

SUPPORTING STATEMENT
Community Mental Health Services Block Grant
FY 2008-2010 Application Guidance and Instructions

A. Justification

1. Circumstances of Information Collection

This submission is a request for a three-year revision to the Community Mental Health Services Block Grant (CMHS BG) Application Guidance and Instructions (OMB No. 0930-0168), which expires on July 31, 2007. The statute requires States to submit their respective applications on or before September 1 of the fiscal year for which they are applying for a grant.

The Public Health Service Act (PHS Act), as amended, establishes the CMHS BG program. Under the authority of Sections 1911-1920 and 1941-1954 (42 USC 300x-1 to 300x9 and 300x-51 to 300x-64) of the PHS Act, the Secretary of the Department of Health and Human Services (DHHS), through the Center for Mental Health Services (CMHS) Substance Abuse and Mental Health Services Administration (SAMHSA) awards block grants to States, Territories and the District of Columbia (hereinafter referred to as States) to establish or expand an organized community-based system of care for providing mental health services to adults with serious mental illness (SMI) and children with serious emotional disturbance (SED). In order for the Secretary of DHHS to award block grants, all States are required to submit to the Secretary an application, prepared in accordance with the legislation, for each Fiscal Year (FY).

Section 1971 of the PHS Act makes provision for data infrastructure development grants to States for the purpose of developing and operating mental health data collection, analysis, and reporting systems with regard to performance measures, including capacity, process, and outcome measures. In FY 2002, SAMHSA started providing grants to States under the authority of the Section 520A(f)(2) for the purpose of helping States develop the infrastructure needed to be able to provide data requested in the application. Over the five-year period, these grants have significantly improved the ability of States to report the uniform data requested on the public mental health system under Part E of the application.

Section 1914 requires the establishment of the Mental Health Planning Council (MHPC) by each State and Section 1915 determines that grants to States may only be awarded when the plan and the implementation report have been reviewed by the State mental health planning council. Additionally, the States must submit to CMHS recommendations received from the State mental health planning council for modification to the State plan and implementation report without regard as whether the State has made the recommended modifications. The MHPC is statutorily mandated to review State plans, serve as an advocate for adults with serious mental illness and children with serious emotional disturbances, and other individuals with mental illnesses or

emotional disturbances, and to monitor, review and evaluate, not less than once each year, the allocation and adequacy of mental health services within the State.

To facilitate an efficient application process for States in FY 2008 - 2010, CMHS is recommending the following improvements to the application:

A. Integration of mental health transformation as a guiding principle in the development of comprehensive State mental health plans.

State plans for FY 2008-2010 will describe mental health transformation efforts and activities within the context of the five (5) legislative criteria; identify mental health transformation activities funded by the MHBG and other State funding sources in Table 4; identify activities of the Mental Health Planning and Advisory Councils that contribute to and support transformation efforts; include one mental health transformation performance indicator in the plan; and include a description of services provided to older adults under criterion four of the plan.

B. Introduction of the Web Block Grant Application System (WebBGAS)

WebBGAS enables States to submit plans/applications and annual implementation reports electronically thus reducing the burden of paperwork required for submission, revision, and reporting purposes. Beginning in 2008, all States are encouraged to submit their State applications/plans through WebBGAS.

C. Requirement for States to report nine (9) SAMHSA National Outcome Measures (NOMS) for mental health.

In 2003, SAMHSA collaborated with States and identified mental health domains to measure real life outcomes for persons living with mental illnesses and striving to attain recovery, build resilience, to work, to learn, to live and fully participate in their communities. A 10th measure to assess efficiency is reported administratively from the standard data reported through the Uniform Reporting System (URS) and the Data Coordinating Center. The 9 measures were identified as:

- Increased access to services
- Reduced utilization of psychiatric inpatient beds for 80 and 180 days
- Number of evidenced based practices and the number of persons served
- Client perception of care
- Increased/retained employment or returned to/stay in school
- Decreased criminal justice involvement
- Increased stability in housing
- Increased social supports and social connectedness, and
- Improved level of functioning

D. Revisions to Tables in the Uniform Reporting System (URS)

Since 2001, States have voluntarily reported data annually to CMHS on the public mental health system through twenty-one (21) tables in the Uniform Reporting System. For the past three years, CMHS has collaborated with States using the Data Infrastructure Grants to refine the data and to make reporting more meaningful for States. This effort has resulted in a list of recommended revisions to eleven (11) of the 21 tables.

