October 1, 2021

Assistant Secretary Miriam E. Delphin-Rittmon, Ph.D.
Substance Abuse and Mental Health Services Administration (SAMHSA)
OMB No. 0930-0285
5600 Fisher Lane
Room 1SE57A
Rockville, MD 20852

RE: OMB No. 0930-0285 Substance Abuse and Mental Health Services Administration; Revisions of Mental Health Client Participant Outcome Measures and Infrastructure, Prevention and Mental Health Promotion Indicators; published at Vol. 86, No. 145 Federal Register 41492-41493 on August 2, 2021

Submitted via email to carlos.graham@samhsa.hhs.gov

Dear Assistant Secretary Delphin-Rittmon,

UnityPoint Health appreciates this opportunity to provide comments on this summary of information collection request. UnityPoint Health is one of the nation’s most integrated healthcare systems. Through more than 33,000 employees and relationships with more than 480 physician clinics, 40 hospitals in urban and rural communities and 14 home health agencies throughout our 9 regions, UnityPoint Health provides care throughout Iowa, central Illinois, and southern Wisconsin. On an annual basis, UnityPoint Health hospitals, clinics and home health provide a full range of coordinated care to patients and families through more than 8.4 million patient visits.

UnityPoint Health appreciates the time and effort of SAMHSA in developing this summary of information collection request and respectfully offers the following comments:

**Summary of Information Overview**

*In an effort to lessen grantee burden, SAMHSA is requesting a number of revisions to the National Outcome Measures (NOMS) Mental Health Client/Participant Outcome measures as well as requesting revisions to the Infrastructure, Prevention, and Mental Health Promotion indicators.*

**Comment** – UnityPoint Health finds the overall revisions to be positive. However, we do have the following recommendations for consideration:

**Shift Reporting NOMS Data Assessments.** SAMHSA is requesting a shift in reporting NOMS data to baseline, 3-month or 6-month and final clinical discharge assessments. Although the outcomes may be
more easily attained at the 3-month reassessment collection point as clients/participants are likely still included in programming, the 6-month reassessment data would provide a more authentic representation of a client’s/participant’s ability to make progress in treatment and thus reflect a more accurate outcome measure. **UnityPoint Health recommends SAMHSA utilize 6-month reassessment data to calculate outcome measures, as opposed to utilizing 3-month reassessment data.**

**Infrastructure, Prevention, and Mental Health Promotion (IPP) Indicators.** UnityPoint Health is appreciative of SAMHSA’s effort aimed at reducing administrative burden. That said, we are unable to evaluate the impact of these proposed rules as specifics around the new IPP measures: R2, S2, S3, T5, T6, T7, T8, TR2, TR3 and TR4 have not been disclosed. **UnityPoint Health urges SAMHSA to disclose these measure specifications prior to implementation through the draft rule process in order to provide public comment.**

We are pleased to provide input on this summary of information collection request and its impact on our health system, our patients and communities served. To discuss our comments or for additional information on any of the addressed topics, please contact Stephanie Collingwood, government relations specialist at stephanie.collingwood2@unitypoint.org or 515-241-7359.

Sincerely,

Aaron McHone  
Director Behavioral Health Service Line Operations  
UnityPoint Health

Stephanie Collingwood  
Government Relations Specialist  
UnityPoint Health