

**AAGP**

American  
Association  
for Geriatric  
Psychiatry

May 21, 2007

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Annual Meeting:  
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Publications:  
*American Journal of  
Geriatric Psychiatry and  
Geriatric Psychiatry News*

Summer King  
SAMHSA Reports Clearance Officer  
Room 7-1004  
One Choke Cherry Road  
Rockville, MD 20857

Re: Proposed Project: Community Mental Health Service Block Grant  
Application Guidance and Instruction, FY 2008-2010 (OMB No. 0930-0168)  
– Revisions

Dear Ms. King:

The American Association for Geriatric Psychiatry (AAGP) is pleased to offer comments on the revisions proposed for the Community Mental Health Service Block Grant Application Guidance and Instruction for FY 2008-2010, as published in the Federal Register on March 29, 2007.

AAGP strongly supports SAMHSA's proposed requirement that State plans include a description of the services provided to older adults under criterion 4 of the State's plan. AAGP has for several years advocated for such inclusion and we are very pleased that it has now been included in SAMHSA's guidance and instruction. Experience has demonstrated this population, which has unique needs, has been too often been neglected in the planning process. As a consequence, the inadequacy of mental health services for older adults has been exacerbated. This new requirement for State plans will be very helpful in focusing the attention of State mental health offices on this problem.

AAGP appreciates SAMHSA's response to this need. We also appreciate having the opportunity to address it.

Sincerely,



Christine deVries  
Chief Executive Officer and



RILEY  
GOVERNOR

B  
O  
B

STATE OF ALABAMA  
**DEPARTMENT OF MENTAL HEALTH  
AND MENTAL RETARDATION**

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100 N. UNION STREET  
POST OFFICE BOX 301410  
MONTGOMERY, ALABAMA 36130-1410



JOHN M. HOUSTON  
COMMISSIONER

May 1, 2007

I-rA'614

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

Dear Ms. King:

I am writing in response to the publication of the draft guidance for submission of the Mental Health Services Block Grant application. The Alabama Department of Mental Health and Mental Retardation has undertaken a number of transformation activities that can be incorporated into the narrative and goals of the application as indicated in the revised guidance. However, reporting State as well as Block Grant expenditures for each transformation activity exceeds the scope of the Block Grant requirements and represents an undue reporting burden on states. We respectfully request that the language regarding expenditures be stricken from the final guidance.

Sincerely,

***AJI***

J Houston  
Commissioner

JMH/mb

c: NASMHPD



DEPARTMENT OF HUMAN SERVICES

DIVISION OF MENTAL HEALTH

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May 2, 2007

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

Re: E7-5796 Federal Register Notice: Community Mental Health Services Block Grant Application and Guidance

Dear Ms. King:

This correspondence is regarding the request for comments on Federal Register Notice E75796, Agency Information Collection Activities: Proposed Collection, Community Mental Health Services Block Grant Application and Guidance. I have reviewed the draft CMHS Block Grant application and would like to take this opportunity to share my concerns with the FY2008-2010 guidance and application process, specifically regarding Table 4: Transformation Expenditure Reporting Form.

The South Dakota Division of Mental Health (DMH) believes that the integration of mental health transformation is essential in crafting positive outcomes for the people of South Dakota. The DMH receives a minimum amount in Block Grant funds per year (approximately \$878,000). South Dakota uses our entire Block Grant to fund direct services to children with serious emotional disturbances, adults with severe and persistent mental illnesses, and adults with co-occurring substance abuse/mental health diagnoses. It would be extremely difficult and burdensome for the DMH to report for each state transformation activity area listed in Table 4. Additionally, the DMH does not feel that Table 4 is necessary or practical for a state like South Dakota where there is no additional money to be utilized for direct funding of transformational activities. While the DMH cannot quantify in expenditures the funding for each area listed in Table 4, our current State Plan performance indicators do show progress in many areas related to transformational activities (supporting individualized plans of care, improving coordination of care among multiple systems, provision of evidence based practices, improving consumer access to employment and affordable housing, etc.). The DMH does not feel Table 4 would provide a true representation of the efforts towards transformation in the planning and delivery of community mental health services in South Dakota.

The DMH works very closely with community mental health centers and the Mental Health Advisory Council to develop recovery-oriented and consumer driven services for individuals receiving assistance from the community mental health system. In addition, the DMH works within a Systems of Care Steering Committee comprised of the eleven community mental health centers, the Department of Human Services, the Department of Corrections, Unified Judicial Systems, the Department of Social Services, and the Department of Education to address many of the items referenced in Table 4. Through these collaborative relationships it is clear that all of the stakeholders involved find consumer driven, recovery-oriented services a priority. South Dakota has taken many strides in the transformation of community mental health services and the coordination of care among multiple systems, without having the benefit of flexible funding to support specific transformation activities.

Thank you for the opportunity to comment on the proposed Block Grant application and guidance, and for taking our concerns under consideration during the approval process with OMB.

Sincerely,

Amy ersen-Pollreisz  
Director

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

Dear Ms. King:

This letter is in response to the Federal Register Notice on the FY 2008-2010 Mental Health Block Grant Guidance and Instructions of March 29, 2007. The guidance outlined four proposed changes:

Proposed revisions to the guidance include:

- (1) The integration of mental health transformation as a guiding principle in the development of State mental health plans.
- (2) The introduction of the Web Block Grant Application System (WebBGAS).
- (3) A requirement for States to report nine CMHS National Outcome Measures (NOMS) for mental health, including: Increased access to services; Reduced utilization of psychiatric inpatient beds for 30 and 180 days; Number of evidenced-based practices and number of persons served in these programs; Client perception of care; Increased/retained employment or returned to/stayed in school; Decreased criminal justice involvement; Increased stability in housing; Increased social supports and social connectedness; and Improved level of functioning.
- (4) Revisions to tables in the Uniform Reporting System (URS), including one major proposed change of adding a table on "Social Connectedness and Improved Functioning".

