

Program Assessment Rating Tool

Com

Community Mental Health Services Block Grant

The program provides formula grants to States to support community mental health services for adults with serious mental illness and children with serious emotional disturbance.

RATING

PERFORMING

What This Rating Means

Adequate

- **The program is unique.** It is the only Federal program that provides funds to every State to develop a comprehensive, community-based system of care for individuals with serious mental illness and serious emotional disturbance who are uninsured or who have no mental health coverage.
- **No comprehensive evaluations have been completed to date on the program.** There have been no independent assessments to determine if the program is having its intended impact or to inform program improvements. An evaluation is currently in progress.
- **The program is collecting data on some long-term and annual outcome measures.** The program has data on the rate of readmission to State psychiatric hospitals and the rate of consumers/family members reporting positively on outcomes of services

We are taking the following actions to improve the performance of the program:

- Conducting an independent, comprehensive evaluation of the program.
- States will report on all CMHS NOMs in FY 2008. An in-depth analysis of the CMHS' Uniform Reporting System (URS) and its application to the NOMS is being conducted and will be completed by July 1.

Attachment 2

Individual Public Comments

State of Alabama

From: Brooms, Molly [Molly.Brooms@mh.alabama.gov]

Sent: Friday, March 07, 2008 6:19 PM

To: King, Summer (SAMHSA/OAS); Baldwin, Deborah (SAMHSA/CMHS); Morrow, John (SAMHSA/CMHS)

Cc: Chambers, Susan; Evans, Anne; Houston, John; Gregory Carlson; Hammack, Kim

Subject: comments on revised block grant guidance

I endorse the proposed revisions to the Block Grant Application as proposed in the Federal Register/Vol.73, No 19/Tuesday, January 28, 2008. I was privileged to be a member of the advisory group that made suggested revisions. I applaud Deborah Baldwin and John Morrow for convening the group, for listening, and for incorporating the suggestions. I hope that the proposed revisions will be favorably viewed by other interested parties.

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State of Utah

From: Thomas Dunford Jr [tdunford@utah.gov]
Sent: Friday, March 14, 2008 9:50 AM
To: Baldwin, Deborah (SAMHSA/CMHS)
Subject: 09-11 Guidance

Deborah:

I am sorry for a late response to your request of state input. I thought I had made my comments, but just noticed that I never forwarded them on to you. There were several things that caught my eye, but only one critical issue. I'm sure you have received comments on this subject so I just wanted to add Utah's response to support any other state with the same concerns. On Table C. MHBG Funding for Transformation Activities, we do not mind providing the information to the best of our knowledge, but we do not want to be held to our estimates, especially if we fall short.

Again, I am sorry for the great delay in my response and I understand that you might not be able to include this comment in your report.

Thank you,

Thomas Dunford, M.B.A.
Utah State Planner

Puerto Rico

From: Felicita Cintrón Diaz [fcintron@assmca.gobierno.pr]

Sent: Thursday, March 27, 2008 4:55 PM

To: Baldwin, Deborah (SAMHSA/CMHS); King, Summer (SAMHSA/OAS);
Elizabeth.Prewitt@nasmhpd.org

Subject: COMMENTS ON MENTAL HEALTH BLOCK GRANT GUIDANCE AND
INSTRUCTIONS

I read carefully each PART of the guidance and instructions for FY 2009 – FY 2011. Also I revised attachments and appendix. I confirm that descriptions on context, overview, history and goals are clear.

National Outcome Measures and related performance indicators as well as Reporting System, Exhibits and PARTS help understand the important of accountability in the delivery of quality mental health services. The format and content for application and implementation report is explained in detail.

Thanks for the opportunity and my apology for delay on my comments.

State of Maryland

From: Dennis McDowell [DMcDowell@dhhm.state.md.us]
Sent: Friday, February 29, 2008 3:06 PM
To: Baldwin, Deborah (SAMHSA/CMHS); deborah.baldwin@samhsa.hhs.gov.;
summer.king@samhsa.hhs.gov.
Cc: Cynthia Petion
Subject: Fwd: Response to your request for comments on FY 2009-2011 CMHS
Guidance and Instructions

We used the direct link from your request the first time, let me try again.

Dennis

>>> Dennis McDowell 2/29/2008 2:58 PM >>>
We have been asked to provide comments on the FY
2009-2011 Community Mental Health Services Block Grant Application Guidance
and Instructions The FRN instructs States to submit comments to Summer King,
SAMHSA Reports Clearance Officer, Room 7-1044, One Choke Cherry Road,
Rockville, MD 20857 or by email to summer.king@samhsa.hhs.gov.

The State Planning & Systems Development Branch requested comments in advance
of the expiration date of March 29, 2008. and no later than February 29, 2008
before the 30 Day FRN is published.

On behalf of the Planning Staff at the Maryland - Mental Hygiene
Administration we are responding to your request with this memo noting that we
have no comments on the revised FY 2009-2011 CMHS Guidance and Instructions at
this time.

Thank you for our ongoing cooperation in the on going Community Mental
Health Services Block Grant Application process.

Respectfully submitted

Dennis McDowell
Cynthia Petion
Mental Health Planning Division
Mental Hygiene Administration
55 Wade Avenue, Dix Building
Catonsville, MD 21228

State of Arizona

February 29, 2008

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

Re: Federal Register 72(19) January 29, 2008

Dear Ms. King:

The Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS) hereby submits its comments regarding the proposed revisions to the Community Mental Health Services Block Grant Application Guidance and Instruction, FY 2009-2011.

