



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

President
Mark Stringer
Missouri

First Vice President
Theodora Binion
Illinois

*Vice President
for Internal Affairs*
Barbara Cimaglio
Vermont

*Vice President
for Treatment*
Dave Felt
Utah

*Vice President
for Prevention*
Kim Fornero
Illinois

*Immediate
Past President*
Flo Stein
North Carolina

Secretary
JoAnne Hoesel
North Dakota

Treasurer
Kathy Skippen
Idaho

Regional Directors

Joseph Harding, NH
Region I

Arlene Gonzalez-Sanchez
Region II

Gary Tennis, PA
Region III

Cassandra Price, GA
Region IV

Kevin Moore, IN
Region V

Rochelle Head-Dunham, M.D., LA
Region VI

Kathy Stone, IA
Region VII

JoAnne Hoesel, ND
Region VIII

Cory Nelson, AZ
Region IX

Kathy Skippen, ID
Region X

Executive Director
Robert I. L. Morrison

September 17th, 2013

Rear Admiral Peter J. Delaney, Ph.D.
Director, Center for Behavioral Health Statistics and Quality (CBHSQ)
Substance Abuse and Mental Health Services Administration (SAMHSA)
1 Choke Cherry Road
Rockville, Maryland 20857

RE: NASADAD Comments: National Behavioral Health Quality Framework

The National Association of State Alcohol and Drug Abuse Directors (NASADAD) appreciates the opportunity to comment on the Substance Abuse and Mental Health Services Administration's (SAMHSA) draft National Behavioral Health Quality Framework (NBHQF) measures. Implementation of an outcome and performance measurement data system for substance use prevention, treatment, and recovery is a top policy priority of NASADAD. We recognize the value of having a systematic data measurement system that collects information to help understand and improve outcomes. We support the goal of using performance and outcome data to help ensure high quality, cost-effective, and reliable care.

Our members have a long history of providing effective and efficient services and overseeing complex data management and reporting systems. As efforts to implement the NBHQF move forward, we urge you to continue the partnership between SAMHSA and State substance abuse agencies that resulted in development and implementation of the National Outcomes Measures (NOMs).

In particular, NASADAD's Program Management Work Group (PMWG) provides a forum for dialogue on complex data issues that require State-specific considerations and recommended adjustments. Our members, through the PMWG, have already begun a dialogue regarding the current use of measures focused on quality. This effort has yielded a report that contains an eleven State case study (see [State Substance Abuse Agencies, Program Management, and Data Utilization: Case Studies of Eleven States](#)). We recommend that SAMHSA utilize NASADAD's experience and knowledge of State data collection systems through collaboration with the PMWG, Board of Directors, and membership in further efforts to develop and implement quality measures.

As you may know, NASADAD has examined certain data measurement issues through previous regulatory comments, including comments on the [Draft National Framework for Quality Improvement in Behavioral Health Care](#). Some initial recommendations common to both SAMHSA and NASADAD include:

- Screening, brief intervention, and referral for treatment for alcohol misuse
- Initiation and engagement in alcohol and other drug treatment
- Medical Assistance for tobacco cessation
- Suicide risk assessment, and
- Follow up after hospitalization for a substance use disorder

We would also suggest that retention in treatment for adequate lengths of stay is an important indicator that should be tracked. As stated in the NIDA Principles of Drug Addiction Treatment "...research has shown unequivocally that good outcomes are contingent on adequate treatment length" (this would be a logical measure in Goal 1 – Effectiveness).

We continue to believe that these measures are an important component of an effective data measurement system, and appreciate SAMHSA's inclusion of them in the NBHQF.

As any changes to performance and outcome collection moves forward, there are a number of areas to consider:

- The cost associated with different and/or new data collection efforts given difficult economic environments and the limited personnel resources available in State substance abuse agencies.
- The sheer volume of measures should be analyzed and work should be done to limit and prioritize those measures that have the maximum effect; the use of the measures both at the State and Federal levels should be planned during the formative process.
- The extent to which these measures will be part of the SAPT Block Grant reporting process, the discretionary grant portfolio and the timing of the initial collection and reporting process.
- The extent to which States may already have experience with certain measures.
- The indicators need to be more reflective of the work associated with "healthy living for communities" and serving "populations (individuals, families and communities)" that may occur under the auspices of the 20% prevention set-aside.

We understand CBHSQ may already have considered these and other issues. We highlight these matters as a way to help set the stage for an important dialogue.

Thank you again for the opportunity to comment on the NBHQF. We look forward to partnering with SAMHSA to improve outcome and performance measures for substance abuse prevention, treatment, and recovery services.

Sincerely,



Robert Morrison
Executive Director