The revisions are a result of years of work between CMHS, the States and the Congress in order to quantitatively justify the desired results received (effective treatment of mental illness) in order to continue funding of this federal grant program. There has been much qualitative data available but there is a need and demand to validate results.

The 1<sup>st</sup> proposal to integrate transformation is identified in the President's New Freedom Commission Report. This is an activity Arizona can easily report on. Transformation is a broad definition that encompasses many initiatives this state is currently involved in.

The 2<sup>nd</sup> proposal is to encourage States to use the WebBGas for this year's application of the grant. Arizona is familiar with WebBGas and it would not present an issue for submission.

The 3<sup>rd</sup> proposal is the increase in the number of National Outcome Measures (NOMS) States must report on from four to nine, with two NOMS still under development at SAMHSA. Arizona has been able to report on the required four NOMS as well as three optional NOMS in its past applications.

The 4<sup>th</sup> proposal identifies revisions proposed through the work of the Data Infrastructure Grant (DIG) by CMHS, in collaboration with the States. There is only one major revision, which is to add a new table, "Social Connectedness and Improved Functioning" as one of SAMHSA's new NOMS. Arizona may have to include new ways to capture this data through its Independent Case File Review, Consumer Satisfaction Survey, etc.

Thank you for your consideration.

Sincerely,

Christina Dye  
Chief

May 10, 2007J

Florida

Additional comments from Senyoni

1. Integration of mental health transformation as a guiding principle in the development of the plan

States that did not get the SAMHSA transformation grant award should not be held accountable and therefore not penalized in any way (such as a delay in approving the block grant application or a return of the application as incomplete) for failure to show substantial progress in its transformation efforts. SAMHSA should be pleased with states that are making the substantial leap forward without benefit of federal funding support or federal technical assistance - such as the states that were fortunate enough to obtain a transformation grant award. Unfunded states should not be held to the same standard as those states who received an infusion of funding and technical assistance for this effort. There is no indication in the instructions that there are varying standards or expectations.

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

States are required to submit the grant applications electronically using the WebBGAS input screens. However, the instructions do not specify how pages requiring signatures (e.g., Certifications, Assurances, etc.) will be submitted. Should these pages be scanned and submitted separately? If so, will SAMHSA accept scanned signatures

rather than the original signatures? For example, the PATH grant encourages electronic submission but will not accept scanned signatures. Therefore, if this is not the case, what is the savings in paper and time? The instructions or the federal notice should reference the issue of accepting scanned signatures.

3. Requirement for states to report nine NOMS. At least two of the nine NOMS are still under development and, therefore, it is difficult for States to collect and report data on these ill-defined measures. It is recommended that the States be held accountable only for measures that are well defined and developed.

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Sen-Yoni Musingo, Ph.D.  
Voice: 850-413-7171  
email: senyoni\_musingo@dcf.state.fl.us  
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## Georgia's Comments on MHBG Guidance and Instructions for FY 2008-2010

The MHBG Guidance and Instructions for FY 2008-2010 is clearer and easier to follow than that of previous years. However, some of the new expectations that are included for this cycle may present significant challenges to states. The most significant additions are:

- The requirement for state transformation efforts to be described and integrated throughout the plans for adults and children and for there to be at least one specific mental health transformation outcome measure and performance indicator related to the measure – true transformation efforts should include ways in which the multiple state agencies with mental health related services and funding are collaborating and coordinating activities and this is not always possible in states that do not have the infrastructure development grants and the staffing that is designated to facilitate these activities
- The reporting of state and Block Grant expenditures for transformation activities – this table may be challenging to states to report as funding and expenditures are not likely to be captured in state accounting systems in a way that will readily conform to the table
- The requirement to describe community-based services provided to older adults in Criterion 4 – this will be especially challenging for states that have not developed specialized programs for older adults and serve them only through the standard adult service arrays
- The requirement to report on all 9 NOMS, even though NOMS 8 and 9 are still in development – it will be difficult to establish indicators and targets when the measures are yet to be determined



Summer King  
Survey Statistician/  
OMB Clearance Officer  
SAMHSA/OAS  
Room 7-1045  
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Rockville, MD 20850  
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-----Original Message-----

From: Shelly Ogata [<mailto:shellyogata@hotmail.com>]  
Sent: Wednesday, April 04, 2007 5:16 PM  
To: King, Summer (SAMHSA/OAS)  
Cc: Baldwin, Deborah (SAMHSA/CMHS)  
Subject: RE: FW: Federal Register Notice for the MHBG  
Guidance and Instructions FY 2008-2

Aloha Summer and Deborah,  
For Hawaii, which has separate adults' and children's  
systems, the total burden hours is doubled.

For the plan (Parts B and C) and for the implementation  
report (Part D), both AMHD and CAMHD spend time gathering  
the information from different places/people and writing up  
the plan, and our administration has to read both plans &  
reports. For the Data Tables (Part E), AMHD and CAMHD  
spend time to run separate analyses of their own  
populations.

Second comment would be that submitting applications/plans  
and implementation reports electronically through WebBGAS  
does NOT reduce the burden of paperwork since we still have  
to prepare the same on paper in order for it to be approved  
and signed off by our Director and Governor. In fact,  
WebBGAS increases the time spent on submission since one  
has to learn to use the system, then has to enter the data  
in the tables (from what I was told, it's not just a Word  
document upload; you have to go into the tables and re-  
enter the data).

Please feel free to contact me if you need further  
clarification or if you have any questions.

