"Performance and Outcome Measurement in Substance Abuse and Mental Health Programs"

Bill Number:

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Witness:
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Director

Testimony

Background

There was a time, when in order to generate more funding for alcohol and other drug addiction services, I would paint you a picture - a figurative picture - a compelling picture - of a sick, crack-addicted mom and her three young children to tug at your heartstrings and hopefully loosen the purse strings. But we all know that those days are over. We still care strongly about that mom and her three children, but today, we want to know more; we must know more.

Did she reach a sustained recovery? Is she employed? Is she going to school? Has she found safe, affordable housing? Has she been reunited with her children before the Adoption and Safe Families clock stopped ticking? Are the children succeeding in school? Is she a good parent?

How do we know if our services are working to improve lives? We create performance measures covering many of the categories just listed.

The Children's Health Act – A Roadmap for a Performance Data System

The National Association of State Alcohol and Drug Abuse Directors (NASADAD) and other national organizations joined the Substance Abuse and Mental Health Services Administration (SAMHSA) to support language in the Children's Health Act of 2000 (P.L. 106-310) triggering a transition from the current Substance Abuse Prevention and Treatment (SAPT) Block Grant to a Performance Partnership Grant (PPG). The goal of the transition is to increase State flexibility in the use of funds in return for increased accountability based on performance. Both SAMHSA and NASADAD also agreed that the transition should be based on a "Continuous Quality Improvement (CQI)" mechanism versus a punitive system that could threaten the flow of much needed resources to our already strained system.

The Act required SAMHSA to work with States to release a report to Congress, due October 17, 2002, detailing the transition to a PPG, including: (1) a description of the flexibility that would be given to States; (2) the common set of prevention and treatment

performance measures that would be used for accountability; (3) definitions for the data elements to be used under the plan; (4) the obstacles to implementation of the plan, and the manner in which such obstacles would be resolved; (5) the resources needed to implement the performance partnership; and, (6) an implementation strategy complete with recommended legislative language.

NASADAD Position Statement on PPG Transition
NASADAD outlined core priorities pertaining to the transition to the PPG in a Position Statement released this year. The Position Statement summarized NASADAD's previous correspondence and testimony regarding the Association's views. Some core priorities are as follows:

(1) A True State-Federal Partnership
States must be an equal partner as the PPG transition is developed and implemented. State input must be incorporated into (a) legislation addressing the PPG, (b) any proposed changes to the Block Grant application seeking performance data, and (c) the timing of the transition and other aspects of PPG implementation.

(2) Federal Funding For Data Management and Infrastructure – As SAMHSA noted in its own December 24, 2002 Federal Register Notice, "Critical to the collection and reporting on performance measures is the ability to upgrade the data infrastructure of the State….without improved data infrastructures in States, many will not be able to collect and report performance measures." We could not agree more.

(3) Incentives Yes – Penalties No – NASADAD agrees with SAMHSA's statement, also included in its December 24, 2002 Federal Register Notice, that "The new partnerships will be built on incentives to improve services rather than penalties for noncompliance." This is vital.

Position Paper Outlines Next Steps
NASADAD outlined recommended next steps needed to be taken in terms of PPG transition, including:

• The submission by SAMHSA of a report to Congress, as required by P.L. 106-310, that provides a suggested roadmap for the transition,
• An assessment of State capabilities and readiness to report PPG data as required by P.L. 106-310,
• Allocation of new and additional resources to assist with the transition, particularly in terms of data system conversions, and
• A process whereby legislation that incorporates State input is considered and passed.

I have submitted the NASADAD Position Statement to the Committee for the Record.

PPG Activity
Since the Children's Health Act was passed, SAMHSA, NASADAD and its members, including state directors and National Prevention Network representatives, worked to

develop and refine performance measures that we all can work toward. States have been preparing to transition from the current SAPT Block Grant to PPGs for a number of years. SAMHSA released an excellent overview of the progress on PPG in a December 24, 2002 Federal Register Notice. NASADAD provided comments along with specific proposed measures and other recommendations.

More Recent Action

As you know, SAMHSA Administrator Charles Curie recently announced his Agency's policy that seeks to require SAMHSA grant recipients to report information on seven core "domains" or categories. In general, NASADAD agrees that the seven categories represent important information. NASADAD is concerned, however, with some specific requirements and measures included in some of the categories. For example, SAMHSA proposed to measure clients' connectiveness to society or participation in recovery support activities at discharge. We agree that information pertaining to a client's participation in self-help groups and other data is important. Much more work is needed, however, to develop ways to accurately define and measure elements within this category.

