The Role of the Federal Government is Receding...

While there is a decreasing role of government at different levels, there is also parallel movement in restructuring government at the state level and evaluating the role of state mental health agencies (and local county agencies) in this reorganized world.

In many ways, Medicaid dollars and the introduction of Medicaid managed care - has become a primary driver in the redistribution of dollars for mental health and in the roles and responsibilities of agencies. But, in many states, the state mental health authority is also beginning to assert its authority functions (planning, policy development, resource allocation, consumer empowerment, resource allocation and development, oversight and standard setting) as its provider functions diminish. Also, at the state level their is - -perforce-- more collaboration and connection with other agencies such as health substance abuse, insurance and criminal justice.

So, at the state level, at least there are two major trends with implications for MHSIP membership.

> 1. As states assert their authority role, a broad representation of state mental health agency staff - - beyond planners, IS and research folk - - to include quality improvement folk. Also a children's expert.
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> 2. There may be some value in including representatives from some of the other state agencies involved e.g. Medicaid (as we tried to do in the case of Candy Nardini), health, substance abuse.

Similarly, at the federal level, there may need to be more connection with some of the funding agencies e.g. HCFA and the substance abuse folk. In Texas, at least, there is a very strong movement to be aligned with substance abuse on performance measures, data requirements, etc. Some of the problems are related to the differences in the grants and funding going down the different "stove-pipes within SAMHSA. Similarly, a strong link with HCFA seems imperative.

The nature of this linkage across agencies should be a major topic of discussion. I don't think the format of having representatives from other agencies attend two-day meetings is viable. When I talked to Ted, he suggested MHSIP liaisons to the agencies. Also, is there some way to insert the concept of coordination i.e. MH data/performance measures as part of the BIock Grant or SAMHSA reauthorization? MHSIP state coordinators should coordinate: they should probably convene representatives from other agencies. It would be good to have this as a requirement by the feds.

My sense is that - for the near future - as long as there is HCFA dollars flowing to the states and the BG exists - - MHSIP is viable but it needs formal legitimization as a group that is advisory to CMHS. It's role as an ad hoc group is constricting.