

Block Grant Comment Log

GENERAL COMMENTS

#	Date Received	Section	Commenter/ Organization	Comment/Question	Disposition of Comment/ Rationale
1.	4/11	General Comments	Frank Holt/ Marlborough Hospital	<p>... The SAMHSA proposal that Block Grant funds be directed to fund priority treatment for those who are permanently or temporarily without insurance, if properly implemented, would go a long way to reaching these hard to reach individuals and, at the same time, reducing financial risk for providers who cannot ethically turn them away, regardless of their inability to pay for treatment. Further, given the still-emerging data about natural recovery and the limitations of making policy based on data derived from outlier populations (typically, incarcerated populations and/or those seeking treatment in publicly-funded facilities), funding universal prevention activities takes on important new meaning. I urge you to have clear guidelines about the accounting for the Prevention Set Aside, as this is often given short shrift by treatment-focused state agencies.</p>	<p>Thank you for your comments. SAMHSA requires that States spend at least 20% of their SAPTBG allotment on primary prevention programs for persons who do not require treatment. States also must report their spending on primary prevention. Some States spend more on primary prevention and may continue to do so.</p> <p>States should make prevention a top priority, taking advantage of science, best practices in community coordination, proven planning processes like the strategic prevention framework (SPF) and science in the 2009 Institute of Medicine report entitled "Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities" to develop effective prevention strategies</p>

Block Grant Comment Log

					and place a priority on targeting high need communities.
2.	4/12	General Comments	Kyle Lloyd/ VA	I've reviewed the Federal Register description for the SAMHSA Unified Block Grant and at present do not see anything that is disparaging in it. I'm delighted to see a lot of the intention from The New Freedom Commission Report rolled into the text of this. Overall, it appears to be fair and very thoughtfully written.	Thank you for your comment.
3.	4/14	General Comments	Howell Cliffvon/ Delaware DHHS	It may be helpful to many state planners, and literally save multiple hours of briefing staff members if the document is released in the word format. .PDF has the ability to comment and highlight but it doesn't give you the same visual capability that MS Word provides under the review features.	SAMHSA has provided the application in word format.
4.	4/18	General Comments	Becky Hymas/ Upper Valley Resource and Counseling Center, Idaho	As feedback on the proposal to deliver mental health funding as a block grant: In Idaho, the Legal/Court system has increasingly co-opted the funding that comes through the Substance Abuse block grant. I can see the ways in which they would be likely to do the same to money coming through a mental health block grant unless it is written specifically to short-circuit any efforts to do so. The real down-side of this practice is that treatment is dictated by Judges and	No response needed.

Block Grant Comment Log

				probation officers rather than based on assessments and treatment plans provided by properly trained professionals.	
5.	4/20	General Comments	Peggy Nikkel/ UPLIFT, Wyoming	I would really like to see SAMHSA focus on mental health and substance abuse services for children and adolescents beginning with the Strategic Initiatives and including the unified block grants. With so much of the focus on services to adults, children often do not receive the services and supports needed to prevent them of entering a life time of struggle with mental health and/or substance abuse issues. Children and families desperately need SAMHSA to help us increase priority focus on this special population that is often overlooked. When states do not have a required percentage for use of federal funds on services for children, these citizens often get the short end of the stick.	Children, youth and families are included as populations states can include in their plan. The MHSBG plan must address the needs of children with SEP. The SAPTBG can address the needs of youth with a SUD.
6.	4/20	General Comments	Tanya Roberts/ CCSAP, North Carolina	Just the suggestion that consideration be given to the utility of information collected and the effort to be more efficient with the collection of such information is a phenomenal start. Whether in private or public work, too often we are over burdened with paperwork without purpose. The unified application allows for the flexibility to be at the state level; state officials will be able to determine what their needs are and better	SAMHSA agrees with comments.

Block Grant Comment Log

				<p>utilize the funding as appropriate for their part of the country.</p> <p>Submission of a bi-annual plan instead of an annual plan will also provide for time spent on ensuring the funds are being utilized as necessary and not on completing more paperwork that may or may not need to be developed within the first months of funding.</p> <p>Finally, the service provision for other groups, as each State determines them to be a population to be addressed, is critical. In North Carolina, we have a large Native American and a large military population. Our demographics continue to shift to more retired individuals establishing residency here, growing industry location and re-location to our state and a significant college population across the state. Therefore, it will be imperative that the state have much latitude in their determination of how best to use the BG funds for which population(s).</p> <p>The changes (and the components staying unchanged) as outlined in pages 19999 to 20003 of Federal Register 76, Issue 69 (April 11, 2011), make sense and appear to be reactive and proactive. Together, this should make for a more simplified and less burdensome process for the states to effectively expend the funds for appropriate treatment of our</p>	
--	--	--	--	---	--

Block Grant Comment Log

				citizens.	
7.	4/21	General Comment	Victor Capoccia/ NIATx, University of Wisconsin	<p>The proposed changes in the application process for the CMHS and SAPT Block Grants reflect both the changing context of behavioral health prevention and treatment as well as a simplified and logical process for states to employ to use these resources. Specifically,</p> <p>1. The four purposes: coverage for uninsured, priority services not covered by insurance, prevention, and data collection, quality management and services planning represent a sensible synthesis of the 17 priority areas that accumulated over several years. Experience with extended health insurance coverage in Massachusetts indicates that while 97% of the population is insured (with a robust behavioral health care benefit), between 20 and 30% of patients in community mental health and addiction specialty clinics are uninsured at the time of service.</p> <p>2. The requirement to define population based service needs is especially important to states ability to appropriately plan an expanded Medicaid benefit. Understanding subpopulation needs is a cornerstone to financial and services planning required to expand</p>	SAMHSA agrees w/ comments

Block Grant Comment Log

				<p>Medicaid insurance coverage to low-income adults.</p> <p>3. The inclusion of quality improvement requirements is essential in our experience to increasing the access and retention that will be required to close the treatment gap that now exists between prevalence and penetration for early intervention, primary prevention, and treatment for mental health and addiction disorders.</p> <p>4. The application options that permit joint mental health and addiction applications and the new intervals for plan updates reinforce the ability of states to innovate and demonstrate flexibility in their purchasing, regulating, and managing of behavioral health services.</p>	
8.	4/21	General Comments	Jan Cairnes/ Hanley Center, Florida	<p>I believe block grants should support data driven strategic planning for funding that is community focused, evidence based, culturally relevant and sustains long term change. Funding must remain at least at current levels or increase for all types of service to be effective. I think a standalone Prevention block grant will add an additional burden (cost) and therefore ultimately result in decreased funding. However, if funding would increase (it should due to health care reform moving in the prevention direction) then I think it could be successful. In a time of cuts</p>	<p>Comments are not relevant to information requested through this FRN</p>

Block Grant Comment Log

				does a third block grant make sense?	
9.	4/21	General Comments	Joan Disare/ New York State (NYS) Office of Alcoholism and Substance Abuse Services	I would like to suggest that SAMHSA develop and post a Q and A section on its website, so that all states have access to clear and consistent information about the new requirements and to document SAMHSA decisions regarding implementation. It would also be helpful for CSAT Project Officers to begin assisting states with clarification of the myriad new details as soon as possible.	FAQ section is posted on the following site: <a href="http://samhsa.gov/grants/blockgrant">http://samhsa.gov/grants/blockgrant</a>
10.	4/22	General Comments	Jackie Griffin-Doherty/	Having a standard format for both MH and SA and prevention makes sense as it is connected to overall wellness. However, the changes proposed merit several concerns:  (i)The SA Block grant currently funds women and children’s treatment services, including residential treatment for women and their children allowing for a comprehensive gender-specific approach to recover. It is important that the existing funding remain and we are recommending additional funding for this population. Pregnant and Parenting women, while identified as a special population, have little mention otherwise (Description and Reporting completely eliminates all the former requirements for this population-only asked to report on	Pregnant and parenting women remain a statutorily identified target population and must be addressed by States in their assessment and plan. There is no intent that States cease funding necessary services, instead, SAMHSA is asking that states continue to assess and plan for the populations that are identified in statute, but in addition, take a broader view of the assessment of needs of the individuals in their states. States

Block Grant Comment Log

				<p>numbers) thus the funding we now use may or may not be available. (Expectation, I assume, that they will all be covered under Medicaid, except what about the women w/o custody, as now); (ii) Much of the change in priorities and services emphasis is based on National Health Care Reform and parity. We have NO CLEAR understanding of what national health care reform will really do for SUD, and eliminating some of our currently funded services w/o that knowledge is a concern. (iii) The new priority populations including trauma-survivors, veterans, GLTGBQ are now included with other priority populations. All of these identified populations will require additional services and these MH and SA treatment services that are necessary may not be services that providers will be able to bill Medicaid for; MA and SA treatment services must be prioritized in balance with prevention levels of funding. (iv) There is clear evidence of emphasis on S-BIRT, EBP, NOMS, lots of prevention indicators to be tracked. This requires time and mindfulness as it transitions. (v) This is the WRONG time to be identifying for some in Congress, areas where 'cuts' can be made.</p>	<p>will then establish their own priorities based upon their data and needs.</p>
11.	4/26	General Comment	Karen Casper/ Vermont Dept. of Health, Alcohol and Drug Abuse Program	<p>(Re: application's positive impact on access and quality of care)</p> <p>A more thoughtful approach, client and community focused.</p>	SAMHSA agrees with comment



Block Grant Comment Log

				<p>The integration of a recovery oriented system of care (both prevention and treatment) with health care.</p> <p>This approach is consistent with and supports work that began with the SPF SIG.</p>	
12.	4/26	General Comment	Karen Casper/ Vermont Dept. of Health, Alcohol and Drug Abuse Program	<p>(Re: supported proposed changes )</p> <p>Planning approach.</p> <p>Plan Reporting option of every two years.</p> <p>Allowing us to craft our own block grant and emphasis on recovery approach.</p>	SAMHSA agrees with comment
13.	4/26	General Comment	Karen Casper/ Vermont Dept. of Health, Alcohol and Drug Abuse Program	<p>(Re: proposed changes of concern)</p> <p>How reporting requirements might constrain what/how we purchase.</p> <p>Reporting financial data - will require approval to use non-actual cost data.</p> <p>The challenge of integrating and doing follow-through with other departments, e.g., DMH.</p> <p>Client level cost data.</p> <p>Changes may require the Medicaid and non-Medicaid systems to be linked. This would require special manipulation of the data, which we currently don't</p>	<p>Concerns noted and addressed in other comments</p> <p>SAMHSA is not clear how reporting requirements can constrain how services are purchased. The information requested from states who are able to report related to financial data, following through with other departments , collecting client level cost data and linkages between the Medicaid systems and other system will inform other states who are struggling with this information. If the State is</p>

Block Grant Comment Log

				do.	unable to report, there is the ability to state that and let SAMHSA know your specific issues.
14.	4/26	Implementation Comments	Karen Casper/ Vermont Dept. of Health, Alcohol and Drug Abuse Program	First year will be most difficult, but the 2 year renewal option very good.	SAMHSA agrees and factored this into the PRA calculation of burden for years 1 and 2.
15.	4/26	Implementation Comments	Karen Casper/ Vermont Dept. of Health, Alcohol and Drug Abuse Program	(Re: implementation burden in staff hours)  Significant program and operations staff time planning to take full advantage of incorporating intended systems changes. Significant business office and data management staff time to plan and adapt changes. And designated staff time to coordinate, compile and write elements of the grant.	SAMHSA is unclear what specific and additional business office and data management staff time the commenter is proposing.
16.	4/26	Implementation Comments	Karen Casper/ Vermont Dept. of Health, Alcohol and Drug Abuse Program	(Re: implementation period)  Would like the opportunity to implement these changes over a 2 year period with guidance, to be fully on board by 2014. Some involve desired systems change and integration goals that will require more time than other changes.	SAMHSA believes that the phased application will allow for planful systems change.
17.	4/26	Implementation Comments	Karen Casper/ Vermont Dept. of Health, Alcohol and Drug Abuse Program	(Re: cost of implementation)  Staffing to manage changes during time when we're also doing grant-making.	No response needed

Block Grant Comment Log

18.	4/26	Implementation Comments	Karen Casper/ Vermont Dept. of Health, Alcohol and Drug Abuse Program	<p>(Re: most difficult provision to implement)</p> <p>The need to reframe how we plan for use of the block grant. It will involve a major shift in our policy.</p> <p>Those changes involving integrating with other systems components, e.g., physical health with behavioral health.</p> <p>Client level cost data is currently not in to state's accounting system. Systems changes would be required to extrapolate that information which is not feasible however cost data could be extrapolated from client base service data.</p> <p>Allocated versus actual costs and federal accountability standards.</p> <p>The proposal of changing prevention set-aside as part of block grant to a separate formula grant would double the administrative burden on the state. It would require that separate applications be processed through the state system. It would also create a barrier to work we have already begun on the ROSC.</p>	<p>SAMHSA recognizes that this is a change for States. States can develop their plans for response to these questions.</p> <p>Comments regarding the changes to the prevention set-aside are not relevant to information requested through this FRN</p>
19.	4/29	General Comments	Diana Marsh/ Kansas Governor's Mental Health Services Planning Council	<p>The Mental Health Block Grant, regardless of its size, is important to our state's mental health program. These funds directly benefit many consumers and provide them with the opportunity to launch new mental health initiatives. Many of these pilot initiatives have led to new programs and have enhanced savings to our system. The technical assistance from SAMHSA is critical to this process.</p>	<p>SAMHSA is using the revised block grant application process to obtain information regarding States' technical assistance needs.</p>

Block Grant Comment Log

20.	4/29	General Comments	Diana Marsh/ Kansas Governor's Mental Health Services Planning Council	Many states, including ours, are reforming Medicaid. As in other states, our state did cut state funding for mental health programs. There should be more dialogue as to how best the Block Grant program can add value to our system and then factor that into where the Block Grant program leads. The Mental Health Block Grant should be used to fill critical gaps in what needs exist for the uninsured and underinsured. The Medicaid expansion will leave at least 5% uninsured in our state and another 10% (or more) underinsured. That is what the true value of the Mental Health Block Grant can be for our state and others.	SAMHSA agrees with comment
21.	5/3	General Comments	David Gustafson/ NIATx	A national set of care standards needs to be developed. We need to identify who needs what treatment, what supports, and when those services should be delivered in order to develop uniform standards of care.	SAMHSA concurs, but this is beyond the scope of the Block Grant.
22.	5/3	General Comments	David Gustafson/ NIATx	Tools need to be developed to measure both client level and system level outcomes. While some process and outcome goals have been identified, there are no specific measures and our own research indicates that there is no capacity to measure at the systems level and scant capacity to measure at the program level.	SAMHSA concurs, but this is beyond the scope of the Block Grant. However, SAMSHSA is reviewing current outcome and performance measures against the National Quality Strategy for future changes.
23.	5/3	General Comments	David Gustafson/ NIATx	Key agency and state competencies need to be identified. These skills, such as billing for services, organizing around a chronic disease model, identifying and managing new technologies such as HER and ICT, clinical capabilities to deliver integrated care, and an ability to identify quality improvement needs and	SAMHSA concurs, but this is beyond the scope of the Block Grant.

Block Grant Comment Log

				develop action plans for improving care, are all lacking in the current infrastructure.	
24.	5/9	General Comments	Harrison Kinney/ New Mexico Human Services Dept	At the present time, the States do not know whether the 21 month time period will mean a reduced grant award because there will only be 9 months in FY 2012 or if the grant award will be a full 24 months collapsed into the 21 month NGA. This lack of information will affect the data collected or calculated for projections, funding projections, sub-recipients' contracts for service delivery, and other areas of the States' service system.	SAMHSA believes the commenter's has erroneously interpreted the 21-month planning period as an indication of a potential reduction in States' Block Grant allotments and/or the time period available for the obligation and expenditure of Block Grant funds. Title XIX, Part B, Subpart III of the Public Health Service (PHS) Act (42 U.S.C. 300x-xx) describes the availability of payments to States. The 24-month period associated with the obligation and expenditure of Block Grant funds is unchanged. Therefore, the FY 2012 Block Grant allotment will be available for obligation and expenditure from October 1, 2011 through September 30, 2013; the FY 2013 Block Grant allotment will be available for obligation and expenditure from October 1, 2012 through September 30, 2014.
25.	5/9	General	Harrison Kinney/	States developing their application without full	SAMHSA is unclear what the

Block Grant Comment Log

		Comments	New Mexico Human Services Dept	disclosure will require assistance from SAMHSA in reapplying with the correct information and data. This will increase the time spent on completing this project.	commenter means by the term "full disclosure."
26.	5/9	General Comments	Harrison Kinney/ New Mexico Human Services Dept	Questions cannot be answered by SAMHSA staff until after the Public Comment period has expired. This deducts 2 months from the process, giving States a minimum of 3 months to complete the process. Unless the Office of Management and Budget approves it right away, the States will still not be assured that the document they are working on is the final version	SAMHSA believes that a final FY 2012-2013 Block Grant Plan and Report document will be available in time for States to submit their respective plans to SAMHSA by the receipt dates for the Community Mental Health Services (CMHS) Block Grant and the Substance Abuse Prevention and Treatment (SAPT) Block Grant identified in Title XIX, Part B, Subpart 1 and Subpart II of the PHS Act, respectively, The CMHS Block Grant Plan is due on or before September 1 and the SAPT Block Grant Plan is due on or before October 1. In the case of any State that may want to submit a joint CMHS and SAPT Block Grant plan, such plans will be due on or before September 1. SAMHSA recognizes that the compressed time period available to States to prepare and submit plans to SAMHSA by the dates described above; therefore, States will be expected to prepare and submit,

Block Grant Comment Log

					<p>at a minimum, the following:            Funding agreements/assurances and certification            Intended use plan and related planned expenditures checklists            Identification of States' priority/targeted population including, but not limited to, the priority/targeted populations identified in Title XIX, Part B, Subpart 1 of the PHS Act, i.e., severely emotionally disturbed (SED) adolescents and severely mentally ill (SMI) adults and Title XIX, Part B, Subpart II of the PHS Act, i.e., substance using pregnant women and women with dependent children and intravenous drug users. States are encouraged to target available resources to address the complex bio-psycho-social needs of individuals associated with other affinity groups, e.g., military families, lesbian, gay, bisexual and transgender (LGBT), subject to the availability of funds.</p>
27.	5/10	General Comment	Alan Johnson/ Hawaii substance Abuse Coalition	Requiring states to combine both substance abuse and mental health information on one grant application may pose a problem for Hawaii. In Hawaii,	SAMHSA is not requiring states to submit a combined application. This option is

Block Grant Comment Log

				mental health, substance abuse and children behavioral health systems are substantially different from each other. Such diversity in systems would present difficulty for applying as well as administering grants.	available at the choice of the State.
28.	5/10	General Comment	Alan Johnson/ Hawaii substance Abuse Coalition	Also, in Hawaii, the mental health federal grants are much smaller than the substance abuse grants. While there is no "pooling" at this time, there is concern that the much larger mental health department would utilize substance abuse funding if there were probable future pooling opportunities.	The financial accountability for the two block grant expenditures remains. There is no pooling of funds envisioned.
29.	5/10	General Comment	Alan Johnson/ Hawaii substance Abuse Coalition	Any movement towards having the option to use block grant funding for co-occurring disorders is a plus. This population is significant in Hawaii at 40% to 50% of the chronic addiction clients and is much underserved in terms of addressing their complex needs for adequate treatment.	Thank you for your comment
30.	5/10	General Comment	Alan Johnson/ Hawaii substance Abuse Coalition	HSAC supports the use of SAMHSA funding to use for priority treatment for individuals without health insurance coverage. Many chronic addiction persons, until their addiction is treated first, cannot respond to the documentation and face to face meetings that are required to establish eligibility for insurance coverage.	Thank you for your comment.
31.	5/10	General Comment	Alan Johnson/ Hawaii substance Abuse Coalition	After addressing the priority to fund the chronic uninsured that need immediate treatment services and are not yet connected to Medicaid/Medicare, HSAC does secondarily support systemic changes to fund recovery "support" services as a means to improve outcomes.	Thank you for your comment
32.	5/10	General Comment	Alan Johnson/ Hawaii substance Abuse Coalition	As Healthcare Reform is implemented, there will be a need for flexibility in federal grants to address those undetermined, yet probable, shortage of	SAMHSA concurs with comment. Thank you for your



Block Grant Comment Log

				coverage issues.	comment
33.	5/10	General Comment	Alan Johnson/ Hawaii substance Abuse Coalition	HSAC supports the requirement for states to assess the needs for services for special populations.	Thank you for your comment.
34.	5/10	General Comment	Alan Johnson/ Hawaii substance Abuse Coalition	HSAC supports the requirement for states to identify unmet service needs and gaps for priority populations.	Thank you for your comment.
35.	5/10	General Comment	Alan Johnson/ Hawaii substance Abuse Coalition	HSAC supports the requirement for states to prioritize target populations as well as develop goals and performance indicators for each priority.	Thank you for your comment.
36.	5/10	General Comment	Lynn Frost on behalf of Tammy Peacock/ Alabama Dept. of Health	More direction relative to identification of best practices, efficient financing practices, etc. is an appropriate role for SAMHSA. However, adding more requirements to the very small amount of funding made available through the MH block grant does not seem proportionate or cost effective.	SAMHSA disagrees with this premise. Federal funds should be used to promote the adoption and diffusion of evidence-based practices and to leverage other resources...
37.	5/10	General Comment	Lynn Frost on behalf of Tammy Peacock/ Alabama Dept. of Health	SAMHSA is to be applauded for its effort to align the SAPTBG with reform of the nation's health care system. The proposed 2012-2013 Block Grant application reflects bold steps toward implementation of a new era of services delivery for individuals who are at risk for or have substance use disorders.	Thank you for your comment.
38.	5/10	General Comment	Lynn Frost on behalf of Tammy Peacock/ Alabama Dept. of Health	SAMHSA's help will be needed to support the state change agents assigned with responsibility for leading the system reform efforts. Training opportunities, best practice resources, and support groups will be needed.	SAMHSA will provide technical assistance as identified through the Block Grant planning process.
39.	5/10	General Comment	Lynn Frost on behalf of Tammy Peacock/	SAMHSA must enforce adherence to the requirements set forth in the application. If SAMHSA cannot or	No response needed.

Block Grant Comment Log

			Alabama Dept. of Health	chooses not to enforce adherence to any one of the application's required activities, please do not include such in the application.	
40.	5/10	General Comment	Lynn Frost on behalf of Tammy Peacock/ Alabama Dept. of Health	Provide opportunities to enhance and grow our workforce to support efforts to monitor the quality of care provided in communities, and to insure the availability of an adequate number of skilled prevention and treatment professionals to fulfill the SAPTBG requirements and meet the needs of the newly insured in 2014.	Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. 300x-28(b)) requires States to provide continuing education to individuals in community- and faith-based organizations that are sub-recipients of SAPT Block Grant funds. SAMHSA also supports regional Centers for the Application of Prevention Technology (CAPT) and regional Addiction Technology Transfer Centers whose primary focus is the professional development of the substance use disorder (SUD) prevention, treatment, and recovery workforce.
41.	5/10	General Comment	Lynn Frost on behalf of Tammy Peacock/ Alabama Dept. of Health	Provide technical assistance opportunities that provide real hands on assistance. We have experienced far too much technical assistance that seems to benefit the contractor far more than the state.	SAMHSA will provide technical assistance as identified through the Block Grant planning process.
42.	5/10	General Comment	Lynn Frost on behalf of Tammy Peacock/ Alabama Dept. of Health	Insure the many opportunities exist for individuals who have been service recipients to have a meaningful voice in the development and implementation of SAPTBG services.	SAMHSA believes its Block Grant programs promote participation by people with mental and substance use disorders in

Block Grant Comment Log

					shared decision making person-centered planning and self-direction of their services supports. In Section #D of the Application, SAMHSA requests states to summarize its policies on participant-directed services.
43.	5/10	General Comment	Lynn Frost on behalf of Tammy Peacock/ Alabama Dept. of Health	Give us time to develop the relationships called for in the application: military personnel, Native Americans, LGBTQ populations, primary care providers, etc. There is not enough time prior to the scheduled application's submission date to establish meaningful relationships. We don't want people to just come to a monthly or quarterly meeting so that we can document satisfaction of a requirement for inclusion. We want people to know that we care about their needs and sincerely want their active participation in our planning process. Such participation will help us better meet the needs of the populations they represent. This requires trust and that will take time.	SAMHSA believes that most States have established relationships with community- and faith-based non-governmental organizations providing services for SED adolescents, SMI adults, SUD adolescents, SUD adults as well as other State, county, and local government organizations involved in planning, carrying out, and evaluating activities associated with the delivery of correctional, housing, primary care, prevention, social, vocational, and recovery services and related supports for individuals, families, and communities impacted by mental illnesses, substance use disorders or co-occurring mental and substance use disorders SAMHSA encourages states to

Block Grant Comment Log

					formalize such relationships, as appropriate, and to reach out to other key stakeholders involved in planning, purchasing, and/or evaluating health services.
44.	5/12	General Comment	Evelyn Frankford/ Frankford Consulting	Current state-of-the-art practices incorporate young adults speaking on their own behalf. It is recommended that the State Behavioral Health Advisory council include youth and young adults who have experienced the mental health/substance abuse and special education systems. They are a critical voice in planning for and implementing programs for this population. In addition, it is recommended that researchers be included on the Councils.	SAMHSA strongly encourages States to broaden and diversify the membership of its State Behavioral Health Advisory Council to include all stakeholders in the behavioral health community. SAMHSA agrees that all critical voices in planning and implementing programs should be represented.
45.	5/12	General Comment	Evelyn Frankford/ Frankford Consulting	Recommendation that SAMHSA should include a strong provision in the Block Grant that States should measure performance in terms of students' emotional and social development as these relate to education outcomes and possibly add others related to reductions in harsh discipline measures such as suspension and expulsion.	The Block Grant application provides flexibility for states to develop performance measures and establish priorities. States can develop a performance measure to assess educational outcomes through their dashboards.
46.	5/12	General Comment	Evelyn Frankford/ Frankford Consulting	It is recommended that the State Behavioral Health Advisory Council include, in addition to a representative of the State Education Agency, representatives of the behavioral health professions	SAMHSA strongly encourages States to broaden and diversify the membership of its State Behavioral Health Advisory

Block Grant Comment Log

				who are 1) employed by a Local Education Agency and responsible for implementing such programs at the school district level and 2) part of a community or non-governmental school mental health organization.	Council to include all stakeholders in the behavioral health community. SAMHSA agrees that all critical voices in planning and implementing programs should be represented.
47.	5/13	General Comment	Christie Lundy/Missouri Department of Mental Health	SAMHSA indicates that “the changes were made to better coincide with the majority of State’s fiscal year calendars, which are from July 1 through June 30 <sup>th</sup> the following year.” These changes do not help this state’s fiscal and budgetary operations.	Current block grant timeframes coincide with only several State’s fiscal year planning cycles. SAMHSA proposed change will better align the State and block grant planning period for almost all States.
48.	5/13	General Comment	Christie Lundy/Missouri Department of Mental Health	SAMHSA significantly underestimates the time and resources that are required to respond to the SAPT Block Grant application. This state begins working on its SAPT Block Grant application in June in order to meet the current October 1 <sup>st</sup> due date – four months. It does not appear that the timeline for preparing the FY 2012 Block Grant will allow states to have sufficient time to prepare responses for sections that essentially remain unchanged from the prior year’s application not to mention responses to new items that may require new computer programs and reports to be developed. SAMHSA intends for states to carefully consider its strategic planning and goals with regard to SAMHSA’s new strategic initiatives but does not allow adequate time for states to do so. According to language in the federal register, the development of the goals, strategies, and performance indicators are required and not just requested.	SAMHSA has amended the block grant planning timeframes to provide States with more flexibility in the timeframes for submitting the plan.

Block Grant Comment Log

49.	5/20/11	General Comment	Elyse Linn/Florida	Please provide the HCPCS codes for Table 5.	SAMHSA concurs and will provide the HCPCS/CPT codes for services in Table 5 to reflect generic HCPCS codes in July.
50.	5/20/11	General Comment	Brad Munger/ Wisconsin	In light of the confusion raised by the above statement contained on page 20000 of the Federal Register Notice, ( <b>see general question #</b> ) it would be helpful for SAMHSA to inform the States about its proposed plans, if any, to modify the current statutory language that would need to occur before the requested information could be required. It is suggested that current priorities, such as Military Families, not be specifically noted, as their priority status could change rather quickly, and statutory change does not occur quickly.	Thank you for your question. This question is requesting information on possible legislation and regulation and is not relevant to the FRN on the Block Grant application.
51.	5/20/11	General Comment	Brad Munger/ Wisconsin	A second area for comments solicited in the April 11, 2011 Federal Register Notice is: the accuracy of the agency's estimate of the burden of the proposed collection of information. There are several concerns here. First, by definition and simple logic, one would expect that since the States are being asked for additional information, over and above what is currently requested, as well as a restructured process that would consolidate two plans into one (at least in the first year) there is an additional burden. When comparing previous year's burden hours estimates with the 2012 estimate for both block grants there is an increase of about 56% for the mental health block grant and a decrease of 22% for the substance abuse block grant. It would be appreciated if SAMHSA would discuss these discrepancies and what they are	The estimate of burden was based on historical information and analysis of requested vs. required information.

