

# WSDSG

Western States Decision Support Group

*The western user group for the national Mental Health Statistics Improvement Program is sponsored by the Center for Mental Health Statistics, SAMHSA*

Meeting Minutes  
March 17, 2006

The regular meeting of the WSDSG was called to order at 9:00 a.m. in Burbank, California by Don Corbridge, Chair. Those present included:

## **State Representatives**

Paul Kaiser, Alaska  
Stephanie Oprendek, California  
Kyle Hughes, Colorado  
Philippe Gross, Hawaii  
Don Corbridge, Idaho  
Bobbi Renner, Montana  
Carol Thomas, New Mexico  
Kevin Crowe, Nevada  
Jennifer Seale, South Dakota  
Can Du, Washington

## **Presenters and Others**

Christine Beck, CA Dept. of Mental Health  
Jennifer Taylor, CA Dept. of Mental Health  
Mischa Matsunami, CA Dept. of Mental Health  
Tom Wilson, CA Dept. of Mental Health  
Olinda Gonzalez, CMHS Project Officer  
Jenny Shaw, WICHE  
Courtney Kirk, Magna Systems

## **Consumer Representatives**

Carmen Lee, California  
Randy Hack, Hawaii

## **Friday, March 17, 2006**

### **Call to order, introductions, announcements**

*Don Corbridge, Idaho Dept. of Health and Welfare, WSDSG Chair*

### **Consumer Update/Welcome new consumer**

*Carmen Lee.* Emphasis in California right now is on anti-stigma programs. The state has been doing PSA announcements, though not what Carmen would suggest. She would like to see more of a 'human face' on mental illness announcements, i.e. meeting people, etc. PSA's get out to a lot of people via media, but not in face to face contact. Bobbie suggested that people going out to schools would be a good thing. Some famous people are 'coming out' with mental illness publicity. Carmen is looking for someone to train to take over her position at some point in the not-so-near future.

*Randy Hack.* Randy is the consumer advisor for the adult mental health division in Hawaii. He works with clients who have grievances. There are currently 9,000-10,000 adults being served by the adult mental health division. Some problems he is trying to help people work through: employment -- is a huge issue, consumers finding jobs that are appropriate to their education; many consumers do not have internet service; homelessness -- homes are very expensive and scarce.

## California IT Meeting discussion – round robin

*Co-Occurring Disorders* - Don liked the presentation on co-occurring disorders. His state does not track substance abuse and mental health treatment the same. Montana finds the same issue, according to Bobbi. It generally could be considered a 'stigma' issue. There is a co-sig Federal program to integrate a data tracking system between S.A. and M.H. Seven states are working with it. New Mexico is a pilot co-sig state and it has not gotten off the ground yet because they cannot get approval from OMB. The coming together of S.A. and M.H. seems to go through ebb and tide flows throughout the years, and seems to be politically driven. South Dakota has built a system with M.H. and S.A. together, which allows the providers to share information, if the patient allows. It's new and still has a lot of 'bugs' but is promising for the future in finding out more about co-occurring disorders.

*EHR/PHR (electronic health record/personal health record) Data management systems* - CA is going to create a matrix of information on the data management vendors that fall under their standards, for everyone to be able to view. Stephanie hopes it will be done by spring 2007. Philippe suggested having these vendors rated by those who have used their systems. Because CA has money to do a lot of this, they may be able to 'trail blaze' for other states who can adapt at a cheaper option. CA has \$175 million to roll out this program.

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### Steering Committee Meeting:

#### Next Meeting

It was decided to meet in Rapids City, South Dakota, tentative date of August 10<sup>th</sup>-12<sup>th</sup>. Olinda reminded everyone that this is a WICHE sponsored meeting, and as such, needs to be approved by her new supervisors.

Agenda items discussed -

- EPB and SMI – how states are reporting
  - Rural recruitment activities/workforce
  - SD Consumers/NAMI report card
  - SD SA and MH relationship (co-occurring)
  - BRFSS
  - WSDSG By-laws
  - Kevin's report/comparisons
  - CMHS/policy update
  - DS2K+
  - Telemedicine
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## **How Nevada Stacks Up: National and Regional Comparisons of Nevada's Public Mental Health System**

*Kevin Crowe – Nevada Division of Mental Health and Developmental Services*

<http://www.mhds.state.nv.us>

This report was presented to the group to see if anyone has any problems with this publication, and possible suggestions for the future. Bobbi suggested a prior agreement; and outline of the differences in the data. As has been discussed in the past, this needs to be a project within the group before it is published. Cat suggested everyone look at the report and discuss it at the next meeting. Philippe suggested doing the comparison with counties, not states. Stephanie thinks the report is 'dangerous.' She, nor anyone from outside of Nevada will probably use it, so she really does not have a problem with it being out there. Nevertheless, it reinforces her opinion of the URS tables and comparisons in general. Philippe thinks that trying to compare is a waste of time. Less information is better. URS tables are not used – the data is used in various ways.

### **WSDSG project**

*Philippe Gross, Hawaii*

(handouts)

Philippe briefly went over the handouts on state comparisons between AZ, CA, HI, NM penetration rates for consumers with a diagnosis of bipolar mood disorders, depressive disorders and schizophrenia between the states of AZ, CA, HI, MT, NM, WA, and WY. We have to keep in mind the reasons of WHY there are different pictures for each state.