The FY 2008 – 2010 CMHS BG application continues to include a face sheet, a table of contents, an executive summary, and five subsequent sections, labeled Parts B-E. Part B requires submission of federal funding agreements, certifications, and assurances, information on the Maintenance of Effort (MOE), Set-aside for Children=s Mental Health Services, requests for waivers, and other administrative requirements. Part B also requests information on State Mental Health Planning and Advisory Councils. Part C requires States to submit a plan that describes the provision of community mental health services for adults with serious mental illnesses and children with serious emotional disturbance with emphasis on the strengths, needs, and priorities of the system, mental health transformation, and goals and targets to address the identified needs. Part D requires the submission of a State implementation report, and Part E requires States to report uniform data on the State public mental health system. Section 1917(a) of the PHS Act requires that Parts B and C are due by September 1 and Parts D and E are due by December 1.

As with the previous Application Guidance, States will have the option of submitting multi-year plans for two or three years in 2008. States submitting multi-year plans will include all of Parts B and C and provide narrative, goals and fiscal year targets to adequately describe the State's activities for each year of the multi-year application. States submitting single year plans in FY 2008 will need to submit all of Parts B and C, Sections I, II and III. Mental health transformation activities will be integrated throughout the application and specifically integrated into Section III under the five legislative criteria. The State transformation performance indicator(s) will be entered under section requiring goals, targets, and action plans.

2. Purpose and Use of Information

The CMHS BG application is used by States to apply for mental health block grant funds. The information requested in the application is based on the five legislative criteria, federal agreements, assurances and certifications, requirements set forth in the legislation, and SAMHSA/CMHS priorities, to include NOMS, GPRA and OMB PART.

Block Grant State Applications and Plans

Without the information obtained in the State application, CMHS would not have access to comprehensive State mental health plans that describe the States' system of care for adults with serious mental illnesses (SMI) and for children with serious emotional disturbances (SED). In

addition to describing the mandated services outlined in the Block Grant legislation, States are required to describe their statewide service system as it relates to the two target populations. The plans provide the following: 1) documentation for CMHS to determine Federal administrative, programmatic, and fiscal compliance with the BG statute, 2) data on the national public mental health system as related to utilization of services, State expenditures for mental health services, expenditures of the Mental Health Block Grant, types of services provided, and the adequacy and effectiveness of mental health services for adults with SMI and children with SED, 3) report on the OMB-PART recommended efficiency measure and established targets through the URS data set, compliance with GPRA, 4) description of efforts to transform State mental health systems; and 5) the extent to which mental health planning councils comply with the Federal mandate for composition, monitoring, advocacy, and review responsibilities.

Mental Health Transformation

In 2003, the President's New Freedom Commission on Mental Health issued a final report on the state of mental health care in America, [Achieving the Promise: Transforming Mental Health Care in America](#). The Commission reported that "...for too many Americans with mental illnesses, the mental health services and supports they need remain fragmented, disconnected and often inadequate, frustrating the opportunity for recovery. Today's mental health care system is a patchwork relic – the result of disjointed reforms and policies. Instead of ready access to care, the system presents barriers that are all too often added to the burden of mental illnesses for individuals, their families, and our communities." The report also made clear that in a transformed system, recovery is possible for everyone with a mental illness, that mental illness can be prevented or cured, detected early at any stage in life, and anyone can access effective treatments and supports to allow them the essentials for living, working, learning, and participating fully in the community.

Following the issuance of the report, CMHS was tasked with the responsibility of implementing the goals and recommendations of the Commission's Report and the Mental Health Block Grant is viewed as a major Federal funding source to track States' progress towards transformation through the collection and reporting of standard outcome measures. The 2008 application will require States to report on the following transformation activities by: 1) adding a description of transformation activities within the context of the five legislative criteria; 2) identify activities of the Mental Health Planning and Advisory Councils that contribute to and support State transformation efforts; 3) include one mental health transformation performance indicator in the plan; and 4) include a description of services provided to older adults under criterion four of the plan.

