



National Association of State Alcohol and Drug Abuse Directors, Inc.

July 1, 2011

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NASADAD Comments: DRAFT National Framework for Quality Improvement in Behavioral Health Care

The National Association of State Alcohol and Drug Abuse Directors (NASADAD) and our component groups, National Prevention Network (NPN) and National Treatment Network (NTN), appreciate the opportunity to comment on the Substance Abuse and Mental Health Services Administration's (SAMHSA) DRAFT National Framework for Quality Improvement in Behavioral Health Care. A top policy priority of NASADAD and our component groups is to implement an outcome and performance measurement data system for substance abuse prevention, recovery and treatment. We recognize the value of having a systematic data reporting system that will capture and utilize data to effectively shape policy and practice decisions. We applaud SAMHSA for its leadership in drafting a Behavioral Health Quality Plan that seeks to ensure high quality, reliable care.

Our members have a long history of providing effective and efficient services and overseeing complex data management and reporting systems. As SAMHSA's Quality Plan is developed, we urge you to continue the partnership between SAMHSA and State substance abuse agencies, which was used to assist in the development of National Outcomes Measures (NOMs). As you know, State Substance Abuse Directors and NASADAD have had a successful partnership with SAMHSA to develop and implement NOMs. NASADAD has created a Program Management Work Group (PMWG), to ensure a consistent forum for dialogue on complex data issues that require State-specific considerations and recommended adjustments. We urge for this partnership to continue between State substance abuse agencies, NASADAD, and the federal government as data collection and performance measures related to substance abuse are reevaluated to ensure they align with the National Health Care Quality Strategy. We also recommend that additional resources be dedicated to the PMWG to enhance work on substance abuse prevention data issues.

NASADAD shares SAMHSA's goal of creating a substance abuse and mental health data system that will support an improved addiction and mental health services and health outcomes. We believe the changes need to be well thought out and take into account the challenges States are facing with budget cuts. Changes to both the collection of data and reporting should be flexible to recognize States are at different levels for data collection and the timeframe for implementing changes will vary based on a State's resources.

NASADAD would also like to note the comments we have provided to the Centers for Medicaid and Medicare Services (CMS) regarding a request for comments on "*Initial Core Set of Health Quality Measures for Medicaid-Eligible Adults*." NASADAD worked with other stakeholder groups to submit comments, which encourage CMS to coordinate with SAMHSA to streamline reporting requirements. As SAMHSA moves forward with developing measures, we urge for these comments to be taken into account. In the comments NASADAD supported the following quality measures for Medicaid-eligible adults:

- The inclusion of screening, brief intervention, and referral for treatment for alcohol misuse, medical assistance for tobacco cessation, and screening for clinical depression and a follow up plan in the Prevention and Health Promotion category;
- The inclusion of initiation and engagement of alcohol and other drug dependence treatment and mental health utilization in the Availability category.

We also encouraged CMS to include the following measures to categories identified in the request for comments:

To the Prevention and Health Promotion category:

- Drug misuse screening, brief intervention, and referral to treatment
- Suicide screening

To the Management of Acute Conditions category:

- Follow up after hospitalization for a substance use disorder

To the Management of Chronic Conditions category:

- Retention in substance use disorder treatment
- Medication management for medication assisted treatment for substance use disorders
- Use of appropriate patient placement criteria for mental health and substance use disorders

We are aware of the concern regarding the term “behavioral health.” We agree that precise language is critical given the large impact federal statutes and regulations have on State systems. We also understand the stigma and discrimination that can be attached to certain terms. As a result, we stand ready to work with you and your staff on terminology and recommend using language that recognizes and reinforces the fact that addiction is indeed a unique, distinct, and primary disease.

The use of precise terminology is particularly important as we consider, develop, and implement the Quality Framework. The specific use of terms is critical as measures and data elements are developed. As a result, we recommend unique measures that are appropriate for the prevention, treatment, and recovery of substance use disorders; prevention, treatment, and recovery of mental illness; and elements appropriate for both substance use disorders and mental illness. We believe this will help better position States to use the data to improve service delivery.

Thank you again for the opportunity to provide comments on the National Behavioral Health Quality Framework. Please use us as a resource moving forward.

Sincerely,

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

Robert Morrison
Executive Director