



February 10, 2012

Technical Assistance Collaborative, Inc.  
31 St. James Avenue, Suite 710  
Boston, MA 02116

Human Services Research Institute  
2336 Massachusetts Avenue  
Cambridge, MA 02140

**SUBJECT: California Mental Health Directors Association (CMHDA) Comments on Draft California Mental Health and Substance Use Needs Assessment Dated 1-30-12**

Dear Ms. Fields:

The California Mental Health Directors Association (CMHDA) appreciates the opportunity to provide comments on the draft California Mental Health and Substance Use Needs Assessment (dated 1-30-12). However, it must be recognized that a two week timeframe to review and react to such an extremely lengthy and dense report is not sufficient and has presented significant challenges to CMHDA's ability to provide a comprehensive analysis. Please find below comments on the key issues CMHDA identified as important to highlight.

Data Accuracy & Limitations of Data Sources

While this draft report contains a great deal of interesting information about California's current behavioral health system, CMHDA questions the accuracy of certain data elements used, and therefore some of the conclusions drawn in the report. The challenges faced by the researchers to identify and utilize current and accurate data in the development of this needs assessment underscores the need to focus on modernizing the data systems and platforms available to the state, the counties and their subcontractors as we move toward health care reform and integration.

Foremost, CMHDA is concerned that the report is based on incomplete or limited data sources. For example:

- The research does not capture Prevention and Early Intervention (PEI) and other related Mental Health Services Act (MHSA) activities, which are important elements of the county delivery system, especially in the last several years.
- Direct services that are provided to Medi-Cal beneficiaries in Institutions for Mental Disease (IMDs), state hospitals or county detention facilities are not eligible for federal

reimbursement, and thus are not captured in this report. For some counties, these services can constitute a significant amount of expenditures.

- It appears that claims data is based on a subset of possible ICD-9 codes, which could result in the exclusion of a potentially significant percentage of claims.

CMHDA has also found that some of the data and data analysis provided in the report presents interpretation challenges. For example:

- It is unclear whether the prevalence data is cumulative or overlapping. In fact, it appears that mental health and substance use prevalence may be combined. If this is the case, CMHDA would strongly recommend that they either be reported as separate and distinct, or clearly defined as a combination of the two.
- Socio-economic factors are not sufficiently emphasized in relation to prevalence and penetration. CMHDA recommends that this emphasis be strengthened.
- If schizophrenia and psychotic disorders are not clearly captured in the prevalence data, as was acknowledged in the research presentation at the policy forum, this needs to be more clearly noted.
- The report includes dozens of tables and charts, but does not provide sufficient comparative analysis to help interpret the information.

#### Utilization of Evidence Based Practices

CMHDA strongly questions the accuracy of the evidence based practice utilization rates included in this report for mental health services. The report appears to rely on the SAMHSA categorization of evidence based practices, which only recognizes a limited number of practices. Perhaps due to this limited definition and challenges with capturing accurate information on this point, CMHDA believes the assessment significantly underestimates the scope of evidence based practice work across California. The challenges identified in the behavioral health needs assessment associated with the utilization of evidence based approaches to mental health treatment must be addressed collaboratively by the state and the counties.

#### Development of Alternative Financing Models

The community mental health field wholeheartedly acknowledges that integration, especially with health care, continues to be a significant challenge and important goal. While we recognize the state's interest in identifying solutions that may include alternative financing models, we strongly encourage the state to work closely with the specialty mental health community in order to avoid unintended consequences that may result in undercutting the larger system improvement goals. We also cautiously note the movement towards pay for performance models, and will want to make sure that the unique needs of our clients and nuances of our delivery system are clearly recognized and addressed. CMHDA recognizes that the focus on accountability and performance-based incentives is critical to the success of California's fully realigned community mental health system, including counties' role in implementation of the Affordable Care Act. These important system-level changes require an increased focus on efficiency and appropriate access to effective treatment.

CMHDA Comments on Draft California Mental Health and Substance Use Needs Assessment,  
2-10-12

As California moves forward in developing the required Mental Health and Substance Use Service Plan, CMHDA strongly encourages the state and its partners to engage CMHDA and the mental health field in identifying solutions and system improvements that result in a system that provides quality, cost-effective, recovery and wellness-focused care to all Californians, across the spectrum of behavioral health needs.

Please do not hesitate to contact me at [pyran@cmhda.org](mailto:pyran@cmhda.org) or Molly Brassil at [mbrassil@cmhda.org](mailto:mbrassil@cmhda.org) with any questions or concerns. We welcome the opportunity to discuss further any issues outlined in our comments.

Sincerely,

A handwritten signature in black ink, appearing to read "Pat Ryan". The signature is fluid and cursive, with the first name "Pat" and the last name "Ryan" clearly distinguishable.

Patricia Ryan  
Executive Director  
California Mental Health Directors Association