Block Grant Comment Log

				attributed to, with particular attention to the decrease in the substance abuse block grant.	
52.	5/20/11	General Comment	Brad Munger/ Wisconsin	In the Federal Register Notice SAMHSA announced that it needs additional data from the States. When it states: “National dashboard indicators will be based on outcome and performance measures that will be developed in FY 2011.” For over 17 years, and beginning with the Government Performance and Results Act (GPRA) of 1993, SAMHSA has requested more and more data from the States under the rubric of the need for accountability. During those 17 years the States have been involved in data collection and the development of performance and outcome indicators related to GPRA, the Office of Management and Budget PART Review, the Uniform Reporting System, the development of National Outcome Measures (NOM's) , and the Data Infrastructure Grants (DIG's). The States have responded by modifying their data systems, collaborating with SAMHSA to define and ensure consistency of the data elements, and subsequently have supplied a considerable amount of data in the tables contained in the Implementation Reports. It would be helpful to know what SAMHSA has done, if anything, (other than compile it) with the data that is currently being reported. Further, and in line with OMB questions about the necessity of data collection for the “proper performance of the functions of the agency” and whether the data has “practical utility”, it is requested that SAMHSA address the apparent inadequacies of the current data they receive in helping them manage	Data collected by SAMHSA is used to assess compliance, monitor programs and facilitate performance measurement. SAMHSA has a Strategic Initiative Data, Outcomes and Quality that informs policy and measures program impact, leading to improved quality of services and outcomes for individuals, families, and communities. In addition, SAMHSA is reviewing current outcome and performance measures against HHS National Quality Strategy.  <a href="http://www.samhsa.gov/dataOutcomes/">http://www.samhsa.gov/dataOutcomes/</a>

Block Grant Comment Log

				their program to justify the need for additional data.	
53.	5/20/11	General Comments	Barbara Leadholm/ Massachusetts Department of Mental Health	Emphasis on prevention and recovery-based services. It has been difficult to reconcile the values of recovery-based services with requirements that mental health block grant funds be utilized only for individuals meeting the federal definitions of adults with serious mental illness and children with serious emotional disturbance. While these requirements are consistent with how DMH defines its priority population, the funding restriction has prevented DMH from using block grant funds for innovative programming and interventions that address prevention, recovery and resiliency.	The state may use the Block Grant funds to develop programming that addresses recovery for the populations that are included in its planning application. However, resiliency and prevention programming funded by Block Grants has to be directly related to adults with SMI and children with SED although the state can use other funds to develop more general programming in these areas.
54.	5/20/11	General Comments	Barbara Leadholm/ Massachusetts Department of Mental Health	Attention to accountability for improving outcomes and experiences of people served. DMH is encouraged by the statement that "SAMHSA will create a flexible, deliberate, and careful method of identifying meaningful and appropriate measures" (Application, page 13). DMH's experience with the National Outcome Measures (NOMS) has demonstrated that outcome measurement is essential, but that it is extraordinarily difficult to develop one unified system that is sensitive and relevant enough to measure outcomes and experiences of unique service systems. DMH appreciates the opportunity to develop state specific priorities, objectives, strategies, and performance indicators.	Thank you for your comments.
55.	5/20/11	General Comments	Barbara Leadholm/ Massachusetts Department of Mental Health	Shift from the current criteria-based application to a focus on developing a behavioral health assessment and plan and addressing SAMHSA's Strategic Initiatives. Over time, new requirements were layered	Thank you for your comments.



Block Grant Comment Log

				over the existing format, creating a cumbersome document that was redundant in many parts and was not readable or friendly to many of DMH's stakeholders, including the Planning Council.	
56.	5/20/11	General Comments	Barbara Leadholm/ Massachusetts Department of Mental Health	Flexibility provided in phasing in new planning and reporting requirements. DMH is encouraged by the statement in the Federal Register that "SAMHSA intends to approach this process with the goal of assisting States and Territories in setting a clear direction for system improvements over time, rather than a simple effort to seek compliance with minimal requirements" (Federal Register, page 20000). DMH looks forward to partnering with SAMHSA to identify and demonstrate system improvements that are based upon the needs of MA residents, built upon the current strengths and planning efforts within the service system, and address the unique challenges and opportunities that exist in the state.	Thank you for your comments.
57.	5/20/11	General Comments	Barbara Leadholm/ Massachusetts Department of Mental Health	Strengthened expectations for involving the Planning Council, including people with lived experience and their families in the development of the behavioral health assessment and plan. DMH has enjoyed a productive and collaborative relationship with its Planning Council. The Council and its subcommittees play significant roles in identifying needs, recommending system improvements, assisting in their implementation, and monitoring ongoing efforts.	Thank you for your comment
58.	5/20/11	General Comments	Barbara Leadholm/ Massachusetts Department of Mental Health	After careful review of the Federal Register, FY2012-2013 Block Grant Application and FY2012 Block Grant Reporting Section, DMH respectfully submits the following comments and recommendations:	Title XIX, Part B, Subpart III of the PHS requires States to annually submit a report describing the use of CMHS and SAPT Block Grant funds, In prior

Block Grant Comment Log

				<p>Develop alternative approaches to fiscal reporting</p> <p>Remove requirement that states provide letters of support.</p> <p>Reduce the data reporting requirements related to the preparation of the URS table and Client-Level Reporting Data Initiative</p> <p>Broaden planning process beyond targeted populations</p>	<p>years, States have submitted reports describing the use of CMHS Block Grant funds on or before December 1 each year and the timer period of the report was the State fiscal year immediately preceding the Federal fiscal year for which States submitted a plan for the obligation and expenditure of CMHS Block Grant funds. In prior years, states have submitted reports describing the use of SAPT Block Grant funds on or before October 1 of the Federal fiscal year for States submitted a plan for the obligation and expenditure of SAPT Block Grant funds and time period of the report was the Federal fiscal year three years prior to the Federal fiscal year for which States applied for funds. SAMHSA has realigned to CMHS and SAPT Block Grant reports to cover the same time period, i.e., the State fiscal year immediately preceding the Federal fiscal year for which States are applying for CMHS and SAPT Block Grant funds. SAMHSA recognizes that such</p>
--	--	--	--	--	--

Block Grant Comment Log

					<p>reports may include Federal funds from multiple awards; therefore, making determinations of compliance with certain statutory set-asides will be subject to confirmation through the audit requirements described in OMB Circular A-133.</p> <p>SAMHSA does not agree with the commenter requesting to have the request for letters of support from other State partners removed from the application. SAMHSA believes this support is critical for States to plan and implement their behavioral health systems, but will allow States to provide either letters of support or memoranda of understanding.</p>
59.	5/20/11	General Comments	Barbara Leadholm/ Massachusetts Department of Mental Health	<p>DMH requests that the following information be clarified in the final version of the Application, Reporting Section or other supporting documentation:</p> <p>Further guidance on expectations for mental health block grant planning and spending on prevention.</p> <p>Confirmation that the implementation report due on 12/1/11 follows the instructions contained in the</p>	<p>John Morrow on MH Guidance</p> <p>SAMHSA can confirm that nothing has been changed on the implementation reports.</p> <p>States have flexibility to establish priorities and determine what is appropriate</p>

Block Grant Comment Log

				<p>FY2009-2011 Community Mental Health Services Block Grant Application Guidance and Instructions.</p> <p>Additional instructions on determining the specific populations that should be addressed in the mental health block grant plan. The instructions state that “the plan should address the following populations as appropriate for each Block Grant.” Further definition of “as appropriate” is needed.</p> <p>Clarification on required versus optional sections of the plan and tables.</p>	<p>for either Block Grant.</p> <p>The Proposed Block Grant Application has been revised to address issues regarding required versus requested populations and information.</p>
60.	5/20/11	General Comments	Brad Munger/ Wisconsin	<p>The major change planned by SAMHSA as evidenced in the MHBG application and guidance, as well as other SAMHSA documents, is that SAMHSA wants to change its target population from adults with Serious Mental Illness (SMI) and children with Serious Emotional Disturbance (SED) to the entire US population. Since the States were not consulted on this issue, it would be helpful to know SAMSHA’s rationale for this change particularly, when the mental health block grant funds, while appreciated by the States, are a small portion of the funding actually necessary for States to spend for persons with mental illness. In addition, in light of all the changes envisioned by SAMHSA in this document, it is assumed that SAMHSA is modifying (or has modified) its mission and role in the delivery of mental health care services. Please inform the States of SAMHSA’s latest thoughts on its role and mission. Lastly, please discuss the role SAMHSA played in</p>	<p>Title XIX, Part B, Subpart of the PHS Act identifies targeted populations such as seriously emotionally disturbed (SED) adolescents, seriously mentally ill (SMI) adults and Title XIX, Part B, Subpart II of the PHS Act identifies targeted populations such as substance using pregnant women and women with dependent children and intravenous drug users. While these targeted populations will continue to be the priority populations served with CMHS and SAPT Block Grant funds, respectively, SAMHSA believes that States’ plans should include</p>

Block Grant Comment Log

				<p>shaping health care reform, what policies it was able to influence, and what role it expects to play in the future.</p>	<p>a description of how State mental health authorities and State substance use authorities collaborate and coordination with other State, county, and local government authorities to address correctional, housing, primary care, prevention, social, vocational, and recovery services and related supports for individuals and families among other historically under-served populations such as military families, LGBT, et al.</p>
61.	5/23/11	General Comment	<p>Alessandra Ross/ California Dept. of Public Health, Injection Drug Use Policy and Program Coordinator</p>	<p>Some (providers) question the use of the term “demonstration syringe services program” as potentially confusing: consensus in the public health community is that syringe exchange programs have been sufficiently piloted, and to use this term may imply that only “start up” programs will be qualified to apply for funding. Although the term “demonstration” echoes the language found in federal statute, such echoing is not followed elsewhere in HHS policy – for instance, the term syringe services program, and its definition, is not in statute.</p>	<p>Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. 300x-31(a)(1)(F)) prohibited states from using SAPT Block Grant funds to provide hypodermic needles or syringes to individuals for the purpose of injecting illicit drugs. The term “demonstration” appears in statutory language that first appeared in the Health Omnibus Extensions Act of 1988 and was incorporated into the ADAMHA Reorganization Act of 1992 (P.L. 102-321). The Surgeon General of the United States has determined that a sufficient body of evidence</p>

Block Grant Comment Log

					<p>exists in the empirical literature has demonstrated that syringe services programs (also known as needle exchange program) provide an opportunity to engage individuals whose substance use disorder (SUD) includes the injection of licit and/or illicit drugs and offer such individuals with information regarding the health risks associated with injection drug use including, but not limited to, the transmission of the human immunodeficiency virus (HIV) and hepatitis. Therefore, during FY 2010 SAMHSA, in collaboration with the Centers for Disease Control and Prevention, developed syringe services program (SSP) guidance regarding the use of Federal funds for certain discretionary grant programs. The term "syringe services program" was introduced in recognition of the array of education, intervention and risk-reduction services provided by community- and faith-based organizations providing such services identified collectively as</p>
--	--	--	--	--	--

Block Grant Comment Log

					<p>needle exchange programs. In FY 2011, SAMHSA's Center for Substance Abuse Treatment developed guidance for States who may want to use SAPT Block Grant funds for SSPs. SAMHSA submitted its SSP guidance to the Office of the Surgeon General of the United States earlier this year and is awaiting approval. Upon receipt of approval, SAMHSA will disseminate to the States the SSP guidance applicable to SAPT Block Grant funds. The proposed report format for the SAPT Block Grant program includes three report tables (13a, 13b, and 13c) designed to collect data sufficient to fulfill the requirement of a demonstration SSP.</p>
62.	5/23/11	General Comment - Maintenance of Effort	Molly Cisco/ Consumer Run Organizations, Wisconsin	<p>We are extremely concerned that Consumer Run Organizations and State-wide Networks have been completely overlooked in this new application. Without Block Grant funding, these organizations will be forced to close their doors. Shouldn't the Block grant application AT LEAST provide maintenance of effort clause??</p> <p>Put specific language in the Mental Health Grant Application that strengthens the services we provide.</p>	<p>The proposed Block Grant plan encourages States to incorporate peer-to-peer, recovery support services in its continuum of services for individuals and families impacted by mental and substance use disorders. This is the first block grant application</p>

Block Grant Comment Log

				Listen to the consumers in Wisconsin (and all over the nation) when we tell you that Consumer Run Services and peer support plays a vital role in our recovery. And back that up with specific directives to the states to adequately fund these programs.	that has identified consumer operated services, recovery and peer services as allowable services to be funded with block grant funds.
63.	5/24/11	General Comment	Peggy Nikkel/ UPLIFT, Wyoming	I would really like to see an emphasis on services for children and adolescents or possibly a percentage requirement for use of block grant funds to support projects and services effecting this population.	Title XIX, Part B, Subpart 1 of the PHS Act requires States to maintain a certain level of expenditures for SED adolescents; however, Title XIX, Part B, Subpart II of the PHS Act contains no such requirement for youth with SUD. In addition, the block grant application requests States include youth with SUD in their needs assessment and planning process.
64.	5/24/11	General Comments	Sarah Ruiz/ Massachusetts Dept. of Public Health, Bureau of Substance Abuse Services	<u>Clarify instructions related to what is required vs. recommended:</u> Considering that the goal of federal block grants is to provide flexibility to the states to address their unique needs, our concern is with the large number of target populations, strategies and priority areas that are included in the application. It seems contrary to the goal of achieving a data driven service system to impose 16 target populations (in section A), 10 service-specific strategies & 8 systems-improvement strategies (in section B), and 8 additional priority areas (in sections D-M). Many of these target populations,	The block grant provides guidance to States on other populations that States may want to consider when performing their needs assessment. We believe that other populations such as LGBTQ populations and returning veterans should be considered by States as they plan for the block grant expenditures. Much has



Block Grant Comment Log

				<p>strategies and priority areas are quite large in scope. As the application is written now, states will be required to include all of the SAMHSA target population in the list of State Priorities and provide goals, strategies and performance indicators for each one. This burden of requirement does not give state the opportunity to respond to the needs that are indicated in an evaluation of the data.</p> <p>In addition, the funding levels for SAPT Block Grant have remained stagnant for many years now. Any additional requirements, without additional funds are unfunded mandates and present a strain on already limited resources in the states.</p> <p>We ask that SAMHSA modify the instructions to make it clear which target populations, strategies and priority areas “recommended” rather than “required”. In terms of the target populations, states could analyze data related to these populations and consider the level of need, but not be required to include them in the list of State Priorities (Table 2) and the plan that includes goals, strategies and performance indicators (Table 3). Only those populations and strategies that the state and its partners, in consultation with all of the recommended groups, determine to be priorities based on the data should be included in the list of State Priorities.</p>	<p>changes in the twenty years since the initial block grant was drafted. SAMHSA wants to provide States with the flexibility in using block grant funds for other populations that have significant SUD needs. The block grant application has been revised to identify those areas of the plan that are required versus requested.</p>
65.	5/24/11	General Comments	Sarah Ruiz/ Massachusetts	<p><u>Do not separate SAPT Block Grant funding:</u> We are also concerned that Table 5 in the State Plan</p>	<p>Table 5 of the Block Grant plan and reporting sections requests</p>

Block Grant Comment Log

			Dept. of Public Health, Bureau of Substance Abuse Services	asks for planned expenditures by service type for SAPT Block Grant expenditures only. Similarly, Table 5 in the annual report asks for numbers of individuals served with SAPT BG dollars, the number of units of service paid by the Block Grant, and Block Grant expenditures by service type. Separating out Block Grant expenditures will not provide an accurate picture of our service system.	that States that have the ability to provide this information do so in these Tables. The intent is to obtain more accurate expenditures of the types of services provided and the number of people served.
66.	5/24/11	General Comments	Sarah Ruiz/ Massachusetts Dept. of Public Health, Bureau of Substance Abuse Services	<u>Remove Requirement for Letters of Support:</u> The Bureau of Substance Abuse Services engages in active collaboration with our state partners thanks to the Governor’s Inter-Agency Council on Substance Abuse and Prevention and the Inter-Agency Working Group and the Youth Inter-Agency Working Group. All of these groups meet regularly and enjoy active participation. Requesting letters of support from each of these partners is extremely time-consuming and burdensome to the states.	SAMHSA does not agree with the commenter requesting to have the request for letters of support from other State partners removed from the application. SAMHSA believes this support is critical for States to plan and implement their behavioral health systems, but will allow States to provide either letters of support or memoranda of understanding.
67.	5/25/11	General Comment	Sharon Smith/ MOMSTELL Inc., Pennsylvania	Let me commend the Substance Abuse and Mental Health Services Administration (SAMHSA) for identifying youth with substance use disorders as an important population with evolving needs for the first time.  I also want to state my support for your addition of family involvement in the draft	Thank you for your comment

Block Grant Comment Log

				<p>language of the Block Grant Application. I was pleased to see that a recommendation was made to States to actually describe their effort to actively engage individuals and families in developing, implementing, and monitoring the State Substance Abuse and Mental Health systems.</p> <p>I would like to commend the application's focus on the provision of recovery support services and a combined plan for the provision of services for individuals with co-occurring mental and substance use disorders. .. I will look forward to seeing substance abuse/ co-occurring disorder family involvement and adolescent issues included in the final version of the block grant language.</p>	
68.	5/25/11	General Comment	Macy Brown/ Thurston County Family Court, Washington State	I have reviewed the new priorities and am supportive of the direction that the SAMHSA grants are going in. This is thoughtful and very useful use of federal monies.	Thank you for your comment
69.	5/25/11	General Comments	Stacey Larson on behalf of Linda Rosenberg / NCCBH	<p>We agree that the block grant funds should be directed toward four purposes (outlined in the application)...</p> <p>..We appreciate that SAMHSA is giving States the option of applying for both Grants separately or using one combined application form...</p> <p>...We appreciate that the new Block Grant application</p>	Thank you for your comment

Block Grant Comment Log

				<p>would request that States provide information regarding the use of the Block Grant dollars and that states will be asked to project their expenditures for treatment and support services under the MHSBG and SAPTBG...</p> <p>...In addition, allowing states to submit two-year plans rather than a new plan annually will have an impact on how SMHAs and SSAs use their limited resources. We appreciate that SAMHSA will provide consultation to the States as this process moves forward and during the next two years in preparation for the influx of individuals currently uninsured who will have the opportunity to enroll in Medicaid or private health insurance.</p>	
70.	5/26/11	General Comment	Michelle Dirst on behalf of Robert Morrison/ NASDAD	<p>We recognize the request for information on how States are addressing these new populations and areas is optional. We urge that this request be clearly labeled in the application as optional. We also urge SAMHSA to indicate that the State's award will not be implicated in any way should the section not be completed. Further, if a State completes the provision, we recommend that States be given the flexibility to identify their own priority populations beyond that required in statute.</p>	<p>The block grant application has been changed to identify which sections and populations are required versus requested. The populations that the proposed application has included provide States with additional flexibility and does not preclude States from identifying additional populations that are not listed in this section.</p>
71.	5/26/11	General Comment	Michelle Dirst on behalf of Robert Morrison/ NASDAD	<p>We recommend that SAMHSA immediately work with State substance abuse agencies through NASADAD on issues pertaining to data collection and reporting in order to help improve our collective capabilities. It is</p>	<p>SAMHSA concurs and will work with the State SSAs and SMHAs to develop strategies to asses and address their information</p>

Block Grant Comment Log

				important to note that SAMHSA would have to immediately provide technical assistance to help move certain States to meet this goal. We also recommend that the final application request States to identify barriers to moving to an encounter/claims based approach and identify their technical assistance needs.	technology issues.
72.	5/26/11	General Comment	Michelle Dirst on behalf of Robert Morrison/ NASDAD	As you know, all States are at very different places with coverage of substance abuse services, use of Medicaid and how the SAPT Block Grant is used to fill the gaps. There is also considerable variance in how aggressively States are preparing for health care reform; this variance is politically driven and in most cases beyond control of State substance abuse agency directors. Changes to the new application should allow for this range of differences and the goals that each state has for health care reform. We believe the application should bolster the ability of States to use resources to assist them to making the transitions that are unique to their own financing structure.	SAMHSA recognizes the unique political and social environment in which each State mental health authority and state substance abuse authority as well as the economic and social challenges confronting States' chief executive officers. SAMHSA believes that the proposed plan and report provides States with the flexibility to design its mental and substance use disorder services delivery systems in the context of its State-specific environment.
73.	5/26/11	General Comment	Michelle Dirst on behalf of Robert Morrison/ NASDAD	Concerning the use of the term "States", we recommend specific references to the term State substance abuse agency. We also seek assistance from SAMHSA to ensure that SSAs have a strong leadership role in federal ACA dollars from sources other than SAMHSA [e.g. Health Resource and Services Administration (HRSA)] and not currently going through SSA.	SAMHSA has utilized the term "States" to refer to the State mental health authorities and State substance abuse authorities. Title XIX, Part B, Subpart III of the PHS Act defines the term "States" as the fifty States and the term "Territories" as American

Block Grant Comment Log

					Samoa, Commonwealth of the Northern Marianas Islands (CNMI, Commonwealth of Puerto Rico, District of Columbia, Federated States of Micronesia (FSM), Guam, Republic of the Marshall Islands (RMI), Republic of Palau (RP), and the U.S. Virgin Islands. With respect to the SAPT Block Grant, the term “principal agency of a State” is defined in regulation as the “single State agency for substance abuse.”
74.	5/26/11	General Comment	Michelle Dirst on behalf of Robert Morrison/ NASDAD	Clearly identify in the final SAPT Block Grant Application what new sections are required and what sections are optional. If a State is unable to submit optional information, SAMHSA should include direction on how a State is to respond.	Please see response to Comment 70 offered by the same commenter.
75.	5/26/11	General Comment	Michelle Dirst on behalf of Robert Morrison/ NASDAD	A clear set of consistent criterion must be included in the final document for both State substance abuse agencies and SAMHSA project officers to use when submitting and evaluating the application.	Previous block grant application did not include this criterion. SAMHSA will continue to work closely with States once the criterion is completed. SAMHSA will continue to engage States in discussions regarding the results of review and the submission and evaluations of the Block Grant application.
76.	5/26/11	General Comment -	Michelle Dirst on behalf of Robert	Joint planning on prevention - We recommend that work first move forward to establish common	SAMHSA concurs, and while we are developing common

Block Grant Comment Log

		service definitions	Morrison/ NASDAD	definitions pertaining to substance abuse prevention, mental health promotion, and other relevant and related terms. We recommend working through NASADA on this topic.	definitions, States are encouraged to talk with each other and begin a joint dialogue.
77.	5/26/11	General Comment - service definitions	Michelle Dirst on behalf of Robert Morrison/ NASDAD	Joint planning on recovery - We recommend work to define "recovery services." In particular, we recommend that SAMHSA work with NASDAD to draft a definition within the next 60 to 90 days. Recovery services for populations with substance use disorders and recovery services for those with mental illness will be identical in some cases but in others may be quite different. In addition, a revised SAPT Block Grant application could ask SSAs to identify recovery services funded by SAPT Block Grant as a starting point using common definitions/categories.	Some of the terms in SAMHSA's draft publication "A description of a Good and Modern Addictions and Mental Health Services Delivery System" have subsequently been defined in an effort to provide the Center for Medicaid and Medicare Services with a description of recovery support services that should be considered for coverage under the proposed benchmark plans under Medicaid and the essential plans to be offered by States' health insurance plans. Further, SAMHSA's Center for Substance Abuse Treatment and Center for Mental Health Services will be providing a description of how such services have been incorporated into states mental and substance use disorder services delivery systems.
78.	5/28	General Comment	Donna Espinola-Rooney/ General Public	I support the addition of family involvement in the draft language of the Block Grant Application. And encourage the inclusion of family member input... I am	SAMHSA encourages States to include a description of plans for family engagement in their

Block Grant Comment Log

				pleased to see that SAMHSA is requesting that States submit plans on how they consulted with the Tribes and would like to see that language also include a plan for actively engaging families at the tribal level.	response to Tribal consultation.
79.	6/1	General Comment - SAPT Funding	Constance Peters on behalf of Vicker Digravio/ Association for Behavioral Healthcare	Do not separate SAPT Block Grant funding: We are also concerned that Table 5 in the State Plan asks for planned expenditures by service type for SAPT Block Grant expenditures only. Similarly, Table 5 in the annual report asks for numbers of individuals served with SAPT Block Grant dollars, the number of units of service paid by the Block Grant, and Block Grant expenditures by service type. Separating out Block Grant expenditures will not provide an accurate picture of our service system.	See response to Question 65.
80.	6/1	General Comment - MHBG	Constance Peters on behalf of Vicker Digravio/ Association for Behavioral Healthcare	<p>Emphasis on prevention and recovery-based services.</p> <p>It has been difficult to reconcile the values of recovery-based services with requirements that mental health block grant funds be utilized only for individuals meeting the federal definitions of adults with serious mental illness and children with serious emotional disturbance. While these requirements are consistent with how Massachusetts defines its priority population, the funding restriction has prevented our state Department of Mental Health (DMH) from using block grant funds for innovative programming and interventions that address prevention, recovery and resiliency.</p>	While the priority populations for the MHBG are still adults with serious mental illness and children with a serious emotional disturbance, SAMHSA is asking that States review the needs of other populations for their needs assessment. SAMHSA will allow States to expend block grant funds for populations with mental health needs in addition to the priority populations.
81.	6/1	General Comment -	Constance Peters on behalf of Vicker	Attention to accountability for improving outcomes and experiences of people served. ABH is encouraged	Thank you for your comment



Block Grant Comment Log

		MHBG	Digravio/ Association for Behavioral Healthcare	by the statement that “SAMHSA will create a flexible, deliberate, and careful method of identifying meaningful and appropriate measures” (Application, page 13). Our experience with the National Outcome Measures (NOMS) has demonstrated that outcome measurement is essential, but that it is extraordinarily difficult to develop a unified system that is sensitive and relevant enough to measure outcomes and experiences of unique service systems. We appreciate the opportunity to develop state specific priorities, objectives, strategies, and performance indicators.	
82.	6/1	General Comment - MHBG	Constance Peters on behalf of Vicker Digravio/ Association for Behavioral Healthcare	Shift from the current criteria-based application to a focus on developing a behavioral health assessment and plan and addressing SAMHSA’s Strategic Initiatives. Over time, new requirements were layered over the existing format, creating a cumbersome document that was redundant in many parts and was not readable or friendly to many stakeholders, including the DMH Planning Council.	Thank you for your comment
83.	6/1	General Comment - MHBG	Constance Peters on behalf of Vicker Digravio/ Association for Behavioral Healthcare	Flexibility provided in phasing in new planning and reporting requirements. ABH is encouraged by the statement in the Federal Register that “SAMHSA intends to approach this process with the goal of assisting States and Territories in setting a clear direction for system improvements over time, rather than a simple effort to seek compliance with minimal requirements” (Federal Register, page 20000). Massachusetts looks forward to partnering with SAMHSA to identify and demonstrate system improvements that are based upon the needs of our	Thank you for your comment

Block Grant Comment Log

				residents, built upon the current strengths and planning efforts within the service system, and address the unique challenges and opportunities that exist in the state.	
84.	6/1	General Comment - MHBG	Constance Peters on behalf of Vicker Digravio/ Association for Behavioral Healthcare	Strengthened expectations for involving the Planning Council, including people with lived experience and their families in the development of the behavioral health assessment and plan. Our state DMH has enjoyed a productive and collaborative relationship with its Planning Council. The Council and its subcommittees play significant roles in identifying needs, recommending system improvements, assisting in their implementation, and monitoring ongoing efforts.	Thank you for your comment
85.	6/1	General Comment	Constance Peters on behalf of Vicker Digravio/ Association for Behavioral Healthcare	<p>Recommendation: Develop alternative approaches to fiscal reporting:</p> <p>Reduce the data reporting requirements related to the preparation of the URS table and Client-Level Reporting Data Initiative</p> <p>•Broaden planning process beyond targeted populations:</p>	Title XIX, Part B, Subpart III of the PHS requires States to annually submit a report describing the use of CMHS and SAPT Block Grant funds, In prior years, States have submitted reports describing the use of CMHS Block Grant funds on or before December 1 each year and the timer period of the report was the State fiscal year immediately preceding the Federal fiscal year for which States submitted a plan for the obligation and expenditure of CMHS Block Grant funds. In prior years, states have

Block Grant Comment Log

					submitted reports describing the use of SAPT Block Grant funds on or before October 1 of the Federal fiscal year for States submitted a plan for the obligation and expenditure of SAPT Block Grant funds and time period of the report was the Federal fiscal year three years prior to the Federal fiscal year for which States applied for funds. SAMHSA has realigned to CMHS and SAPT Block Grant reports to cover the same time period, i.e., the State fiscal year immediately proceeding the Federal fiscal year for which States are applying for CMHS and SAPT Block Grant funds. SAMHSA recognizes that such reports may include Federal funds from multiple awards; therefore, making determinations of compliance with certain statutory set-asides will be subject to confirmation through the audit requirements described in OMB Circular A-133.
86.	5/27/2011	General Comment	Linda Warden/ General Public	I wanted to state my support for your addition of family involvement, tribal consultation, a focus on the	Thank you for your comment

Block Grant Comment Log

				provision of recovery support services, and a combined plan for the provision of services for individuals with co-occurring mental and substance use disorders in the draft language of the Block Grant Application.	
87.	5/27/2011	General Comment	Kathy Winzig/ General Public	I wanted to state my support for your addition of family involvement, tribal consultation, a focus on the provision of recovery support services, and a combined plan for the provision of services for individuals with co-occurring mental and substance use disorders in the draft language of the Block Grant Application.	Thank you for your comment
88.	5/27/2011	General Comment	Shannon CrossBear/ Strongheart Resource Development	I wanted to state my support for your addition of family involvement, tribal consultation, a focus on the provision of recovery support services, and a combined plan for the provision of services for individuals with co-occurring mental and substance use disorders in the draft language of the Block Grant Application.	Thank you for your comment
89.	5/27/2011	General Comment	Clint Hasting/ Cherokee Nation Washington Office	<p>SAMHSA must use all available resources and influence to ensure the needs of Tribal populations are addressed in a manner that fulfills the federal trust responsibility to Tribal Nations.</p> <p>If you want to effectively serve the American Indian/Alaska Native population, you must go through Tribal systems, which could include Tribally operated health programs, the Indian Health Service, or urban Indian health sites.</p> <p>Systems consistently under-represent and misrepresent American Indians leading to greater</p>	Thank you for your comment. SAMHSA will take this comments under consideration for planning purposes and to provide technical assistance to States regarding Tribal Consultation.