Thank you for the opportunity to provide comment, Shelly Ogata State Council Chairperson

-----Original Message Follows-----

From: "Baldwin, Deborah (SAMHSA/CMHS)"

<Deborah.Baldwin@samhsa.hhs.gov>

To:

jd3031@socket.net,rleclerc@gatewayhealth.org,sharonra@ppbhg.org,rpender@crosslink.net,cmyskoshi@aol.com,jack.wood@catawba.dmhmsas.virginia.gov,mdegon@mpf.org,jlafferty@dca.net,ames.r@sbcglobal.net,tcarufel@tasksunlimited.org,ahschmook@aol.com,idrubin@bestweb.net,linda@svl.net,bjmb5@aol.com,jef fmcloud@earthlink.net,scole@micoks.net,emmelldec@cableone.net,burton\_w@hotmail.com,walter@shwe.com,davesanders@wvmhca.org,andrew@azconsulting.us,tsteller@norcen.org,timothy.loft esness@usbank.com,davidha@tctwest.net,skash52@hotmail.com,p nisamh@mail.fm,gcarlson@uabmc.edu,paletaguam@yahoo.com,jrma ysa63@msn.com,0-

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sc.org,stewartdv@co.delaware.pa.us,timconnors2001@yahoo.com,mary@pmhca.org,slynagh@fastcable.net,dneifert@pacounties.org,bfergy04@cableone.net,ihodge@vihousing.org,kholsopple@vfcfh.org,ldsankofail@aol.com,joyce.soularie@arkansas.gov,berncarey@aol.com,madpride@aol.com,mcb@oregonvos.net,bwellard@thechildcenter.org

CC: "Cheek, Mattie C. (SAMHSA/CMHS)"

<Mattie.Cheek@samhsa.hhs.gov>,"DiGeronimo, Richard (SAMHSA/CMHS)"

<Richard.DiGeronimo@samhsa.hhs.gov>,"Morrow, Jim (SAMHSA/CMHS)"

<Jim.Morrow@samhsa.hhs.gov>,"Morrow, John (SAMHSA/CMHS)"

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<Abdi.Wehelie@samhsa.hhs.gov>,"Baldwin, Deborah  
(SAMHSA/CMHS)"  
<Deborah.Baldwin@samhsa.hhs.gov>  
Subject: FW: Federal Register Notice for the MHBG Guidance  
and Instructions FY 2008-2010  
Date: Wed, 4 Apr 2007 10:17:25 -0400

Please see the attached draft copy of the MHBG Guidance for  
your review.

Please send comments by COB Friday, May 4, 2007, to  
Summer.king@samhsa.hhs.gov and carbon copy me at  
deborah.baldwin@samhsa.hhs.gov. You may send a signed  
letter by regular  
mail to the address noted in the Federal Register Notice.

-----Original Message-----

From: Baldwin, Deborah (SAMHSA/CMHS)  
Sent: Wednesday, April 04, 2007 9:55 AM  
To: 'Hudgens, John'; 'donna.migliorino@dhs.state.nj.us';  
'pzitzer@state.pa.us'; 'TerryJackson@oasas.state.ny.us'  
Cc: King, Summer (SAMHSA/OAS)  
Subject: RE: Federal Register Notice for the MHBG Guidance  
and  
Instructions FY 2008-2010

-----Original Message Follows-----

From: "Hudgens, John" <JHudgens@odmhsas.org>  
To: "King, Summer (SAMHSA/OAS)"  
<summer.king@samhsa.hhs.gov>  
CC: "Baldwin, Deborah (SAMHSA/CMHS)"  
<deborah.baldwin@samhsa.hhs.gov>  
Subject: RE: Federal Register Notice for the MHBG Guidance  
and Instructions  
FY 2008-2010  
Date: Tue, 3 Apr 2007 23:25:47 -0400

Please provide a copy of the guidance related to the proposed revisions to the Mental Health Block Grant program. Thank you for forwarding the requested item to [jhudgens@odmhsas.org](mailto:jhudgens@odmhsas.org).

---

From: Baldwin, Deborah (SAMHSA/CMHS)  
[<mailto:Deborah.Baldwin@samhsa.hhs.gov>]  
Sent: Tue 4/3/2007 4:07 PM  
To: [ggoessel@state.pa.us](mailto:ggoessel@state.pa.us); [lstarr@dhs.state.ia.us](mailto:lstarr@dhs.state.ia.us);  
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Subject: Federal Register Notice for the MHBG Guidance and Instructions FY 2008-2010

The MHBG Program requests your review of the attached FRN for the FY 2008-2010 Guidance and Instructions. As in the past, the Program notifies MHBG stakeholders of the publication notice and encourages comments on the

draft guidance. Your request for a copy of the guidance and written comments should be forwarded as soon as possible to Summer King, SAMHSA Reports Clearance Officer, Room 7-1044, One Choke Cherry Road, Rockville, MD 20857.

Please feel free to contact me with your questions.

Deborah Baldwin, MPA

Public Health Analyst

Center for Mental Health Services

Division of State & Community Systems Development

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Rockville, Maryland 20857

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Rod R. Blagojevich, *Governor*

160 North LaSalle • Chicago, Illinois 60601

Carol L. Adams, Ph.D., *Secretary*

May 25, 2007

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

Dear Ms. King,

I am writing this letter on behalf of the Illinois Department of Human Services Division of Mental Health to comment on the Community Mental Health Block Grant Application Guidance and Instructions for FY 2008 - FY 2010. My comments will focus on two specific areas: (1) reporting of expenditures related to transformation activities and (2) the proposed state client level initiative project.

#### Reporting of Transformation Related Expenditures

The FY 2008 to FY 2010 Block Grant Guidance incorporates requirements to report on transformation activities within the specific block grant criterion to which they relate. This in itself is not problematic as the Illinois Division of Mental Health is engaged in many transformative activities, and as such welcomes the opportunity to highlight these activities. The aspect of reporting that is problematic is the additional requirement to complete Table 4 which is entitled: FY2008 – FY 2010 MHBG Transformation Expenditure Reporting Form. Table 4 would require that Illinois track expenditures for up to twenty (20) specific activity categories. The Illinois DMH does not currently track the allocation of block grant dollars at this level of specificity, and to do so would place an undue burden on state fiscal staff. We therefore request that Table 4 be eliminated from the reporting requirements for the Mental Health Block Grant.

