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**National Association
of Mental Health
Planning and
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The National Association of Mental Health Planning and Advisory Councils (NAMHPAC) supports the proposal to form a performance partnership between the States and the federal government. This proposal is consistent with the intention of the mental health block grant: to stimulate the creation of creative and cost-effective systems of community-based care for adults with severe mental illness and children with serious emotional disturbance. The central focus of the performance partnership initiative on developing a Continuous Quality Improvement framework for monitoring and improving the mental health system provides an opportunity for mental health planning councils to evolve into the role initially envisioned for planning councils.

Through the performance partnership process, planning councils can be afforded the opportunity to have their functions of reviewing and making recommendations on the state mental health plan; serving in an advocacy role; and monitoring, reviewing, and evaluating mental health services in the State, strengthened. Planning councils should be included, in partnership with the States, in developing the Continuous Quality Improvement model within their State, and must be integrally involved in identifying targets and benchmarks for CQI activities related to moving the State mental health system forward.

In moving to a performance partnership model, rapid implementation of the developmental measures is essential and must occur as quickly as possible. These measures speak directly to access to services and to outcomes for consumers based on real issues such as housing status and criminalization of mental illness. Further, the information contained in the developmental measures, along with the data from the basic measures, forms the vehicle through which planning councils will become viable and effective entities in their monitoring, reviewing, and evaluating roles. Data from the measures also provides a platform that will allow planning councils to be effective in their mandated role to advocate for persons with mental illness or emotional disturbance.

In order to effectively realize the vision of an effective partnership between the States and the federal government, the federal government must allocate sufficient resources to enable a successful partnership. Specifically, additional federal funding for development of State infrastructures capable of capturing and reporting data related to the basic and developmental measures is essential. Funding is also imperative to allow for the training of planning councils and other stakeholder groups to develop the knowledge to effectively partner with States in developing comprehensive models of Continuous Quality Improvement and in formulating strategies to advance the community-based system of mental health care.

Overall, NAMHPAC strongly recommends the following steps, as outlined above and in our general comments.

- Implement the developmental measures as quickly as possible, since they represent outcomes that are meaningful for consumers.
- Provide additional funding for States to develop the infrastructure to capture developmental measures data.
- Provide additional funding for training planning councils and other stakeholders in understanding and using data.
- Require that planning councils serve as active participants in establishing and reviewing quality improvement targets.
- Allocate funds to support the operation of planning councils.
- Require States to use new funds to develop new and innovative services, and to implement evidence-based practices.
- Require reporting of the previous year's implementation data in the upcoming year's block grant application.

General

1. *Please comment, if you care to, in general about the benefits and challenges of converting to performance partnerships.*

- Changing to a performance partnership model has the potential to allow states to focus more creatively on their system of care, by allowing the states to identify goals and objectives that are relevant to the needs and issues within the state. The elimination of penalties is also a positive move, in that application of penalties would only result in a loss of services in the state, which is not beneficial to consumers. The National Association of Mental Health Planning and Advisory Councils (NAMHPAC) strongly approves the intention that “the new partnership will be built on incentives to improve services rather than on penalties for non-compliance.”
- The role of planning councils in the new performance partnership model needs to be expanded and clearly delineated. Planning councils, because of

their federal mandate to “monitor, review, and evaluate ...the allocation and adequacy of mental health services within the State”, are ideally positioned to participate in a Continuous Quality Improvement (CQI) model and should participate in establishing and reviewing quality improvement targets. This participation should be encouraged in the legislation.

