



February 17, 2004

Nancy Pearce
SAMHSA Reports Clearance Officer
Room 16-105
Parklawn Building
5600 Fishers Lane
Rockville, MD 20857

Subject: Comments Regarding CMHS Block Grant Application Guidance and Instructions, FY 2005-2007

Dear Ms. Pearce:

On behalf of the National Association of State Mental Health Program Directors (NASMHPD), thank you for the opportunity to comment on SAMHSA's proposed Community Mental Health Services Block Grant Application Guidance and Instructions, FY 2005-2007 (hereinafter the "Application").

NASMHPD has long promoted the development of reliable performance measurement systems at both the federal and state levels. Through the work of the NASMHPD President's Task Force on Performance Indicators and Outcomes Measures, NASMHPD in 1997 identified a framework of performance indicators that became the basis for ongoing collaboration with the Substance Abuse and Mental Health Services Administration (SAMHSA), including several efforts to measure the feasibility of reporting on specific performance indicators, the development of a proposed Uniform Reporting System (URS), and the implementation of specific common indicators on a voluntary basis through the Data Infrastructure Grant (DIG) program, and the testing and refinement of additional measures. In November 2003, NASMHPD and the NASMHPD Research Institute, Inc. established the Steering Committee on Quality and Accountability (SCQA) to support and provide strategic direction for the development and implementation of evidence-based practices, performance measurement, and quality improvement processes in state mental health systems. Within each of these initiatives, NASMHPD is strongly committed to a federalism framework in which funding, accountability, and burden of reporting are appropriately balanced.

NASMHPD has a valued partnership with SAMHSA, and together we stand committed to achieving our objective of improving quality, outcomes, and accountability in our mental health systems. This commitment extends to the need to transform the mental health system, as recommended by the President's New Freedom Commission on Mental Health. In the context of these partnerships, NASMHPD supports the direction SAMHSA is taking the block grant program in its conversion to a Performance Partnership Grant (PPG).

NASMHPD generally approves of the new Application. As noted in the December 16, 2003 *Federal Register Notice*, there are few provisions that were unexpected. With respect to the proposed core indicators, many are derived from the set of performance indicators identified by NASMHPD through its President's Task Force in 1998 and most are part of the "developmental" set of URS indicators and, as such, are being tested in the DIG. At this time, however, we hesitate to comment on the proposed indicators in terms of their validity and feasibility given that the DIG program is still ongoing. Those states that have received grants are currently in the third year of the three-year program with the final year of data to be reported to SAMHSA in December 2004. At that time, SAMHSA and the states will conduct an evaluation of the DIG and assess the extent to which the URS achieved its objective: to help states promote comprehensive, community-based systems of care by improving accountability, increasing access, targeting resources, and continuously improving quality of care. Moreover, with this evaluation, we will learn the extent to which the state mental health agencies have the research, methodological, and data analysis capacity to report the data in a consistently reliable manner. We note that HIPAA requirements (with respect both to code sets and privacy) have made these requirements more complex. We hope that depending on the outcome of its assessment, SAMHSA, in partnership with the states, will refine the core performance indicators collaboratively.

In the meantime, we are able to offer a few comments that bear mostly on the reporting process and are unrelated to the specific indicators themselves.

First, the core indicator reporting requirements proposed in the Application should defer to the timetable agreed to by the states and SAMHSA in the DIG process. We are concerned that any inconsistency between the two is confusing and undermines the deliberative process embodied in the federal-state partnership in the DIG. For example, the block grant stipulates that the five core indicators that are included in the Office of Management and Budget (OMB) Performance Assessment Rating Tool (PART) should be reported as part of the FY 2005 Plan.* However, three of these five indicators – (1) decreased rate of readmission to state psychiatric hospitals; (2) number of persons receiving evidence-based practices (EBPs); and (3) number of EBPs provided by the state – are either developmental in the DIG or are not even part of the DIG and, therefore, have not yet been tested by the states. Our point is not to reject these indicators; we agree that they are important and they should be considered for the core performance measurement system. We urge, however, that the timetable for incorporating these indicators into the Application allow for the time it will take to test and evaluate them and follow a logical progression from the DIG process. To the extent that measures included are ones that have not been agreed to or tested, careful and considered review and use of the data will be essential. Clearly, the status of state plans cannot turn on data that has not been debugged or agreed to according to federalism principles.