Block Grant Comment Log

				<p>disparities. The best mechanism for addressing inaccurate data is to support Tribal health systems that can feed accurate information into existing data collection systems and/or create more accurate measurement at the local level.</p> <p>An alternative to direct funding to Tribal Nations, SAMHSA could utilize its authority as the coordinator of MCH block grant funds to strongly urge states with federally recognized Tribal National located within state borders to provide direct funding to Tribal Nations for certain substance abuse and mental health activities.</p> <p>If Tribal Nations were able to access block grant funds, Tribal nations would be better suited to implement and access additional grant opportunities.</p>	
90.	5/28/2011	General Comment	Donna Espinola-Rooney/ General Public	<p>I wanted to state my support for your addition of family involvement, tribal consultation, a focus on the provision of recovery support services, and a combined plan for the provision of services for individuals with co-occurring mental and substance use disorders in the draft language of the Block Grant Application.</p>	Thank you for your comment
91.	5/30/2011	General Comment	Annie Unpingco/ I Famagu'on-ta/ Dept. of Mental Health and Substance Abuse	<p>Concern about the transitioning of youth clients to the adult side of mental health and the lack of coordinated services resulting in many youth/young adults not getting the mental health and related services they need.</p>	Thank you for your comment
92.	5/31/2011	General Comment	Dawn Mitchell/ Tennessee Voices	<p>I wanted to state my support for your addition of family involvement, tribal consultation, a focus on the</p>	Thank you for your comment

Block Grant Comment Log

			for Children	provision of recovery support services, and a combined plan for the provision of services for individuals with co-occurring mental and substance use disorders in the draft language of the Block Grant Application.	
93.	5/31/2011	General Comment	Joyce Soularie/ Arkansas Division of Behavioral Health Services	I wanted to state my support for your addition of family involvement, tribal consultation, a focus on the provision of recovery support services, and a combined plan for the provision of services for individuals with co-occurring mental and substance use disorders in the draft language of the Block Grant Application.	Thank you for your comment
94.	5/31/2011	General Comment	Wendy Luckenbill/ Mental Health Association, Pennsylvania	The language does not consistently include language that encompasses children and youth. Rather in places it clearly refers to solely adult populations.	Thank you for your comment
95.	6/1/2011	General Comment	Gary Harmon/ Odyssey House, Inc., New York	I wanted to state my support for your addition of family involvement, tribal consultation, a focus on the provision of recovery support services, and a combined plan for the provision of services for individuals with co-occurring mental and substance use disorders in the draft language of the Block Grant Application.	Thank you for your comment
96.	6/1/2011	General Comment	Heather Harlan/ Phoenix Programs, Inc., Missouri	I wanted to state my support for your addition of family involvement, tribal consultation, a focus on the provision of recovery support services, and a combined plan for the provision of services for individuals with co-occurring mental and substance use disorders in the draft language of the Block Grant Application.	Thank you for your comment
97.	6/1/2011	General Comment	Barbara Burks/ General Public	I wanted to state my support for your addition of family involvement, tribal consultation, a focus on the	Thank you for your comment

Block Grant Comment Log

				provision of recovery support services, and a combined plan for the provision of services for individuals with co-occurring mental and substance use disorders in the draft language of the Block Grant Application.	
98.	6/1/2011	General Comment	Liz Getter/ Ohio Dept. of Mental Health	I wanted to state my support for your addition of family involvement, tribal consultation, a focus on the provision of recovery support services, and a combined plan for the provision of services for individuals with co-occurring mental and substance use disorders in the draft language of the Block Grant Application.	Thank you for your comment
99.	6/1/2011	General Comment	Maura Casey/ CaseyInk, LLC	I'm writing in support of the proposed move to encourage states to set aside money from block grant for adolescent substance abuse, and name adolescents as a priority population with regards to block grant funding.	Thank you for your comment
100.	6/1/2011	General Comment	Miriam Patterson/ Portland State University	I'm writing to commend SAMHSA on targeting adolescents, a subpopulation that is often overlooked and/or poorly served by the general system of care.	Thank you for your comment
101.	6/1/2011	General Comment	Judy Kay/ Johnson County Mental Health Center, Kansas	I'm writing to commend SAMHSA on targeting adolescents, a subpopulation that is often overlooked and/or poorly served by the general system of care.	Thank you for your comment
102.	6/1/2011	General Comment	James Simone/ Riverside Medical Center, Illinois	I'm writing to commend SAMHSA on targeting adolescents, a subpopulation that is often overlooked and/or poorly served by the general system of care.	Thank you for your comment
103.	6/1/2011	General Comment	Melissa Sienna/ University of	I'm writing to applaud SAMHSA on targeting adolescents, a subpopulation that is often overlooked	Thank you for your comment

Block Grant Comment Log

			Connecticut Health Center	and/or poorly served by the substance abuse and mental health treatment systems, and urge that SAMHSA also considers a set-aside for adolescent treatment in the block grant.	
104.	6/1/2011	General Comment	Heather Gotham/ University of Missouri	I'm writing to commend SAMHSA on targeting adolescents, a subpopulation that is often overlooked and/or poorly served by the general system of care.	Thank you for your comment
105.	6/1/2011	General Comment	Frank Couch/ SAMA Foundation, Washington State	I'm writing to commend SAMHSA on targeting adolescents, a subpopulation that is often overlooked and/or poorly served by the general system of care.	Thank you for your comment
106.	6/1/2011	General Comment	Judith Francis/ Pima Prevention Partnership, Arizona	I'm writing to commend SAMHSA on targeting adolescents, a subpopulation that is often overlooked and/or poorly served by the general system of care.	Thank you for your comment
107.	6/1/2011	General Comment	Bridget Ruiz/ University of Arizona	I'm writing to commend SAMHSA on targeting adolescents, a subpopulation that is often overlooked and/or poorly served by the general system of care.	Thank you for your comment
108.	6/1/2011	General Comment	Angie Harmon/ Advanced Behavioral Health, Connecticut	I'm writing to commend SAMHSA on targeting adolescents, a subpopulation that is often overlooked and/or poorly served by the general system of care.	Thank you for your comment
109.	6/1/2011	General Comment	Michael Dennis/ Chestnut Health Systems, Illinois	I'm writing to commend SAMHSA on targeting adolescents, a subpopulation that is often overlooked and/or poorly served by the general system of care.	Thank you for your comment
110.	6/1/2011	General Comment	Daron Copp/ Chestnut health Systems	I understand that SAMHSA's proposal to include adolescents with substance abuse problems as a priority in its unified application for substance abuse	Thank you for your comment



Block Grant Comment Log

				and mental health block grants have met some resistance.... I want to tell you how important this funding is to the families that walk through our doors each day. Thank you for your continuing efforts to make these types of services a priority.	
111.	6/1/2011	General Comment	Jennifer Fan/ USPHS/SAMHSA	Can you please let me know what the time frame is to get everything in.	FAQ section is posted on the following site:  <a href="http://samhsa.gov/grants/blockgrant">http://samhsa.gov/grants/blockgrant</a>
112.	6/1/2011	General Comment	Jim Vollendroff/ King County Public Health Department, Washington State	I'm writing to commend SAMHSA on targeting adolescents, a subpopulation that is often overlooked and/or poorly served by the general system of care.	Thank you for your comment
113.	6/1/2011	General Comment	Cindy Rowe/ University of Miami	I'm writing to commend SAMHSA on targeting adolescents, a subpopulation that is often overlooked and/or poorly served by the general system of care.	Thank you for your comment
114.	6/2/2011	General Comment	Richard Watson/ DC Recovery Community Alliance	I'm writing to commend SAMHSA on targeting adolescents, a subpopulation that is often overlooked and/or poorly served by the general system of care.	Thank you for your comment
115.	6/2/2011	General Comment	Gurminder Hothi/ General Public	I'm writing to commend SAMHSA on targeting adolescents, a subpopulation that is often overlooked and/or poorly served by the general system of care.	Thank you for your comment
116.	6/2/2011	General Comment	Patricia Murphy/ General Public	I'm writing to commend SAMHSA on targeting adolescents, a subpopulation that is often overlooked and/or poorly served by the general system of care.	Thank you for your comment
117.	6/2/2011	General Comment	Susan Broderick/ Georgetown	I'm writing in support of the proposed move to encourage states to set aside money from block grant	Thank you for your comment

Block Grant Comment Log

			University	for adolescent substance abuse, and name adolescents as a priority population with regards to block grant funding.	
118.	6/2/2011	General Comment	Katherine Ketcham/ General Public	I'm writing to commend SAMHSA on targeting adolescents, a subpopulation that is often overlooked and/or poorly served by the general system of care.	Thank you for your comment
119.	6/2/2011	General Comment	Ken Hartman/ Kentucky Dept. of Juvenile Justice	Substance abuse research, prevention, and treatment for juveniles needs to remain high on the priority list for funding. The cost savings of early treatment both monetarily and socially cannot be stressed enough.	Thank you for your comment
120.	6/2/2011	General Comment	Marc Fishman/ John Hopkins University	I'm writing to commend SAMHSA on targeting adolescents, a subpopulation that is often overlooked and/or poorly served by the general system of care.	Thank you for your comment
121.	6/2/2011	General Comment	Melissa Weiksna/ General Public	I'm writing to commend SAMHSA on targeting adolescents, a subpopulation that is often overlooked and/or poorly served by the general system of care.	Thank you for your comment
122.	6/2/2011	General Comment	Martin Williams/ General Public	I'm writing to commend SAMHSA on targeting adolescents, a subpopulation that is often overlooked and/or poorly served by the general system of care.	Thank you for your comment
123.	6/2/2011	General Comment	Bud Lepage/ General Public	I'm writing to commend SAMHSA on targeting adolescents, a subpopulation that is often overlooked and/or poorly served by the general system of care.	Thank you for your comment
124.	6/2/2011	General Comment	Sally Stevens/ University of Arizona	I'm writing to commend SAMHSA on targeting adolescents, a subpopulation that is often overlooked and/or poorly served by the general system of care.	Thank you for your comment
125.	6/2/2011	General Comment	Ashli Sheidow/ Medical University of South Carolina	There really needs to be a focus on programs that are developmentally appropriate for adolescents and to involve families in planning, implementation, and	Thank you for your comment

Block Grant Comment Log

				monitoring of adolescent care.	
126.	6/2/2011	General Comment	Josie Daniels/ Recovery Centers of King County	I'm writing to commend SAMHSA on targeting adolescents, a subpopulation that is often overlooked and/or poorly served by the general system of care.	Thank you for your comment
127.	6/2/2011	General Comment	Victor Alfandre/ General Public	I'm writing to commend SAMHSA on targeting adolescents, a subpopulation that is often overlooked and/or poorly served by the general system of care.	Thank you for your comment
128.	6/2/2011	General Comment	Wendy Philpct/ Native Health, Arizona	I'm writing to commend SAMHSA on targeting adolescents, a subpopulation that is often overlooked and/or poorly served by the general system of care.	Thank you for your comment
129.	6/2/2011	General Comment	Terri Shelton/ University of North Carolina	I'm writing to commend SAMHSA on targeting adolescents, a subpopulation that is often overlooked and/or poorly served by the general system of care.	Thank you for your comment
130.	6/2/2011	General Comment	Candace Hodgkins/ General Public	I'm writing to commend SAMHSA on targeting adolescents, a subpopulation that is often overlooked and/or poorly served by the general system of care.	Thank you for your comment
131.	6/2/2011	General Comment	Lisa Rogers/ Recovery Centers of King County	I'm writing to commend SAMHSA on targeting adolescents	Thank you for your comment
132.	6/2/2011	General Comment	Ashley Rasch/ Wellspring CD Evaluator, South Dakota	I'm writing to commend SAMHSA on targeting adolescents	Thank you for your comment
133.	6/2/2011	General Comment	Patricia Treeful/ Pantano Behavioral Health Services, Inc., Arizona	I'm writing to commend SAMHSA on targeting adolescents	Thank you for your comment

Block Grant Comment Log

134.	6/2/2011	General Comment	Anne Thompson/ Association of Recovery Schools Board of Directors	I'm writing to commend SAMHSA on targeting adolescents	Thank you for your comment
135.	6/2/2011	General Comment	Monica Davis/ University of Arizona	I'm writing to commend SAMHSA on targeting adolescents	Thank you for your comment
136.	6/2/2011	General Comment	Greg Williams/ Connecticut Turning to Youth and Families	I'm writing to commend SAMHSA on targeting adolescents	Thank you for your comment
137.	6/2/2011	General Comment	Lee Grogg/ Ryther, Washington State	I'm writing to commend SAMHSA on targeting adolescents	Thank you for your comment
138.	6/2/2011	General Comment	Claretta Witherspoon/ Family Centered Care, North Carolina	I'm writing to commend SAMHSA on targeting adolescents	Thank you for your comment
139.	6/2/2011	General Comment	Laura Almond/ University of Wisconsin	I'm writing to commend SAMHSA on targeting adolescents	Thank you for your comment
140.	6/2/2011	General Comment	Julie Bailey/ Mental Health America of the Triangle, North Carolina	I support your efforts to focus policy and treatment of addictions among adolescents and young adults.	Thank you for your comment
141.	6/2/2011	General Comment	Chris Sturgis/ General Public	I am writing to advocate on behalf of our nation's youth to keep access open to mental health services...	Thank you for your comment

Block Grant Comment Log

				to reduce mental health services to young people is just bad policy.	
142.	6/2/2011	General Comment	Sonja Frison/ University of North Carolina	I am writing to support and endorse SAMHSA's inclusion of youth in priority populations to be served with these grants.	Thank you for your comment
143.	6/2/2011	General Comment	Elena Bresani/ General Public	I am writing to support and endorse SAMHSA's inclusion of youth in priority populations to be served with these grants.	Thank you for your comment
144.	6/2/2011	General Comment	Kelly Brigham-Steiner/ General Public	I am writing to support and endorse SAMHSA's inclusion of youth in priority populations to be served with these grants.	Thank you for your comment
145.	6/2/2011	General Comment	Ryan Shanahan/ General Public	I am writing to support and endorse SAMHSA's inclusion of youth in priority populations to be served with these grants.	Thank you for your comment
146.	6/2/2011	General Comment	Jodi Petersen/ Prtage County Health and Human Services Dept., Wisconsin	I am writing to support and endorse SAMHSA's inclusion of youth in priority populations to be served with these grants.	Thank you for your comment
147.	6/2/2011	General Comment	Richard Duarte/ General Public	I am writing to support and endorse SAMHSA's inclusion of youth in priority populations to be served with these grants.	Thank you for your comment
148.	6/2/2011	General Comment	Mike Albertson/ General Public	Please do all that you can to help promote movements like Reclaiming Futures.	Thank you for your comment. SAMHSA does not specifically make recommendations to States regarding specific funding for Federal or State initiatives.
149.	6/2/2011	General Comment	Tiffany Shelton/ Medina County	I am writing to support and endorse SAMHSA's inclusion of youth in priority populations to be served	Thank you for your comment

Block Grant Comment Log

			Juvenile Drug Court	with these grants.	
150.	6/2/2011	General Comment	Britta Muehlback/ Phoenix House Foundation	I am writing to support and endorse SAMHSA's inclusion of youth in priority populations to be served with these grants.	Thank you for your comment
151.	6/2/2011	General Comment	Betty Hames/ General Public	I am writing to support and endorse SAMHSA's inclusion of youth in priority populations to be served with these grants.	Thank you for your comment
152.	6/2/2011	General Comment	Stephen Phillippi/ Louisiana Mental Health and Juvenile Justice Action Network	I am writing to support and endorse SAMHSA's inclusion of youth in priority populations to be served with these grants.	Thank you for your comment
153.	6/2/2011	General Comment	Mary Whewell/ New Hope Behavioral Health & Substance Abuse Clinic, Connecticut	I am writing to support and endorse SAMHSA's inclusion of youth in priority populations to be served with these grants.	Thank you for your comment
154.	6/2/2011	General Comment	Doris Broadnax/ Dept. of Children and Family Services, Louisiana	I am writing to support and endorse SAMHSA's inclusion of youth in priority populations to be served with these grants.	Thank you for your comment
155.	6/2/2011	General Comment	Lia Casale/ Institute for Health and Recovery, Massachusetts	I am writing to support and endorse SAMHSA's inclusion of youth in priority populations to be served with these grants.	Thank you for your comment
156.	6/2/2011	General Comment	Jessica Williams/ Institute for Research, Education and Training in Addictions,	I am writing to support and endorse SAMHSA's inclusion of youth in priority populations to be served with these grants.	Thank you for your comment

Block Grant Comment Log

			Pennsylvania		
157.	6/2/2011	General Comment	Patrick Burke/ Washington County Diversion Program/ Juvenile Restorative Program	I am writing to support and endorse SAMHSA's inclusion of youth in priority populations to be served with these grants.	Thank you for your comment
158.	6/2/2011	General Comment	Elda-Rosa Coulthrust/ Anuvia Prevention and Recovery Center, North Carolina	I am writing to support and endorse SAMHSA's inclusion of youth in priority populations to be served with these grants.	Thank you for your comment
159.	6/2/2011	General Comment	Dana Lamm/ General Public	I am writing to support and endorse SAMHSA's inclusion of youth in priority populations to be served with these grants.	Thank you for your comment
160.	6/2/2011	General Comment	Peter Panzarella/ Connecticut Dept. of Children and Families	I am writing to support and endorse SAMHSA's inclusion of youth in priority populations to be served with these grants.	Thank you for your comment
161.	6/2/2011	General Comment	Don Cipriani/ General Public	I am writing to support and endorse SAMHSA's inclusion of youth in priority populations to be served with these grants.	Thank you for your comment
162.	6/2/2011	General Comment	Richard Laperriere/ Ventura County Behavioral Health	A simple request that you and your team make the best possible effort to maintain and increase funding for adolescent substance use treatment.	Thank you for your comment
163.	6/2/2011	General Comment	Kimberly Kirby/ General Public	I am writing to support and endorse SAMHSA's inclusion of youth in priority populations to be served with these grants.	Thank you for your comment
164.	6/2/2011	General Comment	Abby Anderson/ Connecticut Juvenile	I am writing to support and endorse SAMHSA's inclusion of youth in priority populations to be served	Thank you for your comment

Block Grant Comment Log

			Justice Alliance	with these grants.	
165.	6/2/2011	General Comment	Kristine Bella/ NW Behavioral Healthcare Services, Oregon	I am writing to support and endorse SAMHSA's inclusion of youth in priority populations to be served with these grants.	Thank you for your comment
166.	6/2/2011	General Comment	Claudia Dunne/ General Public	I am writing to support and endorse SAMHSA's inclusion of youth in priority populations to be served with these grants.	Thank you for your comment
167.	6/2/2011	General Comment	Zumo Kollie/ General Public	I am adding my voice to many who are voicing their support to continue the grant for adolescence substance abuse treatment. .. Bock grants have been very helpful in helping families get treatment for their children.	Thank you for your comment
168.	6/2/2011	General Comment	Michael Darcy/ Gateway Foundation	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
169.	6/2/2011	General Comment	Angelo Adson/ Intercultural Family Services, Inc.	I am writing in strong support of SAMHSA's identification of youth with substance use disorders as a population with evolving needs in the Block Grant Application Guidance and Instructions.	Thank you for your comment
170.	6/2/2011	General Comment	Melissa Harr/ Pinal County Arizona Juvenile Detention Counselor	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
171.	6/2/2011	General Comment	Amanda McLaughlin/ Planned Parenthood Columbia Williamette	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
172.	6/2/2011	General	Staci Sturges/ Clark	I want to commend SAMHSA for including adolescents	Thank you for your comment



Block Grant Comment Log

		Comment			
			County Public Health	who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	
173.	6/2/2011	General Comment	William Deal/Missouri State University	I am writing to commend SAMHSA on targeting adolescents, a subpopulation that is often overlooked and/or poorly served by the general system of care.	Thank you for your comment
174.	6/2/2011	General Comment	Robert Ackley/General Public	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
175.	6/2/2011	General Comment	Jamie Weber/Science and Management of Addictions	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
176.	6/2/2011	General Comment	Sue Jackson/LLUBMC	I encourage you to please continue to make our teens a top priority.	Thank you for your comment
177.	6/2/2011	General Comment	Daniel Sevigny/Rowan County Youth Services Bureau	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
178.	6/2/2011	General Comment	Alice Baer/Division of Youth Corrections, CO	The needs for substance abuse treatment for youth cannot be ignored or as in year's pasts, generalized into the adult population.	Thank you for your comment
179.	6/2/2011	General Comment	Anita Arnold/General Public	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
180.	6/2/2011	General Comment	Brett Carner/Gladstone Christian Church	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
181.	6/2/2011	General	Scott	I want to commend SAMHSA for including adolescents	Thank you for your comment

Block Grant Comment Log

		Comment	Linebaugh/Youth Bridge, Inc.	who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	
182.	6/2/2011	General Comment	Holly Hagle/Institute for Research, Education, and Training in Addictions (IRETA)	I am writing to express my support of the inclusion of priority populations such as adolescents.	Thank you for your comment
183.	6/2/2011	General Comment	Debbie Sweet/Reclaiming Futures	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
184.	6/2/2011	General Comment	Nicholas Pace/General Motors	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
185.	6/2/2011	General Comment	Michael Flaherty/Institute for Research, Education, and Training in Addictions (IRETA)	I support SAMHSA keeping adolescents and their BH and SU issues - and families - a priority for both the SAMHSA plan, for the states and for any funding related thereto.	Thank you for your comment
186.	6/2/2011	General Comment	Victoria Clevenger/Second Step Housing	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
187.	6/2/2011	General Comment	Teresa Priddy/Johnson County Mental Health Center	In your decision for upcoming block grant funding, please consider including adolescent substance abuse counseling as priority population in need of funds.	Thank you for your comment. Youth with SUD have been included as a planning population that States can include in their needs assessment and State plan.

Block Grant Comment Log

188.	6/2/2011	General Comment	Bradley Stein/Clark County Department of Community Services	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
189.	6/2/2011	General Comment	Kiley Morrison/General Public	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
190.	6/2/2011	General Comment	Mike Chapman/Native American Rehabilitation Association	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
191.	6/2/2011	General Comment	Geoffrey Brown/UWHC-AADAIP	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
192.	6/2/2011	General Comment	Ashley Hyde/General Public	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
193.	6/2/2011	General Comment	Jenny Corvalan/General Public	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
194.	6/2/2011	General Comment	Richard Miles/Daybreak Youth Services	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
195.	6/2/2011	General Comment	Michael Ott/Daybreak Youth Services	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by	Thank you for your comment

Block Grant Comment Log

				block grant recipients.	
196.	6/2/2011	General Comment	Christina Woodard/Daybreak Youth Services	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
197.	6/2/2011	General Comment	Kymberli Campbell/Daybreak Youth Services	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
198.	6/2/2011	General Comment	Kami McKinzey/Daybreak Youth Services	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
199.	6/2/2011	General Comment	Travis Fretwell/Department of Behavioral Health and Developmental Disabilities	I truly want to commend SAMHSA for the decision to target adolescents.	Thank you for your comment
200.	6/2/2011	General Comment	Gary Clark/General Public	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
201.	6/2/2011	General Comment	Jeanette Palmer/Sea Mar/Visions	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
202.	6/2/2011	General Comment	Kathy Kramer/Daybreak Youth Services	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
203.	6/2/2011	General	Maureen	I want to commend SAMHSA for including adolescents	Thank you for your comment

Block Grant Comment Log

		Comment	Pacheco/Center for Juvenile Law and Policy	who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	
204.	6/2/2011	General Comment	Demetra Taffner/Daybreak Youth Services	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
205.	6/2/2011	General Comment	Cindy Kessinger/Daybreak Youth Services	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
206.	6/2/2011	General Comment	Jean Mays/TASC, Inc.	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
207.	6/2/2011	General Comment	Jaime Peterson/Daybreak Youth Services	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
208.	6/2/2011	General Comment	Ken Davis/Daybreak Youth Services	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
209.	6/2/2011	General Comment	Norma Finkelstein/Institute for Health and Recovery	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
210.	6/2/2011	General Comment	Anne Berestoff/Daybreak Youth Services	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
211.	6/2/2011	General	Meredith Was on	I want to commend SAMHSA for including adolescents	Thank you for your comment

Block Grant Comment Log

		Comment	behalf of Dennis Morrison/Centerstone Research Institute	who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	
212.	6/2/2011	General Comment	Annemarie Plumpe/Nathan Hale High School	Are you kidding about a proposal from some states to not specify adolescents in their block grants for mental health and alcohol and drug treatment? Wow- please do all that you can to make sure this doesn't happen. Teens need these resources.	SAMHSA is encouraging States to include youth with SUD in their needs assessment and State plan.
213.	6/2/2011	General Comment	Jodie Tietelbaum/Morrison Child & Family Services	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
214.	6/2/2011	General Comment	Danielle Block/Center for Human Services	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
215.	6/2/2011	General Comment	Courtney Mistofsky on behalf of Nancy Young/Children and Family Futures	The planning process needs much more integration with the states' efforts to develop new coverage under the Affordable Care Act and the provisions of the 2008 parity legislation.	Thank you for your comment. A primary focus off the block grant application is to align State planning efforts with the Affordable Care Act.
216.	6/2/2011	General Comment	Courtney Mistofsky on behalf of Nancy Young/Children and Family Futures	The planning process needs more emphasis upon the role of other states and local agencies whose planning, assessments, resources, and outcomes are critical supports to achieving improved treatment outcomes.	Thank you for your comment. Please refer to the draft planning document, Section 3.n.
217.	6/2/2011	General Comment	Courtney Mistofsky on behalf of Nancy Young/Children and Family Futures	The planning process needs more emphasis upon the family roots of addiction, mental illness, and recovery.	Thank you for your comment
218.	6/2/2011	General Comment	Diana Strong/Eastern	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as	Thank you for your comment

Block Grant Comment Log

			Oregon Youth Correctional Facility	a priority population that should be addressed by block grant recipients.	
219.	6/2/2011	General Comment	Lee Lederer/Oregon Youth Authority	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
220.	6/2/2011	General Comment	Robin Carlson/The Salvation Army-Portland Metro	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
221.	6/2/2011	General Comment	Phuong Nguyen/Asian Counseling & Referral Service	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
222.	6/2/2011	General Comment	Roxanne Thayer/Daybreak Youth Services	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
223.	6/2/2011	General Comment	Carissa Dougherty/General Public	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
224.	6/2/2011	General Comment	Mary Ellen Boudman/General Public	Substance Abuse and Mental Health Issues are hand in hand afflictions. I witnessed so many traumas over these issues and very few of us have succeeded in helping these students... please do not allow this situation and many others to re-develop!	Thank you for your comment
225.	6/2/2011	General Comment	Laura Nissen/Portland State University	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
226.	6/2/2011	General	Cindy	I want to commend SAMHSA for including adolescents	Thank you for your comment

Block Grant Comment Log

		Comment	Gudahl/General Public	who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	
227.	6/2/2011	General Comment	Victor Bray/Daybreak Youth Services	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
228.	6/2/2011	General Comment	Sally Phillips/General Public	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
229.	6/2/2011	General Comment	Stephanie Suarez/Daybreak Youth Services	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
230.	6/2/2011	General Comment	Dani Bergheim/Daybreak Youth Services	I would like to support your efforts to include adolescents in the special population to be covered by the block grants.	Thank you for your comment.
231.	6/2/2011	General Comment	Theresa Nims/RCKC Kent	I would like to support your efforts to include adolescents in the special population to be covered by the block grants.	Thank you for your comment.
232.	6/2/2011	General Comment	Eddy Ameen/StandUp for Kids - National	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
233.	6/2/2011	General Comment	Lauren DiFolco/Mount View Youth Services Ctr.	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
234.	6/2/2011	General Comment	Susan Richardson/Reclaiming Futures	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by	Thank you for your comment



Block Grant Comment Log

				block grant recipients.	
235.	6/2/2011	General Comment	Richard Wahl/University of Arizona	I am writing to commend SAMHSA on targeting adolescents, a subpopulation that is often overlooked and/or poorly served by the general system of care.	Thank you for your comment
236.	6/2/2011	General Comment	Harumi Hashimoto/Asian Counseling and Referral Service	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
237.	6/2/2011	General Comment	Claire Aberasturi/Daybreak Youth Services	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
238.	6/2/2011	General Comment	William McAuliffe-Schroeder/Tellurian ICAN, Inc.'s McGovern AODA and Mental Health Outpatient Services	I am writing in strong support of SAMHSA targeting adolescents as a special need population; a subpopulation that is often overlooked and/or poorly served by the general system of care.	Thank you for your comment.
239.	6/2/2011	General Comment	Maura McFeely/General Public	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
240.	6/2/2011	General Comment	Kelly Kerby/Seattle Children's Hospital/Eckstein Middle School	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
241.	6/2/2011	General Comment	Rob Zucker on behalf of Sushma Taylor /Treatment Communities of America	TCA recommends that SAMHSA include language that clearly specifies that States choosing to submit a joint application maintain specific funding streams for mental health, substance abuse and prevention in accordance with existing block grant formulas.	SAMHSA will ensure that language is clearly included.

