American Association on Health & Disability

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AAHD - Dedicated to better health for people with disabilities through health promotion and wellness

September 16, 2013

RE: SAMHSA Draft National Behavioral Health Quality Framework (NBHQF)

[These comments recognize SAMHSA's limitation of no more than 5,000 characters of submitted text.]

The stated goals are important and appropriate.

Most of the measures and topics are singular condition-specific, measured largely in traditional medical settings. While person-centeredness and consumer engagement and self-direction are acknowledged, these areas are largely not specifically addressed.

The current use of independent consumer and family monitoring teams, used in Massachusetts Medicaid managed care, and used in public mental health systems in parts of Maryland, Pennsylvania, and Wisconsin, are never acknowledged in the draft.

The draft does not recognize the experience of measurement in other disabilities and how these could possibly be modified and tested for use with populations with a primary diagnosis of behavioral health disorders. Some of these measurement tools do currently apply to populations with a co-occurring behavioral health disorder. These disability measurement systems are identified below.

In spring 2012, the Consortium for Citizens with Disabilities (CCD) Task Force on Long Term Services and Supports identified six gaps in existing quality standards as they directly relate to persons with disabilities, with a focus on home and community-based services and settings, to be pursued within the National Quality Forum (NQF): These are:

1. Consumer Choice and Participant-Directed Services
2. Satisfaction: Individual Experience with Services and Supports
3. % in employment or meaningful day activity
4. % in independent housing – Consumer choice, housing appropriateness, stability
5. Integrated primary and specialty care
6. Access to timely and appropriate care

Page 5 – "Shared Decision-Making "vetted" measures are limited and require significant work." Yes – but SAMHSA should financially invest in the adaptation and pilot testing for persons with a primary diagnosis of behavioral health disorder of: NASDDDS National Core Indicators; CQL Personal Outcome Measures; and CMS HCBS Experience Survey.

Page 7 – Prevention, Wellness, and Recovery. The SAMHSA draft does not acknowledge the importance of proxy measures for community-based housing of consumer choice consistent with the goals of the Olmstead decision and meaningful employment. Community-based daily living arrangements are as important as condition-specific medical settings measures.

Page 8 – Effective Practices and Page 12 – Coordination – Most of the measures and topics are singular condition-specific, measured largely in traditional medical settings. Home and community-based measures and peer focused measures need to be added.

Pages 10 and 20 – Person-centeredness: Lessons learned from current independent consumer and family monitoring teams, used in Massachusetts Medicaid managed care, and used in public mental health systems in parts of Maryland, Pennsylvania, and Wisconsin, should be included. Consideration of adapting CAHPS – Consumer Assessment of Healthcare Providers and Systems – should be tested.

Page 14 – Healthy Living - Most of the measures and topics are singular condition-specific, measured largely in traditional medical settings. The SAMHSA draft does not acknowledge the importance of proxy measures for community-based housing of consumer choice consistent with the goals of the Olmstead decision and meaningful employment. Community-based daily living arrangements are as important as condition-specific medical settings measures.

Page 21 – There are many important needs identified in the draft framework. The topic of providers linking health IT to community resources is not only very important but also a topic with the ONC Meaningful Use Stage 3 considerations.

Thank you considering our views and ideas.

Sincerely,

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