#### State Client Level Initiative Project

The FY 2008 – FY 2010 Block Grant Guidance and Instructions describes the intent of SAMHSA to implement a State Client Level Initiative Project to test the feasibility of implementing client level reporting in the states. While states have a need for detailed data with regard to the consumers on whose behalf services are purchased, we question the need for such detailed information to flow to the Federal level. Illinois currently generates more than one million records related to service provision and consumer information on an annual basis. How

would this information be used at the Federal level? The states have been working with the Mental Health Statistics Improvement Program (MHSIP), the National Association of State Mental Health Directors Research Institute (NRI) and others over many years to develop data standards, however there is still great variability in the ways in which the states define the data elements that they collect. One has only to review the work initiated under the Data Infrastructure Grants (DIG) funded by SAMHSA CMHS over the past six years and the variety of footnotes related to reporting under the DIGs to appreciate the extent to which such variability exists. Although great progress has been made on standardizing the DIG data elements, operational definitions and reporting for the Uniform Reporting System (URS) tables, it has taken a great deal of time for this to occur. Now imagine this process for additional data elements across all fifty states and the United States Territories. How will the millions of records generated via the state client level project be aggregated and utilized in a meaningful way? Of what value will this be to the states and the consumers and families on whose behalf mental health services are purchased? We suggest that the focus remain on key performance measures and indicators that relate to recovery, quality and the effectiveness of mental health services.

Thank you for the opportunity to comment on the proposed changes to the Community Mental Health Block Grant Application. Should you require additional information or clarification, please do not hesitate to contact me. I can be reached via e-mail at [MaryE.Smith@illinois.gov](mailto:MaryE.Smith@illinois.gov) or via telephone at (312) 814-4948.

Sincerely,

Mary E. Smith, Ph.D.  
Chief, Strategic Planning, Evaluation and  
System Analysis  
Acting Chief, Decision Support  
Division of Mental Health

Cc: Lorrie Rickman-Jones, Ph.D.  
Director, Division of Mental Health

Robert Glover, Ph.D.  
Executive Director  
National Association of State Mental  
Health Program Directors



Michigan

Comments on the DRAFT Community Mental Health Services Block Grant Application Guidance and Instructions FY 2008-2010

Thank you very much for the opportunity to provide feedback on the draft guidance.

We appreciate the increased emphasis on mental health system transformation. In Michigan, the movement of the entire system has been greatly assisted by the ability to use mental health block grant funds to support the implementation of evidence-based practices and other promising practices.

The only major problem we note with the draft is Table 4. We don't and would not be able to meaningfully account for costs by many of these 19 (plus "other") activities. The transformation activities listed are largely underlying expectations of many services we provide. Many of them overlap within services and just cannot be broken out as proposed the draft table.

For example, we may have a Co-occurring Disorder: Integrated Dual Disorder Treatment (activity 5 and activity 9) program within and Assertive Community Treatment Program (activity 9) that works to improve coordination of care among multiple systems (activity 1), provides culturally competent services (activity 2), involves consumers and families fully in orienting the MH system toward recovery (activity 3), improves consumer access to employment and affordable housing (activity 8), supports individualized plans of care for consumers (activity 11), has a peer specialist on the team (activity 12), and links with primary care (activity 13). This same program could also support reduction of stigma (activity 17), have electronic health records (activity 7), and so on.

There are a myriad of such combinations and neither a math formula to attribute shares for each activity makes sense, nor, reporting all costs for eleven (as this case) different activities make sense.

In Michigan, most of our mental health block grants funds is being used on transformation activities. Some of it is awarded based on proposals submitted by regional agencies in response to the state's annual Request for Proposals. What is submitted is based on locally and regionally determined need. Consumer participation in this process is required. The state could not say in advance exactly which categories of services will be requested or awarded (based on the recommendations of review panels which includes consumers). We are able to report for each year what kinds of services the block grant was used to support.

Our department also manages state general and restricted funds, other grant program funds, and Medicaid funding. Medicaid funds are distributed on a capitated basis to regional health plans. Service encounters are reported into a statewide data system and numbers of services (as defined by the state) can be reported. Cost reports, which are completed after the end of each fiscal year, show totals amounts of Medicaid spent on Medicaid service categories. This information doesn't lead to the requested numbers in

draft Table 4. Limited subsets of some of the information could be provided (after, not before) each year, such as the amount spent on Assertive Community Treatment.

In summary, expenditures are not planned or tracked by most of these categories and the state would not be able to provide meaningful dollar amounts for Table 4, although we are supporting the activities throughout the system.

# DEPARTMENT OF MENTAL HEALTH

## State of Mississippi

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Edwin C. LeGrand III - Executive Director

May 16, 2007

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

RE: Comments and request for clarifications to Department of Health and Human Services, SAMHSA Agency Information Collection Activities: Proposed Collection and related *Community Mental Health Services Block Grant Guidance and Instructions, FY 2008-2010*

Dear Ms. King:

Thank you for the opportunity to submit these comments about the *Draft Community Services Block Grant Application Guidance and Instructions, FY 2008-2010* that are referenced in the Federal Register Notice of March 29, 2007, vol. 72, no. 60. (Specific notice referenced dated March 23, 2007). Comments/requests for clarification are referenced to the page number of the *Draft Application Guidance* as currently proposed. The majority of the comments pertain to the related parts of the *Draft Guidance*, as follows:

.p. 14: "In FY 2008, States will be asked to report Block Grant and State funding for transformation activities in Table 4," and,

p. 34: "States are required to identify at least one state-specific mental health transformation outcome measure and to report a performance indicator related to the measure. State specific transformation performance indicator(s) shall be constructed according to the guidance provided in this document and should be labeled as transformation outcome measures."

Additionally, the wording of the text on p. 24 seems to indicate that states can select the "specific mental health transformation outcome measure"; however, the *Draft Guidance*

goes on to add on p. 32 as a requirement 19 specific activities by funding source (federal block grant or state funding) to be addressed under Criterion 5: "Identifies transformation expenditures by Mental Health Block Grant funding and other State funding sources. (Table 4)."

On p. 33, Table 4 lists 19 "State Transformation Activities" and a space for "other activity," and as noted previously (on p. 14), the *Draft Guidance* indicates that states "will be asked to report Block Grant and State funding for transformation activities in Table 4" in several places.