Second, the Application suggests that states will be required to submit targets for the new CMHS Core Performance Indicators (p. 23). Given that most of the core indicators are still in their developmental stage, the states will not have reliable baselines from which to set targets. Accordingly, targets should not be requested for these indicators at this time.

Third, as already stated, NASMHPD and the states are deeply committed to enhancing our information systems in order to adopt a uniform data set that would help the states and the federal government more effectively measure consumer outcomes, assess quality, and inform policy-making. We must not ignore, however, that achieving this objective will require not only time, but also resources. We urge that SAMHSA in collaboration with NASMHPD conduct a reliable cost assessment of creating and sustaining the data systems the PPG will require. Such an assessment would include the costs incurred not only by the states, but also by counties and providers.

Again, NASMHPD and the states will be in a better position to provide more informed feedback regarding the Application once the DIG process has run its course and at least an interim evaluation has been conducted. Although we support the general tenor of the new Application and the direction it is heading, we urge that it explicitly recognize that its final form will be modified depending on the results of the evaluation.

At the same time SAMHSA completes the transition of the block grant into a “performance partnership,” we trust that SAMHSA will not lose sight of the broader context, and the need for transforming mental health care. Our focus on block grant performance indicators should not distract the attention of SAMHSA, the states, and others with a role in policy-making in the mental health arena from the perspective embraced by the President’s New Freedom Commission on Mental Health, namely that a significant percentage of people with mental disorders are not in or served by the state mental health system. The challenge for consumers and their families is in navigating service systems with no responsibility for or expertise in mental health care (e.g., education, housing, child welfare, vocational rehabilitation, etc.). Worse still is the predicament of many others who are not part of any health care or human services system at all (e.g., individuals who are homeless or in jail or prison). It is for this reason that the President’s Commission focused on the need to look beyond the traditional mental health system and achieve an integrated approach across systems to serve those in need.

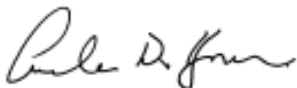
SAMHSA has clearly embraced a broad perspective, and the President’s FY 2005 budget proposal, which includes a \$44 million State Incentive Grant program to support comprehensive state mental health planning and implementation, demonstrates that it is eager to lead the way. However, the vision for the PPG and the block grant is not yet linked to the vision for transforming mental health care and implementation of the President’s Commission’s goals. We suspect this is largely a matter of timing, as the action agenda for implementing the commission recommendations is only now being finalized. Therefore, the block grant cannot yet articulate its role in helping states design and sustain a comprehensive state mental health system in the manner described by the Commission. Moreover, with the exception of the indicators measuring EBPs and social supports, the core performance indicators are the same ones that had been considered prior to the existence of the Commission. Some review in the context of the mental health transformation agenda will be needed.

We recognize that the momentum behind the PPG has been building since well before the President created the Commission and that there is an independent and appropriate need on the part of the federal

government (as well as the states) to account for outcomes that relate to block grant expenditures. We hope that in time, however, SAMHSA in partnership with the states will strive to align these initiatives. Only then will the Commission report “be formative to the planning and development of the future expectations of the Mental Health Block Grant and the development of comprehensive, community-based systems of care for individuals with serious mental illness.” (p. 9).

NASMHPD greatly applauds SAMHSA’s leadership in supporting the goals of the President’s Commission and its work in implementing the PPG in consultation with the states. SAMHSA has sought to minimize the burden placed on states by reducing the number of indicators it would require them to report, focusing on those that are relevant to policy-makers, consumers, and family members. We look forward to working together to find ways for the PPG to help our public mental health systems achieve the transformation envisioned by the Commission, at which time, our mental health care systems will make greater strides in overcoming fragmentation, leveraging resources and services across systems, promoting dialogue among all stakeholders, and expanding access to effective services and supports.

Sincerely,



Andrew D. Hyman
Director of Government Relations and
Legislative Counsel

cc: A. Kathryn Power, M.Ed.
Michael F. Hogan, Ph.D.
Robert W. Glover, Ph.D.

* Page 119 in Appendix IV of the Application accepts that “states may not have complete data for all of these indicators”, but it is unclear whether SAMHSA intends to allow this flexibility for the five OMB PART indicators.