- Funds should be made available to allow planning councils to be actively involved in CQI activities such as establishing targets and benchmarks, and in reviewing ongoing efforts to improve services and end fragmentation in the mental health system.
- In preparing for an enhanced role for planning councils, as well as other stakeholders such as local and State level NAMI, NAMPHPAC, Federation of Families, and NMHA affiliates, understanding and using the types of data that will be reported will be essential. Funding should be included to provide technical assistance and training regarding data, as well as other issues of importance, to planning councils and other stakeholder groups.
- A portion of funds allocated to the State should be set aside to fund the operation of the State mental health planning council, and these funds should pass to the council and be under the administrative purview of the council. Currently, several States receive funds from the State agency that are under the council’s control. These funds would have the specific purpose of funding the operation of the council, rather than being directed toward services. These funds would also be excluded from consideration as part of the five per cent administrative set-aside. Funds sufficient for planning councils to fulfill their missions should be allocated. Such funds would be used to support the following activities of the planning council, as allowed by State regulation: transportation, lodging, respite care, per diem, honoraria, dues to the national organization, staff leadership, administrative support, printing, communication, necessary equipment including computers, and any other items or services necessary to fulfill the mission of the planning council.

What areas of greater flexibility are needed in the administration of the CMHS BG and what measures of accountability are needed in the performance of the program and for the overall community based system of care?

- NAMHPAC endorses elimination of the statutory peer review requirement, since it is redundant to other review requirements.
- NAMHPAC endorses eliminations of penalties for lack of 100% implementation of block grant plans, contingent on assurance that block grant funds are spent in accordance with statutory and contractual limitations.
- The proposed plan appears to allow for ample flexibility and it does not appear that greater flexibility is needed.

2. *Please comment on the use of a “continuous quality improvement” model instead of a penalty structure?*

- A CQI model has the potential to allow the states to focus on development of their system of care, rather than on “paper compliance” with the block grant requirements. Improving a system requires identification of areas of need and gaps in services, which states may be loathe to do if reporting those gaps and needs falls within an area that would reflect non-compliance with the federal criteria. Further, non-compliance can lead to financial penalties that only result in a loss of funds that could have been used for services, producing an undesirable result.
- Stakeholder involvement must be assured when implementing a “continuous quality improvement” model. Stakeholders, including mental health planning councils, should be involved in establishing performance targets and in monitoring outcomes. These activities should be directed toward the goal of improving the system of mental health care.

Operationalization

1. *Please comment about the continuation of the flexibility in the use of funds under the program for carrying out the mental health plan, to evaluate programs and to administer the program.*

- Flexibility in use of funds is desirable within certain parameters. States should be required to use a portion of new funds to develop new and innovative services, and in the implementation of evidence-based practices. Flexibility is reflected through allowing states to identify what practices to implement based on the needs within their state.

3. *SAMHSA is proposing new element for the mental health plan. Please comment about these elements and make recommendations for their improvement.*

- SAMHSA is proposing that the block grant format be revised to include three sections, including a
 - i. System of services section (based on the current five criteria: see below),
 - ii. Performance data (presentation and analysis of basic measures all States must provide), and
 - iii. Specific objectives and targets-based on data from section ii. States may propose goals outside of the basic measures for approval of the Secretary
- The proposed structure of the block grant plan would enhance the reporting of data about system performance. However, the focus should change from an emphasis on the block grant application to the implementation report. Since the mental health block grant is a formula grant, the application for funds should be a routine process in which the state submits sufficient information

about its mental health system, which can be based on the five criteria, and provides specific goals and objectives based on current performance and upon planned changes to improve performance. These goals and objectives should be developed in concert with the planning council.