These concerns, along with the principles included in NASADAD's PPG Position Statement, led NASADAD to oppose SAMHSA's recent proposed changes to the FY 2005-2007 SAPT Block Grant application that appeared in the Federal Register on March 30th of this year. In a May 28th letter to SAMHSA opposing the changes, NASADAD President Michael Couty (Missouri) wrote,

NASADAD supports the use of performance measurement and other data to help reach our ultimate goal: improving our substance abuse service delivery system. We applaud and share the Administration's dedication and desire to improve the lives of millions across the country who are at risk for or have substance abuse problems. We also appreciate and share the Administration's desire to avoid unnecessary delay in developing a Federal performance measurement system.

However, a review of the Federal Register Notice found (1) no increase in flexibility, (2) no substantial increase in resources, (3) no reduction in reporting burden, (4) a substantial increase in reporting burden and (5) a small set of performance measures that are inappropriate. As a result, we look forward to continuing our work with the Substance Abuse and Mental Health Services Administration (SAMHSA) and others to change our data reporting system in a manner consistent with our core principles outlined above.

Support for any data changes in the SAPT Block Grant application is predicated on the need to provide States with increased flexibility and resources – along with reduced reporting burden in other aspects of the application.

Timing

It is also important to note that States must submit a completed SAPT Block Grant application for FY 2005 by September 30th. This Application is complex and takes many

person hours to complete. It is our understanding that the Office of Management and Budget (OMB) will consider the initial comments sent to SAMHSA. Subsequently, OMB will release in the Federal Register the Administration's final proposal to change the Block Grant application with a thirty day comment period. As a result, even if the OMB proposal came out today, States would still not be able to begin to complete the final SAPT Block Grant application until late August – giving States only one month to complete a large and complex application. This is problematic given (1) the application could ask for new and expanded data requirements, (2) States are required to seek and consider public input into the application, and (3) the sheer person hours required to complete the application.

As a result, we again recommend that meetings move forward as soon as possible between NASADAD and SAMHSA in order to achieve consensus on these key issues. In particular, we believe the existing performance partnership workgroups from SAMHSA's Center for Substance Abuse Treatment (CSAT) and Center for Substance Abuse Prevention (CSAP) jointly meet with NASADAD. To date, meetings to discuss the development of the prevention and treatment measures have moved forward separately – with separate work groups. In order to encourage collaboration and coordination, a joint meeting is imperative.

NASADAD Outreach and Communication

NASADAD has focused on communicating our views regarding the transition to PPG clearly and consistently. On several occasions, NASADAD highlighted the benefits of working collaboratively with States on many aspects of the SAPT Block Grant. For example, NASADAD Executive Director Lewis E. Gallant, Ph.D., noted the following in a response to SAMHSA's December 24, 2002 PPG Federal Register Notice:

NASADAD recommends that any changes in the Block Grant Application and thus reporting related to performance measures, only begin after the following move forward:

• An assessment by the Secretary of HHS of States' readiness to report PPG data,
• The allocation of new and additional resources to assist with data infrastructure and other administrative costs and
• A process whereby legislation is passed by Congress, and signed by the President, that truly reflects the principles of the PPG – including CQI and a true State-Federal partnership.

Other examples where NASADAD iterated its position on changing the Application and other issues pertaining to the PPG transition include (1) July 15th, 2003 testimony presented before the Senate Health, Education, Labor and Pensions' (HELP) Subcommittee on Substance Abuse and Mental Health Services; (2) discussions held during the June, 2003 SAMHSA-NASADAD PPG workgroup meeting; (3) a December 9, 2003 letter to Administrator Curie; (4) a January 22, 2004 meeting with Administrator Curie and staff; (5) a February 4, 2004 letter to Administrator Curie; (6) a February 17, 2003 meeting with Administrator Curie and staff; and (7) the NASADAD Position Statement on PPG Transition released February 18, 2004.

Ohio-Specific Efforts

In Ohio, where we're in year three of an across-the-board outcomes framework initiative, we've aligned state and local investor targets with anticipated federal PPGs. It is vital that these PPG targets remain consistent across grant opportunities and federal reporting needs so that the ongoing work of Ohio and other states is not in vain.