National Outcome Measures

In 2001, SAMHSA began the development of a matrix management system to outline the agency's activities in pursuit of its mission to build resilience and facilitate recovery for people with or at risk for substance abuse and mental illness. The matrix included a set of cross-cutting

principles, including one which recognized the need for performance management and measurement. This process resulted in a data strategy to measure the agency's success in meeting its mission. The development and application of the NOMS is a key component of the SAMHSA initiative to set performance targets for State and Federally funded programs.

In 2003, CMHS collaborated with States to collect and report data on nine mental health measures, all of which comes from the Uniform Reporting System (URS). These NOMS provide valuable data upon which healthcare reporting systems can assess the adequacy of their service providers and the level of their success as evidenced by positive consumer outcomes. Through the DIG workgroups, the URS has been refined to specifically address the 9 mental health NOMS domains. URS data collected from 2003, 2004, and 2005 has already been used to complete five (5) for the mental health NOMS. Over the last two years, CMHS has worked with States, consumers, and family members to continue to refine reporting for the remaining NOMS.

The future of SAMHSA's State mental health data reporting program continues to evolve with the implementation in FY 07 of a related State Client Level Data Collection Initiative. Activities of this initiative will include: 1) identifying and documenting existing most promising approaches to collecting client level data; 2) developing recommendations for expanding client level data collection systems to incorporate the NOMS; and 3) pilot testing the most promising approaches with interested States to determine their feasibility. Once the details of the pilot program are complete, SAMHSA will seek OMB approval as appropriate.

OMB PART

In 2003, the Office of Management and Budget (OMB) applied its Performance Assessment Rating Tool (PART) to the MHBG Program. OMB recommended that SAMHSA help States strengthen their ability to assess program results and accountability by: (1) developing targets and measures; (2) conducting program evaluations; (3) linking budget proposals to program performance; (4) sharing performance information with the public; and (5) demonstrating progress in achieving goals. OMB PART recommended four annual and long-term goals that would measure the efficiency and effectiveness of the MHBG Program. These goals are currently being measured as part of SAMHSA's NOMS and reported annually to the Mental Health Block Grant Program through the URS data set which is reported with the implementation report. The Mental Health Block Grant Program received a PART score of "adequate". (See PART Rating at Attachment 1).

Uniform Reporting System (URS)

It is clear that Section 1971 of the PHS Act provides the legislative authority for CMHS BG program to require uniform data from the States. Section 1912 (c)(1) and (2) (42 U.S.C. 300x-2) of the PHS Act state that the Secretary is required to establish definitions for SMI and SED, develop standardized methods for making prevalence estimates of SMI and SED and ensure that the States utilize the methodology when preparing their State mental health plan. Section 1943

(a)(3) (42 U.S.C. 300x-53) states that as a funding agreement for a grant under section 1911 of 1921 the State involved will ... provide to the Secretary any data required by the Secretary pursuant to Section 505 and will cooperate with the Secretary in the development of uniform criteria for the collection of data pursuant to such section. @ Section 1917 (a)(7) (42 USC 300x-6) states, A the application (including the plan under section 1912(a)) is otherwise in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this subpart. @

The URS is developed to collect standardized information from the 59 States and territories on the number of persons receiving public mental health services and the outcomes from these services. It is the major source of mental health reporting for SAMHSA/CMHS. The information collected is used to monitor the performance of the Community Mental Health Services Block Grant, to understand the mental health services provided to 5.7 million Americans annually and as a performance measurement tool by CMHS, the States, State mental health planning councils, and advocates to review, monitor, and improve mental health care.

The URS provides CMHS/SAMHSA with a national and state picture of the rates of utilization and mix of services for 5.7 million clients receiving public mental health services each year and provides CMHS with information regarding where consumers receive services, types of evidence-based services provided, consumer living situations (including homelessness), employment status, Medicaid eligibility, and evaluation of care through standard consumer surveys. States are able to use this information in the development of their State plans, policies, and management of both Federal and State funding. The information requested in the application is commonly used in the establishment of proper management techniques at both the Federal and State levels. Thus, the collection of information enhances government efficiency at both levels.