- The block grant review process should allow for a focus not only on the plan for the upcoming year(s), but also on a review of the previous year's implementation report. The implementation report should be structured so that states are required to report on steps taken to achieve a more comprehensive system of care. Appropriate changes in the due dates for the application and for the implementation report would need to occur to facilitate this shift in emphasis, and due dates for the reports could be re-structured so that both reports were submitted on the same date, perhaps December 1.
 - In restructuring the block grant application, developing a required format would also be useful. The current voluntary format means that there are essentially 59 different formats for these reports, making review of the plans a daunting task. Insuring compliance with required elements of the plan would be improved through providing simple checklists or specific response formats and sequences.
 - Additional guidance should be developed on the preparation and the review of multiple year plans.
4. *SAMHSA proposes to maintain the current restrictions on the use of funds as are in current statute. Please comment, if you care to, on both the proposal and the value of the restrictions themselves.*
- a. The current restrictions barring use of block grant funds for inpatient services, building of structures or major renovations, as well as other restricted uses, appear reasonable and of value in encouraging direction of funds toward community-based care rather than toward institutional care. It is recommended that these restrictions be continued.
5. *SAMHSA is proposing to retain the set aside for children's services but is simplifying it to ensure that States maintain their level of support for children with serious emotional disturbance at a level equal to the average expenditures of the previous two years. Please comment, if you care to, on retaining the provisions and the change in the maintenance of effort requirement on children's services.*
- Retaining the set-aside for children's mental health services is desirable in that it insures a portion of the block grant funds will be used for services for children. The change in the computation of the maintenance of effort requirement seems reasonable.
6. *States would be required to submit yearly reports showing their progress in meeting their objectives under the program. SAMHSA would then use this information to create a report for Congress to demonstrate how each State is using the funds efficiently and effectively to provide access to quality care. The*

report to Congress would not be a comparison of States but a presentation on the programs in each State and what steps the States are taking to further improve their system of services. Please comment, if you care to, on the annual State report and the report to Congress.

- An annual non-comparative report to Congress has the potential to provide SAMHSA with a useful vehicle for outlining the issues and concerns with funding and provision of mental health services in the States. It is anticipated that SAMHSA would provide aggregate data garnered from the various States' plans, and that this would include identification of needs and gaps identified in the States' comprehensive systems of care, without identification of specific States. Data reflecting the need for additional services and requiring policy and funding changes in other federal agencies, such as the Department of Labor and Housing and Urban Development, could also be illuminated in such a report.

7. Please comment, if you care to, on SAMHSA's proposal to continue the current maintenance of effort requirement including the exclusion from the calculation funds for one-time expenditures of a singular purpose.

- Requiring the current maintenance of effort is desirable to demonstrate that states are continuing in their responsibility to maintain their level of funding for mental health services in the State. Excluding one-time expenditures from the calculation is desirable to the extent that it eliminates the time-consuming and costly waiver process.

Additional Comments

NAMHPAC recommends that block grant funds be directed toward developing and implementing evidence-based practices and that each state be required to certify its adherence to evidence-based practices as part of its application/plan and annual implementation report.

Given the current climate in a post-September 11 environment, as well as the frequency with which State mental health agencies are called upon to respond to disasters in their communities, the lack of attention directed toward disaster mental health services is striking in the proposed plan. NAMHPAC strongly recommends that the role of State mental health agencies in responding to disasters, both singularly and in collaboration with other agencies, should be addressed in the performance partnership proposal, and that the increased need of disaster mental health services in communities be addressed.

NAMHPAC generally approves the listed performance measures, especially the proposed performance measures. NAMHPAC expresses concern that homelessness and employment status be measured on a point and durational basis; that family assessments

of treatment outcomes be ascertained, and that all states be required to estimate and report unduplicated data across agencies.

NAMHPAC recommends that SAMHSA should provide the States with additional funds to prepare for the implementation of the developmental measures. These funds would be used for data infrastructure development at the State and community level.

Basic and Developmental Measures

Basic Measures

1. Measure: *What is the estimated number of adults with serious mental illness and children with serious emotional disturbance in each state for the reporting year and 3 years into the future?*

Comment: This is a useful measure of prevalence. However, it would be more helpful if SAMHSA developed the expertise necessary to move beyond prevalence to measuring actual need and unmet demand for care. Not all those who have a particular health disorder require services in any one year. More information on help seeking behavior as it relates to mental health services as well as more specific information on what percentage of persons with serious disorders require certain services (such as rehabilitation, peer support or assertive community treatment) would be far more helpful.

Recommendation: SAMHSA should retain this measure but should move expeditiously to develop the necessary models to enable more useful assessments of need to be measured in the future.