In October of 2001, ODADAS began a three-year implementation of its Outcome Framework Initiative. The results to date have been significant:

• ODADAS has re-designed its discretionary grant application process which now fully incorporates the investor approach of the Outcome Framework.
• ODADAS staff members have received substantial training and technical assistance to ensure that they can use investor tools and practices within ODADAS' outcome management framework.
• Over 1,000 providers have been trained in Outcome Management with an emphasis on results and the processes that lead to them.
• Every provider who requested it (over 300) received technical assistance on how to apply Outcome Management to its program(s).
• All grant-funded providers responded to the grant application using an outcome management framework with a focus on results and outcomes.
• All boards have attended Board-specific training sessions which introduced them to investor thinking and practices.
• All boards have been invited to participate in technical assistance sessions with providers.
• All boards responded to ODADAS' outcomes questions in their Community Plans and thus have begun to incorporate outcome planning and strategies into their planning processes.
• Individuals employed by the Department, boards and providers have received extensive skills training to facilitate "peer-to-peer" training and consultation in order to sustain the effort.

ODADAS continues to progress to a fully integrated outcome framework in its policies and operations. To that end, the focus has been on:

• Building sustaining capacity within the entire system:
o The Train-the-Trainer component will ensure that there are people within the system who can provide training and technical assistance as needed.

• Management structure
o Investor thinking and practices are being integrated into the management system to ensure the focus on results and outcomes into monitoring activities and contract management.

• Instrumentation
o Reporting structures and content are being designed to ensure that ODADAS, as well as

providers and Boards, have the appropriate data base for results-focused state and local strategic planning processes.

• Gathering and Sharing of learning and best practices approaches
o Through the use of the Outcome Framework: Investor Thinking and Practices, Outcome Management, Strategic Mapping and best practices will be evident to all within the system and can be shared so that planning and implementation of prevention, intervention, treatment and recovery services will be effective for Ohioans.

• Preparation for Federal Direction
o Ohio has planned for the federal focus on results and outcomes that will be operationalized through proposed changes in the federal Substance Abuse Prevention and Treatment (SAPT) Block Grant application. The investment ODADAS has and is making in integrating the Outcome Framework will ensure that the state SSA is well prepared for this federal direction.

Prevention Services and Performance Measures
ODADAS and its county Alcohol, Drug Addiction and Mental Health Services/Alcohol and Drug Addiction Services Boards and community providers recognize the value of an alcohol/drug services system that is data driven, outcome focused, grounded in evidence-based practices and continually updated.

Consistent with the Department's Outcome Framework Initiative, prevention provider grant applicants must address two or more of the Center for Substance Abuse Prevention's strategies which include:

• Information Dissemination
• Education
• Community-Based Process
• Environmental
• Problem Identification and Referral
• Alternatives

All prevention grantees must develop performance targets that contribute to the ODADAS investor targets that were developed to correspond directly to the proposed core prevention measures within the Performance Partnership Grants. ODADAS investor targets are what define investor success in a quantitative way.

The challenge for the service provider is to clearly define how many customers will reach the defined targets and what changes the provider is committed to achieving for the people they serve. The prevention investor targets are attached at the end of this testimony (Table 1).

Treatment/Recovery Services and Performance Measures
ODADAS has taken a number of steps to ensure that its Outcome Framework is aligned

with the proposed PPG core treatment measures. These can be divided into three categories: outcomes for grant-funded programs; outcomes for county boards, and infrastructure to support the Outcome Framework.

Outcomes for Grant-Funded Programs

Each year, ODADAS provides grants to programs that provide treatment services. These grants support Ohio's investment in key areas such as: Women's services, Adolescent services, Drug Courts, Therapeutic Communities, Juvenile Re-entry services and Treatment Alternatives to Street Crime (TASC). Ohio has established Investor Targets that define success. Programs contribute to the Investor Targets by addressing one or more of them in their funding applications. ODADAS provides a significant amount of training and technical assistance to its grant-funded programs each year to insure understanding of this process.

