40,015 or an average of 1,334 requests per day, and 7,902 page requests or an

average of 263 pages per day. Wednesdays were the busiest for the month (6,882) requests and our busiest time was 2pm (4,572 requests).

The major Internet domains that frequent the MHSIP website include USA commercial (.com), networks (.net), United States (.us), USA Educational (.edu), Non-Profit Organizations (.org), Canada (.ca), USA Government (.gov), the Netherlands (.nl), the United Kingdom (.uk), Australia (.au), USA Military (.mil), Malaysia (.my), South Africa (.za), Japan (.jp), Spain (.es).

The most visited directory on our website is the newly added "Decision Support 2000+".

For inquiries about the MHSIP website, contact:

Victor J. Ingurgio, Ph.D.
Oklahoma DMH&SA
Services-Evaluation and Data Analysis
email: vingurgio@odmhsas.org

NEW PUBLICATIONS

Survey and Analysis Branch Documents

Integration of Mental Health and Primary Care: A Technical Assistance Note, March 2000

Survey of State Consumer Surveys, February 2000

Structuring Approaches and Legal Issues for Provider-Sponsored Managed Care Networks for Mental Health and Substance Abuse Treatment Services, September 1999

Mental Health, United States, 1998

Risk Adjustment for Mental Health and Substance Abuse. February 1999

Fitting the Pieces Together: Building Outcome Accountability in Child Mental Health and Child Welfare Systems, October 1998

Facing our Future Together: Policy Perspectives on Behavioral Health Care, September 1998

Psychosocial Rehabilitation in a Managed-Care World - 1, Winter 1999

Psychosocial Rehabilitation in a Managed-Care World - 2, Spring 1999

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CALENDAR OF EVENTS

18th National Conference on Health Promotion and Public Health Education
May 16-19, 2000, Denver, CO
<http://www.sophe.org>

National Conference on Mental Health Statistics
May 30-June 2, 2000, Washington, DC
(301) 443-3343

The Second National Summit of Mental Health Consumers and Survivors
June 6, 2000, Washington, DC
(800) 553-4539, ext 297

Training Institutes-Developing Local Systems of Care for Children and Adolescents with Emotional Disturbances and their Families: Improving Policy and Practice
June 9-13, 2000, New Orleans, LA
(202) 687-5000

Behavioral Healthcare Tomorrow 2000
September 24-27, 2000, Washington, DC
Institute for Behavioral Healthcare
(650) 851-8411

Information Technology Institute - How to Leverage Your Technology Investment
October 5-6, 2000, San Francisco, CA
Open Minds
(717) 334-1329

Southern Regional Conference on Mental Health Statistics
November 5-8, 2000, San Antonio, TX
(515) 244-7181
dwestvold@iowacounties.org

American Public Health Association
128th Annual Meeting and Exposition
Boston, MA
November 12-16, 2000
(202) 777-2742

CREDITS

MHSIP Updates is prepared periodically by members of the Policy Group for the Mental Health Statistics Improvement Program to inform those interested in the mission of MHSIP about recent events, actions, and new directions for MHSIP. The mission of MHSIP is to enhance decision support systems that are focused on meeting the needs of persons with mental disorders. The MHSIP pursues this mission in the spirit of voluntary collaboration and cooperation through the development of data standards; the promotion of integrated data bases; and the encouragement of more effective utilization of data for research, management, and public policy.

MHSIP Policy Group Members: Steve Davis, Ph.D., Chair; Vijay Ganju, Ph.D., Past Chair; Neal Adams, M.D., (CA); Paolo del Vecchio, (CMHS); Elizabeth Edgar, (NAMI); Olinda Gonzalez, Ph.D., (CMHS); Cynthia Hopkins, (TX); Randy Koch, Ph.D., (VA); Ronald W. Manderscheid, Ph.D., (CMHS); Ruth Ralph, Ph.D. (ME); Mary Smith, Ph.D., (IL); Peter Steinmann, (NV); Leslie Tremaine, Ed.D., (LA); Ronald Tremper, (RI). The non-voting members are Ted Lutterman, (NASMHPD RI); Cecil Wurster, (Consultant).

The Division of State and Community Systems Development, CMHS, Joyce T. Berry, Ph.D., Director, continues to provide financial support for the MHSIP Policy Group, with primary liaison by Ronald W. Manderscheid, Ph.D. The Policy Group welcomes your questions, comments, and suggestions.

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