To improve the State's capacity to report the URS data set, CMHS has for the past five years, provided Data Infrastructure Grants (DIG) to help States implement and report URS data. DIG grants up to \$142,200 per year have been awarded to 49 of the 50 States and up to \$71,000 to 8 territories. As part of the DIG process, CMHS has sponsored monthly conference calls to all State DIG grantees and through the State Data Infrastructure Coordinating Center, convenes workgroups of State and Federal officials to review and assess changes needed to the URS tables. The changes requested in this OMB request have all been developed through this collaborative process of working with the States. SAMHSA has continued to support State data infrastructure development for States by issuing a third Request for Applications which became due on May 3, 2007.

3. Use of Information Technology

The application guidance and instructions will be available to all States through the SAMHSA/MHBG website at www.mhbg.samhsa.gov . With the FY 2008 application, CMHS is requesting States to submit applications using the web-based application process, called Web Block Grant Application System, WebBGAS. CMHS began implementing WebBGAS in 2005 and seven (7) States submitted plan in FY 2006. In 2007, thirty-six States submitted State plans through WebBGAS. WebBGAS utilizes Microsoft Active Server Pages (ASP), JavaScript, Hypertext Markup Language (HTML), Adobe Acrobat, and Oracle Database technologies to deliver its requirements. The primary features of the WebBGAS system include the following:

- Provides the 59 States and territories the ability to submit CMHS Block Grant applications by electronic means.
- Validates and stores application data in a valid, structured, and standardized form.
- Provides the internal control structures need for CMHS to conduct compliance assessment, fiscal analysis, approval of quarterly award.
- Provides an automated process of requesting and enabling ongoing revision to the State application/plan.
- Stores historical Block Grant data in a secure data archive that is accessible for reporting and analysis services
- Provides State citizens with a means to view their State's Block Grant application/plan online.
- Provides users of all aspects of the system a means to receive technical support and training via a helpdesk system.
- Supports the generating of PDF files for creating printouts.

Use of WebBGAS will significantly reduce the paperwork burden for submission, revision, and reporting purposes. WebBGAS has the ability to transfer standard information from previous year's plans depending on the single or multi-year format, to include pre-populating of performance indicator tables, planning council membership, and calculating maintenance of effort figures. In addition to transferring both narrative information and data, States will be able to upload any information necessary to complete their plans. At a minimum, States will not be required to mail copies of plans and implementation reports to CMHS by the due dates.

4. Efforts to Identify Duplication

CMHS staff has collaborated with other State and Federal agencies that collect health information data and determined that no duplication of information collection exists. The reporting collection for State plans is primarily narrative and descriptive and describes each State's system of care, planned expenditures for the year's block grant funds, services provided to include transformation activities, and progress toward meeting the State's community-based mental health service goals. The reporting collection for the implementation report, which includes the URS Tables, is the first national annual aggregate report on State

public mental health systems. There is no other routine or uniform data collection tied to the public mental health system that would provide a national picture of the public mental health system or a description of State transformation activities.

5. Involvement of Small Entities

There is no small business involvement in this effort. The applications are prepared and submitted by State Mental Health Agencies.

6. Consequences if Information Collected Less Frequently

The legislation requires that States make application for the CMHS block grant funds annually and report on their accomplishments on a yearly basis. Less frequent reporting would not comply with legislative requirements and would make it impossible for CMHS to award Block Grant funds or monitor the States' use of the Mental Health Block Grant. In addition, Federal reporting requirements for reports to Congress, as well as intervening requirements for legislative testimony before Congress on specific mental health issues, require the availability of up-to-date information and data analyses.

7. Consistency with the Guidelines in 5 CFR 1320.5(d)(2)

This information fully complies with 5 CFR 1320.5(d)(2). However, if a respondent chooses not to use WebBGAS and submits an application in hard copy with an excess of 120 pages, it is requested that the respondent supply 3 copies of the document to facilitate timely distribution to peer reviewers.

8. Consultation Outside the Agency

The notice required in 5 CFR 1320.8(d) was published in the Federal Register on March 29th, 2007 (Vol. 72, No. 60, Page 14825).