Block Grant Comment Log

242.	6/2/2011	General Comment	Rob Zucker on behalf of Sushma Taylor /Treatment Communities of America	TCA recommends that SAMHSA include language that provides clarification regarding the four areas identified as purposes for Block Grant Funding and provide guidance on how to prioritize/weight funding in those four areas.	SAMHSA agrees that the four areas identified as purposes of the BG be highlighted, but depends on states prioritization of their specific needs to weight funding in those areas.
243.	6/2/2011	General Comment	Rob Zucker on behalf of Sushma Taylor /Treatment Communities of America	TCA recommends that SAMHSA implement one year addendums or delay implementation of the two year planning process until after the implementation of health care reform.	SAMHSA disagrees. State substance abuse and mental health systems will be impacted by current and future activities that have been prompted by the Affordable Care Act. States can take advantage of these current opportunities instead of waiting until January 1, 2014.
244.	6/2/2011	General Comment	Rob Zucker on behalf of Sushma Taylor /Treatment Communities of America	TCA recommends that SAMHSA include language that acknowledges the changes that will occur with the implementation of health care reform and require re-assessments and/or tracking to monitor changes as they occur.	SANHSA has acknowledged that changes will occur with the implementation of health reform.
245.	6/2/2011	General Comment	Rob Zucker on behalf of Sushma Taylor /Treatment Communities of America	TCA recommends that SAMHSA include language that provides guidance for the development and coordination of combined plans.	The guidance on the development and coordination of the combined plan will be included in the instructions.
246.	6/2/2011	General Comment	Rob Zucker on behalf of Sushma Taylor /Treatment Communities of America	TCA recommends that SAMHSA include guidance that enables prioritization to be altered based on the implementation of health care reform.	States are asked in the planning section to prioritize their services and areas. States may modify their plan on an annual basis or as they see fit.
247.	6/2/2011	General Comment	Rob Zucker on behalf of Sushma	TCA recommends that SAMHSA provide guidance that indicate how planning and collaboration should	The utilization of BG funds for leveraging other funds is state

Block Grant Comment Log

			Taylor /Treatment Communities of America	proceed, as well as how funds would be utilized to leverage increased availability of treatment and support services to specific population.	specific.
248.	6/2/2011	General Comment	Rob Zucker on behalf of Sushma Taylor /Treatment Communities of America	TCA recommends that SAMHSA defer the development and implementation of Dashboards until the full implementation of health care reform.	SAMHSA disagrees. State's progress toward State and federal goals and objectives may not always be related to the implementation of health reform.
249.	6/2/2011	General Comment	Rob Zucker on behalf of Sushma Taylor /Treatment Communities of America	TCA recommends that SAMHSA incorporate language that requires States to provide a plan for working with providers to prepare for implementation of the Affordable Care Act.	SAMHSA agrees and will request more information in the planning document.
250.	6/2/2011	General Comment	Mark Berestoff/Spokane Inpatient Facilities Supervisor	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
251.	6/2/2011	General Comment	Sharon Toquinto/King County Mental Health	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
252.	6/2/2011	General Comment	Annie Ramniceanu/Spectrum Youth & Family Services	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
253.	6/2/2011	General Comment	Sara Wuest Cowley/General Public	I am writing to commend SAMHSA on targeting adolescents, a subpopulation that is often overlooked and/or poorly served by the general system of care.	Thank you for your comment.
254.	6/2/2011	General Comment	Edward Collins/Daybreak Youth Collins	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by	Thank you for your comment

Block Grant Comment Log

				block grant recipients.	
255.	6/2/2011	General Comment	Robert Daniels/Louisville Area Network for Specialized Adolescent Treatment	There really needs to be a focus on programs that are developmentally appropriate for adolescent and to involve families in planning, implementation and monitoring of adolescent care.	Thank you for your comment.
256.	6/2/2011	General Comment	Megan McCloskey/Institute for Governmental Service and Research	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
257.	6/2/2011	General Comment	Dale Willetts/NC TASC Training Institute of Coastal Horizons Center, Inc.	I applaud SAMHSA's planning focus on individuals involved in the criminal and juvenile justice systems... I also commend SAMHSA for recognizing the importance of collecting and utilizing data to evaluate outcomes and improve service provision.	Thank you for your comment.
258.	6/2/2011	General Comment	Michael Gray/Region 3 TASC	I also commend SAMHSA for recognizing the importance of collecting and utilizing data to evaluate outcomes and improve service provision.	Thank you for your comment.
259.	6/2/2011	General Comment	Laura Nissen/Portland State University	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
260.	6/2/2011	General Comment	Cindy Gudahl/General Public	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
261.	6/2/2011	General Comment	Victor Bray/Daybreak Youth Services	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment

Block Grant Comment Log

262.	6/2/2011	General Comment	Sally Phillips/General Public	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
263.	6/3/2011	General Comment	Chris Foster/General Public	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
264.	6/3/2011	General Comment	Carolyn Haycraft/ Bureau of Police, Oregon	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
265.	6/3/2011	General Comment	Cheryl Reed on Behalf of Susan Richardson/Reclaimi ng Futures	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
266.	6/3/2011	General Comment	Carrie Petrucci/EMT Associates, Inc.	I am writing to commend SAMHSA on targeting adolescents, a subpopulation that is often overlooked and/or poorly served by the general system of care.	Thank you for your comment.
267.	6/3/2011	General Comment	Emmitt Hayes/General Public	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
268.	6/3/2011	General Comment	Michael Albertson Whitley/General Public	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
269.	6/3/2011	General Comment	Wes Stewart/Coastal Horizons Center, Inc.	I applaud SAMHSA's planning focus on individuals involved in the criminal and juvenile justice systems.	Thank you for your comment

Block Grant Comment Log

270.	6/3/2011	General Comment	Michele Hobbs/Multnomah Wraparound	I support continued block grants for teen treatment of addictions and mental illnesses	Thank you for your comment
271.	6/3/2011	General Comment	Caroline Raymond/Day One	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
272.	6/3/2011	General Comment	Armando Salas/University Medical Center at El Paso	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
273.	6/3/2011	General Comment	Nancy Olson-Engebreth/Minnetonka High School	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
274.	6/3/2011	General Comment	Sarah Taylor/Sexual Assault Resource Center	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
275.	6/3/2011	General Comment	Martha Varela/Southern California Alcohol & Drug Programs, Inc.	I am writing to commend SAMHSA on targeting adolescents, a subpopulation that is often overlooked and/or poorly served by the general system of care.	Thank you for your comment.
276.	6/3/2011	General Comment	Melanie Keepman/Tonka Cares	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
277.	6/3/2011	General Comment	Katherin Ranzoni/Mattson	I am writing to commend SAMHSA on targeting adolescents, a subpopulation that is often overlooked	Thank you for your comment.

Block Grant Comment Log

			Middle School	and/or poorly served by the general system of care.	
278.	6/3/2011	General Comment	Yvonne Sherrer/Reclaiming Futures - Montgomery County Juvenile Court	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
279.	6/3/2011	General Comment	Emily Goldman on behalf of Michelle Zabel/University of Maryland, Baltimore	Recommendation: provide additional language highlighting the SOC approach as a best practice in serving children and youth with SED and/or SA and their families.	SAMHSA believes that the current language in the Block Grant application regarding Systems of Care is sufficient.
280.	6/3/2011	General Comment	Emily Goldman on behalf of Michelle Zabel/University of Maryland	Recommendation: Ensure that a certain minimum percentage of MHSBG and SAPTBG dollars be allocated to children and youth with SED and/or SA needs and their families;	SAMHSA allows the States the flexibility to establish the allocation of BG dollars depending on the specific state circumstances.
281.	6/3/2011	General Comment	Emily Goldman on behalf of Michelle Zabel/University of Maryland	Recommendation: Include specific requirements on meeting the needs of children and youth with SED and/or SA needs and their families, and develop a special monitoring unit to ensure compliance; and	Children and youth with SED are a statutorily targeted population. SAMHSA will take the recommendation of a special monitoring unit under advisement.
282.	6/3/2011	General Comment	Emily Goldman on behalf of Michelle Zabel/University of Maryland	Require that experts on the needs of and best practice approaches to serving children and youth with SED and/or SA needs and their families be included in federal and state planning efforts, in conjunction and coordinated with other technical assistance provided to states and communities from SAMHSA and Administrations with U.S. DHHS.	SAMHSA has and will continue to use experts including individuals with a lived recovery and residency experience in assisting SAMHSA to develop and implement models and services that reflect best and

Block Grant Comment Log

					promising practices.
283.	6/3/2011	General Comment	Catherine Dowdell on behalf of Kevin Connally/Hope House Inc.	I am incredibly pleased that SAMHSA is targeting adolescents.	Thank you for your comment.
284.	6/3/2011	General Comment	Donna Garcia/General Public	It is important that SAMHSA's block grants provide adequate funding for children's mental health and family support services.	Thank you for your comment.
285.	6/3/2011	General Comment	Joyce Allen/Bureau of Prevention, Treatment and Recovery	While we are asked to identify unmet services needs and gaps we are at the same time given a host of priority populations to address. It seems inconsistent to ask us to identify populations in need of services and at the same time be asked to prioritize previously identified populations.	SAMHSA has identified additional populations that the State may consider when performing their needs assessment in addition to the statutory populations.
286.	6/3/2011	General Comment	Joyce Allen/Bureau of Prevention, Treatment and Recovery	Tables 1 and 2 from the Federal Register underestimate the time needed to complete the existing application and reporting requirements and do not take into account the need to increase the burden of reporting for the Mental Health Block Grant.	SAMHSA's analysis and historical information were used to establish the estimate of reporting burden.
287.	6/3/2011	General Comment	Joyce Allen/Bureau of Prevention, Treatment and Recovery	We respectfully request assistance from SAMHSA to move the field towards the SAMHSA definition of "good and modern."	SAMHSA is currently providing technical assistance to States based on the FY 2011 addendum. SAMHSA will use information from the FY 2012/2103 block grant application to continue to support States efforts to develop their mental health and substance use systems.
288.	6/3/2011	General	Joyce Allen/Bureau	All of the planning activities (around quality	SAMHSA understands that



Block Grant Comment Log

		Comment			
			of Prevention, Treatment and Recovery	information) are overly ambitious in order to obtain the kind of authentic and accurate information that is needed. (States) currently do not have staff or fiscal resources to make these changes in the proposed new time frame.	States may have limited resources to complete the block grant application. SAMHSA is encouraging States to complete and submit the sections of the plan that are requested and will assist States in their efforts to complete the plan.
289.	6/3/2011	General Comment	John Frederick/Milwaukee County DHS	I am writing to commend SAMHSA on targeting adolescents, a subpopulation that is often overlooked and/or poorly served by the general system of care.	Thank you for your comment.
290.	6/3/2011	General Comment	Kimono Hagen/EPIC	I am writing to commend SAMHSA on targeting adolescents, a subpopulation that is often overlooked and/or poorly served by the general system of care.	Thank you for your comment.
291.	6/3/2011	General Comment	Jill Gamez/Executive Director of Arbor Place, Inc.	I am writing to commend SAMHSA on targeting adolescents, a subpopulation that is often overlooked and/or poorly served by the general system of care.	Thank you for your comment.
292.	6/3/2011	General Comment	Teri Baker on behalf of Deborah Hollis/Department of Community Health- MI	(State burden): We estimate that the hours associated with completing the paperwork necessary for a unified application would increase at least 50 percent beyond the hours needed to complete the current BG Application.	SAMHSA has based the estimate of burden on actual and historical information.
293.	6/3/2011	General Comment	Teri Baker on behalf of Deborah Hollis/Department of Community Health	(Compliance Requirements): States have been encouraged to submit the ASR as part of the SAPT BG application in order for states to receive SAPT BG funding in a timely manner. The due date for a unified BG application is September 1, 2011, making it virtually impossible for our state to include the ASR.	Section 1926 of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. 300x-36) and the Tobacco Regulations of the Substance Abuse Prevention and Treatment Block Grant; Final Rule (45 C.F.R. 96.130) require

Block Grant Comment Log

					States to submit their respective Annual Synar Reports (ASR) not later than December 31 each year. Some States have historically submitted the ASR concurrently with the Uniform Application for the SAPTBG on October 1 of the Federal fiscal year for which States are applying for a grant in order to ensure that, subject to review and approval of the States' annual reports including ASR, such States receive a Notice of Block Grant Award during the 1 <sup>st</sup> quarter of the Federal fiscal year. Beginning in FY 2012, States' reports for SAPTBG will be submitted on or before December 1. The ASR format is unchanged; therefore, States may submit their ASR concurrently with the Block Grant plan on or before October 1 but not later than December 31.
294.	6/3/2011	General Comment	Teri Baker on behalf of Deborah Hollis/Department of Community Health	(Planning Steps): In the proposed unified application, it is unclear where and how services to children are to be included.	In the proposed Block Grant application SAMHSA has sufficient language in the planning section for children and youth.
295.	6/3/2011	General	Teri Baker on behalf	(Use of technology): Currently, our mental health data	SAMHSA is interested in learning

Block Grant Comment Log

		Comment	of Deborah Hollis/Department of Community Health	system does not track services for unique individuals at the provider level. Such integration and redesign activity would be costly. The federal register notice is silent on earmarked funding for this purpose.	from the States what would be required in redesigning the system and what the costs would be.
296.	6/3/2011	General Comment	Teri Baker on behalf of Deborah Hollis/Department of Community Health	(Behavioral health councils): We would need to expand the current council to include: persons receiving substance abuse and recovery services, substance abuse community coalitions, and state and community-level administrators and providers of such services. This expansion would require considerable time and political effort and would be beyond the scope of the SSA for substance abuse.	This expansion is encouraged by SAMHSA, but not required. In addition, the Block grant application has been amended to requests States provide information regarding their current planning bodies regarding the SAPTBG and the coordination of these planning bodies with the MH Planning Councils in a State.
297.	6/3/2011	General Comment	Frances Ball/Reclaiming Futures in the Cumberlandds	Please keep the young people a priority in the block grants; they're our future.	Thank you for your comment.
298.	6/3/2011	General Comment	Stacy Blumberg/De Paul Treatment Centers	I strongly support your efforts to focus policy and treatment on adolescents.	Thank you for your comment.
299.	6/3/2011	General Comment	Frank Shelp/ Georgia Dept. of Behavioral Health	There has been no TA provided regarding some of the new populations identified. Bottom line, dollars only can stretch so far to reach a core or identified population. Pushing the population factor out will have a negative impact on other priority populations.	SAMHSA disagrees. States have been provided technical assistance regarding many populations identified in the block grant application including co-occurring mental health and substance abuse, youth with substance use disorders,

Block Grant Comment Log

					homeless individuals, etc. GEORGIA has been the recipients of several f these grants and technical assistance.
300.	6/4/2011	General Comment	Steven Lafreniere/ Alabama Dept. of Mental Health	I would like to express my support of the merger of block grant applications at SAMHSA.	Thank you for your comment.
301.	6/4/2011	General Comment	Lois DeMott on behalf of Janet Davis/ Association for Children's Mental Health	I am a grandparent raising three grandchildren, who all have mental health needs. I don't know where our family would be without the services we have been provided... Please keep the funding going so that families like mine can stay together.	Thank you for your comment.
302.	6/4/2011	General Comment	Nicole Lawson/ Oakland county Community Mental Health Authority	I strongly urge SAMHSA to revise the Unified Application to (1) emphasize community-based programming for children and youth with serious emotional disturbance (SED) and/or substance abuse problems and their families; and (2) recognize the importance of strategies such as the System of Care (SOC) framework, youth and family peer-to-peer support, and the wraparound care coordination process for meeting the needs of these youth and families and maintaining them in their homes and communities.	Thank you for your comment
303.	6/4/2011	General Comment	David Lamarre- Vincent/ New Hampshire Council of Churches	we commend the application's focus on the provision of recovery support services and a combined plan for the provision of services for individuals with co-occurring mental and substance use disorders...While addressing the critical issues of parity and health care reform, family involvement must be embedded within the entire state and tribal planning process. I will look forward to seeing substance abuse/ co-occurring disorder family involvement and adolescent issues	Thank you for your comment

Block Grant Comment Log

				included in the final version of the block grant language.	
304.	6/4/2011	General Comment	Timothy Lena/ Timberlane, New Hampshire	Let me commend the Substance Abuse and Mental Health Services Administration (SAMHSA) for identifying youth with substance use disorders as an important population with evolving needs for the first time... I also want to state my support for your addition of family involvement in the draft language of the Block Grant Application... I also want to state my support for your addition of family involvement in the draft language of the Block Grant Application... I would like to commend the application's focus on the provision of recovery support services and a combined plan for the provision of services for individuals with co-occurring mental and substance use disorders.	Thank you for your comment.
305.	6/4/2011	General Comment	Gayle Brady/ General Public	Let me commend the Substance Abuse and Mental Health Services Administration (SAMHSA) for identifying youth with substance use disorders as an important population with evolving needs for the first time... I also want to state my support for your addition of family involvement in the draft language of the Block Grant Application... I also want to state my support for your addition of family involvement in the draft language of the Block Grant Application... I would like to commend the application's focus on the provision of recovery support services and a combined plan for the provision of services for individuals with co-occurring mental and substance use disorders.	Thank you for your comment
306.	6/4/2011	General Comment	Lois DeMott/ Association for Children's Mental Health	In regards to the consolidation of the Mental Health Services Block Grant and the Substance Abuse and Prevention Treatment Block Grant... I am concerned with the proposed changes, it will have a devastating	SAMHSA is not consolidating the CMHSBG and the SAPTBG. States are encouraged to prepare and submit joint State

Block Grant Comment Log

				effect on my family, as well as other families who may need to access services in the future as well as who are currently accessing services... I ask that you reconsider this consolidation process, and do what is right and best for families throughout our nation.	plans for mental and substance use disorders. In the event that States choose to submit separate plans for the use of CMHBG and SAPTBG, at a minimum, such plans must provide evidence of States' joint planning for (1) the bidirectional integration of behavioral health and primary care; (2) recovery support services; and (3) co-occurring mental and substance use disorders.
307.	6/4/2011	General Comment	Cicely Calvaresi/ General Public	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment.
308.	6/4/2011	General Comment	Vicki Boudreaux/ Acadiana Youth, Inc., Louisiana	It is critical that SAMHSA ensures that states allocate a minimum percentage of their block grant funding to support empirically supported community-based services for children and youth and their families...With this in mind, I urge you to: 1. Ensure that a certain minimum percentage of Block Grant resources be allocated to children and youth with behavioral health needs and their families; 2. Preserve the system of care (SOC) grant program and provide additional language highlighting the SOC approach as a best practice in serving children and youth with complex behavioral health needs and their families; 3. Include specific requirements on meeting the needs of children and youth with behavioral health needs	Section 19xx of Title XIX, Part B, Subpart I of the PHS Act (42 U.S.C. 300x-xx) includes minimum set-asides for certain authorized activities and/or services for SED adolescents and Sections 1922(a), 1922(b), and 1924(b) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. 300x-22(a); 42U.S.C. 300x-22(b); and 42 U.S.C. 300x-24(b)) includes minimum set-asides (performance requirements) for primary prevention, pregnant women

Block Grant Comment Log

				<p>and their families, and develop a special monitoring unit to ensure compliance; and</p> <p>4. Ensure that states and other block grant recipients receive Technical Assistance and consultation on best practice approaches to serving children and youth with complex behavioral health needs and their families.</p>	<p>and women with dependent children, and, for “designated States”, early intervention services for HIV. Such set-asides (performance requirements) appear in the authorizing legislation and/or implementing regulation. Such set-asides (performance requirements) are authorized by amendment to the PHS Act In addition, the proposed application contains language requesting States to use a SOC approach in addressing youth and families with mental health needs. We will take the fourth comment under consideration as SAMHSA is developing its technical assistance plans for FY 2012.</p>
309.	6/4/2011	General Comment	Erick Bruns/ University of Washington	<p>It is critical that SAMHSA ensures that states allocate a minimum percentage of their block grant funding to support empirically supported community-based services for children and youth and their families...With this in mind, I urge you to:</p> <ol style="list-style-type: none"> <li>1. Ensure that a certain minimum percentage of Block Grant resources be allocated to children and youth with behavioral health needs and their families;</li> <li>2. Preserve the system of care (SOC) grant program and provide additional language highlighting the SOC approach as a best practice in serving children and youth with complex behavioral health needs and their</li> </ol>	<p>Please see response to 308.</p>

Block Grant Comment Log

				<p>families;</p> <p>3. Include specific requirements on meeting the needs of children and youth with behavioral health needs and their families, and develop a special monitoring unit to ensure compliance; and</p> <p>4. Ensure that states and other block grant recipients receive Technical Assistance and consultation on best practice approaches to serving children and youth with complex behavioral health needs and their families.</p>	
310.	6/4/2011	General Comment	Andy Finch/ Vanderbilt University	<p>I believe it is imperative that we target adolescents. One of the things we know that does not work well is training adolescents in adult programs with adult models. There really needs to be a focus on programs that are developmentally appropriate for adolescent and to involve families in planning, implementation and monitoring of adolescent care.</p>	Thank you for your comment.
311.	6/4/2011	General Comment	Malisa Pearson/ General Public	<p>It is crucial that SAMHSA's block grants provide adequate funding for Children's Mental Health services &amp; supports as well as Family Support Services &amp; Family Organizations. Please ensure that sufficient funding is preserved within the block grants for other families like mine!</p>	<p>Thank you for your comment. States have the opportunity to use Block Grant funds for consumer, family and recovery support organizations.</p>
312.	6/4/2011	General Comment	Shelly Alvarez/ General Public	<p>Raising a child such is mine is challenging. That challenge along with the emotional and financial strain associated with it can only "truly" be understood by others who are and/or have raised similar children. There is no book or training that can teach what the family support organizations have learned by listening and supporting actual families raising actual children faced with mental health needs. Our whole family has received, and continues</p>	Thank you for your comment.



Block Grant Comment Log

				to need a great deal of help from our local family support organizations. It is important that SAMHSA's block grants provide adequate funding for children's mental health and family support services.	
313.	6/4/2011	General Comment	Natalie Williams/ General Public	I am writing to commend SAMHSA on targeting adolescents, a subpopulation that is often overlooked and/or poorly served by the general system of care. One of the things we know that does not work well is training adolescents in adult programs with adult models. There really needs to be a focus on programs that are developmentally appropriate for adolescent and to involve families in planning, implementation and monitoring of adolescent care	Thank you for your comment.
314.	6/4/2011	General Comment	Joeleen Schnettler/ Daybreak Youth Services	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment.
315.	6/4/2011	General Comment	Sharon Morrison-Velasco/ Velasco Consulting	It is critical that SAMHSA ensures that states allocate a minimum percentage of their block grant funding to support empirically supported community-based services for children and youth and their families...With this in mind, I urge you to: 1. Ensure that a certain minimum percentage of Block Grant resources be allocated to children and youth with behavioral health needs and their families; 2. Preserve the system of care (SOC) grant program and provide additional language highlighting the SOC approach as a best practice in serving children and youth with complex behavioral health needs and their families; 3. Include specific requirements on meeting the needs of children and youth with behavioral health needs	See response to #308.

Block Grant Comment Log

				and their families, and develop a special monitoring unit to ensure compliance; and 4. Ensure that states and other block grant recipients receive Technical Assistance and consultation on best practice approaches to serving children and youth with complex behavioral health needs and their families.	
316.	6/4/2011	General Comment	Lori Eva/ General Public	I am in recovery as well as the parent of a child with mental health needs and our whole family has received, and continues to need, a great deal of help from family support organizations. It is important that SAMHSA's block grants provide adequate funding for children's mental health and family support services.	Thank you for your comment.
317.	6/4/2011	General Comment	Linda Romanowski/ General Public	My ten year old adopted daughter has been a mental health receiver of services since she was four years old... The mental health services my daughter and we as her adoptive parents receive are like a shining ray of hope in such an isolating society. We do not receive Medicaid as we are just over the dollar limit within a couple thousand a year. So we pay over \$3,000 annually to keep a Blue Cross Blue Shield program my husband held when he retired. Problem is, the family out of pocket is \$1,800 prior to our 70% / 30% split. Medical bills from last year are still not paid and neither one of us work....It is extremely important to our family that block grants supporting mental health be secured with funding. This funding source aids the mental health of children and family support systems when they need it most. We support our daughter and pray one day with all the talent invested in her through the years of mental health service that she will be able to return to service others.	Thank you for your comment.

Block Grant Comment Log

318.	6/4/2011	General Comment	<a href="mailto:Juanitatumcson@aol.com">Juanitatumcson@aol.com</a>	Michael Dennis, PhD from Chestnut Health Systems shared his letter and indicated that we could use any or all of it. As Dr. Dennis has indicated, the onset of substance abuse/dependence is before 18 years of age. Moreover, at a recent community forum in Tucson, Thomas Insel, PhD the Director for the National Institute on Mental Health indicated that mental illness is a developmental disease and we need to get better at early identification and intervention to help youth, families, and communities. Based on this science, how can SAMHSA NOT include youth and families? Please continue funding these programs.	Title XIX, Part B, Subpart II of the PHS neither prescribes or prohibits the obligation and expenditure of SAPTBG funds for SUD services and related recovery support services for adolescents. States have the flexibility to obligate and expend such funds for such services for adolescents. However, SAMHSA encourages States to utilize Early, Periodic, Screening, Diagnosis, and Treatment (EPSDT) funds authorized by Title XIX of the Social Security Act (Medicaid) or 3 <sup>rd</sup> party health insurance, if available, for such services.
319.	6/3/2011	General Comment	Kristopher Vilamaa/ General Public	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment.
320.	6/3/2011	General Comment	Lou Anne Kramer/ General Public	It is important that SAMHSA's block grants provide adequate funding for children's mental health and family support services. Without these services many families will not be able to hold together and survive. For our family without having these folks come and help, I know our family would not have been able to be as strong as we are and support each other during a crisis.....	Thank you for your comment.
321.	6/3/2011	General Comment	Chris Farentinos/ De Paul Treatment	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as	Thank you for your comment.

