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February 29, 2008

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Robert W. Glover, Ph.D.  
Executive Director  
NASMHPD

Summer King  
SAMHSA Reports Clearance Officer  
Room 7-1044  
One Choke Cherry Road  
Rockville, MD 20857

Dear Ms. King:

Reference: Community Mental Health Services Block Grant Application  
Guidance and Instruction, FY 2009-2011

On behalf of the National Association of State Mental Health Program Directors (NASMHPD), thank you for the opportunity to submit comments on the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS) FY 2009-2011 Mental Health Block Grant (MHBG) Guidance and Instructions, as published in the Federal Register, January 28, 2008. NASMHPD is the only national association to represent state mental health commissioners/directors and their agencies, which provide public mental health services to over 6 million people annually. The MHBG is a crucial source of flexible funding for these public mental health services and programs.

NASMHPD values its strong relationship with SAMHSA and hopes to achieve our common goals of improving quality, outcomes, and accountability in our mental health systems. We are deeply committed to achieving the transformation of the mental health system as recommended in the President's New Freedom Commission Report. NASMHPD and its members strongly believe that the new Guidance and Instructions minimizes the application and reporting requirements that were burdensome to States, while ensuring that the federal government can measure the extent to which the MHBG funding can be used to achieve the goals of mental health transformation.

NASMHPD is pleased with the changes that were made to *Table C: MHBG Funding for Transformation Activities* on page 34 of the FY 2009-2011 Guidance and Instructions. This change reduces the number of reporting categories for expenditures from 20 specific transformation activities to six transformation activities that reflect the goals of the President's New Freedom Commission on Mental Health. This reduction sufficiently addresses our members' concerns about the significant cost and time required to accurately comply with the prior version of the table, as well as the incompatibility of state financial reporting systems with the earlier table.

In terms of Table C, however, NASMHPD does suggest changing the wording in Goal 5 of Table C. Specifically, we request that the language be changed from “research is accelerated” to “program evaluation is accelerated” since this wording more accurately reflects the boundaries of SAMHSA’s authority.

In addition, NASMHPD commends SAMHSA for providing clarification by reorganizing and consolidating several sections of the Guidance and Application. Examples of this clarification include: the clear and specific guidance regarding how States can calculate the National Outcome Measures (NOMS) that are related to mental health; the elimination of the requirement that States complete a Reporting Capacity Checklist when submitting data to the State Data Infrastructure Coordinating Center, and the ability for States to refer to other sections of the application in order to reduce redundancy.

NASMHPD is also pleased with the decision to eliminate the requirement that all States complete Table 18 of the Uniform Reporting System (URS) tables. We believe that this table, which would produce a profile of adults with schizophrenia receiving new generation medications, serves a limited purpose. While this type of data may be important in the future, NASMHPD does not believe it is critical in the transformation of public mental health systems.

NASMHPD would appreciate clarification regarding the difference between *State Transformation Outcome Measure* in Part C, III(B)(2) versus the *National Outcome Measures and Other Performance Indicators* in Part C, III(B)(1).

Finally, there is a consensus among states that the September 1 deadline for submitting state plans should be changed to coincide with the December 1 deadline for submitting state data regarding services provided during the previous fiscal year. Currently, the September 1 deadline does not provide adequate time for states to compile and utilize data from the preceding fiscal year to develop their plan. With a December 1 deadline change, states could both submit the data from the previous fiscal year and analyze the implications of this information in their planning efforts. We are aware that the deadlines are set in existing statute and cannot be changed in this regulation. Nevertheless, we urge SAMHSA to suggest this change as Congress considers changes to the authorizing legislation.

Again, thank you for the opportunity to comment on the FY 2009-2011 MHBG Guidance and Instructions. We look forward to working with SAMHSA in the future to determine steps that should be taken to improve the public mental health system.

Sincerely yours,



Robert W. Glover, PhD  
Executive Director