2. Measure: *What is the total number of individuals in the State who received public mental health services in institutional and community settings in the reported year?*

Comment: This measure is not clearly stated. It is extremely important to have data on the unduplicated count of individuals who use public mental health services in a given year. It is not helpful to know the number of individual episodes of care. Secondly, it would be important to have states report on the total number of both institutional and community settings as well as on institutional settings and community settings separately and to have those data separately for adults and children.

Recommendation: SAMHSA should revise this measure to specify that it refers to an unduplicated count and to require three numbers to be reported for adults and children: a total number of individuals receiving services, the number receiving institutional services and the number receiving community services.

3. Measure: *What are the living arrangements of individuals (homeless or other) served by the State public mental health system (institutional and non-institutional settings) in the reporting year?*

Comment: In addition to knowing who is homeless it is extremely important to know who has been arrested and incarcerated in either a jail or prison in the reporting year. To report data on homelessness requires that providers request this information from service recipients. A similar request for data on incarceration would not be a significant additional burden. *Homelessness should be measured on both a point and durational basis.*

Recommendation: SAMHSA should revise this measure to require states to also report on the number of persons who receive services through either institutional or community public mental health programs who have been incarcerated during the reporting year. If states can separately report those whose incarceration occurred following contact with the mental health system from those who were incarcerated before first receiving any services from the public mental health system that would be a useful distinction. It is also recommended that the language in item # 2 ("in the State who received public mental health services" and in item # 3 ("served by the State public mental health system.") be standardized to use the language in item # 2.

4. Measure: *What is the employment status of adult clients served in the reporting year by age and gender?*

Comment: This is useful data, but relates only to adults. The measure should be expanded to cover the educational status of children and youth. It is extremely important to know whether youngsters are in school (and if so, whether they are receiving special education) or have dropped out or otherwise left school.

Recommendation: SAMHSA should expand this measure to add a request for data on the educational status of children and youth clients served in the reporting year by age and gender. Such a measure should include the numbers of children and youth in regular education, special education, vocational education, home-schooled or not attending school. *Employment status should be measured on both a point and durational basis.*

5. Measure: *How many people received services supported by Medicaid funding sources in the reporting year? What are their gender, and race/ethnicity?*

Comment: It is not clear from the wording of this measure whether it will provide data on the total number of individuals using Medicaid mental health services in the reporting year or only the far smaller number of persons whose care is funded by Medicaid resources that are under the control of

the state mental health authority. Data limited to SMHA controlled-resources is of little value. State Medicaid offices have available to them encounter data that can be used to determine utilization of mental health services, diagnoses of individuals using such services and the cost of Medicaid mental health services in the state.

Recommendation: SAMHSA should revise this measure to require reporting of data related to the Medicaid program's role in funding mental health services in the state, not merely the Medicaid expenditures that are controlled by one agency, the SMHA. If the measure on SMHA data is to be kept, then this measure should be expanded to add the data recommended above regarding all state Medicaid spending.

6. Measure: *What is the rate of client turnover in State hospitals and community programs by age in the reporting year?*

Comment: It is not at all clear what this measure provides in the way of useful information. With respect to institutional programs, it would be far more helpful to know length of stay data (how many people stay 60 days, 180 days or 365 days) and how many people who were admitted were also discharged in the reporting year. Data reflecting the number of admissions to state hospitals should also be reported. For community programs, it would be helpful to know the number of cases at the beginning of the year, the number at the end and the number of cases closed during the reporting year.

Recommendation: This measure should be revised to replace turnover measures with data on length of stay in institutions (measured at 60, 180 and 365 days, or some alternative points in time) and on the number of clients in care in community programs at the beginning and end of the reporting year as well as the number of cases closed during the year.

