

# 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

November 17-19, 2005

The regular meeting of the WSDSG was called to order at 1:00 Santa Fe, New Mexico by Philippe Gross, Chair. Those present included:

## **State Representatives**

Paul Kaiser, Alaska  
Hannah Wright, Arizona  
Stephanie Oprendek, California  
Philippe Gross, Hawaii  
Don Corbridge, Idaho  
Bobbi Renner, Montana  
Carol Thomas, New Mexico  
Judy Hall, Washington

## **Consumer Representatives**

Carmen Lee, California

## **Presenters and Others**

Karen Meador, New Mexico Dept. of Health  
Beverly Harris, New Mexico Dept. of Health  
Leslie Tremaine, NM Human Services Dept.  
Nicholas Ossorgin, NM Behavioral Health Svcs.  
Olivia Ridgeway, NM Human Services Dept.  
Olinda Gonzalez, CMHS Project Officer  
Davitta Ealy, Magna Systems  
Jenny Shaw, WICHE  
Mimi Bradley, WICHE  
Hugh McDonnell, Abt Associates (via phone)

## ***Thursday, November 17, 2005***

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

*Philippe Gross, Mental Health Services Research and Evaluation Center, University of Hawaii, WSDSG Chair*

### **Consumer update**

*Carmen Lee Prop 63 voted a year ago November. \$450 million initially into mental health and growing. \$4.9 million for the county that Carmen lives in. We are outlining what we want and foresee for mental health. Refined services and hopefully expansion as the dollars come in. Carmen continues to conduct anti-stigma presentation throughout the San Francisco area (e.g. police depts., suicide coalitions, schools, paramedics, etc.) Philippe expressed interest in results of a formal evaluation of the Anti-Stigma campaign for a future project for the WSDSG. Olinda stated that they may be getting funds through the DIG program to ask further questions to identify persons with SMI and questions regarding stigma. This could indicate which counties have more people experiencing stigma. Olinda has proposed questions, but they are still in the preliminary states at this point. Philippe read proposed questions: tx can help people lead normal lives. People are generally sympathetic to those with mental illness. CDC - BRFSS - each state carries out this survey. Combining MH and SA and turning it into behavioral health? Do people who are looking for help know what the term 'behavioral help' means? Do providers even know what it means? Carmen should take it to her consumer group and ask them. "Recovery is becoming a buzz word without a lot of meaning behind it. Medicare Part D? Judy stated that it sounds like they are between a "rock and*

a hard place". Providers need training. Good training comes from the word of mouth of consumers. Share any 'user friendly' material with group.

### **State updates:**

Arizona: *Hannah Lucas Wright, Arizona Dept. of Health Services*

(Powerpoint)

How does DIG work with everything else? All the states here have a DIG grant.

How do URS tables affect DIG? Creates infrastructure to report the URS tables.

Good to bring up the fact the new people need training!

New Mexico: *Cat Gravel, New Mexico Dept. of Health*

Get handouts electronically.

BH purchasing collaborative. ValueOptions is the contractor who got the contract to manage all the BH services in NM. ValueOptions NM Consumer Newsletter.

High school video crews.

URS Tables. BHSD gets the block grant with CFYD. State Hospital is separate.

BRFSS – haven't done much with it because the epidemiological division is going to incorporate the questions into their survey that goes out in January.

California: *Stephanie Oprende, California Dept. of Mental health*

Powerpoint

Don't have access to state hospital data.

Montana: *Bobbie Renner, Mental Health Services Bureau*

Handout

Table 6 – discharge is not a good one – junk data.

Workgroup on Scope of Reporting.

- ❑ A sample on the different populations that are being reported
- ❑ Eligibility assessment?
  - How many receive only 1 service? vs. ongoing service
  - How reliable is this data?

It was discussed that possibly Ted Letterman could come to the next meeting and do a state/regional comparison.

*Meeting Adjourned*

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## **Steering Committee Meeting: Elections**

*Chair – Don Corbridge*

*Vice chair – Stephanie Oprendeck*

*Steering committee – Hannah Lucas (AZ); Stephanie Oprendeck (CA); Philippe Gross (HI); Don Corbridge (ID); Kevin Crowe (NV); Jennifer Seale (SD); Carmen Lee (Consumer); Judy Hall (Policy); Jenny Shaw (WICHE); Olinda Gonzalez (CMHS)*

## **Next meeting**

The next meeting will be held in conjunction with the California Information Management Meeting, to be held March 14<sup>th</sup> – 16<sup>th</sup>; WSDSG meeting will be held on Friday, Marcy 17<sup>th</sup>. Steering committee meeting will be the evening of the 15<sup>th</sup>. DIG will pay for IT meeting registration and 2 nights of lodging. Stephanie will work with Magna systems to set up registration process.

## **Consumer Representative Applications**

Decision needs to be made by January 6<sup>th</sup>, so the new consumer representative can make plans to come to the March meeting. Shela and Carmen are both leaning towards different people. A vote will go out to the steering committee.