The individual copies of public comments are in Attachment 2

The Summary of Public Comments to the FRN with SAMHSA/CMHS Recommendations is found in Attachment 3.

9. Payment to Respondents

No payments will be provided to respondents to participate.

10. Assurance of Confidentiality

The data-reporting component of this application collects only aggregate data. No client level personal identifier information is reported to SAMHSA/CMHS. Therefore, an assurance of confidentiality is not provided to States. Once received by the contractor, the data is protected in a file server that is password protected. The raw data from States is entered into a database and released only SAMHSA/CMHS.

11. Questions of a Sensitive Nature

This application does not solicit information of a sensitive nature. It includes narrative and aggregate information to administer and monitor the CMHS MHBG program.

12. Estimates of Annualized Hour Burden

With the implementation of the WebBGAS for the FY 2008 – 2010, the burden estimates are reduced by 10 hours per State from FY 2005-2007 for each of the Mental Health Block Grant activity. This estimate is based on the fact that WebBGAS allows States to upload information from the FY 2007 State plan in narrative format into the FY 2008 State plan. Additionally, much of the previous year’s information and data required for the current year’s plan, will be pre-populated, thus reducing the amount of time required for States to enter this information. Additionally, consultation with four States planners that used WebBGAS to submit their State plans in FY 2007 have indicated that it takes less time to prepare their State plans than in previous years.

Application	No. Respondents	Responses/ Respondents	Burden/ Response (Hrs)	Total Burden	Hourly Wage Cost	Total Hour Cost
Plan Parts B-E						
1 Yr Plan	44	1	180	7920	\$28	\$221,760
2 Yr Plan	6	1	150	900	\$28	\$25,200
3 Yr Plan	9	1	110	990	\$28	\$27,720
Implementation Report	59	1	75	4425	\$28	\$123,900
URS Tables	59	1	40	2360	\$28	\$66,080
Total	59			16595		\$464,660

13. Estimate of Total Annualized Cost Burden to Respondents

There are no capital or start up costs associated with this activity. States submitting plans/applications under this guidance are expected to use existing retrieval software systems to perform the necessary data extraction and tabulation. In addition, no operating, maintenance or purchase of services costs will be incurred other than the usual and customary cost of doing business.

14. Estimates of Annualized Cost to the Government

The estimated annualized Federal cost to the government is \$1,336,152. Of that amount, it is estimated that Federal staff time devoted to the oversight and analysis of this activity will be 5 Professional FT staff (Grade 13 step 5 @ \$89,985 each = \$449,790) and .5 FTE support staff (Grade 7 step 6 @ \$47, 914 = \$23,957), for a total of \$473,747). In addition, a logistics contractor is used to facilitate the review and approval of the applications (transportation, rooms, meals and incidentals, duplicating, mailing, equipment and room rental, honorarium, conference calls and other costs for five (5) regional review panels). The total annual cost to the Federal government to review State applications and implementation reports is \$862,405.03.

15. Changes in Burden

Currently there are 17,265 hours in the OMB inventory for the Mental Health Block Grant application process. The program is requesting to reduce the inventory by 670 hours to a total of 16,595. The decrease represents approximately 10 hours per State and is based on the assumption that States will utilize WebBGAS to prepare and submit State applications and implementation reports.

16. Time Schedule, Publication, and Analysis Plans

The following is a typical schedule of annual activities associated with the CMHS BG:

<u>Activity</u>	<u>Date</u>
State applications/plans due to CMHS	September 1
Regional reviews of State plans	October – November
Implementation reports due to CMHS	December 1
First quarter awards to States	December

17. Display of Expiration Date

The expiration date for OMB approval will be displayed.

18. Exception to Certification Statement

This information collection involves no exception to the Certification for Paperwork Reduction Act Submissions. The certifications are included in this submission.

19. Collection of Information Employing Statistical Methods

This information collection does not involve statistical methods.

List of Attachments

1. PART Rating
2. Individual Copies of Public Comments
3. Summary of Public Comments
4. 2008-2010 Application Guidance & Instructions
5. Transmittal Letter