Several points are unclear and of concern:

Data is not currently available to report on all of the 19 transformation activities as they are listed in Table 4 on p. 33. Mississippi can continue to report how CMHS Block Grant funds are expended, as in previous years and as called for in Criterion 5 in federal state plan requirements; however, we would have significant difficulty reporting expenditures for all of the activities as presented in the Table 4 format. Although a few of the activities listed reflect the same topics addressed in the URS/NOMs measures, most would involve additional data definitions and information management system changes to report. Even for a topic currently addressed in the URS/NOMs, reporting in the proposed Table 4 format changes the reporting parameters/requirements and therefore, would require further adapting data systems, which will take time and resources.

Although Table 4 does include an "other activity" category, its otherwise prescriptive format appears inconsistent with the intent of the block grant, that is, to provide states with flexibility in use of block grant funds. As noted in Mississippi's State Plan, the goals of the Mississippi Department of Mental Health are consistent with those reflected in the New Freedom Commission on Mental Health, and our agency is committed to system transformation. Regarding the mental health transformation outcome measures, it is unclear the extent to which states will continue to have the flexibility to select and focus on transformation activities that are most appropriate to local and state needs and to the stage of their individual system development. How this issue is approached will also impact the role of the state Planning Council in working with the state agency to identify and set priorities. In many cases, transformation initiatives, such as the provision of culturally competent services and incorporation of a person-centered planning approach (which supports individualized plans of care), are intentionally designed to be integrated across services, including some services that are also listed in Table 4 as transformation activities (e.g., services for co-occurring mental and substance abuse disorders). This integration of transformation activities is necessary to achieve systems change, both within organizational cultures and in direct service practices, but would also make it difficult to track the exact costs by funding source of those specific activities as currently listed in Table 4. Having continued flexibility in use of CMHS Block Grant funds facilitates the state's efforts to support transformation activities as they evolve and to better use funds as appropriate to its status and needs within a broader systems change context.

We also request clarification of some additional details within the *Draft Guidance* document, as follows:

In Table 6 on page 36 of the *Draft Guidance*, NOMs 2, 3, and 4 are marked with an asterisk (\*), followed by a footnote regarding how states respond if they do not have data available to construct a particular NOMS indicator at the time of the report, that is, they are to indicate current capacity for reporting, as well as efforts and a target date projected for reporting of measures on which work continues. We request clarification regarding whether or not this provision will continue to apply to all NOMs (not just the three noted by an asterisk in the current *Draft Guidance*), which is necessary to be consistent with ongoing data infrastructure development and quality activities that are projected within a realistic and feasible timeframe.

On page 37, in the last paragraph and as indicated in the Performance Indicator Table for the State Plan that follows on page 38, the *Draft Guidance* states that "For each indicator, States must show the data for the past two years (to the extent that it is available), and project a specific target for the next year...". We request clarification regarding what information to include in column (3) for FY 2007 in the FY 2008 State Plan (and subsequent years), if data for the entire fiscal year is not available at the time the Plan must be submitted (by September 1 annually).

In summary, the Mississippi Department of Mental Health remains committed to transforming the mental health system in our state and will continue to work diligently to continue system improvements. We are grateful for the CMHS Block Grant, including its characteristic flexibility that facilitates our efforts to move the system forward, but have concern regarding the feasibility of new data reporting requirements in Table 4; we also respectfully request clarification of other points in the *Draft Guidance* noted previously. We have historically enjoyed a partnership with SAMHSA in support of system changes, and we look forward to continuing that partnership to implement the CMHS block grant program. If I can provide additional information or clarification of these comments, please do not hesitate to contact me. Thank you again for requesting and considering our comments.

Sincerely,

Theresa A. (Tessie) Smith  
Director  
Division of Policy and Planning

cc: Mr. Edwin C. LeGrand III, Executive Director  
Mr. Roger McMurtry, Director, Bureau of Mental Health  
Ms. Myrna Douglas, Chairperson, Mississippi State Mental Health Planning and Advisory Council  
vMs. Deborah Baldwin, CMHS Block Grant Program Ms.  
Jeanette Miller, CMHS Block Grant Project Officer



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May 15, 2007

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Executive Director  
*NASMHPD*

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

Dear Ms. King:

The National Association of State Mental Health Program Directors (NASMHPD) is pleased to have the opportunity to comment on the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS) Federal Register Notice of the proposed FY 2008-2010 Guidance and Instructions for the Mental Health Block Grant Application. NASMHPD represents state and territorial mental health commissioners/directors and their agencies that provide public mental health services to over 6 million people. Our members manage community-based systems of care as well as inpatient care in state psychiatric hospitals for individuals with serious mental illness. CMHS Block Grants provide a vital source of flexible funding for state mental health services and programs.

NASMHPD's comments will focus on concerns expressed by a number of state mental health agency officials who have extensive experience in administering block grants in their states and who work cooperatively with other state personnel to complete the data collection, planning and analysis for the block grant application and implementation reports. The integration of National Outcomes Measures (NOMS) in the block grant planning process to track improvements in the public mental health system is fully supported by NASMHPD and the states.

NASMHPD and its state mental health agency commissioner members are deeply committed to achieving the transformation of the mental health system as recommended in the President's New Freedom Commission Report and other seminal reports. We believe strongly that states and localities must be accountable for achieving improved care for the individuals they serve. Most states are already detailing transformation activities in their mental health block grant applications and could work with CMHS to provide enhanced narrative descriptions of the progress they are making to transform their mental health systems. However, the overwhelming consensus among state agency mental

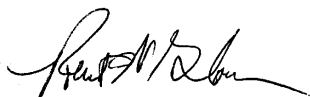
May 15, 2007  
Page 2

health planners is that the proposed requirement for reporting of expenditures from the block grant and other state funding sources on transformation activities is untenable, impractical and unnecessary. We strongly recommend dropping Table 4 on page 33 of the Application Guidance and Instructions. This recommendation in no way represents a lack of support for the principles of mental health transformation. Our opposition to providing transformation expenditure data as requested in Table 4 is based on the fact that states do not budget expenditures in a manner that would allow for this data to be extracted in an accurate and meaningful way. The categories of transformation activities simply do not track with state budgeting practices. Without expensive time studies that are beyond the scope of states' accountability requirements, states would be forced to make educated guesses about expenditures which could be harmful and misleading.