For State Fiscal Year 2005, investor targets and target area(s) for treatment programs were established and aligned with the PPG core treatment measures. A table comparing the PPG, Investor Targets and Target Areas is listed below (Table 2):

Outcomes for County Boards

Alcohol, Drug Addiction Services (ADAS) Boards and Alcohol, Drug Addiction and Mental Health Services Boards (ADAMHS) - the county agents for the state- are required by Ohio law to prepare and submit to ODADAS a community plan for the provision of alcohol and other drug addiction services in their service areas. The plan, which constitutes the Board's application for funds, is prepared in accordance with procedures and guidelines established by ODADAS every two years.

Among the legislatively mandated responsibilities of the Board are: 1) assessing service needs and evaluating the need for programs; 2) setting priorities; 3) reviewing and evaluating substance abuse programs; and 4) assuring effective services that are of high quality.

The evaluation section of the Community Plan guidelines addresses outcomes (results) of the previous year's plan. Boards are required to describe what constitutes success in their systems. In the most recent iteration of the guidelines, ODADAS incorporated the Outcome Framework as a means for Boards to comply with the evaluation requirements and to make sure that the data collected was consistent with the PPG measures.

Changes in Infrastructure to Support the Outcome Framework

ODADAS, through its Governor's Advisory Council on Alcohol and Drug Addiction Services, has taken steps to build on the Outcome Framework by establishing a standing committee on outcomes issues. Other steps include expanding the number of individuals who are trained Outcome Framework trainers and by providing training to county Boards on outcome-based planning.

The Department's organizational structure has also been altered to better align state resources for maximum impact on quality, accessible services for all Ohioans. ODADAS

has added a Division of Planning, Outcomes and Research to spearhead long range quality improvement and expanded its Division of Treatment and Recovery Services to encompass all of the continuum of care services that comprise holistic wrap-around care. All of these efforts have been undertaken in the context of a connection between enhanced customer service, Ohio's Investor Targets and the PPGs.

Data Collection- Access to Recovery (ATR) vs. PPG
While the data elements collected in ATR are going to provide grantees with good information on their programs, closer alignment and consistency with PPG measures would be beneficial. The states anxiously await the joint meetings proposed between NASADAD and SAMHSA to establish a definitive listing of those measures so that all preliminary planning can become finalized.

New opportunities such as Access to Recovery are welcomed by every state. Clearly, ATR performance outcomes, PPGs and state outcome targets must be consistent and trackable.

Implementation Costs
Resources are needed to help States build systems that will collect, track, refine, manage, analyze and disseminate data in accordance with the anticipated new requirements in the PPG. Funding is needed to reengineer the business processes in substance abuse prevention, intervention, treatment and recovery to effectuate a performance measurement system.

Based on conservative figures, ODADAS estimates that implementation of the proposed federal PPG infrastructure would cost the state $3.8 million in the first year alone. The second year and annual costs would be $1.8 million per year. Should SAMHSA require implementation of the PPG structure for next federal fiscal year, Ohio would have to pull at least $4 million from prevention and treatment services funding. This amount does not include the local cost to county Boards and service providers who have staffing and information technology needs that must be addressed if they are to meet these requirements. A sample of other State cost estimates, provided by NASADAD, is included below:

• California - $6.2 million for treatment data – this does not include prevention data or out-year estimates

• Texas - $1.9 million initial costs, $1 million each of the following years to maintain

• Michigan - $2.3 million in new costs

• Washington State - $750,000 to initiate the transition, and $350,000 each of the following years

States are not simply asking for federal assistance without substantial investments of their own. In a report written in November 2001 by NASADAD for SAMHSA, research found

that the total State expenditures for the operation and maintenance of alcohol and other drug data delivery systems in a year was over $35 million. As a result, we know that substantial resources are already being spent by States on substance abuse data management. It is estimated that millions more will be required to upgrade State data systems to meet PPG data requirements. The States fully intend to work with SAMHSA to achieve the desired goals related to PPG implementation and request federal funding support to further existing State efforts.

Conclusion

Ohio is ready and willing to partner with the federal government in establishing and working toward well-defined performance measures. We have been laying the groundwork for the past three years. For Ohio and other states, however, a financial burden comes with a change of this magnitude. We've all heard the dreaded phrase "unfunded federal mandate." I ask you, on behalf of all Single State Authorities, to carefully consider and review where we are, where we need to be and precisely how we should all get there. The SSA's, through NASADAD, will diligently work with Congress and SAMHSA to reach a new level of accountability and quality performance.

I'll be happy to entertain your questions.