Measure: *What are the expenditures for public mental health services for the State and the source of funding in the reporting year?*

Comment: What is needed is data on state mental health agency spending, Medicaid spending and spending by other relevant state agencies on mental health services and supports. Such a complex report is not now feasible, but this measure should be designed with such a final goal in mind. As such, asking states to separate out state mental health general fund spending from Medicaid and Medicaid-match spending would be a useful start. A breakdown of state mental health authority spending would also be useful. All states should have data on institutional and community spending as well as federal block grant resources and federal CMHS categorical grants.

Recommendation: This measure should be clarified in terms of the specific items that are to be reported so as to separately collect data on state mental health general fund spending, Medicaid (state and federal resources), federal block grant revenues and funds received from federal CMHS categorical grant programs (listed separately).

Measure: *What are the community mental health block grant expenditures for non-direct service activities in the reporting year?*

Comment: This measure seems the least important in the list. As discussed in these comments, there are several gaps in the data proposed for collection, and it may therefore be important to delete some of the existing measures in order not to over burden the states.

Recommendation: If priorities must be set for measures to be included in the basic measures set, this measure could be deleted.

Measure: *What is the range of services provided or funded by the State mental health agency in the reporting year?*

Comment: Many states use different terms to describe essentially similar services. This data could be confusing if there are no definitions of what any one term refers to or encompasses.

Recommendation: SAMHSA should develop a listing, with definitions, of the types of services that a state might be furnishing and allow states to use this checklist to provide data under this measure. The recently approved billing codes under HIPAA might be an appropriate starting point for such a list. In addition, states could add to this list any state-specific services.

Measure: *What are the agencies receiving community mental health block grant funds directly from the State mental health agency in the reporting year?*

Comment: This question is not very helpful. It would be more useful to know how many people receive the various services funded by federal block grant funds. At a minimum, it is critical to know what *type* of agencies are funded and how many of each type receive block grant funds.

Recommendation: SAMHSA should revise this measure to ask for data on the categories of agencies that receive block grant funds, how many agencies in each categories receive these funds and how many individuals those agencies serve.

Measure: *What are the State findings for client perceptions of care in the reporting year on the following: Percentage of clients reporting positively about access to care; percentage of clients reporting positively about quality and*

appropriateness of care; percentage of clients reporting positively about outcomes; and percentage of family members of children reporting positively about care received by their children.

Comment: The significant difference between the level of specificity in questions asked about adult services and children's services seems unnecessary and unwarranted.

Recommendation: SAMHSA should revise this measure so that it addresses in an exactly parallel way satisfaction with children's services. That is, states should be asked to respond separately regarding percentage of family members reporting positively about access, quality and outcomes of services received by their children.

Measure: *What is the State mental health agency profile for the following: Percentage of adults with SMI and children with SED meeting the Federal definition; percentage of adults with SMI and children with SED with a dual diagnosis of mental illness and substance abuse; State responsibilities for mental health services provided through Medicaid/Medicaid managed care; and State capacity to report unduplicated data.*

Comment: This is an acceptable measure.

Additional Measures: Most of these measures are requests for basic data, and not performance measures

in the usual sense of that term. States should also be asked to provide certain, simple performance data on their systems:

- How soon are adults with serious mental illness and children with serious mental or emotional disorders seen in the community setting after discharge from a hospital or residential treatment program?
- How long, on average, do adults with serious mental illness and children with serious mental or emotional disorders remain on the rolls of public mental health system providers: 60 days or less; 180 days or less; 365 days or less; over 365 days.

Developmental Measures

Generally speaking, the developmental measures are appropriate and meaningful in that they reflect meaningful outcomes for consumers. However, it is not clear why data is to be collected regarding the number of adults in supported housing, but similar data on the number of adults and children in other important service categories is not counted. Other

key categories might include: children receiving intensive in-home services, day treatment and intensive case management and adults receiving peer support services, assertive community treatment and social rehabilitation services.

Please see our earlier comments regarding the developmental measures. These developmental measures must be implemented swiftly and additional funding is needed for States to make the implementation possible.

If additional information is needed, or if you have any questions, please feel free to contact Judy Stange or Charles Ingoglia.