

June 23, 2010

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**Re: Description of a Modern Addictions and Mental Health System**

The 1,700 organizational members of the National Council for Community Behavioral Healthcare are grateful to SAMHSA for the initiative and foresight it has exhibited in the creation of its position paper describing a modern addictions and mental health system.

The National Council shared this document with our members and received many useful insights and suggestions that we are incorporating into this document.

**Comments on the Proposed Continuum:**

The most common comments that we received from our members concerned the proposed continuum that currently appears on page 14. The overwhelming suggestion is that the continuum needs to be much more specific in regards to particular interventions and services. To the extent that the document will be used to guide coverage decisions, it would be helpful if there were more details regarding specific interventions, as well as evidence for their inclusion.

To the extent that this document is meant to provide guidance to HHS agencies in the operationalization of the Patient Protection and Affordable Care Act as to the need for the provision of mental health and substance use treatment services, then there also needs to be more discussion of the evidence/effectiveness of individual components of the continuum. Additionally, it would make sense to indicate that some of these interventions that have been developed and utilized for persons with serious mental illness may have application to other populations, such as persons with chronic diabetes (e.g. Intensive case management or ACT).

**Comments on the Introductory Section of the Document (pages 1-13)**

Our overall comment regarding this section of the document is that it is very good; however, we would recommend that it be much shorter. There is currently much repetition between the sections as some materials appear in the vision as well as principles sections of the paper (for example).

Also, as stated above, the evidence section needs to be stronger and include information regarding the effectiveness of specific interventions – both in terms of their ability to improve functioning/reduce symptomology as well as decrease costs (where such evidence is available).

In several places the documents describes integration of MH/SUD services, and it may be more appropriate to describe inclusion of MH/SUD.

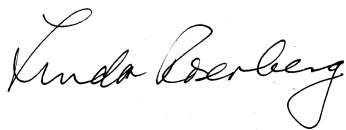
There is a discussion on page 4 that services that demonstrate their effectiveness will be funded, and others will not. How will this evaluation take place? It might make sense to discuss the need for a national data/quality measure/CQI approach in behavioral health that would allow for the development of knowledge regarding effective services.

We would also recommend the avoidance of gratuitous comments regarding shortcomings in specific services (case management) or interventions (medications). Overuse and underuse of services are common problems across healthcare and perhaps a more general statement to that effect would be sufficient. The previous point about the need for national data strategy/CQI process would address these concerns as well.

I would also like to take this opportunity to note that the National Council's proposal to establish federally qualified behavioral health centers (FQBHCs) would support SAMHSA's vision of a modern addictions and mental health system in several key ways: 1) it would establish uniform service requirements that mirror almost exactly the continuum that SAMHSA has proposed; 2) the corresponding data reporting requirements would provide the backbone for a data collection and CQI platform for system improvement; 3) the proposed funding structure would bring predictability to the mental health and addiction treatment system.

Thank you for the opportunity to comment on SAMHSA's position paper describing a modern addictions and mental health system. We look forward to partnering with you on this important endeavor.

Sincerely,



President & CEO