NASMHPD is also requesting that CMHS examine the reporting timelines in light of the proposed requirement for reporting on additional National Outcome Measures (NOMS). On September 1, 2007, state plans for FY 08 (which include 2007 actuals and 2008 targets) are due as well as the annual consumer surveys as part of the NOMS. Three months later on December 1, the Implementation Reports are due. Because states have extensive public review processes of the block grant submissions and approval requirements by state planning councils and their Governors, the deadlines require the states to develop "actuals" before the end of the service year. Therefore, these "actuals" are really estimates or projections based on partial year data for many states. The workload involved with developing these 'temporary data' is quite costly to the states and has nominal utility. In fact, the introduction of inaccurate data produces results which may be misleading. It would be more advantageous for the states if the due dates for the Plans were pushed back so that accurate data is available for planning purposes. In addition to a review of the timelines, the definitions for the NOMS need further delineation. It is important to provide service definitions that are clear and detailed but not so precise as to limit flexibility in achieving shared goals.

NASMHPD commends SAMHSA for its collaborative approach in working with the states to derive the greatest benefit from limited funding for mental health services for children and adults. We are committed to working with you to maximize the effectiveness of the Mental Health Block Grant program.

Sincerely yours,



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

From: jim.harvey@hhss.ne.gov  
[<mailto:jim.harvey@hhss.ne.gov>]  
Sent: Thursday, May 03, 2007 11:39 AM  
To: King, Summer (SAMHSA/OAS)  
Cc: Baldwin, Deborah (SAMHSA/CMHS); DiGeronimo, Richard (SAMHSA/CMHS); ron.sorensen@hhss.ne.gov; Bob Glover; elizabeth.prewitt@nasmhpd.org; ted.lutterman@nri-inc.org  
Subject: NE Comments on MHBG Guidance for FY 2008-2010

To: Summer King  
From: Jim Harvey, Nebraska Division of Behavioral Health Services  
Re: NE Comments on MHBG Guidance for FY 2008-2010

This e-mail represents the comments from the Nebraska Division of Behavioral Health Services on the Federal Community Mental Health Services Block Grant Application Guidance And Instructions FY 2008 - 2010 (Transforming Mental Health Care In America).

These comments have been approved by Ron Sorensen, Behavioral Health Administrator for the Nebraska Division of Behavioral Health Services.

The primary comment involves the extraordinary increase in burden the Federal Community Mental Health Services Block Grant application and implementation report has become. It is time for the Center for Mental Health Services (CMHS) to reduce the requirements back to the minimum needed to meet the Federal Law. For example, the draft of the Application Guidance and Instructions for FY 2008 - 2010 was over 126 pages.

There are two areas which need to be specifically eliminated from these requirements.

1. Eliminate Table 4 (FY 2008 - FY 2010 MHBG Transformation Expenditure

Reporting Form) - According to the instruction package, in FY 2008,

States are required to use this Table 4 to report Federal Mental Health

Block Grant and State funding for transformation activities. The

burden on this table is overwhelming. Also, one needs to ask what is

the value of the information obtained from it. The table requires state



and federal funding to be divided into 19 categories plus "Other" using categories such as "Improving coordination of care among multiple systems", "Eliminating disparities in access to and quality of care", "Support for integrated electronic health record and personal health information systems", "Aligning financing for mental health services for maximum benefit" and related areas. The Nebraska accounting system does not track funds in this manner. That would mean Division staff would be forced to guess where funds should be classified. Such an exercise would not produce accurate data.

2. Eliminate the requirement to describe mental health transformation efforts and activities in the State under each Criterion, providing reference to specific goals of the NFC (President's New Freedom Commission on Mental Health) Report to which they relate.

These two requirements represent an arbitrary expansion of reporting requirements which are not necessary and do not provide useful information for managing programs resulting in an increased State burden. Nebraska will not report on these two items.

According to Nebraska records, the Community Mental Health Block Grant in Federal Fiscal Year 1982 was \$919,814. In order to receive that award, the Nebraska application was 12 pages long. That year, the Federal Mental Health Block Grant represented 15.8% of the total community mental health funds expended.

In FY2006, the final grant award was \$2,050,210. Based on the most recent Notice of Grant Award, Nebraska received \$2,006,208 for FY2007. This represents a cut of \$44,002 from FY2006 to 2007. One may assume that the FY2008 award will be the same or less than the FY2007 award. That means the 5% administrative funds (\$100,310) remains the same.

Using the final allocation for FY2006, the Federal Community Mental Health Services Block Grant percentage total of funds for non-Medicaid mental health expenditures is:

- 3.4% of the total community mental health expenditure as reported on MOE
- 1.9% of the Total mental health (state psychiatric hospital and community mental health expenditure as reported on MOE)

With the reduction in FY2007 funds, the overall total is now reduced to 1.8%.

Overall, the State of Nebraska has been firmly committed to the transformation of the mental health system. Much work has been done over the last few years to achieve this goal. The Nebraska Behavioral Health Reform efforts have been documented in the last few mental health block grant applications.

In the past, Nebraska has agreed to increased reporting requirements.

Nebraska has successfully submitted the Uniform Reporting System tables.

Nebraska is also agreeing to work on developing the capacity to report the National Outcome Measures. While a burden, these data reporting requirements do have some added value. Also, the Center for Mental Health Services has provided a small amount of funds [currently called "Mental Health Data Infrastructure Grants for Quality Improvement (Short title: State DIG)] to support these efforts.

In summary, given the recent funding levels, the Center for Mental Health Services needs to reduce the reporting burden with the Federal Community Mental Health Services Block Grant. In addition, we see no added value to Table 4 (FY 2008 - FY 2010 MHBG Transformation Expenditure Reporting Form) nor the requirement to describes mental health transformation efforts and activities in the State under each Criterion. Nebraska will not report on these two items.