Block Grant Comment Log

			Centers	a priority population that should be addressed by block grant recipients.	
322.	6/3/2011	General Comment	Dionnea Andricos/ Sea Mar Visions	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment.
323.	6/3/2011	General Comment	Karin Schaff/ Voak	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment.
324.	6/3/2011	General Comment	Alia Marshall/ Sea Mar Visions	Please continue to help support adolescents as a special population for drug and alcohol treatment grants. SAMHSA is an important resource in our field. Adolescents have special needs and concerns in drug treatment- they can't be treated the same way as adults, and should not be overlooked. If our goal is to provide effective treatment for as many people as possible, we must start with teens. Much of the adult addict population started their use as children or teens, and if we can provide treatment at young ages, we can help some people get on their feet before it is too late.	SAMHSA concurs. Thank you for your comment.
325.	6/3/2011	General Comment	Tami Silvera/ EGSD	The delivery of substance abuse prevention and intervention services to youth is vital. If we can deliver the prevention message, put in place effective youth development strategies and employ quality substance abuse treatment professionals, then we may really be able to effect change with our youth population. I strongly encourage SAMHSA to make adolescents a "priority population" for funding and programming.	Thank you for your comment. SAMHSA requires that States spend at least 20% of their SAPTBG allotment on primary prevention programs for persons who do not require treatment. States also must report their spending on primary prevention. Some States spend more on primary

Block Grant Comment Log

					<p>prevention and may continue to do so.</p> <p>States should make prevention a top priority, taking advantage of science, best practices in community coordination, proven planning processes like the strategic prevention framework (SPF) and science in the 2009 Institute of Medicine report entitled "Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities" to develop effective prevention strategies and place a priority on targeting high need communities.</p>
326.	6/3/2011	General Comment	Jahnel Burgess/ Sea Mar Visions	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment.
327.	6/3/2011	General Comment	Frank Schafidi/ WesCare Foundations, Florida	I am writing to commend SAMHSA on targeting adolescents, a subpopulation that is often overlooked and/or poorly served by the general system of care. I further commend SAMHSA for recognizing the importance of including youth populations with special needs such as those from military families, having trauma histories, need substance abuse treatment and	Thank you for your comment.

Block Grant Comment Log

				the GLBTQ youth. One of the things we know that does not work well is training adolescents in adult programs with adult models. There really needs to be a focus on programs that are developmentally appropriate for adolescent and to involve families in planning, implementation and monitoring of adolescent care.	
328.	6/3/2011	General Comment	David Jones/ Baltimore Mental Health System	SAMHSA is strongly urged to revise the Unified Application to emphasize 1) the needs of children and youth with serious emotional disturbance (SED) and/or substance abuse (SA) needs and their families and 2) the importance of using System of Care (SOC) approaches to serve them in their homes and communities. Recommendation 1: Provide additional language highlighting the SOC approach as a best practice in serving children and youth with SED and/or SA and their families; Recommendation 2: Ensure that a certain minimum percentage of MHSBG and SAPTBG dollars be allocated to children and youth with SED and/or SA needs and their families; Recommendation 3: Include specific requirements on meeting the needs of children and youth with SED and/or SA needs and their families, and develop a special monitoring unit to ensure compliance; and Recommendation 4: Require that experts on the needs of and best practice approaches to serving children and youth with SED and/or SA needs and their families be included in federal and state planning efforts, in conjunction and coordinated with other technical assistance provided to states and communities from SAMHSA and Administrations with the U.S. Department of Health and Human Services, including the Administration on	The proposed Block Grant application requires States to include youth with SED in their needs assessment and requests that States include youth with SUD in their needs assessment and planning efforts. In addition SAMHSA believes that the proposed application contains sufficient guidance to States regarding using a SOC approach. SAMHSA prefers that the allocation of funding be determined by the States, based upon their needs assessments and specific state priorities. SAMHSA will include language in the application to highlight the SOC approach. SAMHSA will provide TA and consultation on best practice approaches to serving children and youth SAMHSA will take into consideration the recommendation for a special

Block Grant Comment Log

				Children and Families (ACF) and the Centers for Medicaid & Medicare Services (CMS).	monitoring unit.
329.	6/3/2011	General Comment	Jennifer Horton/ General Public	From both a personal and professional perspective, it is important to me, to my children, and to my community that families have access to necessary children's mental health services as well as comprehensive family supports from family support organizations. In order to be effective, SAMHSA's block grants must provide adequate funding both for children's mental health and related family support services. My family has benefited greatly from such support services, and I have personally witnessed the positive impact of such services on many other families. I do not believe that we can help children if we do not concurrently help their families. I hope that SAMHSA will ensure adequate funding for the continuum of needs that our families share.	SAMHSA concurs. Thank you for your comments
330.	6/3/2011	General Comment	Sheila North/ De Paul Treatment Centers	I represent Oregon providers who commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment.
331.	6/3/2011	General Comment	Sandi Snelgrove/ Another Choice Another Chance, California	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment.
332.	6/3/2011	General Comment	David Manitsas/ Family and Youth Program, Oregon	I urge you to: 1. Allocate a certain minimum percentage of Block Grant resources for services to children and youth with behavioral health needs; 2. Preserve the system of care grant program as a best practice in serving children and youth with complex behavioral health needs; and 3. Include specific requirements related to meeting the needs of children	Please refer to response #328.

Block Grant Comment Log

				and youth with behavioral health needs, and develop a special monitoring unit to ensure compliance.	
333.	6/3/2011	General Comment	Tara James/ General Public	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment.
334.	6/3/2011	General Comment	Cheryl Richard on behalf of Robin Rothermel/ Bureau of Drug and Alcohol Programs	It is suggested that major changes to the Substance Abuse Prevention and Treatment Block Grant application process be delayed until expiration of the currently approved format. Rather, efforts should be made to collaborate with agencies within the Department of Health and Human Services, as well as with the Governors Association and affected agencies of the states, to develop a strategy for implementation of the Affordable Care Act and the Mental Health Parity and Addictions Equity Act.	SAMHSA disagrees with this comment. There are many opportunities that States can take advantage of now and during FY 2012/2013 and not wait until FY 2014. SAMHSA has worked closely with other HHS operating divisions and agencies regarding federal initiatives, health reform and MHPAEA.
335.	6/3/2011	General Comment	D. Paul Moberg/ University of Wisconsin	I am very pleased to see that SAMHSA is targeting adolescents in the proposed Unified Block grant application.	Thank you for your comment.
336.	6/3/2011	General Comment	Brad Munger/ Dept. of Health Services, Wisconsin	I took a look at the FAQ responses on the webpage and still had a couple of questions I hope you can help me with, please. One was with respect to Table 8. Is this table referring specifically to Block Grant planned expenditures or planned system expenditures? Additionally, wanted to verify what I heard on one of the conference calls that Table 6 is no longer being required. And finally, with respect to the permitted "phased" or rolling submission process, I know that the only required sections for a MHBG application are 3a, 3b, 3o, and 3p; Section 4; and Subsections 7a and 7c. We are attempting to address all of the sections, but I wanted to be sure that we have time to secure	SAMHSA has amended the block grant to address the application submissions timeframes.



Block Grant Comment Log

				section 3n (Support of State Partners). As was pointed out on one of the calls, it will take time to develop the level of alignment and solid collaboration from our State partners; such that it seems that we will not be able to secure letters of support, meaningful collaboration, and agreement with our State Mental Health Plan and MHBG process. So, I simply want to be sure that we won't run into problems if our Sept. 1 application comes in without those letters of support in place.	
337.	6/3/2011	General Comment	Kathryn McCollister/ University of Miami	We are writing to strongly endorse SAMHSA's efforts to prioritize research on adolescents, a subpopulation that is often overlooked and/or poorly served by the general system of care.	Thank you for your comment.
338.	6/3/2011	General Comment	Julianne Petterson/ Mountlake Terrace High School, Washington State	SAMHSA is to be commended on targeting adolescents, a subpopulation that is often overlooked and/or poorly served by the general system of care. We know that adolescents are not well served in adult programs. We need more programs that are developmentally appropriate for adolescents and which involve families in planning, implementation and monitoring of adolescent care.	Thank you for your comment.
339.	6/3/2011	General Comment	Kim Beeson, Puget Sound Educational Service District	I commend you for assuring an adolescent focus on this Block grant proposed revision.	Thank you for your comment.
340.	6/3/2011	General Comment	Rita Moore/ Multnomah County Dept. of county Human Services	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment.
341.	6/3/2011	General Comment	<a href="mailto:albertstein.pickett@dmh.state.ms.us">albertstein.pickett@dmh.state.ms.us</a>	I would like to recommend that SAMHSA require language data collection to assist us in providing quality services that are culturally and linguistically	Thank you for your recommendation. SAMHSA will be working closely with States

Block Grant Comment Log

				competent. It is our responsibility to assess the needs of individuals receiving our services and, if there is a language barrier, the quality of the service is jeopardized.	and other stakeholders to review our data collection strategies for future changes and will take this important comment under consideration.
342.	6/3/2011	General Comment	Jenna Nevills/ De Paul Treatment Centers	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment.
343.	6/6/2011	General Comment	Cathy Finck/ General Public	I am writing in support of SAMHSA's identification of youth with substance use disorders (SUD) as a population with evolving needs in the Block Grant Application Guidance and Instructions	Thank you for your comment.
344.	6/6/2011	General Comment	Lisa Stalnaker/ Families of Addiction, Pennsylvania	Let me commend the Substance Abuse and Mental Health Services Administration (SAMHSA) for identifying youth with substance use disorders as an important population with evolving needs for the first time... I also want to state my support for your addition of family involvement in the draft language of the Block Grant Application... I also want to state my support for your addition of family involvement in the draft language of the Block Grant Application... I would like to commend the application's focus on the provision of recovery support services and a combined plan for the provision of services for individuals with co-occurring mental and substance use disorders.	Thank you for your comment
345.	6/6/2011	General Comment	Devon Howe/ General Public	Let me commend the Substance Abuse and Mental Health Services Administration (SAMHSA) for identifying youth with substance use disorders as an important population with evolving needs for the first time... I also want to state my support for your addition of family involvement in the draft language of	Thank you for your comment

Block Grant Comment Log

				the Block Grant Application... I also want to state my support for your addition of family involvement in the draft language of the Block Grant Application... I would like to commend the application's focus on the provision of recovery support services and a combined plan for the provision of services for individuals with co-occurring mental and substance use disorders.	
346.	6/6/2011	General Comment	Johanna Lawson/ Daybreak Youth Services	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment.
347.	6/6/2011	General Comment	Gary Talley/ VDDHH	I would like to see "Preferred Language" as part of this process. Many deaf and hard of hearing are still being denied language access in medical appointments.	SAMHSA is unclear which process the respondent is referring to.
348.	6/6/2011	General Comment	Patricia Genereux/ General Public	Let me commend the Substance Abuse and Mental Health Services Administration (SAMHSA) for identifying youth with substance use disorders as an important population with evolving needs for the first time... I also want to state my support for your addition of family involvement in the draft language of the Block Grant Application... I also want to state my support for your addition of family involvement in the draft language of the Block Grant Application... I would like to commend the application's focus on the provision of recovery support services and a combined plan for the provision of services for individuals with co-occurring mental and substance use disorders.	Thank you for your comment
349.	6/6/2011	General Comment	Terri Mostiller/ Wesley Common, South Carolina	Let me commend the Substance Abuse and Mental Health Services Administration (SAMHSA) for identifying youth with substance use disorders as an important population with evolving needs for the first time... I also want to state my support for your	Thank you for your comment

Block Grant Comment Log

				addition of family involvement in the draft language of the Block Grant Application... I also want to state my support for your addition of family involvement in the draft language of the Block Grant Application... I would like to commend the application's focus on the provision of recovery support services and a combined plan for the provision of services for individuals with co-occurring mental and substance use disorders.	
350.	6/6/2011	General Comment	Pamela Talbot/ Bristol County Sheriff's Office, Massachusetts	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment.
351.	6/6/2011	General Comment	Alyson Rush/ General Public	I am concerned to note that while a large population has been identified as targets for mental health services, older adults, the fastest growing demographic in the US, was omitted. Older adults cut across all other target populations and should be a focus point for mental health and substance misuse service provisions.	The age ranges that are reported on in the plan and report sections include information on older adults. As states assess their systems and identify gaps, they will include older adults in that data analysis.
352.	6/6/2011	General Comment	Carl Ravencroft/ General Public	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment.
353.	6/6/2011	General Comment	Shauna Mann/ Sea Mar Visions	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment.
354.	6/6/2011	General Comment	Judy Kirkwood/ General Public	I support your addition of family involvement in the draft language of the Block Grant Application.	Thank you for your comment.
355.	6/6/2011	General Comment	Tamara Zaferatos/ Sea Mar Visions	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as	Thank you for your comment.

Block Grant Comment Log

				a priority population that should be addressed by block grant recipients.	
356.	6/6/2011	General Comment	Margaret Polovchak/ Maine Community Youth Assistance Foundation	Let me commend the Substance Abuse and Mental Health Services Administration (SAMHSA) for identifying youth with substance use disorders as an important population with evolving needs for the first time... I also want to state my support for your addition of family involvement in the draft language of the Block Grant Application... I also want to state my support for your addition of family involvement in the draft language of the Block Grant Application... I would like to commend the application's focus on the provision of recovery support services and a combined plan for the provision of services for individuals with co-occurring mental and substance use disorders.	Thank you for your comment.
357.	6/6/2011	General Comment	Nancy Starr/ General Public	The Substance Abuse and Mental Health Services Administration (SAMHSA) is to be commended for identifying youth with substance use disorders as an important population with evolving needs. Your addition of family involvement in the draft language of the Block Grant Application is very much needed. It was especially encouraging to learn that a recommendation was made to states to describe their effort to actively engage individuals and families in developing, implementing, and monitoring the State Substance Abuse and Mental Health systems.	Thank you for your comment.
358.	6/6/2011	General Comment	Dennis Ballinger/ Kent Youth and Family Services, Washington	I am writing to commend SAMHSA on targeting adolescents, a subpopulation that is often overlooked and/or poorly served by the general system of care.	Thank you for your comment.
359.	6/6/2011	General Comment	Celia Arriaga/ Seattle Public	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as	Thank you for your comment.

Block Grant Comment Log

			Schools, Washington	a priority population that should be addressed by block grant recipients.	
360.	6/6/2011	General Comment	Lisa Stalnaker/ Families of Addiction, Pennsylvania	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment.
361.	6/6/2011	General Comment	Jackie Hensley/ General Public	In Step One, states should address the strengths and needs of the service system to address the specific populations in conjunction with family members of children from that population and in conjunction with youth and adult consumers from that population.	SAMHSA concurs with the importance of including family members in all aspects of the planning process.
362.	6/6/2011	General Comment	Jackie Hensley/ General Public	Under Information on Activities that Support Individuals in Directing the Services, SAMHSA should also ask States to provide information about policies and programs that allow custodial parents of children with mental illness and/or substance use disorders to direct their children's care.	SAMHSA concurs and has revised the application to include this language.
363.	6/6/2011	General Comment	Jackie Hensley/ General Public	Under Process for Comment on State Plan, SAMHSA should ask States to describe their efforts and procedures to obtain public comment from consumers and family members of children consumers, use of electronic media for posting of the draft plan and solicitation of comments on the development of and draft State plan.	This is included in the request for description of obtaining public comment
364.	6/6/2011	General Comment	Jackie Hensley/ General Public	Under Description of Processes to Involve Individuals and Families, SAMHSA should more than request that States describe their efforts; it should be required of states and supported by a budget line item. This is necessary because we have seen too often State governments fail to adequately involve family members. Requiring States to do this will force States to make family involvement a higher priority.	SAMSHA will take into account this recommendation for subsequent applications. SAMHSA does not concur at this time.

Block Grant Comment Log

365.	6/6/2011	General Comment	Jackie Hensley/ General Public	Under Description of the Use of Technology, we would like to see SAMHSA include asking States how they plan to use ICTs for not only health care services, but also support services. Many of these support services are necessary for children's resilience.	SAMHSA concurs and will make this change
366.	6/6/2011	General Comment	Jackie Hensley/ General Public	Under Description of State Behavioral Health Advisory Council, we would like to see SAMHSA also strongly encourage States to use the council to advise and consult regarding issues and services for children through the voice of parents with children with or at risk of behavioral (including substance use) or mental health disorders as well.	While SAMHSA agrees with the direction, we will not require such action
367.	6/6/2011	General Comment	Jackie Hensley/ General Public	Under Information on Data and Information Technology, SAMHSA should require that states include disaggregated data by race, ethnicity and language in all of the reports. This information is critical to informing us of where there are health disparities among certain populations.	SAMHSA will take this recommendation under consideration as it reviews and revised its data collection and outcome measures.
368.	6/6/2011	General Comment	Diane Drumm/ General Public	Let me commend the Substance Abuse and Mental Health Services Administration (SAMHSA) for identifying youth with substance use disorders as an important population with evolving needs for the first time... I also want to state my support for your addition of family involvement in the draft language of the Block Grant Application... I also want to state my support for your addition of family involvement in the draft language of the Block Grant Application... I would like to commend the application's focus on the provision of recovery support services and a combined plan for the provision of services for individuals with co-occurring mental and substance use disorders.	Thank you for your comment.
369.	6/6/2011	General	Scott Chipman/ San	Let me commend the Substance Abuse and Mental	Thank you for your comment.

Block Grant Comment Log

		Comment		Health Services Administration (SAMHSA) for identifying youth with substance use disorders as an important population with evolving needs for the first time... I also want to state my support for your addition of family involvement in the draft language of the Block Grant Application... I also want to state my support for your addition of family involvement in the draft language of the Block Grant Application... I would like to commend the application's focus on the provision of recovery support services and a combined plan for the provision of services for individuals with co-occurring mental and substance use disorders.	
370.	6/6/2011	General Comment	Diegans for Safe Neighborhoods  Tracy Camble/ General Public	Let me commend the Substance Abuse and Mental Health Services Administration (SAMHSA) for identifying youth with substance use disorders as an important population with evolving needs for the first time... I also want to state my support for your addition of family involvement in the draft language of the Block Grant Application... I also want to state my support for your addition of family involvement in the draft language of the Block Grant Application... I would like to commend the application's focus on the provision of recovery support services and a combined plan for the provision of services for individuals with co-occurring mental and substance use disorders.	Thank you for your comment.
371.	6/6/2011	General Comment	Doreen Cavanaugh/ Georgetown University	I am writing in support of SAMHSA's identification of youth with substance use disorders (SUD) as a population with evolving needs in the Block Grant Application Guidance and Instructions... By including youth with substance use disorders in the Block Grant Application Guidance and Instructions language and by requesting States to actively engage individuals and	Thank you for your comment



Block Grant Comment Log

				families in developing, implementing and monitoring the State system, SAMHSA highlights a population, who if served well, may not only improve quality of life now but may also reduce demand on the entire substance use disorders system for years to come.	
372.	6/6/2011	General Comment	Michelle Hines/ General Public	Let me commend the Substance Abuse and Mental Health Services Administration (SAMHSA) for identifying youth with substance use disorders as an important population with evolving needs for the first time... I also want to state my support for your addition of family involvement in the draft language of the Block Grant Application... I also want to state my support for your addition of family involvement in the draft language of the Block Grant Application... I would like to commend the application's focus on the provision of recovery support services and a combined plan for the provision of services for individuals with co-occurring mental and substance use disorders.	Thank you for your comment
373.	6/6/2011	General Comment	Gail Golec/ General Public	Let me commend the Substance Abuse and Mental Health Services Administration (SAMHSA) for identifying youth with substance use disorders as an important population with evolving needs for the first time... I also want to state my support for your addition of family involvement in the draft language of the Block Grant Application... I also want to state my support for your addition of family involvement in the draft language of the Block Grant Application... I would like to commend the application's focus on the provision of recovery support services and a combined plan for the provision of services for individuals with co-occurring mental and substance use disorders.	Thank you for your comment
374.	6/6/2011	General	Mike Mayer/	We specifically support:	Thank you for your comment

Block Grant Comment Log

		Comment		<p>Consolidation of data collection and outcomes measurement.</p> <p>Caregiver and family support services.</p> <p>Integrated mental health and substance use treatment and services.</p> <p>Funding of priority treatment and support services not covered by Medicaid, Medicare, or private insurance offered through the exchanges and that demonstrate success in improving outcomes and/or supporting recovery, especially housing, competitive employment supports, jail diversion, transportation, and intensive evidence based programs.</p> <p>Funding of priority treatment and support services for individuals without insurance or who cycle in and out of health insurance coverage.</p>	
375.	6/6/2011	General Comment	Aaran McKinnon/ National Federation of Families for Children's Mental Health	<p>In Step One, states should address the strengths and needs of the service system to address the specific populations in conjunction with family members of children from that population and in conjunction with youth and adult consumers from that population.</p> <p>Under Information on Activities that Support Individuals in Directing the Services, SAMHSA should also ask States to provide information about policies and programs that allow custodial parents of children with mental illness and/or substance use disorders to direct their children's care.</p>	Please see response #361-367 and #441.

Block Grant Comment Log

				<p>Under Process for Comment on State Plan, SAMHSA should ask States to describe their efforts and procedures to obtain public comment from consumers and family members of children consumers, use of electronic media for posting of the draft plan and solicitation of comments on the development of and draft State plan.</p> <p>Under Description of Processes to Involve Individuals and Families, SAMHSA should more than request that States describe their efforts; it should be required of states and supported by a budget line item. This is necessary because we have seen too often State governments fail to adequately involve family members. Requiring States to do this will force States to make family involvement a higher priority.</p> <p>Under Description of the Use of Technology, we would like to see SAMHSA include asking States how they plan to use ICTs for not only health care services, but also support services. Many of these support services are necessary for children's resilience.</p> <p>Under Description of State Behavioral Health Advisory Council, we would like to see SAMHSA also strongly encourage States to use the council to advise and consult regarding issues and services for children through the voice of parents with children with or at risk of behavioral (including substance use) or mental health disorders as well.</p>	
--	--	--	--	---	--

Block Grant Comment Log

				Under Information on Data and Information Technology, SAMHSA should require that states include disaggregated data by race, ethnicity and language in all of the reports. This information is critical to informing us of where there are health disparities among certain populations.	
376.	6/6/2011	General Comment	Dottie Scher/ Interagency Child Abuse Prevention Council of Gaston County, Inc.	Let me commend the Substance Abuse and Mental Health Services Administration (SAMHSA) for identifying youth with substance use disorders as an important population with evolving needs for the first time... I also want to state my support for your addition of family involvement in the draft language of the Block Grant Application... I also want to state my support for your addition of family involvement in the draft language of the Block Grant Application... I would like to commend the application's focus on the provision of recovery support services and a combined plan for the provision of services for individuals with co-occurring mental and substance use disorders.	Thank you for your comment
377.	6/6/2011	General Comment	Sarah Reichling/ General Public	Let me commend the Substance Abuse and Mental Health Services Administration (SAMHSA) for identifying youth with substance use disorders as an important population with evolving needs for the first time... I also want to state my support for your addition of family involvement in the draft language of the Block Grant Application... I also want to state my support for your addition of family involvement in the draft language of the Block Grant Application... I would like to commend the application's focus on the provision of recovery support services and a combined plan for the provision of services for individuals with co-occurring mental and substance use disorders	Thank you for your comment

Block Grant Comment Log

378.	6/6/2011	General Comment	Katie Beeh/ General Public	Let me commend the Substance Abuse and Mental Health Services Administration (SAMHSA) for identifying youth with substance use disorders as an important population with evolving needs for the first time... I also want to state my support for your addition of family involvement in the draft language of the Block Grant Application... I also want to state my support for your addition of family involvement in the draft language of the Block Grant Application... I would like to commend the application's focus on the provision of recovery support services and a combined plan for the provision of services for individuals with co-occurring mental and substance use disorders.	Thank you for your comment
379.	6/6/2011	General Comment	Rebecca Reddin/ Sea Mar Visions	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
380.	6/6/2011	General Comment	Kathleen Garthwaite/ General Public	In Step One, states should address the strengths and needs of the service system to address the specific populations in conjunction with family members of children from that population and in conjunction with youth and adult consumers from that population.  Under Information on Activities that Support Individuals in Directing the Services, SAMHSA should also ask States to provide information about policies and programs that allow custodial parents of children with mental illness and/or substance use disorders to direct their children's care.  Under Process for Comment on State Plan, SAMHSA	Please see response #361-367 and #441.

Block Grant Comment Log

			<p>should ask States to describe their efforts and procedures to obtain public comment from consumers and family members of children consumers, use of electronic media for posting of the draft plan and solicitation of comments on the development of and draft State plan.</p> <p>Under Description of Processes to Involve Individuals and Families, SAMHSA should more than request that States describe their efforts; it should be required of states and supported by a budget line item. This is necessary because we have seen too often State governments fail to adequately involve family members. Requiring States to do this will force States to make family involvement a higher priority.</p> <p>Under Description of the Use of Technology, we would like to see SAMHSA include asking States how they plan to use ICTs for not only health care services, but also support services. Many of these support services are necessary for children’s resilience.</p> <p>Under Description of State Behavioral Health Advisory Council, we would like to see SAMHSA also strongly encourage States to use the council to advise and consult regarding issues and services for children through the voice of parents with children with or at risk of behavioral (including substance use) or mental health disorders as well.</p> <p>Under Information on Data and Information Technology, SAMHSA should require that states</p>	
--	--	--	--	--

Block Grant Comment Log

				include disaggregated data by race, ethnicity and language in all of the reports. This information is critical to informing us of where there are health disparities among certain populations.	
381.	6/6/2011	General Comment	Lisa MacNaughton/ General Public	Let me commend the Substance Abuse and Mental Health Services Administration (SAMHSA) for identifying youth with substance use disorders as an important population with evolving needs for the first time... I also want to state my support for your addition of family involvement in the draft language of the Block Grant Application... I also want to state my support for your addition of family involvement in the draft language of the Block Grant Application... I would like to commend the application's focus on the provision of recovery support services and a combined plan for the provision of services for individuals with co-occurring mental and substance use disorders.	Thank you for your comment
382.	6/6/2011	General Comment	Martha King/ The Awareness Group of Hanover	Let me commend the Substance Abuse and Mental Health Services Administration (SAMHSA) for identifying youth with substance use disorders as an important population with evolving needs for the first time... I also want to state my support for your addition of family involvement in the draft language of the Block Grant Application... I also want to state my support for your addition of family involvement in the draft language of the Block Grant Application... I would like to commend the application's focus on the provision of recovery support services and a combined plan for the provision of services for individuals with co-occurring mental and substance use disorders.	Thank you for your comment
383.	6/6/2011	General Comment	Ken Martinez/ General Public	In Step One, states should address the strengths and needs of the service system to address the specific	Please see response #361-367 and #441.