### **CMHS Update/Future of DIG**

*Olinda Gonzales, Center for Mental Health Services.*

Olinda discussed that since Ron Manderscheid has left, she has to get all future meetings approved by the acting director. Therefore, the August meeting is not confirmed. Olinda's supervisors are re-assessing, but she is under the impression that they understand the importance of these meetings. DIG grant is continuing into Sept. 29, 2007. Do not know about further funding. DIG annual meeting was very helpful in getting the importance of these groups across to the 'powers that be.' March 15<sup>th</sup> was deadline for DIG applications. Carryovers need to be approved. Appropriation in yr 3 of the grant to have another CDC partnership – ½ as much money as before, about 35 states will be funded. PHQ8 will end in October. If this goes through, we will begin working on K6. CDC would like to alternate every other year with K6 and PHQ8. The question was raised: Can we re-direct DIG money if we do not get the grant, to incorporate K6? Change-measure issue needs to be addressed on the DIG. Government Agency Performance Reports (GPRA) are NOMS but will not be collected the same way. Accountability and Performance are the new 'buzz words' and high priority,

from the Feds. National conference will focus on consumer and family driven care and integrating with the system.

## **State Reports**

Alaska: *Paul Kaiser.*

Hard to get a picture of what's going on in the State because Native American areas use their own reporting system. Providers are having continued difficulties retaining staff. Difficulties administrating grants. Governor will announce soon if he is going to run again for office - there could be many changes if he does not. Trying to gather data from the state hospital and integrate with our statewide data.

California: *Stephanie Oprende*

Statewide web cast training to increase data quality; adding elements to statewide data system. (handout)

Colorado: *Kyle Hughes*

We are currently dealing with a couple of budgetary issues. Taxpayer biller rights have been suspended. We have yet to see if that brings any money to mental health. A bill passed that allows cities to create their own tax district for mental health. We are trying to collect EBPs through our collection system. Most recently, as of March 1, Drug and Alcohol and Mental Health divisions have been 'somewhat' combined. Waiting to see what that brings, we are hoping there will be more sharing of data.

Hawaii: *Philippe Gross*

We have moved from being last in NAMI to the 15<sup>th</sup>; our state received an "A" for recovery reports. We have a yearly conference to bring providers together to discuss EBPs. Consumer recovery guide is ready to print - 9,000 copies to be distributed as simultaneously as possible. Available now on the web. We are looking for an inexpensive way for files to be encrypted and brought back and forth. Open to suggestions for that.

Idaho: *Don Corbridge*

There are 4 projects we are working on right now. My long-term goal is having a better system - hope to start after July 1 on that. Trying to get money and use NetSmart system for mental health, which would bring mental health and state hospital data together.

Montana: Bobbi Renner

Our energy seems to be picking up lately, which is a nice switch! We control the mental health piece of Medicaid. We have submitted a plan to work w/WICHE to look at Workforce retention and a proposal for peer-run services. Trainings and meetings going on throughout the state regarding co-occurring. Co-occurring is the "table where everything else fits."

Nevada: Kevin Crow

Provider serviced state, through about 1,500 employees, 2 hospitals, with a new one to be open in Las Vegas. Biggest problem is emergency room overcrowding. Difficulty recruiting people to work in the hospitals -- having a hard time getting people to come and stay in rural areas. Our budget had been doubled in the last 3 years. We do web-based surveys for consumer surveys. BATA is joining the mental health division. We will have telemedicine available in every rural facility. Recruiting 500 new employees.

New Mexico: Cat Gravel

New Mexico is in their 9th month of contracting with ValueOptions-New Mexico (VO), the statewide entity managing New Mexico's Interagency Behavioral Health Purchasing Collaborative's behavioral health service delivery system. New Mexico is in the process of negotiating the year 2 contract with VO. In year 2 (FY07), the NM Department of Health (DOH), Behavioral Health Services Division (BHSD) is anticipating including numerous grants and other funding such as Prevention services and Forensics in VO's FY07 contract. New Mexico is also one of the states to receive the Mental Health Transformation Grant and is working closely with VO in the implementation of the goals and objectives for the grant.

BHSD has also recently hired a new Data Infrastructure Grant (DIG) Project Manager, Theta Nyein. BHSD has been without a DIG Project Manager for the past year and a half. New Mexico is proposing to use some of the DIG funds to help support the joint Consumer Satisfaction Project (CSP)/MHSIP survey which combines the efforts of the DOH/BHSD, the Human Services Department's Medical Assistance Division (Medicaid) and the Children, Youth and Families Department. The CSP Project Team is also working closely with VO in the implementation of this survey.

South Dakota: Jennifer Seale

We have a new MIS system that we share with the division of substance abuse - collects data, as well as our billing system. Having some problems getting reports out of the system.

Washington: Can Du

New director in January, he believes in data driven decisions. Assessing the identities of EBPs with providers. Will be able to report hopefully in December of this year. Consumer outcome system is another data project.

*Meeting adjourned*