=====  
Jim Harvey

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7859  
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OKLAHOMA DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

May 1, 2007

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

Dear Ms. King:

Please accept the following comments in response to the Federal Register Document E7-5796, filed March 28, 2007. The referenced notice specifically addressed proposed changes in the Community Mental Health Services Block' Grant Application Guidance and Instruction for Federal FY 2008-2010 (OMB No. 0930-168).

As Oklahoma's Mental Health Authority for Oklahoma, we generally support the revisions proposed. We do not expect that most revisions will have a notable impact on the burden required to remain in compliance with the Mental Health Services Block Grant stipulations. In the following paragraphs I have highlighted our perspective on some specific proposed revisions for your consideration.

- **FY2008-2010 Revisions must integrate transformation as a guiding principle in the Mental Health Block Grant (MHBG) Plan.** Oklahoma has included transformation within the scope of planning, including the MHBG Plan, for the past several years. As a Transformation State Incentive Grant state we certainly have work products that exemplify this. However, it is unclear in the proposed Guidance as to how guiding principles or lack thereof may be a specific compliance issue in terms of approved Block Grant applications.
- **Identify transformation efforts funded by the MHBG and activities of the Council related to transformation.** The funding aspect of this may be hard to quantify from the State's perspective to meet the intent of this change. The proposed Guidance does include a Table 4 on page 33 which provides some categories for consideration. We would anticipate times when it may be difficult to arbitrarily assign specific funding to the categories as proposed. The approach in proposed Guidance may present a burden that will not be offset by the benefit of completing this work to be in compliance with the application requirements.
- **Identify at least one state-specific mental health transformation outcome measure and report a performance indicator related to the measure.** Certainly the State will be able to address this requirement and this should not represent a notable increase in burden on completing the application. The proposed Guidance appears to provide latitude on the part of the State to define and quantify transformation-related measures. We would encourage CMHS to be supportive of this latitude and not overly arbitrate the extent to which a measure is considered to adequately address transformation as a MHBG compliance issue.
- **Encourage use of the WebBGAS system for MHBG Applications and Implementation Reports.** Oklahoma has utilized the WebBGAS system for the past two fiscal years. The system provides for some efficiency. However, the actual work product does not provide a written document which can be easily utilized by state and local level stakeholders. Oklahoma will continue to be supportive of the web-based application but will likely continue to prepare a parallel document more suitable for use by the Mental Health Planning and Advisory Council and the public in general.

**Mission: To Promote Healthy Communities and Provide the Highest Quality Care to Enhance the Well-Being of all Oklahomans**

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- **Report all nine NOMS for mental health.** Oklahoma expects to be able to provide the required data for these measures with only moderate revisions to current data collection systems. The State is supportive of the partnership approach utilized by the Center for Mental Health Services through the Data Infrastructure Grant program which permits states to assist and guide in the development of measurement systems.

Thank you for the opportunity to comment on the proposed revisions. We certainly appreciate and diligently utilize the resources provided by the Mental Health Services Block Grant.

Sincerely,

A handwritten signature in black ink, appearing to read "Rand Baker", written in a cursive style.

Rand L. Baker  
Interim Commissioner

MATT BLUNT  
GOVERNOR

KEITH SCHAFER, Ed.D.  
DIRECTOR



STATE OF MISSOURI  
**DEPARTMENT OF MENTAL HEALTH**

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May 1, 2007

Summer King  
SAAASHA Reports Clearance Officer  
Office of Applied Studies  
Substance Abuse and Mental Health Services Administration Room 7-  
1004  
1 Choke Cherry Road  
Rockville, MD 20857  
Dear Ms. King:

Thank you for the opportunity to submit additional comments as requested in the March 23, 2007 FRN regarding the Substance Abuse Prevention and Treatment (SAPT) Block Grant Uniform Application Guidance and Instructions FY 2008-2010 (OMB No. 0930-0080)-Revision.

The language for Women's MOE Table IV is proposed to change from "Report State Fiscal Years 2004, 2005, and 2006..." to "Report expenditures for 2005, 2006, and 2007..." By removing the specific reference to State Fiscal Year, the new draft language is unclear. Strangely, the draft revision reflects deleting the words, "Federal Fiscal Years," however the OMB approved language *actually reads "State Fiscal Year."* Is it the expectation states will continue to report on their SFY as required in past years, or does the proposed change suggest states will begin reporting on the FFY for MOE Table IV? Reporting on the FFY would create an additional burden for the states. Previously Missouri was advised when there is an absence of a state or federal designation in reference to any year, then FFY is implied, This proposed change removes the specified designation for the FY. Further clarification is necessary.

Again, thank you for the opportunity to make additional comments regarding the SAPT Block Grant Revision Should you have any questions regarding these comments, please call me at (573) 751. 2257 or email me at [jodi.haupt@dmh.mo.gov](mailto:jodi.haupt@dmh.mo.gov).

Sincerely,

Jodi Haupt

cc:

ut

A large, stylized handwritten signature in black ink, appearing to read "Jodi Haupt".





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**DEPARTMENT OF HUMAN SERVICES**

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DIVISION OF MENTAL HEALTH

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June 5, 2007

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

Re: E7-5796 Federal Register Notice: Community Mental Health Services Block Grant Application and Guidance

Dear Ms. King:

This correspondence is regarding the request for comments on Federal Register Notice E75796, Agency Information Collection Activities: Proposed Collection, Community Mental Health Services Block Grant Application and Guidance. I have reviewed the draft CMHS Block Grant application and would like to take this opportunity to share my concerns with the FY2008-2010 guidance and application process, specifically regarding Table 4: Transformation Expenditure Reporting Form.