Block Grant Comment Log

				<p>populations in conjunction with family members of children from that population and in conjunction with youth and adult consumers from that population.</p> <p>Under Information on Activities that Support Individuals in Directing the Services, SAMHSA should also ask States to provide information about policies and programs that allow custodial parents of children with mental illness and/or substance use disorders to direct their children’s care.</p> <p>Under Process for Comment on State Plan, SAMHSA should ask States to describe their efforts and procedures to obtain public comment from consumers and family members of children consumers, use of electronic media for posting of the draft plan and solicitation of comments on the development of and draft State plan.</p> <p>Under Description of Processes to Involve Individuals and Families, SAMHSA should more than request that States describe their efforts; it should be required of states and supported by a budget line item. This is necessary because we have seen too often State governments fail to adequately involve family members. Requiring States to do this will force States to make family involvement a higher priority.</p> <p>Under Description of the Use of Technology, we would like to see SAMHSA include asking States how they plan to use ICTs for not only health care services, but also support services. Many of these support services</p>	
--	--	--	--	--	--



Block Grant Comment Log

				<p>are necessary for children's resilience.</p> <p>Under Description of State Behavioral Health Advisory Council, we would like to see SAMHSA also strongly encourage States to use the council to advise and consult regarding issues and services for children through the voice of parents with children with or at risk of behavioral (including substance use) or mental health disorders as well.</p> <p>Under Information on Data and Information Technology, SAMHSA should require that states include disaggregated data by race, ethnicity and language in all of the reports. This information is critical to informing us of where there are health disparities among certain populations.</p>	
384.	6/6/2011	General Comment	Julie Pouilly/ Geneva Coalition for Youth, Illinois	<p>Let me commend the Substance Abuse and Mental Health Services Administration (SAMHSA) for identifying youth with substance use disorders as an important population with evolving needs for the first time... I also want to state my support for your addition of family involvement in the draft language of the Block Grant Application... I also want to state my support for your addition of family involvement in the draft language of the Block Grant Application... I would like to commend the application's focus on the provision of recovery support services and a combined plan for the provision of services for individuals with co-occurring mental and substance use disorders.</p>	Thank you for your comment
385.	6/6/2011	General Comment	Connie McLaughlin/ General Public	<p>Let me commend the Substance Abuse and Mental Health Services Administration (SAMHSA) for identifying youth with substance use disorders as an</p>	Thank you for your comment

Block Grant Comment Log

				important population with evolving needs for the first time... I also want to state my support for your addition of family involvement in the draft language of the Block Grant Application... I also want to state my support for your addition of family involvement in the draft language of the Block Grant Application... I would like to commend the application's focus on the provision of recovery support services and a combined plan for the provision of services for individuals with co-occurring mental and substance use disorders.	
386.	6/6/2011	General Comment	Lea Minalga/ Hearts of Hope, Illinois	Please include Youth with Substance Abuse Disorders and Family Involvement programs as your board revamps the block grant application for 2012... Thank you for all SAMHSA does...continue the work that saves lives. It is critical to press forward and not hold any dollars back or people will die.	Thank you for your comment
387.	6/6/2011	General Comment	Jeanette McDougal/ General Public	I commend the Substance Abuse and Mental Health Services Administration (SAMHSA) for identifying youth with substance use disorders as an important population, who were previously undeserved... I support your addition of family involvement in the draft language of the Block Grant Application. .. I thank SAMHSA for its recognition and inclusion of this critical voice of family members. ..Our community will continue to recommend and encourage family involvement at all levels of State plan development. We recognize there will be challenges to the disbursement of block grant funds, due to the existence of multiple priorities. Family involvement in the adolescent treatment and recovery system is a key component that requires support in order to	Thank you for your comment

Block Grant Comment Log

				provide effective services. ..I also commend the application's focus on the provision of recovery support services and a combined plan for the provision of services for individuals with co-occurring mental and substance use disorders.	
388.	6/6/2011	General Comment	Vicki Foley/ General Public	. I thank the Substance Abuse and Mental Health Services Administration (SAMHSA) for identifying youth with substance use disorders as an important population with evolving needs for the first time... I also want to state my support for your addition of family involvement in the draft language of the Block Grant Application. Additionally, I am pleased to see that SAMHSA is requesting that States submit plans on how they consulted with the Tribes and would like to see that language also include a plan for actively engaging families at the tribal level. .. I would like to commend the application's focus on the provision of recovery support services and a combined plan for the provision of services for individuals with co-occurring mental and substance use disorders.	Thank you for your comment
389.	6/6/2011	General Comment	Lynne Windle/ PEP Nevada	Let me commend the Substance Abuse and Mental Health Services Administration (SAMHSA) for identifying youth with substance use disorders as an important population with evolving needs for the first time... I also want to state my support for your addition of family involvement in the draft language of the Block Grant Application... I also want to state my support for your addition of family involvement in the draft language of the Block Grant Application... I would like to commend the application's focus on the provision of recovery support services and a combined plan for the provision of services for individuals with	Thank you for your comment

Block Grant Comment Log

				co-occurring mental and substance use disorders.	
390.	6/6/2011	General Comment	Claretta Witherspoon/ General Public	Let me commend the Substance Abuse and Mental Health Services Administration (SAMHSA) for identifying youth with substance use disorders as an important population with evolving needs for the first time... I also want to state my support for your addition of family involvement in the draft language of the Block Grant Application... I also want to state my support for your addition of family involvement in the draft language of the Block Grant Application... I would like to commend the application's focus on the provision of recovery support services and a combined plan for the provision of services for individuals with co-occurring mental and substance use disorders.	Thank you for your comment
391.	6/6/2011	General Comment	Amber Greves/ General Public	I commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients... I support your effort to focus policy and treatment on this critical population. Thank you for your time.	Thank you for your comment
392.	6/6/2011	General Comment	Andrea Webster/ Coronado SAFE, California	Let me commend the Substance Abuse and Mental Health Services Administration (SAMHSA) for identifying youth with substance use disorders as an important population with evolving needs for the first time... I also want to state my support for your addition of family involvement in the draft language of the Block Grant Application... I also want to state my support for your addition of family involvement in the draft language of the Block Grant Application... I would like to commend the application's focus on the provision of recovery support services and a combined plan for the provision of services for individuals with	Thank you for your comment

Block Grant Comment Log

				co-occurring mental and substance use disorders.	
393.	6/7/2011	General Comment	Beth Ann Thompson/ General Public	Let me commend the Substance Abuse and Mental Health Services Administration (SAMHSA) for identifying youth with substance use disorders as an important population with evolving needs for the first time... I also want to state my support for your addition of family involvement in the draft language of the Block Grant Application... I also want to state my support for your addition of family involvement in the draft language of the Block Grant Application... I would like to commend the application's focus on the provision of recovery support services and a combined plan for the provision of services for individuals with co-occurring mental and substance use disorders.	Thank you for your comment
394.	6/7/2011	General Comment	<a href="mailto:Le710@comcast.net">Le710@comcast.net</a> / General Public	Let me commend the Substance Abuse and Mental Health Services Administration (SAMHSA) for identifying youth with substance use disorders as an important population with evolving needs for the first time... I also want to state my support for your addition of family involvement in the draft language of the Block Grant Application... I also want to state my support for your addition of family involvement in the draft language of the Block Grant Application... I would like to commend the application's focus on the provision of recovery support services and a combined plan for the provision of services for individuals with co-occurring mental and substance use disorders.	Thank you for your comment
395.	6/7/2011	General Comment	Joyce Nalepka/ Drug-Free Kids: America's Challenge	I AM WRITING TO PLEAD THE CASE FOR MAKING CERTAIN THAT FAMILY, CHILD AND COMMUNITY ISSUES BEING DESIGNED WITH A "DRUG FREE" FOUNDATION.	Thank you for your comment

Block Grant Comment Log

				<p>I WOULD BE PLEASED TO BE INVITED TO ATTEND YOUR PROGRAMS AND GIVE INPUT INTO WHAT WORKED THAT GAVE POWER TO THE GOV'T'S STATEMENT THAT "PREVENTION WORKS" AND THEIR STATEMENT THAT WAS PUBLISHED SAYING, "PREVENTION WORKS" AND SHOWED A 50 % REDUCTION IN DRUG USE DURING THE REAGAN ADMINISTRATION.</p> <p>Our organization is a 501C3 non-profit. We are non-partisan and work to prevent drug use by any child.</p>	
396.	6/7/2011	General Comment	<p>Kelly Lieupo on behalf of Arthur Dean/ Community Anit-Drug Coalitions of America</p>	<p>Ensure that the SAPT Block Grant continues to focus on the programmatic, financial, reporting and outcome measurements associated specifically with substance use/abuse prevention;</p> <p>Ensure that the emphasis and funding for bonafide substance use/abuse prevention is not diminished so that the maximum number of youth throughout the country can receive the benefit of these strategies, programs and services;</p> <p>Ensure that the SAPT Block Grant requirements are not overly prescriptive for prevention, as far as mandating a major focus only on communities at "highest risk."</p> <p>Ensure that CADCA and other national substance abuse prevention organizations are involved in further planning and implementation of changes to the structure and reporting requirements of the SAPT and MHS Block Grants; and</p>	<p>Thank you for your comments. SAMHSA requires that States spend at least 20% of their SAPTBG allotment on primary prevention programs for persons who do not require treatment. States also must report their spending on primary prevention. Some States spend more on primary prevention and may continue to do so.</p> <p>States should make prevention a top priority, taking advantage of science, best practices in community coordination, proven planning processes like</p>

Block Grant Comment Log

				<p>Ensure that the new consolidated application process clearly delineates which changes are optional and which are mandatory, as well as consequences for non compliance so that states do not expend unnecessary time and resources.</p>	<p>the strategic prevention framework (SPF) and science in the 2009 Institute of Medicine report entitled "Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities" to develop effective prevention strategies and place a priority on targeting high need communities.</p> <p>CADCA and other national substance abuse prevention organizations and other stakeholders will be involved in SAMHSA efforts regarding the reporting requirements for the SPTBG.</p> <p>SAMHSA has made changes to the application to identify sections that are required versus requested.</p>
397.	6/7/2011	General Comment	Mary Ellen Jones/ General Public	<p>I want to emphasis the importance of the support services provided by the PACT teams that are not covered by Medicaid. These services are essential in order for individuals living with the challenge of severe and persistent mental illness to be maintained in the community rather than cycling in and out of emergency rooms and hospital inpatient facilities;</p>	<p>Thank you for your comment</p>

Block Grant Comment Log

				which is not only much better for the individual but is also less of a financial burden to society.	
398.	6/7/2011	General Comment	Lois DeMott on behalf of Gail Lanphear	I strongly support the need for a requirement for broad, ongoing parent/caregiver participation at both the state and federal level, in the planning, program development and evaluation of any block grant program.... I strongly support the comments written by the Federation of Families for Children's Mental Health.	Thank you for your comment
399.	6/7/2011	General Comment	Cathie Wooledge/ Northern Regional Center for Independent Living	<p>In Step One, states should address the strengths and needs of the service system to address the specific populations in conjunction with family members of children from that population and in conjunction with youth and adult consumers from that population.</p> <p>Under Information on Activities that Support Individuals in Directing the Services, SAMHSA should also ask States to provide information about policies and programs that allow custodial parents of children with mental illness and/or substance use disorders to direct their children's care.</p> <p>Under Process for Comment on State Plan, SAMHSA should ask States to describe their efforts and procedures to obtain public comment from consumers and family members of children consumers, use of electronic media for posting of the draft plan and solicitation of comments on the development of and draft State plan.</p> <p>Under Description of Processes to Involve Individuals and Families, SAMHSA should more than request that</p>	Please see response #361-367 and #441.



Block Grant Comment Log

				<p>States describe their efforts; it should be required of states and supported by a budget line item. This is necessary because we have seen too often State governments fail to adequately involve family members. Requiring States to do this will force States to make family involvement a higher priority.</p> <p>Under Description of the Use of Technology, we would like to see SAMHSA include asking States how they plan to use ICTs for not only health care services, but also support services. Many of these support services are necessary for children’s resilience.</p> <p>Under Description of State Behavioral Health Advisory Council, we would like to see SAMHSA also strongly encourage States to use the council to advise and consult regarding issues and services for children through the voice of parents with children with or at risk of behavioral (including substance use) or mental health disorders as well.</p> <p>Under Information on Data and Information Technology, SAMHSA should require that states include disaggregated data by race, ethnicity and language in all of the reports. This information is critical to informing us of where there are health disparities among certain populations.</p>	
400.	6/6/2011	General Comment	Timothy Reggev on behalf of Michael Gray/ National TASC	<p>We urge that the request (for information) be clearly labeled in the application as optional. We also urge SAMHSA to indicate that the State’s award will not be impacted in any way should the section not be completed.</p>	Please see response to Comment 70.

Block Grant Comment Log

401.	6/6/2011	General Comment	Timothy Reggev on behalf of Michael Gray/ National TASC	We recommend that a revised SAPT block grant ask the State substance abuse director about current work with Federally Qualified Health Centers (FQHCs) and State bureaus of primary care.	Block grant application has been revised to reflect this change.
402.	6/6/2011	General Comment	Timothy Reggev on behalf of Michael Gray/ National TASC	We recommend specific references to the term State substance abuse agency (rather than using the generic term "States").	Please see response to Comment 73.
403.	6/6/2011	General Comment	Timothy Reggev on behalf of Michael Gray/ National TASC	A clear set of consistent criterion must be included in the final document for both State substance abuse agencies and SAMHSA project officers to use when submitting and evaluating the application.	Please see response to Comment 75.
404.	6/7/2011	General Comment	Martha Lachetta/ General Public	<p>Ensure that the SAPT Block Grant continues to focus on the programmatic, financial, reporting and outcome measurements associated specifically with substance use/abuse prevention;</p> <p>Ensure that the emphasis and funding for bonafide substance use/abuse prevention is not diminished so that the maximum number of youth throughout the country can receive the benefit of these strategies, programs and services;</p> <p>Ensure that the SAPT Block Grant requirements are not overly prescriptive for prevention, as far as mandating a major focus only on communities at "highest risk."</p> <p>Ensure that CADCA and other national substance abuse prevention organizations are involved in further planning and implementation of changes to the structure and reporting requirements of the SAPT and MHS Block Grants; and</p>	See response to #396.

Block Grant Comment Log

				<p>Ensure that the new consolidated application process clearly delineates which changes are optional and which are mandatory, as well as consequences for non compliance so that states do not expend unnecessary time and resources.</p>	
405.	6/7/2011	General Comment	<p>Andrea Barnes/ National Federation of Families for Children's Mental Health</p>	<p>In Step One, states should address the strengths and needs of the service system to address the specific populations in conjunction with family members of children from that population and in conjunction with youth and adult consumers from that population.</p> <p>Under Information on Activities that Support Individuals in Directing the Services, SAMHSA should also ask States to provide information about policies and programs that allow custodial parents of children with mental illness and/or substance use disorders to direct their children's care.</p> <p>Under Process for Comment on State Plan, SAMHSA should ask States to describe their efforts and procedures to obtain public comment from consumers and family members of children consumers, use of electronic media for posting of the draft plan and solicitation of comments on the development of and draft State plan.</p> <p>Under Description of Processes to Involve Individuals and Families, SAMHSA should more than request that States describe their efforts; it should be required of states and supported by a budget line item. This is necessary because we have seen too often State</p>	<p>Please see response #361-367 and #441.</p>

Block Grant Comment Log

				<p>governments fail to adequately involve family members. Requiring States to do this will force States to make family involvement a higher priority.</p> <p>Under Description of the Use of Technology, we would like to see SAMHSA include asking States how they plan to use ICTs for not only health care services, but also support services. Many of these support services are necessary for children’s resilience.</p> <p>Under Description of State Behavioral Health Advisory Council, we would like to see SAMHSA also strongly encourage States to use the council to advise and consult regarding issues and services for children through the voice of parents with children with or at risk of behavioral (including substance use) or mental health disorders as well.</p> <p>Under Information on Data and Information Technology, SAMHSA should require that states include disaggregated data by race, ethnicity and language in all of the reports. This information is critical to informing us of where there are health disparities among certain populations.</p>	
406.	6/7/2011	General Comment	Angela Blais/ NEKCA Head Start	<p>We were pleased to see and heartily support the following additions and recommendations found in the draft language of the FY 12/13 Substance Abuse/Mental Health Block Grant application:</p> <p>the addition of <i>family involvement</i> in the draft language</p>	Thank you for your comment

Block Grant Comment Log

				<p>the recommendation made to States to describe their efforts to actively engage individuals and families in developing, implementing and monitoring the State substance abuse and mental health system</p> <p>the addition of specific language regarding adolescent treatment</p> <p>the recommendation that States submit plans on how they have consulted with the Tribes</p>	
407.	6/7/2011	General Comment	Sandi Yandow/ VT FACES Network	<p>We were pleased to see and heartily support the following additions and recommendations found in the draft language of the FY 12/13 Substance Abuse/Mental Health Block Grant application:</p> <p>the addition of <i>family involvement</i> in the draft language</p> <p>the recommendation made to States to describe their efforts to actively engage individuals and families in developing, implementing and monitoring the State substance abuse and mental health system</p> <p>the addition of specific language regarding adolescent treatment</p> <p>the recommendation that States submit plans on how they have consulted with the Tribes</p>	Thank you for your comment
408.	6/7/2011	General	Michael Kramer/	I fear that the proposed changes will have negative	Thank you for your comments.

Block Grant Comment Log

		Comment		<p>effects on the efforts to improve the lives and health of adults and youth in our country. While a behavioral health approach may be an advance at the conceptual level, it will fail if we reduce our efforts to prevent alcohol and drug use among our youth. There must be specific programmatic, financial, reporting, and outcome division to make sure that substance abuse prevention is not left out and overlooked. If we further reduce or dilute our work to prevent youth substance use, the behavioral health problem in this country will explode. There will not be enough money to ever treat our way out of the problem.</p>	<p>SAMHSA requires that States spend at least 20% of their SAPTBG allotment on primary prevention programs for persons who do not require treatment. States also must report their spending on primary prevention. Some States spend more on primary prevention and may continue to do so.</p> <p>States should make prevention a top priority, taking advantage of science, best practices in community coordination, proven planning processes like the strategic prevention framework (SPF) and science in the 2009 Institute of Medicine report entitled "Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities" to develop effective prevention strategies and place a priority on targeting high need communities.</p>
409.	6/7/2011	General Comment	Noble Superior Court, Indiana Matt Shapiro/ NAMI	We are concerned with the proposed changes to the federal Mental Health and Substance Abuse Block Grants	Thank you for your comment

Block Grant Comment Log

				<p>NAMI-NYS would like to emphasize the importance of maintaining focus and prioritization of children and adults living with serious mental illness.</p> <p>NAMI-NYS strongly supports using Block Grant funds to serve individuals with serious mental illness who are uninsured or who cycle in and out of health insurance and/or Medicaid coverage and on encouraging outreach and enrollment of vulnerable individuals with severe mental illness, addictions or co-occurring disorders.</p> <p>NAMI-NYS also strongly supports SAMHSA's focus on funding priority treatment and support services that demonstrate success in improving outcomes or supporting recovery and that are not typically covered by Medicaid, Medicare or private insurance.</p> <p>NAMI-NYS believes it is important to acknowledge and support the vital caregiver and supportive role of parents of adults living with serious mental illness and the value of peer education and supports for parents of adults.</p>	
410.	6/7/2011	General Comment	Ashley Keenan/ Parent Support Network	<p>In Step One, states should address the strengths and needs of the service system to address the specific populations in conjunction with family members of children from that population and in conjunction with youth and adult consumers from that population.</p> <p>Under Information on Activities that Support Individuals in Directing the Services, SAMHSA should also ask States to provide information about policies and programs that allow custodial parents of children with mental illness and/or substance use disorders to direct their children's care.</p>	Please see response #361-367 and #441.

Block Grant Comment Log

				<p>Under Process for Comment on State Plan, SAMHSA should ask States to describe their efforts and procedures to obtain public comment from consumers and family members of children consumers, use of electronic media for posting of the draft plan and solicitation of comments on the development of and draft State plan.</p> <p>Under Description of Processes to Involve Individuals and Families, SAMHSA should more than request that States describe their efforts; it should be required of states and supported by a budget line item. This is necessary because we have seen too often State governments fail to adequately involve family members. Requiring States to do this will force States to make family involvement a higher priority.</p> <p>Under Description of the Use of Technology, we would like to see SAMHSA include asking States how they plan to use ICTs for not only health care services, but also support services. Many of these support services are necessary for children's resilience.</p> <p>Under Description of State Behavioral Health Advisory Council, we would like to see SAMHSA also strongly encourage States to use the council to advise and consult regarding issues and services for children through the voice of parents with children with or at risk of behavioral (including substance use) or mental health disorders as well.</p>	
--	--	--	--	---	--



Block Grant Comment Log

				Under Information on Data and Information Technology, SAMHSA should require that states include disaggregated data by race, ethnicity and language in all of the reports. This information is critical to informing us of where there are health disparities among certain populations.	
411.	6/7/2011	General Comment	Kathy Yeager/ North Kingstown's Substance Abuse Prevention Coalition	The SAPT Block Grant is the cornerstone of the States' substance abuse prevention, treatment and recovery systems. It provides the basic infrastructure for substance abuse prevention in states and territories throughout the country, accounts for approximately 40 percent of expenditures by State substance abuse agencies, and on average 64 percent of States' substance abuse prevention expenditures. Working Together for Wellness Coalition fully understands SAMHSA's interest in better coordinating the planning requirements for states across substance abuse and mental health agencies. At the same time, our organization strongly recommends that SAMHSA maintain the integrity of the programmatic, financial, reporting and outcome measurements of the substance use/abuse prevention component within the SAPT Block Grant.	<p>Thank you for your comments. SAMHSA requires that States spend at least 20% of their SAPTBG allotment on primary prevention programs for persons who do not require treatment. States also must report their spending on primary prevention. Some States spend more on primary prevention and may continue to do so.</p> <p>States should make prevention a top priority, taking advantage of science, best practices in community coordination, proven planning processes like the strategic prevention framework (SPF) and science in the 2009 Institute of Medicine report entitled "Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities" to develop</p>

Block Grant Comment Log

					effective prevention strategies and place a priority on targeting high need communities.
412.	6/7/2011	General Comment	Aletha Stolar/ Fayette Co. Family Resource Network	Let me commend the Substance Abuse and Mental Health Services Administration (SAMHSA) for identifying youth with substance use disorders as an important population with evolving needs for the first time... I also want to state my support for your addition of family involvement in the draft language of the Block Grant Application... I also want to state my support for your addition of family involvement in the draft language of the Block Grant Application... I would like to commend the application's focus on the provision of recovery support services and a combined plan for the provision of services for individuals with co-occurring mental and substance use disorders.	Thank you for your comment
413.	6/7/2011	General Comment	Cathy Ciano/ Parent Support Network	<p>In Step One, states should address the strengths and needs of the service system to address the specific populations in conjunction with family members of children from that population and in conjunction with youth and adult consumers from that population.</p> <p>Under Information on Activities that Support Individuals in Directing the Services, SAMHSA should also ask States to provide information about policies and programs that allow custodial parents of children with mental illness and/or substance use disorders to direct their children's care.</p> <p>Under Process for Comment on State Plan, SAMHSA should ask States to describe their efforts and</p>	Please see response #361-367 and #441.

Block Grant Comment Log

				<p>procedures to obtain public comment from consumers and family members of children consumers, use of electronic media for posting of the draft plan and solicitation of comments on the development of and draft State plan.</p> <p>Under Description of Processes to Involve Individuals and Families, SAMHSA should more than request that States describe their efforts; it should be required of states and supported by a budget line item. This is necessary because we have seen too often State governments fail to adequately involve family members. Requiring States to do this will force States to make family involvement a higher priority.</p> <p>Under Description of the Use of Technology, we would like to see SAMHSA include asking States how they plan to use ICTs for not only health care services, but also support services. Many of these support services are necessary for children’s resilience.</p> <p>Under Description of State Behavioral Health Advisory Council, we would like to see SAMHSA also strongly encourage States to use the council to advise and consult regarding issues and services for children through the voice of parents with children with or at risk of behavioral (including substance use) or mental health disorders as well.</p> <p>Under Information on Data and Information Technology, SAMHSA should require that states include disaggregated data by race, ethnicity and</p>	
--	--	--	--	--	--

Block Grant Comment Log

				language in all of the reports. This information is critical to informing us of where there are health disparities among certain populations.	
414.	6/7/2011	General Comment	Charles Cudworth/ RISAS	I am writing to express my opinion that SAMSHA should if possible maintain the integrity of the programmatic, financial, reporting and outcome measures of the Substance Abuse/Prevention component within the SAPT Block Grant to best continue the work that has been done to this point. Universal Substance Abuse Prevention should remain a priority to address individual and community risk factors, changing social norms, and early intervention for youth in need.	SAMHSA concurs. SAMHSA requires that States spend at least 20% of their SAPTBG allotment on primary prevention programs for persons who do not require treatment. States also must report their spending on primary prevention. Some States spend more on primary prevention and may continue to do so. States should make prevention a top priority, taking advantage of science, best practices in community coordination, proven planning processes like the strategic prevention framework (SPF) and science in the 2009 Institute of Medicine report entitled "Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities" to develop effective prevention strategies and place a priority on targeting high need communities.
415.	6/7/11	General	Arlene Gonzalez-	SAMHSA indicates in the new SAPTBG material that,	This is outside of the scope of

Block Grant Comment Log

		Comments	Sanchez Commissioner, New York State Office of Alcoholism and Substance Abuse Services	if the President's 2012 budget is adopted, a new state prevention formula grant program will be established, and States will be required mid-year to amend their SAPTBG plans. OASAS opposes both the intent and process proposed for implementing this shift. We believe that this is not the right time to propose the creation of new funding programs, as these will become easy targets for cuts in the 2012 budget process. Furthermore, the proposed allocation formula and other specific components of this new program should be published with sufficient time for state input and dialogue.	this FRN request for comment
416.	6/7/11	General Comments	Arlene Gonzalez- Sanchez Commissioner, New York State Office of Alcoholism and Substance Abuse Services	SAMHSA should provide definitions for the terms included in the new application. For example, SAMHSA needs to define: "behavioral health services," "bi-directional integration of behavioral health and primary care services," "bi-directional primary care," and "community level data."	SAMHSA will provide those definitions.
417.	6/7/11	General Comments	Arlene Gonzalez- Sanchez Commissioner, New York State Office of Alcoholism and Substance Abuse Services	SAMHSA should clarify whether separate SAPTBG and MHSBG awards will still be made if a State decides to submit a combined substance abuse/mental health application.	SAMHSA has clarified that the awards will continue to be separate.
418.	6/7/11	General Comments	Arlene Gonzalez- Sanchez Commissioner, New York State Office of Alcoholism and	SAMHSA suggests that states consider using block grant funding to develop reimbursement strategies including risk based-payments, payments for episodes of care and payment for outcomes. SAMHSA should clarify if this will be a requirement	There is no intent to require this at this time States can use BG funds within the administrative cap limits to support EHR's.

Block Grant Comment Log

			Substance Abuse Services	<p>in future applications.</p> <p>SAMHSA should clarify if States and providers can use SAPTBG funds to support the development of electronic health record systems and health information technology.</p> <p>SAMHSA should define the application review and approval process. In the past SAPTBG applications and reports have been reviewed by Project Officers, but MHSBG applications have also included a peer review process.</p>	SAMHSA is developing the internal review process.
419.	6/7/11	General Comments	Arlene Gonzalez-Sanchez Commissioner, New York State Office of Alcoholism and Substance Abuse Services	<p>SAMHSA should clarify if States will be required to submit the sections that are currently requested, but not required, and specify what year this requirement will go into effect. SAMHSA should also clarify if there be a penalty if States cannot complete all sections in the future (due to lack of capacity, infrastructure and funding).</p> <p>OASAS appreciates SAMHSA's commitment to providing technical assistance to help States and providers meet new planning, reporting and information technology requirements. The need for such assistance is yet another reason that the proposed revisions should be delayed until after the current SAPTBG application authorization expires in 2013.</p> <p>SAMHSA should define the application review and</p>	<p>The proposed Block Grant application has been revised to include language on which sections are required versus requested. This section also addresses issues regarding the review and awards.</p> <p>Thank you for your comment</p> <p>THE SAPTBG Block Grant</p>

Block Grant Comment Log

				approval process. In the past SAPTBG applications and reports have been reviewed by Project Officers, but MHSBG applications have also included a peer review process.	applications will continue to be reviewed by the project officer. SAMHSA is developing a review process for those States that are submitting a combined application.
420.	6/7/2011	General Comment	Sita Diehl/ General Public	<p>I support continued inclusion of service recipients and their families as part of the combined substance abuse and mental health block grant application and reporting process with the understanding that service-recipient involvement in planning may involve procedural change for state substance abuse services communities. I would like to emphasize the importance of prioritizing children with serious emotional disturbance (SED) and adults living with serious mental illness (SMI) in allocation of the MHBG.</p> <p>While I strongly support the inclusion of underserved populations, such as military families, tribes, racial and ethnic minorities, individuals released from correctional facilities and LGBTQ individuals who also have serious mental health conditions, this is the wrong time to dilute the MHBG focus on adults with serious mental illness and children with serious emotional disturbance.</p> <p>While I applaud the emphasis on trauma-informed care as an important focus in mental health systems, I strongly encourage acknowledgement of the biological aspects of many mental illnesses. Unless the emphasis on trauma informed care is tempered, progress made over the past 30 years to reduce stigma associated</p>	<p>Thank you for your comment. SAMHSA believes the current application does contain sufficient language that emphasized services for adults with SMI and youth with SED. States have the flexibility to use Block grant funds for other populations with significant mental health needs as needed.</p>

Block Grant Comment Log

				<p>with mental illness will be eroded. I strongly support the emphasis on consistent unique, client-level encounter data for mental health services purchased with Block Grant funds.</p> <p>I applaud incentives to combine MHBG and SAPTBG application and reporting. As states move to integrate systems, planning philosophies and treatment gaps that have consistently been attributed to discontinuities between mental health and substance abuse funding streams, will hopefully be reduced.</p>	
421.	6/7/2011	General Comment	Bettie Reinhardt/ NAMI	<p>NAMI California strongly supports using Block Grant funds to serve individuals with serious mental illness who are uninsured or who cycle in and out of health insurance and/or Medicaid coverage and on encouraging outreach and enrollment of vulnerable individuals with severe mental illness, addictions or co-occurring disorders.</p> <p>NAMI California also strongly supports SAMHSA's focus on funding priority treatment and support services that demonstrate success in improving outcomes or supporting recovery and that are not typically covered by Medicaid, Medicare or private insurance.</p> <p>NAMI California acknowledges the importance of the Mental Health Block Grant Planning and Advisory Councils in catalyzing state system change and supports continued inclusion of service recipients and their families with combined substance abuse and</p>	Thank you for your comments



Block Grant Comment Log

				mental health block grant application and reporting.	
422.			Gretchen Geis on behalf of Terri White/ Oklahoma Dept. of Mental Health and Substance Abuse Services	<p>Overall, support the options in the proposed revisions to combine applications and reports as the Single State Authority for mental health and substance abuse services.</p> <p>The proposed changes in submission timelines and alignment with state fiscal years are also attractive features of the proposed revisions.</p> <p>Support the fact that the applications will propose a two-year plan for the state.</p> <p>While definitely support the model of integrated planning and reporting, we recognize that it may require some time and more substantially embrace that model.</p> <p>The proposed guidance seems to lack clarity as to what items are required versus recommended for the submissions.</p> <p>Support the majority of the changes proposed.</p>	<p>Thank you for your comments</p> <p>The Block Grant application has been changes to reflect this comment.</p>
423.	6/7/2011	General Comment	Dally Sanchez/ General Public	<p>I'd like to see:</p> <p>A strong focus on ending discrimination and institutional racism otherwise known as "Disparities" in MH and SA services.</p> <p>Cross cultural/Multi cultural input from persons</p>	<p>Thank you for your comment. SAMHSA is committed to address health disparities across all its efforts, not just the MHSBG and SAPTBG. SAMHSA's Office of Behavioral Health Equity is developing strategies to address these comments. In</p>

Block Grant Comment Log

			<p>who use and/or have used said services.</p> <p>Require potential grantees to include a plan of action to address institutional racism and discrimination within programs being funded, that includes an outcomes based assessments and reports.</p> <p>Require potential grantees to show prior efforts and projects focused on narrowing the disparities gap.</p> <p>Require direct input at all levels from ethnically/racially/culturally diverse groups represented within the community.</p> <p>Better accountability from grantees as to where money is going and outcomes based initiatives.</p> <p>Include requirement that grantees follow and incorporate the principles and guidelines of person-centeredness, self-determination, recovery, and trauma-informed within their proposals and show accountability mechanisms for it.</p> <p>Include multicultural diverse peers in grant development, reviews, and site visits.</p> <p>Technical assistance from culturally diverse and experienced organizations that understand our struggles and can give real, applicable TA to grantees and that include true and authentic diverse</p>	<p>addition, the Block Grant application has been revised to seek better accountability and to include information regarding participant directed care and involvement of individuals and families in all aspects of planning, delivering and overseeing services.</p>
--	--	--	--	--

Block Grant Comment Log

				peers, instead of organizations trying to represent us without being us.	
424.	6/7/2011	General Comment – Language	Daniel Fisher/ National Empowerment Center	<p>States need to encourage all persons in recovery (PIRs) from mental health and SA issues to be involved in policy, evaluation, training, and peer-delivered services. In order for PIRs to be involved in all these realms, each state should invest block grant funds in the formation and the sustainability of statewide PIR-run organizations (for now separate ones for MH and SA) for PIR involvement in Systems Transformation</p> <p>a. PIRs in policy development. These PIR-run organizations need to have representation at the important decision making bodies of the states such as MH Authority, SA Authority, Medicaid. Medicare Authority, and Health and Human Services Authority, to ensure that PIRs play a central role in policy formation. The State Behavioral Planning Councils should have at least 50% representation by PIRs, and should play a meaningful role in the allocation of MHBG funds at the state level.</p> <p>b. PIRs in training: States need use MHBG to establish and maintain regular training by PIRs of PIRs and non-PIRs in recovery, empowerment, and peer support principles.</p> <p>c. PIRs in service delivery: States need to use MHBG funds to ensure that peers are reimbursable under Medicaid and any other financial arrangement carried out through ACA. PIRs should be able to supervise PIRs</p>	SAMHSA concurs, but will leave the specific mechanisms up to the individual states.