We fully support the proposal to streamline the process for reporting the State's use of the Block Grant to support mental health transformation.

However, the concerns that Arizona and many other states shared with SAMHSA about their ability to report on Table 4, "MHBG Transformation Expenditure Reporting Form" for the FY 2008 application continue to remain a concern. The revisions to this Table to narrow the original twenty transformation activities down to six broad categories do not resolve the problem that States faced in the last application. Arizona's fiscal process does not permit reporting in this manner.

It would be very difficult to gather this financial data, even with the proposed changes to broaden the transformation categories, as a vast majority of our MHBG funds are not provided with these six goals in mind and cannot easily be quantified into these six categories. We do support the elimination of the request to identify other State funding sources targeted for transformation within this Table.

The proposal to eliminate the requirement that transformation activities be tracked within the five criteria and consolidating them into a single section is supported; however, this change would not reduce the time and burden to the States. The same amount of work will need to be accomplished, but the information will now be contained in one section rather than scattered

throughout the Plan.

However, the proposal to eliminate redundancy by allowing States to refer to other sections within the Plan with similar information will reduce the time spent by staff and we also support this change.

Letter to SAMHA, page 2

The elimination of Table 18 of the Uniform Reporting System tables is also supported. We are in agreement with other States and CMHS that the table was not very useful and the amount of time to collect the data was burdensome. Eliminating the State-Level Reporting Capacity Checklist is also supported, as with any efforts to reduce paperwork.

Overall, the efforts of the working group convened by SAMHSA are commendable. It is understood that the objective of these revisions are to ensure continued federal support of the program; to reduce the time and resource burden of the States, and to collect the data required to demonstrate outcomes.

ADHS/DBHS remains committed to working with SAMHSA, NASMHPD, and other stakeholders in improving the CMHS Block Grant program. Thank you for the opportunity to provide comment on the proposed revisions of the FY 2009-2011 Guidance.

Sincerely,

Eddy D. Broadway
Deputy Director



National Association of State Mental
Health Program Directors

66 Canal Center Plaza, Suite 302, Alexandria, VA 22314 (703) 739-9333 Fax (703) 548-9517

February 29, 2008

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

Dear Ms. King:

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

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

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

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

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

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

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

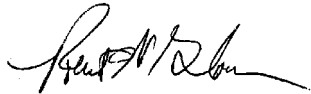
NASMHPD would appreciate clarification regarding the difference between *State Transformation Outcome Measure* in Part C, III(B)(2) versus the *National Outcome Measures and Other Performance Indicators* in Part C, III(B)(1).

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

changed in this regulation. Nevertheless, we urge SAMHSA to suggest this change as Congress considers changes to the authorizing legislation.

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

Sincerely yours,

A handwritten signature in black ink, appearing to read "Robert W. Glover". The signature is fluid and cursive, with a long horizontal stroke at the end.

Robert W. Glover, PhD
Executive Director

Attachment 3

**Community Mental Health Services Block Grant Application
Guidance and Instructions**

Summary of Public Comments

Received In Response to 1/28/08 Federal Register Notice (73 Fed. Reg. 5200)

Commenter	Public Comment	CMHS Recommendation
State of Alabama	Endorses proposed revisions and applauds CMHS staff for convening a Federal-State Working Group to address State concerns with previous application and guidance	No changes
State of Utah	Does not object to new Table C, but wants to clarify that it “will not be held” to expenditure estimates provided	No changes to application; clarification provided in 30-day Federal Register Notice
State of Maryland	Formal submission notes that the State has no comments	No changes
State of Arizona	Commends SAMHSA for appointment of the working group and supports streamlining, eliminating redundancy by permitting references to other sections, eliminating Table 18 and the State-Level Reporting Checklist.	No changes
	Supports eliminating reporting on non-MHBG State funds used to support transformation activities, but continues to be concerned about reporting transformation expenditures since MHBG funds cannot easily be allocated into the six categories and State’s fiscal process does not permit this kind of reporting.	No changes – Expenditure information is needed to know the extent to which the MHBG supports transformation.
Puerto Rico	States that descriptions are clear, and format and content for application and Implementation Report are clear	No changes
State of Nevada	Identifies discrepancy between NOMS table on page 33 of the application guidance (“percent” of clients receiving EBPs) and Appendix I (“number” of clients receiving EBPs)	Change Appendix I to request the percent of clients receiving EBPs, and to provide specific guidance regarding the numerator and denominator for this performance indicator
NASMHPD	Requests change in Table C to clarify	Revise Table C to include this

	that States should report MHBG transformation expenditures supporting the goal “program evaluation is accelerated,” rather than “research is accelerated”	change and provide explanatory footnote
	Requests clarification regarding the difference between the State Transformation Outcome Measure requested in Part C, Section III(B)(2) and Other Outcome Measures and Performance Indicators requested in Part C, Section III(B)(1).	No changes to application; clarification provided in 30-day Federal Register Notice
	Requests that September 1 submission date be changed to December 1 to coincide with submission of the State Implementation Report	No changes to application; as acknowledged by NASMHPD, submission dates are established in statute and cannot be changed through this administrative process