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## ***Friday November 18, 2005***

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

*Philippe Gross, Mental Health Services Research and Evaluation Center, University of Hawaii,  
WSDSG Chair*

### **Welcome**

*Karen Meador, Director, New Mexico Dept. of Health*

The New Mexico Behavioral Health Collaborative (powerpoint)

- ❑ Objectives
- ❑ Imperative: Change
  - Needs and gap report (on web site)
- ❑ Operating principles
- ❑ Key legislation and executive directives
- ❑ VISION: quality BH Care promotes recovery for all
  - Consumers get served; providers get paid; data gets collected
- ❑ Collaborative: beyond the RFP
- ❑ Collaborative: membership
- ❑ Collaborative: structure
- ❑ Transition/implementation goals
- ❑ Implementation process
- ❑ Phase one priorities

- ❑ Beyond phase one
- ❑ Challenges
- ❑ Opportunities through collaboration
- ❑ Collaborative: structure
- ❑ Oversight cross-agency team
- ❑ Bhd
- ❑ Bhsd mission
- ❑ Bhsd structure and functions
- ❑ New Mexico Mental Health Transformation Grant
- ❑ Objectives
- ❑ Staffing
- ❑ Other elements

The New Mexico Consumer Satisfaction Project (powerpoint)

- ❑ Introduction
- ❑ Purpose/ goal
- ❑ Consumer driven
- ❑ Methodology
- ❑ Survey instrument
- ❑ Population
- ❑ Implementation
- ❑ Analysis
- ❑ How data is analyzed
- ❑ What are scales

**DS2K+**

*Hugh McDonnell, Abt Associates*

Updated tools on line

WICHE will be doing SD, MT and WY surveys

Working w/work groups - one MHSIP group; URS data; outcomes measurement work group

Contract w/CMHS to add recovery instruments to online survey; ROSIE

Working w/CMHS to pull together electronic health records

**Policy group update**

*Judy Hall, Washington Dept. of Social & Health Services*

MHSIP has been funded through FY06

MHSIP policy group met in late Sept. in DC; going forward to look for partnership w/DS2K; quality report is out; talked about sending out the quality report to a broader group; looking for people interested in piloting the report card

## **Change Measures**

*Stephanie Oprendeck, California Dept. of Mental Health*

(Powerpoint)

- ❑ Sense of where we are headed is better than what we have now
- ❑ Who? What? Where? Why? How?
- ❑ Measurement approaches: timing
- ❑ Criteria for the key event tracking method
  - Number of days in the last 12 months OR
  - Counts/numbers that are cumulative over time e.g. arrests pre & post AND
  - ON/OFF switching status as it occurs
- ❑ Performance measurement

*Judy Hall*

- ❑ Employment
- ❑ Living situation - adults and children

## **WSDSG Project**

*Philippe Gross, University of Hawaii, Mental Health Services Research and Evaluation Center*

How do we explain the differences between states?

- ❑ Over-diagnosed
- ❑ Misdiagnosed
- ❑ Unknown or wrong diagnosis (i.e. primary docs are diagnosing)
- ❑ More specific you get, the less information available
- ❑ Males seem to be over-represented
- ❑ Females are diagnosed with mood disorders instead of schizophrenia
- ❑ Do family take care of female members at home
- ❑ Do males get into the system because of the jail system
- ❑ Over-diagnosis of African-Americans; prejudice
- ❑ Urban vs rural/frontier
- ❑ Race/ethnicity will becoming more and more 'other'

Use the poverty level as the next step.

States will send Philippe bi-polar and depression tables.

**Saturday November 19, 2005**

### **CMHS update**

*Olinda Gonzalez, Center for Mental Health Services*

- Transformation grants
  - Data collection issues – there is an evaluation contractor
- Evaluation of measures across agencies
- Met w/Kathryn Powers to inform her about URS tables, waiting to hear what happens
- DIG annual meeting February 14, 2006
  - Block grant – number of people served is decreasing
  - Revive discussion on benchmarking
  - Implications on planning
  - Will be inviting BRFSS people
  - Hope to invite Ron Kessler
  - Grant effort asks for help w/local providers at data collection level
  - Electronic bridges
- CDC Health Risks in the United States (handout) BRFSS

Olinda reiterated that we need to encourage state representatives to come to meetings, or to send representatives. The participation has been spotty over the last few meetings. She will contact those reps who are chronically missing. Also discussed whether everyone still wants to have 3 meetings a year, with the 1 that WICHE support. General consensus is that everyone likes the 3 meetings – it's sometimes the only time to get together and discuss these issues with people outside of the state.

### **State Reports**

Hawaii: *Philippe Gross*

Hope to be out of lawsuit by Nov. of next year. DIG grant has been fantastic for us; gives a reason to the providers to supply data. Major issues: we have many data systems; it takes about 2 weeks of intensive work to un-duplicate data between 2 systems. Starting this last year, we have become a Medicaid match state. We are getting \$6-9 million.

Alaska: *Paul Kaiser*

We are working at trying to come up with logical methods for completing all of the URS tables. We have gotten many new people in the last few years. Providers are overworked, understaffed, facing additional budget cuts. One thing we might be missing in the survey is satisfaction of the providers. Minimal data set “fall-back” plan would be great. NOMs are the federal answer to that. Generally able to report on URS tables.

Idaho: Don Corbridge

We are about done with data for MHSIP. This time went better than last time; we have used our money well to collect data. New reporting system for developmental tables. High turnover with social workers throughout the state. Wages are not keeping up with inflation. Also having a problem keeping technical people, nurses and social workers. Governor's office is saying that they are changing Medicaid. Sounds like he wants to break away from the Federal standard.

*Meeting adjourned.*