



Partnering in Performance and Data - SAMHSA and the States and Performance Partnerships

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INTRODUCTION

- ✦ Brief history of Performance Partnerships
- ✦ CMHS collaborations on data
 - ✦ MHSIP
 - ✦ 5-State Feasibility Study
 - ✦ 16-State Pilot Project
 - ✦ Data Infrastructure Grants

Overview

- ★ Status of Progress on PPG Development, Report to Congress
- ★ Data Pyramid
- ★ Summary of FRN Comments
- ★ Questions and Comments

Progress Report – Development of SAMHSA's Report to Congress

- ✦ Nearing completion of Draft Report
- ✦ Statement of what SAMHSA will do with the States: a Partnership to improve services and be accountable
- ✦ Focus on **measuring** performance and **managing** performance

Progress Report – Development of SAMHSA's Report to Congress, cont

★ Report must be compatible with:

- - SAMHSA's Strategic Plan
- - OMB's PARTS review
- - SAMHSA's initiative on co-occurring disorders
- - The report of the President's Mental Health Advisory Commission

Progress Report – Development of SAMHSA's Report to Congress, cont

- ✦ **Blueprint** is our implementation plan
- ✦ Really working on detailing steps SAMHSA itself needs to take
- ✦ Will also describe the means by which we continue our collaboration with the States.



Progress Report – Development of SAMHSA's Report to Congress, cont

- ✦ Will do as much as we can with existing legislation.
- ✦ But are analyzing where additional legislation authority may be needed.
- ✦ Also analyzing the resources we need jointly to make this work.

Performance Measures

- ✦ Performance Partnership Data Pyramid
– SAMHSA and the States
- ✦ Measures derived from those identified and agreed to by CMHS and the States

Goals

Measures

Improve Cost Efficiency and Outcomes

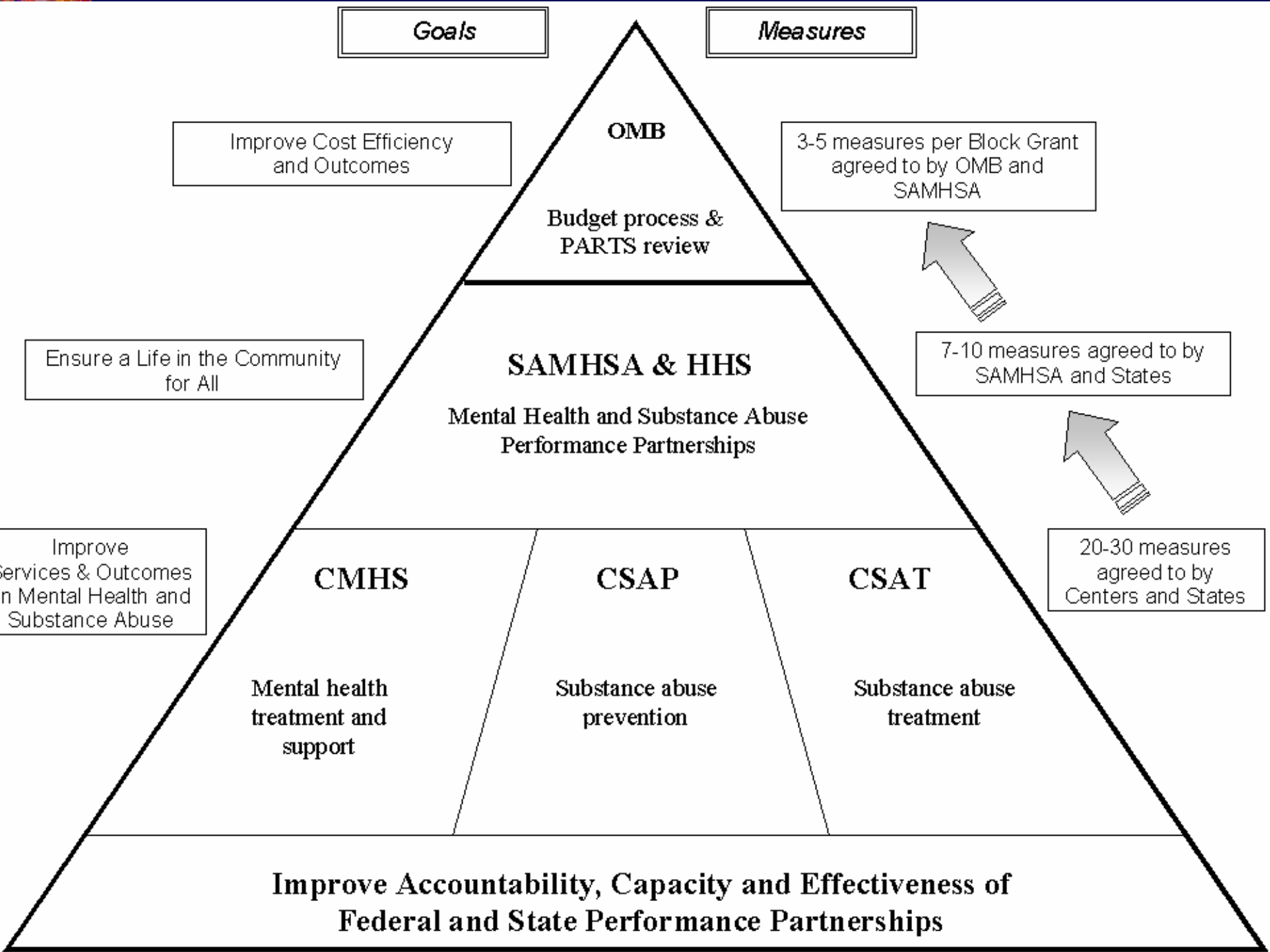
3-5 measures per Block Grant agreed to by OMB and SAMHSA