The South Dakota Division of Mental Health (DMH) believes that the integration of mental health transformation is essential in crafting positive outcomes for the people of South Dakota. The DMH receives a minimum amount in Block Grant funds per year (approximately \$878,000). South Dakota uses our entire Block Grant to fund direct services to children with serious emotional disturbances, adults with severe and persistent mental illnesses, and adults with co-occurring substance abuse/mental health diagnoses. It would be extremely difficult and burdensome for the DMH to report for each state transformation activity area listed in Table 4. Additionally, the DMH does not feel that Table 4 is necessary or practical for a state like South Dakota where there is no additional money to be utilized for direct funding of transformational activities. While the DMH cannot quantify in expenditures the funding for each area listed in Table 4, our current State Plan performance indicators do show progress in many areas related to transformational activities (supporting individualized plans of care, improving coordination of care among multiple systems, provision of evidence based practices, improving consumer access to employment and affordable housing, etc.). The DMH does not feel Table 4 would provide a true representation of the efforts towards transformation in the planning and delivery of community mental health services in South Dakota.



The DMH works very closely with community mental health centers and the Mental Health Advisory Council to develop recovery-oriented and consumer driven services for individuals receiving assistance from the community mental health system. In addition, the DMH works within a Systems of Care Steering Committee comprised of the eleven community mental health centers, the Department of Human Services, the Department of Corrections, Unified Judicial Systems, the Department of Social Services, and the Department of Education to address many of the items referenced in Table 4. Through these collaborative relationships it is clear that all of the stakeholders involved find consumer driven, recovery-oriented services a priority. South Dakota has taken many strides in the transformation of community mental health services and the coordination of care among multiple systems, without having the benefit of flexible funding to support specific transformation activities.

Thank you for the opportunity to comment on the proposed Block Grant application and guidance, and for taking our concerns under consideration during the approval process with OMB.

Sincerely,

Amy Iversen-Pollreisz  
Director

## CMHS BLOCK GRANT INSTRUCTIONS REVIEW

### BG Guidance/Instructions

#### **Page 12**

Last paragraph – The third set of DIG funding is expected to continue in FY07. (should this be FY08)

#### **Page 14**

IV. (3) – Information regarding Implementation reports. Multi-year Plan approved in FY 2009 will not have Implementation Report due December 1, 2007 for FY 2007 Plan.

#### **Page 16**

Line 1 – States that submitted (should this be submit)

Line 2 – ...status of their mental ----- (missing words)

#### **Page 25**

(4) – Line 5 – In the annual implementation report, States are also required to submit documentation that the *State Plan* was shared with the Planning Council and must include any comments from the Council on the State's annual implementation report. (should *State Plan* read *Annual Report*)

#### **Page 36**

Table 6

Use of asterisk – consistency? None on NOMS 4-9

NOM 7. – period instead of comma

#### **Page 37**

4. (a) (i)... References to Table 3 “above” – (should this be Table 3 on page 31)

#### **Page 38-39**

Performance Indicator Tables – State Plan

(For 2008 Plan, shouldn't Fiscal Years be as below)

(2)	(3)	(4)	(5)
FY 2005 Actual	FY 2006 Actual	FY 2007 Projected	FY 2008 Target.....

#### **Page 41**

Performance Indicator Table – Implementation Report

(For 2008 Implementation report shouldn't Fiscal Years be as below)

(2)	(3)	(4)	(5)	(6)
FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Target % Attained

# P VERMONT

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**State of Vermont****Department of Health**

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*Agency of Human Services*

May 16, 2007

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

Thank you for the opportunity to comment on the proposed Community Mental Health Block Grant Application Guidance and Instructions as described in the Federal Register / Vol. 72, No 60/ Thursday, March 29, 2007 (14825).

(a) Much of the proposed information collection is proper, supports the functioning of the state mental health authority, and has practical utility. Some exceptions, however, should be noted:

The proposal for client-level reporting of data to the Center for Mental Health Services (CMHS) has the potential to raise serious questions about the confidentiality of medical records and the personal privacy of service recipients. Any inclusion of unique personal identifiers (e.g., Social Security number, name, etc.) would be very problematic.

The ongoing expansion of the consumer survey data collection effort is also problematic. The traditional and legitimate focus of the consumer survey is consumers' evaluations of the services they have received. The addition of questions regarding consumers' criminal justice involvement, level of functioning, school attendance, etc., radically changes the role of the consumer from the person evaluating services to the person being evaluated. We believe that this change will have a substantial detrimental impact on consumers' willingness to participate in the consumer surveys. In Vermont, we have already seen a significant reduction in adult consumer survey response rates, from 53% in 1997 to 36% in 2006. We attribute most of this decrease to the requirement by the Substance Abuse and Mental Health Services Administration (SAMHSA) that consumers be surveyed on an annual basis. The addition of new questions that do not relate to consumer satisfaction could very well further reduce response rates and reduce the utility of consumer surveys to help guide state mental health policy at the state level.

(b) We believe that the single most important way to enhance the quality and utility of the data used to populate Uniform Reporting System (URS) tables is to increase utilization of administrative data from other state agencies. Vermont uses data from other state agencies to measure consumers' employment rates, rates of criminal justice involvement, readmission to general hospitals after stl te




hospital discharge, living situation and homelessness, and school participation. We believe these data to be of very high quality and find these data to be very useful at the state level. Changing the source of these data to the consumer survey as has been suggested by SAMHSA could have a negative impact on the validity and reliability of these data, and diminish their utility at the state level.

(c) The reporting burden can be reduced in two ways. First, more reliance on administrative data from existing databases and reduced reliance on special-purpose data collection can greatly reduce the burden on state mental health authorities. We live in an age of data abundance. The model being proposed by SAMHSA (special-purpose data collection) is the legacy of an age of data scarcity. There is no need for mental health agencies to collect data that have been routinely collected by other state agencies that specialize in the specific areas of concern. Their data are of higher quality and the expense of data collection has already been borne elsewhere.

Second, the measurement of fidelity with regard to the ten Evidence-Based Practices in the current URS reporting system is extremely time-consuming and expensive. Making these tables optional until reliable, consistent reporting practices can be established and supported with resources commensurate to the task would result in great savings for the time being at the state level.

Sincerely,



John A. Pandiani, Chief  
Research and Statistics

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