Block Grant Comment Log

				<p>as is the case in Arizona and PA.</p> <p>d. PIRs in evaluation: States should ensure that PIR-run evaluation teams be established and sustained in each state. These teams will assess the degree to which states are moving their policies and practices towards recovery, wellness, and empowerment.</p>	
425.	6/7/2011	General Comment – Language	Daniel Fisher/ National Empowerment Center	SAMHSA also needs to have more robust monitoring of MHBG expenditures. Annual reports to SAMHSA need to include evaluations by PIRs. States should be directly monitored every 2 years.	The revised Block grant application specifically asks States to provide, if possible, specific information regarding spending and individuals served by service. For those States that can provide this information, SAMHSA will collect this on an annual basis.
426.	6/7/2011	General Comment	Susan Plaza/ Odyssey House	I am writing to commend SAMHSA on targeting adolescents, a subpopulation that is often overlooked and/or poorly served by the general system of care.	Thank you for your comment
427.	6/7/2011	General Comment	Betsy Johnson/ NAMI Ohio	<p>We strongly believe that emphasis must continue to be focused on traditional populations served through the MHSBG, particularly children with serious emotional disturbance (SED) and adults with serious mental illness (SMI).</p> <p>NAMI Ohio believes it is important that SAMHSA explicitly acknowledge the caregiver role of many families of adults living with serious mental illness and the value of peer education and support for</p>	Please see response to #420. In addition, we have added language to include caregivers in the proposed Block Grant application.

Block Grant Comment Log

				<p>caregivers.</p> <p>NAMI Ohio believes that it is vital that the block grant acknowledge the importance of supporting programs that are unlikely to be covered by Medicaid or other insurance.</p>	
428.	6/8/2011	General Comment	Christine Bandoni/ Cumberland High School	<p>Ensure that the SAPT Block Grant continues to focus on the programmatic, financial, reporting and outcome measurements associated specifically with substance use/abuse prevention;</p> <p>Ensure that the emphasis and funding for bonafide substance use/abuse prevention is not diminished so that the maximum number of youth throughout the country can receive the benefit of these strategies, programs and services;</p> <p>Ensure that the SAPT Block Grant requirements are not overly prescriptive for prevention, as far as mandating a major focus only on communities at "highest risk."</p> <p>Ensure that CADCA and other national substance abuse prevention organizations are involved in further planning and implementation of changes to the structure and reporting requirements of the SAPT and MHS Block Grants; and</p> <p>Ensure that the new consolidated application process clearly delineates which changes are optional and which are mandatory, as well as consequences for non compliance so that states do not expend unnecessary</p>	Please see response to #396

Block Grant Comment Log

				time and resources.	
429.	6/8/2011	General Comment	Nancy Lee Huff/ General Public	How important is Teens to me? I was a Teen many years ago, didn't have all the problems, they have today. I have grandchildren that are Teens, and they are facing many of the problems, with guided help from the county, counseling, and a loving grandmother. These Teens are our future, our next President, our next Governor, our next Senator, or maybe just an electrician, business or a preacher. If we give up on treatments for them, we give up HOPE for them. Hope, and Love is what they need with the treatment programs.	Thank you for your comment
430.	6/8/2011	General Comment	Anita Porter/ General Public	Anyone that has dealt with a love one having a mental illness knows the need for funding for these individuals. It is hard emotionally and financially for the patient and the entire family. It is also hereditary so most families are financially burdened with more than one family member needing care.	Thank you for your comment and story.
431.	6/8/2011	General Comment	Gayle Brady/ General Public	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment.
432.	6/8/2011	General Comment	Andrea Kuebbeler/ Alternatives, Inc.	I support your effort to focus policy and treatment on this critical population as I work at an agency in Chicago that sees daily what adolescent substance abuse does to the family and the surrounding community. Please support adolescents within the Block Grant programs as these resources are very much needed in our communities.	Thank you for your comment
433.	6/8/2011	General Comment	Jill Fuglebrg/ Swift County Restorative	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as	Thank you for your comment.

Block Grant Comment Log

			Justice, Minnesota	a priority population that should be addressed by block grant recipients.	
434.	6/8/2011	General Comment	Mary Ellen Collins/ United Parents, Iowa	<p>I applaud SAMHSA for encouraging block grants that would focus providers (state, county. . . and hopefully with community partners) to reach out to this growing population. Funding is the incentive and backing needed to encourage and extend wellness to a population easily dismissed from treatment because they “choose” not to be sober, or are excluded from programs because they are too risky and might skew outcomes, or are just labeled and left to fate.</p> <p>Please, as a parent and a family non-profit, I urge SAMHSA to implement policy, practices and funding which encourage mental health professionals to adopt <b>effective</b> practices. However, I also ask that these professionals utilize the outreach and common sense our community organizations offer. We work with these teens every day. I so want their options and futures to be brighter.</p>	Thank you for your comment
435.	6/8/2011	General Comment	Elnora Jenkins on behalf of Joe Powel/ National Leadership Council on African American Behavioral Health	The NLC suggests the inclusion of race, ethnicity and language data as reflected in the Institute of Medicine <i>Report on Race, Ethnicity and Language Data</i> .	SAMSHA will review the Block Grant application and make changes as appropriate.
436.	6/8/2011	General Comment	Elnora Jenkins on behalf of Joe Powel/ National Leadership Council on African American Behavioral	<b>Assessment of strengths and needs of the service system:</b> The assessment should be disaggregated to include analysis by race, ethnicity and language as one measure of the state’s ability to meet the	The proposed Block Grant application has been revised to request this be included in State’s needs assessment and planning activities.

Block Grant Comment Log

			Health	diverse needs of the population.	
437.	6/8/2011	General Comment	Elnora Jenkins on behalf of Joe Powel/ National Leadership Council on African American Behavioral Health	<b>Identification of unmet service needs and critical gaps within the service system:</b> We would expect that disparities in behavioral health care based on race, ethnicity, and language will emerge, if the data is collected in these domains.	Thank you for your comment. Please see comment to #436
438.	6/8/2011	General Comment	Elnora Jenkins on behalf of Joe Powel/ National Leadership Council on African American Behavioral Health	<b>Prioritization of State planning activities:</b> It is the NLC's hope that the elimination of behavioral health disparities will be one of the prioritized goals of the states where it exists.	Thank you for your comment. Please see comment to #436
439.	6/8/2011	General Comment	Elnora Jenkins on behalf of Joe Powel/ National Leadership Council on African American Behavioral Health	<b>Develop goals, strategies and performance indicators:</b> Again, planning, strategy development and identification of performance indicators will need to be structured in a manner that supports attention to impact on disparities.	Thank you for your comment. Please see comment to #436
440.	6/8/2011	General Comment	Elnora Jenkins on behalf of Joe Powel/ National Leadership Council on African American Behavioral Health	<b>Attention to the bi-directional integration of behavioral health and primary care services:</b> Noting that many persons from African Heritage may seek support for behavioral health issues in primary care settings, the collection of data on utilization, retention, adherence, outcomes (clinical and functional), and satisfaction will provide important information on the effectiveness of an integrative approach for this population.	Thank you for your comment



Block Grant Comment Log

441.	6/8/2011	General Comment	Elnora Jenkins on behalf of Joe Powel/ National Leadership Council on African American Behavioral Health	<b>Information on Data and Information Technology:</b> The services utilization table in the Reporting Section of the Application should include race, ethnicity and language. Data collection at every step of the service delivery process needs to include each of these elements.	SAMHSA will take this recommendation under consideration as it reviews and revised its data collection and outcome measures.
442.	6/8/2011	General Comment	Elnora Jenkins on behalf of Joe Powel/ National Leadership Council on African American Behavioral Health	<b>Description of State's Quality Improvement Reporting:</b> The quality improvement process should include assessment on the cultural and linguistic competence of service as one component of quality service.	SAMHSA concurs. However this section requests that States submit their current quality improvement plan that may have been developed using State specific requirements.
443.	6/8/2011	General Comment	Elnora Jenkins on behalf of Joe Powel/ National Leadership Council on African American Behavioral Health	<b>A special note on language.</b> Although most American born persons of African Heritage use English as their primary language, there is a growing population of persons who are immigrants and refugees from African nations, Spanish speaking countries, and some Caribbean nations where English is not the primary language. In addition, quality care requires ability to communicate with family members of Limited English Proficiency children, youth, adults and seniors who need behavioral health services. In addition, requirements for data collection on language provide the information that will support the development of a Language Access Plan in compliance with Title VI of the Civil Rights	Thank you for your comment. Please see response to #441.

Block Grant Comment Log

				Act. In the spirit of the HHS Disparities Action Plan, it would be helpful if the Block Grant Guidance reinforced the expectation of careful attention to services for those with Limited English Proficiency.	
444.	6/8/2011	General Comment	Michael Boyle/ University of Wisconsin	I support the proposed changes to the SAMHSA block grant programs.  Even when the current plans for health care reform are fully implemented in 2014, there will still be a large segment of the population that are uninsured. The SAMHSA block grant will play a crucial role in allowing access to mental health and addiction treatment for these persons.	Thank you for your comment
445.	6/8/2011	General Comment	Charlotte Fletcher/ NAMI	NAMI of Elkhart County, Indiana, supports NAMI's proposals for the funding to support children and adults living with a serious mental illness.	Thank you for your comment
446.	6/8/2011	General Comment	Pamela Marshall/ Arkansas Federation of Families for Children's Mental Health	In Step One, states should address the strengths and needs of the service system to address the specific populations in conjunction with family members of children from that population and in conjunction with youth and adult consumers from that population.  Under Information on Activities that Support Individuals in Directing the Services, SAMHSA should also ask States to provide information about policies and programs that allow custodial parents of children with mental illness and/or substance use disorders to direct their children's care.  Under Process for Comment on State Plan, SAMHSA	Please see response #361-367 and #441.

Block Grant Comment Log

				<p>should ask States to describe their efforts and procedures to obtain public comment from consumers and family members of children consumers, use of electronic media for posting of the draft plan and solicitation of comments on the development of and draft State plan.</p> <p>Under Description of Processes to Involve Individuals and Families, SAMHSA should more than request that States describe their efforts; it should be required of states and supported by a budget line item. This is necessary because we have seen too often State governments fail to adequately involve family members. Requiring States to do this will force States to make family involvement a higher priority.</p> <p>Under Description of the Use of Technology, we would like to see SAMHSA include asking States how they plan to use ICTs for not only health care services, but also support services. Many of these support services are necessary for children's resilience.</p> <p>Under Description of State Behavioral Health Advisory Council, we would like to see SAMHSA also strongly encourage States to use the council to advise and consult regarding issues and services for children through the voice of parents with children with or at risk of behavioral (including substance use) or mental health disorders as well.</p> <p>Under Information on Data and Information Technology, SAMHSA should require that states</p>	
--	--	--	--	--	--

Block Grant Comment Log

				include disaggregated data by race, ethnicity and language in all of the reports. This information is critical to informing us of where there are health disparities among certain populations.	
447.	6/8/2011	General Comment	Michael Shay/ General Public	I don't disagree with combining these two block grants. I am concerned that they will be geared toward adult treatment services only. It is important for SAMHSA to ensure funding for prevention and early intervention as well as services for children and youth.	Thank you for your comments. SAMHSA requires that States spend at least 20% of their SAPTBG allotment on primary prevention programs for persons who do not require treatment. States also must report their spending on primary prevention. Some States spend more on primary prevention and may continue to do so. States should make prevention a top priority, taking advantage of science, best practices in community coordination, proven planning processes like the strategic prevention framework (SPF) and science in the 2009 Institute of Medicine report entitled "Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities" to develop effective prevention strategies and place a priority on targeting high need communities.
448.	6/8/2011	General	Rosemarie Lobretto/	In Step One, states should address the strengths and	Please see response #361-367

Block Grant Comment Log

		<p>Comment</p>	<p>Family Support Organizations of Bergen County, New Jersey</p>	<p>needs of the service system to address the specific populations in conjunction with family members of children from that population and in conjunction with youth and adult consumers from that population.</p> <p>Under Information on Activities that Support Individuals in Directing the Services, SAMHSA should also ask States to provide information about policies and programs that allow custodial parents of children with mental illness and/or substance use disorders to direct their children’s care.</p> <p>Under Process for Comment on State Plan, SAMHSA should ask States to describe their efforts and procedures to obtain public comment from consumers and family members of children consumers, use of electronic media for posting of the draft plan and solicitation of comments on the development of and draft State plan.</p> <p>Under Description of Processes to Involve Individuals and Families, SAMHSA should more than request that States describe their efforts; it should be required of states and supported by a budget line item. This is necessary because we have seen too often State governments fail to adequately involve family members. Requiring States to do this will force States to make family involvement a higher priority.</p> <p>Under Description of the Use of Technology, we would like to see SAMHSA include asking States how they plan to use ICTs for not only health care services, but</p>	<p>and #441.</p>
--	--	----------------	--	--	------------------

Block Grant Comment Log

				<p>also support services. Many of these support services are necessary for children's resilience.</p> <p>Under Description of State Behavioral Health Advisory Council, we would like to see SAMHSA also strongly encourage States to use the council to advise and consult regarding issues and services for children through the voice of parents with children with or at risk of behavioral (including substance use) or mental health disorders as well.</p>	
449.	6/8/2011	General Comment	Laura Yager/ Fairfax-Falls Church Community Services Board	<p>I fully support SAMHSA's identification of youth with substance use disorders (SUD) as a population with evolving needs in the Block Grant Application Guidance and Instructions. In addition, I would urge you to include prevention and early intervention as key priorities for serving youth in need as well as needed treatment.</p>	Thank you for your comments.
450.	6/8/2011	General Comment	Monica Davis on behalf of Evelyn Carlson/ Raytheon	<p>MY CHILD SINCE SIX YEARS OLD HAS HAD DIFFERENT ISSUES FROM WHAT A NORMAL CHILD WOULD EXPERIENCE. THESE PROGRAMS THAT GARY HAS GONE THRU HAVE BEEN HELPFUL NOT ONLY FOR HIM BUT AS WELL FOR MYSELF.WE BOTH SAW THAT WE WERE NOT ALONE IN HIS SITUATIONS AND MY AS A CONCERNED PARENT.GARY HAD AND HAS GROUP TUREPY WITH MAYBE ONE TO ONE, OTHER KIDS HIS AGE WITH COUNSELORS AND WITH BOTH KIDS AND PARENTS ALL TOGETHER IN A BIG CLASS, WE RECEIVED MANY HELPFUL INFORMATION TO HELP ONE ANOTHER.I CAN'T IMAGINE WHAT IT REALLY COULD HAVE BEEN IF I HAD GONE THRU ALL HIS LIFE BY MYSELF.</p>	Thank you for your comments and your story.

Block Grant Comment Log

				GARY IS NOW 17 YRS. OLD NOW, BECAUSE OF MENTAL ILLNESS I REALIZE HE MAY ALWAYS NEED SOME HELP FROM PROGRAMS, FRIENDS AND FAMILY. PLEASE DON'T LET THESE PROGRAMS COME TO AN END, THAT WOULD BE SO SCAREY AND UNFAIR TO THESE CHILDREN WHO DESPERATELY NEED HELP.	
451.	6/8/2011	General Comment	Robin Keener/ General Public	<p><b>SAMHSA is strongly urged to revise the Unified Application to emphasize the needs of children and youth with serious emotional disturbance (SED) and/or substance abuse (SA) needs and their families, and 2) the importance of using System of Care (SOC) approaches to serve them in their homes and communities.</b></p> <p><b>Recommendation 1:</b> Provide additional language highlighting the SOC approach as a best practice in serving children and youth with SED and/or SA needs and their families;</p> <p><b>Recommendation 2:</b> Ensure that a certain minimum percentage of MHSBG and SAPTBG dollars be allocated to children and youth with SED and/or SA needs and their families;</p> <p><b>Recommendation 3:</b> Include specific requirements on meeting the needs of children and youth with SED and/or SA needs and their families, and develop a special monitoring unit to ensure compliance; and</p> <p><b>Recommendation 4:</b> Require that experts on the needs of and best practice approaches to serving children and youth with SED and/or SA needs and</p>	Please see response to #328

Block Grant Comment Log

				their families be included in federal and state planning efforts.	
452.	6/8/2011	General Comment	Judy Domina/ Nebraska Family Support Network	<p>In Step One, states should address the strengths and needs of the service system to address the specific populations in conjunction with family members of children from that population and in conjunction with youth and adult consumers from that population.</p> <p>Under Information on Activities that Support Individuals in Directing the Services, SAMHSA should also ask States to provide information about policies and programs that allow custodial parents of children with mental illness and/or substance use disorders to direct their children's care.</p> <p>Under Process for Comment on State Plan, SAMHSA should ask States to describe their efforts and procedures to obtain public comment from consumers and family members of children consumers, use of electronic media for posting of the draft plan and solicitation of comments on the development of and draft State plan.</p> <p>Under Description of Processes to Involve Individuals and Families, SAMHSA should more than request that States describe their efforts; it should be required of states and supported by a budget line item. This is necessary because we have seen too often State governments fail to adequately involve family members. Requiring States to do this will force States to make family involvement a higher priority.</p>	Please see response #361-367 and #441.



Block Grant Comment Log

				<p>Under Description of the Use of Technology, we would like to see SAMHSA include asking States how they plan to use ICTs for not only health care services, but also support services. Many of these support services are necessary for children’s resilience.</p> <p>Under Description of State Behavioral Health Advisory Council, we would like to see SAMHSA also strongly encourage States to use the council to advise and consult regarding issues and services for children through the voice of parents with children with or at risk of behavioral (including substance use) or mental health disorders as well.</p>	
453.	6/8/2011	General Comment	Sarah Dinklage/ RIEAS and RISAS	<p>Ensure that the SAPT Block Grant continues to focus on the programmatic, financial, reporting and outcome measurements associated specifically with substance use/abuse prevention;</p> <p>Ensure that the emphasis and funding for bonafide substance use/abuse prevention is not diminished so that the maximum number of youth throughout the country can receive the benefit of these strategies, programs and services;</p> <p>Ensure that the SAPT Block Grant requirements are not overly prescriptive for prevention, as far as mandating a major focus only on communities at “highest risk.”</p> <p>Ensure that CADCA and other national substance</p>	<p>Thank you for your comments. SAMHSA requires that States spend at least 20% of their SAPTBG allotment on primary prevention programs for persons who do not require treatment. States also must report their spending on primary prevention. Some States spend more on primary prevention and may continue to do so. States should make prevention a top priority, taking advantage of science, best practices in community coordination, proven planning processes like</p>

Block Grant Comment Log

				<p>abuse prevention organizations are involved in further planning and implementation of changes to the structure and reporting requirements of the SAPT and MHS Block Grants; and</p> <p>Ensure that the new consolidated application process clearly delineates which changes are optional and which are mandatory, as well as consequences for non compliance so that states do not expend unnecessary time and resources.</p>	<p>the strategic prevention framework (SPF) and science in the 2009 Institute of Medicine report entitled "Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities" to develop effective prevention strategies and place a priority on targeting high need communities. SAMHSA has made changes to the application to identify sections that are required versus requested.</p>
454.	6/8/2011	General Comment	Carolyn Castro-Donlan/ Fairfax-Falls Church Community Services Board	<p>I am writing in support of SAMHSA's identification of youth with substance use disorders (SUD) as a population with evolving needs in the Block Grant Application Guidance and Instructions.</p>	<p>Thank you for your comments.</p>
455.	6/8/2011	General Comment	Francine Kaplan/ General Public	<p>In Step One, states should address the strengths and needs of the service system to address the specific populations in conjunction with family members of children from that population and in conjunction with youth and adult consumers from that population.</p> <p>Under Information on Activities that Support Individuals in Directing the Services, SAMHSA should also ask States to provide information about policies and programs that allow custodial parents of children with mental illness and/or substance use disorders to direct their children's care.</p>	<p>Please see response #361-367 and #441.</p>

Block Grant Comment Log

				<p>Under Process for Comment on State Plan, SAMHSA should ask States to describe their efforts and procedures to obtain public comment from consumers and family members of children consumers, use of electronic media for posting of the draft plan and solicitation of comments on the development of and draft State plan.</p> <p>Under Description of Processes to Involve Individuals and Families, SAMHSA should more than request that States describe their efforts; it should be required of states and supported by a budget line item. This is necessary because we have seen too often State governments fail to adequately involve family members. Requiring States to do this will force States to make family involvement a higher priority.</p> <p>Under Description of the Use of Technology, we would like to see SAMHSA include asking States how they plan to use ICTs for not only health care services, but also support services. Many of these support services are necessary for children's resilience.</p> <p>Under Description of State Behavioral Health Advisory Council, we would like to see SAMHSA also strongly encourage States to use the council to advise and consult regarding issues and services for children through the voice of parents with children with or at risk of behavioral (including substance use) or mental health disorders as well.</p>	
--	--	--	--	---	--

Block Grant Comment Log

				Under Information on Data and Information Technology, SAMHSA should require that states include disaggregated data by race, ethnicity and language in all of the reports. This information is critical to informing us of where there are health disparities among certain populations.	
456.	6/8/2011	General Comment	Amy Mayer/ UPLIFT, Wyoming	I am writing to comment on the proposed changes to the federal mental health and substance abuse block grants. I work with children birth to 26 years old and while I know the need for adult treatment services is important I am asking that SAMHSA take into consideration the importance of services being available for children and youth, especially emphasizing on prevention and early intervention. The more services that are available for children that focus in these areas the sooner treatment, training and intervention can begin and hopefully cut down on the number of adults needing treatment. The sooner we can help our children the better off their lives will be in the long run and the outcomes have a chance to be so much more positive.	<p>Thank you for your comments. SAMHSA requires that States spend at least 20% of their SAPTBG allotment on primary prevention programs for persons who do not require treatment. States also must report their spending on primary prevention. Some States spend more on primary prevention and may continue to do so.</p> <p>States should make prevention a top priority, taking advantage of science, best practices in community coordination, proven planning processes like the strategic prevention framework (SPF) and science in the 2009 Institute of Medicine report entitled "Preventing Mental, Emotional, and Behavioral Disorders Among</p>

Block Grant Comment Log

					Young People: Progress and Possibilities” to develop effective prevention strategies and place a priority on targeting high need communities.
457.	6/8/2011	General Comment	Sheryl Lebauer/ General Public	<p>In Step One, states should address the strengths and needs of the service system to address the specific populations in conjunction with family members of children from that population and in conjunction with youth and adult consumers from that population.</p> <p>Under Information on Activities that Support Individuals in Directing the Services, SAMHSA should also ask States to provide information about policies and programs that allow custodial parents of children with mental illness and/or substance use disorders to direct their children’s care.</p> <p>Under Process for Comment on State Plan, SAMHSA should ask States to describe their efforts and procedures to obtain public comment from consumers and family members of children consumers, use of electronic media for posting of the draft plan and solicitation of comments on the development of and draft State plan.</p> <p>Under Description of Processes to Involve Individuals and Families, SAMHSA should more than request that States describe their efforts; it should be required of states and supported by a budget line item. This is</p>	Please see response #361-367 and #441.

Block Grant Comment Log

				<p>necessary because we have seen too often State governments fail to adequately involve family members. Requiring States to do this will force States to make family involvement a higher priority.</p> <p>Under Description of the Use of Technology, we would like to see SAMHSA include asking States how they plan to use ICTs for not only health care services, but also support services. Many of these support services are necessary for children's resilience.</p> <p>Under Description of State Behavioral Health Advisory Council, we would like to see SAMHSA also strongly encourage States to use the council to advise and consult regarding issues and services for children through the voice of parents with children with or at risk of behavioral (including substance use) or mental health disorders as well.</p> <p>Under Information on Data and Information Technology, SAMHSA should require that states include disaggregated data by race, ethnicity and language in all of the reports. This information is critical to informing us of where there are health disparities among certain populations.</p>	
458.	6/8/2011	General Comment	Becky Lancaster/ UPLIFT	<p>I would like to commend SAMHSA on the work you do for individuals with mental health needs. The funding that is provided through SAMHSA truly helps makes a difference in the lives of so many people.</p> <p>I would like to take this opportunity to say the need for prevention and early intervention is just as</p>	<p>Thank you for your comments. SAMHSA requires that States spend at least 20% of their SPTBG allotment on primary prevention programs for persons who do not require treatment. States also must</p>

Block Grant Comment Log

					<p>report their spending on primary prevention. Some States spend more on primary prevention and may continue to do so.</p> <p>States should make prevention a top priority, taking advantage of science, best practices in community coordination, proven planning processes like the strategic prevention framework (SPF) and science in the 2009 Institute of Medicine report entitled "Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities" to develop effective prevention strategies and place a priority on targeting high need communities.</p>
459.	6/8/2011	General Comment	Eileen Stone/ South Kingstown Partnership for Prevention	<p>important as treatment for children and youth.</p> <p>The South Kingstown Partnership for Prevention fully supports and endorses the letter recently submitted to you by CADCA. With drug use on the rise, now more than ever we need to embrace what CADCA spells out in their letter to help our youth. I believe that we are making a difference and need to continue "to stay the course" with these strategic endeavors. As a community coalition making a difference in our</p>	<p>Thank you for your comments.</p>

Block Grant Comment Log

				community I rely heavily on CADCA's wisdom and knowledge and research. I hope SAMHSA listens to what they have to say regarding the SAPT Block grant.	
460.	6/8/2011	General Comment	Bonnie Cord/ NAMI, West Houston	<p>In Step One, states should address the strengths and needs of the service system to address the specific populations in conjunction with family members of children from that population and in conjunction with youth and adult consumers from that population.</p> <p>Under Information on Activities that Support Individuals in Directing the Services, SAMHSA should also ask States to provide information about policies and programs that allow custodial parents of children with mental illness and/or substance use disorders to direct their children's care.</p> <p>Under Process for Comment on State Plan, SAMHSA should ask States to describe their efforts and procedures to obtain public comment from consumers and family members of children consumers, use of electronic media for posting of the draft plan and solicitation of comments on the development of and draft State plan.</p> <p>Under Description of Processes to Involve Individuals and Families, SAMHSA should more than request that States describe their efforts; it should be required of states and supported by a budget line item. This is necessary because we have seen too often State governments fail to adequately involve family members. Requiring States to do this will force States to make family involvement a higher priority.</p>	Please see response #361-367 and #441.