Ensure a Life in the Community for All

7-10 measures agreed to by SAMHSA and States

Improve Services & Outcomes in Mental Health and Substance Abuse

20-30 measures agreed to by Centers and States



OMB

Budget process & PARTS review

SAMHSA & HHS

Mental Health and Substance Abuse Performance Partnerships

CMHS

Mental health treatment and support

CSAP

Substance abuse prevention

CSAT

Substance abuse treatment

Improve Accountability, Capacity and Effectiveness of Federal and State Performance Partnerships

Summary of FRN Comments

- ✦ We received a total of 42 comments on the CMHSBG FRN:
 - ✦ 18 States
 - ✦ 2 State Planning Councils
 - ✦ 8 National Associations
 - ✦ 8 Local advocacy groups and associations
 - ✦ 6 Consumers

Benefits and Challenges

- ★ 17 commenters addressed our first question.
- ★ Solid support from 10 commenters.
- ★ Qualified support from 5 commenters.
- ★ Two commenters did not agree with proposal.

Benefits and Challenges, cont.

- ✦ **Primary benefit** – increased accountability for performance and outcomes, not expenditures.
- ✦ **Concerns** – impact on small States and territories; use of one set of measures for entire Nation; data sharing; more exacting requirements and inadequate support.

Benefits and Challenges, cont.

☀ Recommendations:

- ☀ Use existing data collection and reporting requirements
- ☀ Work with CMS on additional sources of funding for MH services
- ☀ Uniform measures for accountability, not as benchmark to drive State policy
- ☀ TA for compiling and using data at local level.

Flexibility needed

- ✦ Of eight commenters on this issue, four felt PPG proposal did not provide increased flexibility
- ✦ One commenter noted need for flexibility in measures themselves.
- ✦ Another commenter suggested increased flexibility as incentive – e.g., reducing reporting requirements, testing alternative measures; selection of measures from menu.

Continuous Quality Improvement

- ★ Overwhelming support for CQI over penalty structure
- ★ Generates more “collegial relationship between States and federal government”
- ★ Could allow for States to take risks with new approaches
- ★ Incentives should go beyond reducing requirements – such as awards for excellence or competitive pilot project awards
- ★ States should also have their own CQI

Evidence Based Practices (EBP)

- ✦ Concern that use of funds will discourage development of emerging evidence based practices
- ✦ Consider set aside for innovative services to identify more EBP
- ✦ Limit use of new funds to EBP
- ✦ Decreases flexibility
- ✦ Not a good idea – “whole field is changing.”
- ✦ SAMHSA should disseminate promising practices and provide TA.



New Elements in PPGs

- Co-Occurring

- ✱ Develop measures common to both substance abuse and mental health block grants
- ✱ Lack of integrated MIS with substance abuse make co-occurring data reporting difficult
- ✱ Measures should match those use for co-occurring grant program

Maintaining Current Restrictions

- ✦ Of 18 Comments – five general support
- ✦ One – increase 5% set-aside
- ✦ SAMHSA should allocate funding for:
 - ✦ Older Adults – 9 requests
 - ✦ Training Stakeholders - 3 requests
 - ✦ Planning Councils – 2 requests
 - ✦ Data Infrastructure - 2 requests
 - ✦ HUD Homeless matching – 1 request

Children's Set aside

- ✦ Ten out of 13 comments supported the proposed change in Children's set aside
- ✦ Economic situation presents difficulties.

Recommended:

- ✦ Flat percentage
- ✦ Set-side proportional to total spending
- ✦ Concern about potential for increased use of general BG funds

Reports

- ✱ Content - “Demonstrate concretely” the need for increased funding in mental health
- ✱ Simplify and consolidate plan and reporting requirements
- ✱ Develop set format
- ✱ Aggregate information - Discourage State to State comparisons

Maintenance of Effort

- ✦ Support for continuation of MOE
- ✦ Request for easier criteria, more flexibility
- ✦ All Nine comments on Independent Peer Review supported the removal of this requirement

FY '05 Implementation?

- ★ Nine out of ten comments stated that reporting on basic measures would be possible by FY '05
- ★ More time needed for optional
 - ★ Time to decide which measures
 - ★ Consider stakeholders
- ★ Suggests negotiated timetables with States for “coming on line”

SAMHSA Matrix Areas

- ★ Complimented Development of Matrix
- ★ Suggests relating measures and funding to the goals set in each matrix area

Measures

- ★ We received 12 comments specifically addressing the measures listed in the FRN.
- ★ CMHS is reviewing these excellent comments right now.
- ★ From several commenters – use existing data bases and definitions from MHSIP, HIPAA and other related efforts.



Thank you

Comments