Block Grant Comment Log

				<p>Under Description of the Use of Technology, we would like to see SAMHSA include asking States how they plan to use ICTs for not only health care services, but also support services. Many of these support services are necessary for children's resilience.</p> <p>Under Description of State Behavioral Health Advisory Council, we would like to see SAMHSA also strongly encourage States to use the council to advise and consult regarding issues and services for children through the voice of parents with children with or at risk of behavioral (including substance use) or mental health disorders as well.</p> <p>Under Information on Data and Information Technology, SAMHSA should require that states include disaggregated data by race, ethnicity and language in all of the reports. This information is critical to informing us of where there are health disparities among certain populations.</p>	
461.	6/8/2011	General Comment	Karen Gieck/ UPLIFT	<p>Being in the profession of working with children that mental and emotional disorders, I have learned the importance of early intervention. I have two adopted children that could have been help tremendously had earlier intervention been available to them. I now have two GROWN adopted children that will require services the rest of their lives. I hope that all will be taken into consideration as grants and funding become available.</p>	Thank you for your comment and your story
462.	6/8/2011	General Comment	Kathy Sullivan/ Barrington's	<p>Ensure that the SAPT Block Grant continues to focus on the programmatic, financial, reporting and</p>	Thank you for your comments. SAMHSA requires that States

Block Grant Comment Log

			Prevention Coalition	<p>outcome measurements associated specifically with substance use/abuse prevention;</p> <p>Ensure that the emphasis and funding for bonafide substance use/abuse prevention is not diminished so that the maximum number of youth throughout the country can receive the benefit of these strategies, programs and services;</p> <p>Ensure that the SAPT Block Grant requirements are not overly prescriptive for prevention, as far as mandating a major focus only on communities at “highest risk.”</p> <p>Ensure that CADCA and other national substance abuse prevention organizations are involved in further planning and implementation of changes to the structure and reporting requirements of the SAPT and MHS Block Grants; and</p> <p>Ensure that the new consolidated application process clearly delineates which changes are optional and which are mandatory, as well as consequences for non compliance so that states do not expend unnecessary time and resources.</p>	<p>spend at least 20% of their SAPTBG allotment on primary prevention programs for persons who do not require treatment. States also must report their spending on primary prevention. Some States spend more on primary prevention and may continue to do so.</p> <p>States should make prevention a top priority, taking advantage of science, best practices in community coordination, proven planning processes like the strategic prevention framework (SPF) and science in the 2009 Institute of Medicine report entitled “Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities” to develop effective prevention strategies and place a priority on targeting high need communities. SAMHSA has made changes to the application to identify sections that are required versus requested.</p>
463.	6/8/2011	General Comment	Barbara Boggio/ Pacific High School	We can't wait until they're adults. As Michael Dennis, Senior Research Psychologist at Chestnut Health	Thank you for your comment.

Block Grant Comment Log

				<p>Systems, has noted, 90% of adults who meet clinical criteria for abuse or dependence of alcohol or drugs started using them under the age of 18, and met the criteria for abuse or dependence by the time they were 20 years old. By treating them as teens, we intervene early in a disease that otherwise costs society millions of dollars in justice system and health care spending.</p> <p>I support your effort to focus policy and treatment on this critical population</p>	
464.	6/8/2011	General Comment	Susan Walsh/ Nebraska Family Support Network	<p>In Step One, states should address the strengths and needs of the service system to address the specific populations in conjunction with family members of children from that population and in conjunction with youth and adult consumers from that population.</p> <p>Under Information on Activities that Support Individuals in Directing the Services, SAMHSA should also ask States to provide information about policies and programs that allow custodial parents of children with mental illness and/or substance use disorders to direct their children's care.</p> <p>Under Process for Comment on State Plan, SAMHSA should ask States to describe their efforts and procedures to obtain public comment from consumers and family members of children consumers, use of electronic media for posting of the draft plan and solicitation of comments on the development of and draft State plan.</p>	Please see response #361-367 and #441.

Block Grant Comment Log

				<p>Under Description of Processes to Involve Individuals and Families, SAMHSA should more than request that States describe their efforts; it should be required of states and supported by a budget line item. This is necessary because we have seen too often State governments fail to adequately involve family members. Requiring States to do this will force States to make family involvement a higher priority.</p> <p>Under Description of the Use of Technology, we would like to see SAMHSA include asking States how they plan to use ICTs for not only health care services, but also support services. Many of these support services are necessary for children’s resilience.</p> <p>Under Description of State Behavioral Health Advisory Council, we would like to see SAMHSA also strongly encourage States to use the council to advise and consult regarding issues and services for children through the voice of parents with children with or at risk of behavioral (including substance use) or mental health disorders as well.</p> <p>Under Information on Data and Information Technology, SAMHSA should require that states include disaggregated data by race, ethnicity and language in all of the reports. This information is critical to informing us of where there are health disparities among certain populations.</p>	
465.	6/8/2011	General Comment	Susan Bentley/ UPLIFT	PLEASE increase the amount of money going for <b>prevention and early intervention</b> .	Thank you for your comments. SAMHSA requires that States

Block Grant Comment Log

					spend at least 20% of their SAPTBG allotment on primary prevention programs for persons who do not require treatment. States also must report their spending on primary prevention. Some States spend more on primary prevention and may continue to do so.
466.	6/8/2011	General Comment	Lynne Edwards/ General Public	<p>I am not sure if this is the information you are looking for, but here are my feelings and experiences with mental health issues as it pertains to youth and children:</p> <ul style="list-style-type: none"> <li>• No services available in AA county for teens with Autism. I take him to Calvert County for a social skills group.</li> <li>• No emergency services for children that talk/try to commit suicide (had to take my son to Howard county)</li> <li>• Not enough in-home and/or preventive services</li> <li>• Not a holistic approach to treatment and planning</li> </ul>	Thank you for your comment and information.
467.	6/8/2011	General Comment	Anthony Capobianco/ General Public	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comment
468.	6/8/2011	General Comment	Rodney Glasspoole/ Allegany County Probation Dept.	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by	Thank you for your comment

Block Grant Comment Log

				block grant recipients.	
469.	6/8/2011	General Comment	Judy Bredthauer/ UPLIFT	My request is that SAMHSA focus more on prevention and early intervention	Thank you for your comments. SAMHSA requires that States spend at least 20% of their SAPTBG allotment on primary prevention programs for persons who do not require treatment. States also must report their spending on primary prevention. Some States spend more on primary prevention and may continue to do so.
470.	6/8/2011	General Comment	Regina Jackson/ High School for Recording Arts MN	We can't wait until they're adults. As Michael Dennis, Senior Research Psychologist at Chestnut Health Systems, has noted, 90% of adults who meet clinical criteria for abuse or dependence of alcohol or drugs started using them under the age of 18, and met the criteria for abuse or dependence by the time they were 20 years old. By treating them as teens, we intervene early in a disease that otherwise costs society millions of dollars in justice system and health care spending.  I support your effort to focus policy and treatment on this critical population	Thank you for your comment.
471.	6/8/2011	General Comment	Mary Jo Logan/ NAMI	As family members of people with severe mental illness, we strongly support using the Block Grant funds to serve individual with SMI who are uninsured	Thank you for your comment

Block Grant Comment Log

				<p>or who cycle in/out of Medicaid coverage. Family members are faced with where to get treatment and how to pay for meds for their family member who may be uninsured. Our fear is that even though over time the new Affordable Care Act will provide plans to cover individuals that folks will continue to fall through the cracks even as efforts are made to reduce future Medicaid/Medicare funding.</p> <p>The needs of people with SMI are great. The monies made available from the block grant should be applicable to all services needed by people affect with SMI.</p>	
472.	6/8/2011	General Comment	Robert Bernstein/ Bazelon Center for Mental Health Law	<p>We strongly endorse SAMHSA's decision to allow states to submit a combined block grant application for mental health and substance abuse services funded through the SAMHSA block grant authorities.</p> <p>We are concerned about the potential for shifting mental health block grant funding away from services for the legislatively mandated priority populations.</p> <p>We do not feel that underinsurance and the need for states to identify and plan for the funding of recovery oriented services for those who carry private insurance is sufficiently addressed in the proposed block grant changes.</p>	Thank you for your comment.
473.	6/8/2011	General Comment	Betsy Gudz/ Friends of Youth, Washington	I am writing to praise SAMHSA for continuing to target adolescents; a subpopulation whose needs are often overlooked and/or poorly served by the general system of care.	Thank you for your comment

Block Grant Comment Log

474.	6/8/11	General Comments	Judy Bredthauer Up Lift Wyoming	I would encourage SAMHSA to focus more on prevention and early intervention as well as services for children and youth.	
475.	6/8/11	General Comments	Darrell Fraizer General Public	I posit that being placed in guardianship is a "critical issue" that needs monitoring at least monthly until the child is able to show stability in their performance and grades.	
476.	6/8/11	General Comments	John Monroe Jr Contemporary Services Inc.	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comments.
477.	6/8/11	General Comments	Michelle Dillard Contemporary Services Inc.	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comments.
478.	6/8/11	General Comments	Sylvia Gil NAMI	<p>NAMI strongly supports using Block Grant funds to serve individuals with serious mental illness who are uninsured or who cycle in and out of health insurance and/or Medicaid coverage and on encouraging outreach and enrollment of vulnerable individuals with severe mental illness, addictions or co-occurring disorders.</p> <p>NAMI also strongly supports SAMHSA's focus on funding priority treatment and support services that demonstrate success in improving outcomes or supporting recovery and that are not typically covered by Medicaid, Medicare or private insurance.</p>	Thank you for your comments
479.	6/8/11	General Comments	Joe Finkbonner Northwest Portland Area Indian Health	There should be a specific section that elaborates on a method to not only determine this for Tribal populations but all rural populations as identified by	SAMHSA will revise the section on tribal consultation to request information on how States



Block Grant Comment Log

			Board	<p>the Health Professional Shortage Areas.</p> <p>SAMHSA should require states to include official tribal representatives to be a voting member of State Behavioral Health Advisory Councils.</p> <p>Suggest inclusion of required components in the State reports that tracks dollars spent. Suggested list of those components should at a minimum include: Name of tribe, date of consultation, duration of consultation, list of tribal representatives, topic of consultation. Related topics of discussion must include: scope of provision, strategies for service provision, utilization of services, time frame for State implementation of proposed project, involvement of dashboard development, suicide prevention, technical assistance needs, involvement of individuals and families, use of technology, collaboration.</p>	currently collect or document this information.
480.	6/8/11	General Comments	TJ Rosenberg Nevada PEP	<p>Under Information on Activities that Support Individuals in Directing the Services, SAMHSA should also ask States to provide information about policies and programs that allow custodial parents of children with mental illness and/or substance use disorders to direct their children's care.</p> <p>Under Process for Comment on State Plan, SAMHSA should ask States to describe their efforts and procedures to obtain public comment from consumers and family members of children consumers, use of electronic media for posting of the draft plan and</p>	Please see response to #361-367

Block Grant Comment Log

				<p>solicitation of comments on the development of and draft State plan.</p> <p>Under Description of Processes to Involve Individuals and Families, SAMHSA should more than request that States describe their efforts, it should be required of states and supported by a budget line item.</p>	
481.	6/8/11	General Comments	Katie Wells Colorado Department of Human Services	I am writing in support of SAMHSA's identification of youth with substance use disorders (SUD) as a population with evolving needs in the Block Grant Application Guidance and Instructions.	Thank you for your comments.
482.	6/8/11	General Comments	Erica Bettwy General Public	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comments.
483.	6/8/11	General Comments	Kimberly Walsh West Virginia Department of Human	<p>1. The timelines for these changes will be difficult to manage to accomplish a useable plan.</p> <p>2. The requirement to respond to statutory language and to new priorities creates an undue burden.</p> <p>3. The requirements assume a State's ability to collect and report client level data.</p> <p>4. The review and approval process for BG plans and reports is not established and may create an undue burden.</p>	<p>1. SAMHSA has amended the Block grant planning time frames to provide states with more flexibility in the time frames for submitting the plan.</p> <p>2. Additionally, SAMHSA is sensitive to the shortened timeframe and has modified the application to allow for a phased-in application this year.</p> <p>3. SAMHSA has asked for encounter data from these states who are able to report.</p> <p>4. There will be a uniform process for both the Mental Health and Substance Abuse Block Grant plan and report,</p>

Block Grant Comment Log

					even if the documents are submitted separately. A new review process is under development.
484.	6/8/2011	General Comments	Karen Williams General Public	Ensure that a certain minimum percentage of Block Grant resources be allocated to children and youth with behavioral health needs and their families; Preserve the system of care (SOC) grant program and provide additional language highlighting the SOC approach as a best practice in serving children and youth with complex behavioral health needs and their families; Include specific requirements on meeting the needs of children and youth with behavioral health needs and their families, and develop a special monitoring unit to ensure compliance; and Ensure that states and other block grant recipients receive Technical Assistance and consultation on best practice approaches to serving children and youth with complex behavioral health needs and their families.	Please see response to #328
485.	6/8/11	General Comments	William Williams Fairfax-Falls Church Community Services Board	I am writing in support of SAMHSA's identification of youth with substance use disorders (SUD) as a population with evolving needs in the Block Grant Application Guidance and Instructions.	Thank you for your comments.
486.	6/8/11	General Comments	Karen Hartwell General Public	Please continue to help support Teens, by helping fund programs that keep them in school and offer them help with their addiction problems	Thank you for your comments.
487.	6/8/11	General Comments	Shirlee Tanner General Public	Commend the Substance Abuse and Mental Health Services Administration (SAMHSA) for identifying youth with substance use disorders as an important population with evolving needs for the first time. This	Thank you for your comments.

Block Grant Comment Log

				acknowledgement of the critical issues of this population is groundbreaking.	
488.	6/8/11	General Comments	Kim Torzok General Public	Commend the Substance Abuse and Mental Health Services Administration (SAMHSA) for identifying youth with substance use disorders as an important population with evolving needs for the first time. This acknowledgement of the critical issues of this population is groundbreaking.	Thank you for your comments.
489.	6/8/11	General Comments	Margaret Tom Hawaii Alcohol and Drug Abuse Division	<p>The broad scope and nature of SAMHSA's proposed planning, application, and reporting requirements involving health care reform, financing, and new uses of the SAPT Block Grant would require the State to undertake numerous, fundamental, and complex changes while struggling on a prolonged basis with inadequate staffing capacity.</p> <p>Changes in new application should allow for the range of differences and goals that each State has for health care reform.</p> <p>The burden will not be reduced for States like Hawaii that will not be submitting a combined application.</p>	<p>The application allows States significant flexibility in assessing needs and developing a plan that is not directly related to health reform. Therefore States can focus on those areas that are more relevant for their jurisdiction.</p> <p>SAMHSA disagrees with this comment. The former application had 17 goal areas that the States were required to address for the SAPTBG. The State can now establish its specific goals based on its needs</p>

Block Grant Comment Log

					assessment. In addition, moving from a one year to a two year planning cycle reduces State's efforts regardless of the submission on a combined application.
490.	6/8/11	General Comments	Margaret Tom Hawaii Alcohol and Drug Abuse Division	<p>Will the Block Grant Application System (BGAS) contractor conduct beta tests of the application plan and reporting section, and if so, when?</p> <p>Provide complete and clear instructions and definitions in the application and reporting section, including specificity as to which narratives and tables are required and which are optional.</p> <p>Urge SAMHSA to utilize other data collection mechanism such as surveys conducted by NASADAD and other contractors.</p> <p>Make available to States the criteria that project officers will use to review and approve the application and reporting section.</p> <p>Significantly improve the training of project officers to enable them to provide consistent, clear and practical guidance to states.</p>	<p>Yes they will beta test the application plan and reporting requirements before the September 1, 2011 deadline.</p> <p>The application has been revised to address the sections that are required versus requested.</p> <p>States have the ability to use the data sources that are available and most relevant to their jurisdictions. SAMHSA will make this criteria available but not as part of the application.</p>
491.	6/8/11	General Comments	Shauna Moses on behalf of Debra Wentz New Jersey Association of	<p>Agree with SAAS's comments</p> <p>Continue to seek provider input on future proposed changes.</p>	Thank you for your comments.

Block Grant Comment Log

			Mental Health and Addiction Agencies, Inc.	<p>Clarify which of the proposed changes are required and which are encouraged or optional, and provide clear guidance about consequences for not complying with both required and optional changes.</p> <p>Ensure that quality substance use disorder care is provided throughout the country while allowing states to maintain the flexibility needed to address the needs unique to each state.</p>	The application has been revised to address the sections that are required versus requested.
492.	6/8/11	General Comments	<a href="mailto:Usacitizen1@live.com">Usacitizen1@live.com</a>	Need to have an audit of this spending of American tax dollars.	Thank you for your comment.
493.	6/8/11	General Comments	Lora Thomas NAMI Illinois	<p>NAMI Illinois strongly supports using Block Grant funds to serve individuals with serious mental illness who are uninsured or who cycle in and out of health insurance and/or Medicaid coverage and on encouraging outreach and enrollment of vulnerable individuals with severe mental illness, addictions or co-occurring disorders.</p> <p>NAMI Illinois would like to emphasize the importance of maintaining focus and prioritization of children and adults living with serious mental illness.</p> <p>NAMI Illinois strongly supports SAMHSA's focus on funding priority treatment and support services that demonstrate success in improving outcomes or supporting recovery and that are not typically covered by Medicaid, Medicare or private insurance.</p> <p>NAMI Illinois appreciates SAMHSA's emphasis on data collection and outcomes measurement in public mental health systems, particularly the requirement that states provide "unique client-level encounter data</p>	Thank you for your comments. Children with SED and adults with SMI are the priority populations for the MHSBG.

Block Grant Comment Log

				for specific services that are purchased with Block Grant funds."	
494.	6/8/11	General Comments	Valerie Coley General Public	I also want to state my support for your addition of family involvement in the draft language of the Block Grant Application. I was pleased to see that a recommendation was made to States to actually describe their effort to actively engage individuals and families in developing, implementing, and monitoring the State Substance Abuse and Mental Health systems.	Thank you for your comments
495.	6/8/11	General Comments	Krystal Foree Daybreak Youth Services	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comments.
496.	6/8/11	General Comments	Mercedes Tolle UPLIFT	Please put a greater emphasis on prevention and early intervention, as well as services for children and youth, as you are considering the changes to make to the federal mental health and substance abuse block grants.	Thank you for your comment. SAMHSA believes that the language in the document and guidance to the States emphasizes prevention and early intervention.
497.	6/8/11	General Comments	Jamie MacDonald	Strongly encourage you to include prevention and early intervention as key priorities for serving youth in addition to needed treatment.	Thank you for your comments
498.	6/9/11	General Comments	Ben Cadet General Public	Ensure that a certain minimum percentage of Block Grant resources be allocated to children and youth with behavioral health needs and their families  Preserve the System of Care grant program and provide additional language highlighting the SOC approach as a best practices in serving children and	Please see answer to #328.

Block Grant Comment Log

				<p>youth with complex behavioral health needs and their families.</p> <p>Include specific requirements on meeting the needs of children and youth with behavioral health needs and their families, and develop a special monitoring unit to ensure compliance</p> <p>Ensure that states and other block grant recipients receive technical assistance and consultation on best practice approaches to serving children and youth with complex behavioral health needs and their families.</p>	
499.	6/9/11	General Comments	Cathy Abramson National Indian Health Board	<p>To ensure block grant dollars reach AI/ANs, NIHB urges the drafters of the proposed application to adopt stronger language in all areas that address or implicate state - Tribal coordination/cooperation.</p> <p>In some sections of the proposed application guidance and instructions, the drafters omit reference to Tribes. These omissions undermine SAMHSA's strategic initiative to address the health disparities of AI/AN people.</p> <p>Wherever applicable, the guidance/instruction language should include specific reference to Tribes and Tribal organizations.</p> <p>Tribes should have input on the creation of the performance measures.</p>	<p>SAMHSA has language throughout the document regarding the importance of Tribes in States' planning and implementation efforts regarding their Block Grant program.</p> <p>SAMHSA is encouraging States to include Tribes and other stakeholders in all aspects of the</p>



Block Grant Comment Log

				Furthermore, states should be required to provide letters of support from partners they identify in their grant proposals.	assessment and plan.  Please refer to the Section on State Partners.
500.	6/9/11	General Comments	Jay Stiener National Council of Urban Indian Health	NCUIH opposes SAMHSA's decision to block grant Mental Health Services and Substance Abuse and Prevention Treatment to the states, rather than to tribal organizations.	Thank you for your comment. However, the purpose of this FRN was to solicit comments on the application and not on SAMHSA allocation of Block Grant funds.
501.	6/9/11	General Comments	Janet McLinden	<p>Ensure that the SAPT Block Grant continues to focus on the programmatic, financial, reporting and outcome measurements associated specifically with substance use/abuse.</p> <p>Ensure that the emphasis and funding for bona fida substance use/abuse prevention is not diminished so that the maximum number of youth throughout the country can receive the benefit of these strategies, programs and services;</p> <p>Ensure that the SAPT Block Grant requirements are not overly prescriptive for prevention as far as mandating a major focus only on communities at "highest risk".</p> <p>Ensure that new consolidated application process clearly delineates which changes are optional and which are mandatory, as well as consequences for non-compliance so that states do not expend unnecessary time and resources.</p>	<p>Thank you for your comments. SAMHSA requires that States spend at least 20% of their SAPTBG allotment on primary prevention programs for persons who do not require treatment. States also must report their spending on primary prevention. Some States spend more on primary prevention and may continue to do so.</p> <p>States should make prevention a top priority, taking advantage of science, best practices in community coordination, proven planning processes like</p>

Block Grant Comment Log

					<p>the strategic prevention framework (SPF) and science in the 2009 Institute of Medicine report entitled “Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities” to develop effective prevention strategies and place a priority on targeting high need communities.</p> <p>CADCA and other national substance abuse prevention organizations and other stakeholders will be involved in SAMHSA efforts regarding the reporting requirements for the SAPTBG.</p> <p>SAMHSA has made changes to the application to identify sections that are required versus requested.</p>
502.	6/9/11	General Comments	Maryanne Frangules MOAR	<p>Supports changes that will enhance a truthfully coordinated system of care that enhances Medicaid, insurance coverage via health care reform.</p> <p>SAMHSA should include recovery support services</p>	<p>Thank you for your comment.</p>

Block Grant Comment Log

				under both the Rehabilitation and Recovery support sections.	
503.	6/9/11	General Comments	Ron Rickenbaker Colleton Commission on Alcohol and Drug Abuse	<p>Continue to seek provider input on future proposed changes.</p> <p>Clarify which requests for information in the new block grant application are optional and which are required, and clearly explain the consequences (or lack of consequences) for not complying with required or optional changes.</p> <p>Ensure that substance use disorder care is provided throughout country while allowing states to maintain the flexibility they need to effectively meet the needs of their residents whether they live in metropolitan, urban or rural communities.</p>	<p>Thank you for your comment.</p> <p>The application has been revised to address the sections that are required versus requested.</p>
504.	6/9/11	General Comments	Nelson Acquilano Council on Alcoholism and Addictions of the Finger Lakes	<p>Continue the percentage set-aside for AOD prevention programs in the block grant, higher percentage would be recommendable.</p> <p>Relax regulations for states and agency providers.</p> <p>Abandon the emphasis upon "evidence-based programs".</p>	<p>Thank you for your comment.</p> <p>The first two comments are beyond the scope of the FRN. SAMHSA disagrees with the last comment and believes that evidenced based services are important to ensure the quality of both mental health and substance abuse services.</p>
505.	6/9/11	General Comments	Susan Davis RISAS	<p>Ensure that the SAPT Block Grant continues to focus on the programmatic, financial, reporting and outcome measurements associated specifically with substance use/abuse.</p> <p>Ensure that the emphasis and funding for bonafide substance use/abuse prevention is not diminished so</p>	<p>Please see response to #501</p>

Block Grant Comment Log

				<p>that the maximum number of youth throughout the country can receive the benefit of these strategies, programs and services;</p> <p>Ensure that the SAPT Block Grant requirements are not overly prescriptive for prevention as far as mandating a major focus only on communities at “highest risk”.</p> <p>Ensure that new consolidated application process clearly delineates which changes are optional and which are mandatory, as well as consequences for non-compliance so that states do not expend unnecessary time and resources.</p>	
506.	6/9/11	General Comments	Monique Lancaster General Public	Would like home and community based services included in block grant services.	Thank you for your comments.
507.	6/9/11	General Comments	Hans Straight Ritchie County Family Resource Network	I also want to state my support for your addition of family involvement in the draft language of the Block Grant Application. I was pleased to see that a recommendation was made to States to actually describe their effort to actively engage individuals and families in developing, implementing, and monitoring the State Substance Abuse and Mental Health systems.	Thank you for your comments.
508.	6/9/2011	General Comments	Larry Calkins Seaway Valley Council for Alcohol/Substance Abuse Prevention, Inc.	Maintain the prevention portion of the SAPT block grant in its current form with substance abuse specific strategies.	Thank you for your comments. The comment is beyond the scope of the FRN regarding the Block Grant application.
509.	6/9/11	General Comments	David Patrone General Public	Encourage the endorsement of the CADCA recommendations in the proposed block grant	Thank you for your comments.

Block Grant Comment Log

				application.	
510.	6/9/11	General Comments	JoAnne Macdonald General Public	<p>Provide additional language highlighting the SOC approach as a best practice in serving children and youth with SED and/or SA needs and their families.</p> <p>Ensure that a certain minimum percentage of MHSBG and SAPTBG dollars be allocated to children and youth with SED and/or SA needs and their families.</p> <p>Include specific requirements on meeting the needs of children and youth with SED and/or SA needs and their families, and develop a special monitoring unit to ensure compliance.</p> <p>Require that experts on the needs of and best practice approaches to serving children and youth with SED and/or SA needs and their families be included in federal and state planning efforts.</p>	Please see response to #328
511.	6/9/2011	General Comment	Jennifer Faringer/ De Paul's National Council on Alcoholism and Drug Dependence- Rochester Area	<p>It is for these reasons CANYS has the following specific recommendations:</p> <p>Ensure that SAPT Block Grant continues on the programmatic, financial, reporting and outcome measurements associated <u>specifically</u> with substance use/abuse prevention; be sure also to minimize reporting and outcome measures so as not to unnecessarily burden providers.</p> <p>Ensure that the emphasis and funding for bona fide substances use/abuse prevention is not diminished so that the maximum number of youth throughout the country can receive the benefit of these strategies,</p>	Please see response to #501.

Block Grant Comment Log

				<p>programs and services;</p> <p>Ensure that the SAPT Block Grant requirements are not overly prescriptive for prevention, especially as far as mandating a major focus only on communities at "highest risk" or specific populations. While CANYS fully understands the motivation behind trying to target prevention resources to communities and populations of highest need in the case of substance abuse prevention, this will result in major unintended consequences, and will result in the bulk of America's youth being deprived of bona fide substance use/abuse prevention strategies, programs and services needed to reverse the upticks in youth drug use, that are driven by the general population of American youth; and,</p> <p>Ensure that the new consolidated application process clearly delineates which changes are optional and which are mandatory; furthermore, any consequences for non-compliance must be minimized so that states do not expend unnecessary time and resources.</p>	
512.	6/9/2011	General Comment	Patty Warble/ Bedford, Lewisboro, Pund Ridge Drug Abuse Prevention council	<p>The Bedford, Lewisboro, Pound Ridge Drug Abuse Prevention Council is opposed to the proposed modifications of the prevention portion of the SAPT block grant for the following reasons:</p> <p>While we recognize that the population of youth and adults with co-occurring disorders must be addressed, it is inaccurate to assume that most youth who use substances have a pre-disposing or concurrent mental</p>	Please see response to #501

Block Grant Comment Log

				<p>disorder.</p> <p>Relying on a family's health insurance will trigger an insurance claim that will alert parents that participation in prevention activities or prevention services were obtained and therefore serve as a deterrent to youth seeking information, alternative activities to substance use, or early intervention help.</p> <p>Using Medicaid or private insurance to pay for prevention activities that were previously funded through the SAPT block grant will "pathologize" youth who simply want advice, information, or help developing skills to refuse substances or find other ways to have fun. Unfortunately many families who can afford it, seek substance abuse treatment from private practices (who often lack adequate substance abuse training) who will accept cash and not access their insurance to prevent possible future consequences. Using the insurance system for prevention will add to this problem.</p> <p>The reduction in prevention funding from the elimination two years ago of the Safe &amp; Drug Free Schools funding for prevention nationwide has resulted in reductions in the number of youth who perceive substances as harmful and has resulted in a recent increase in use. Further reducing the availability of funds for universal, selective, and indicated prevention will result in increased use.</p> <p>Therefore we believe that SAMHSA should maintain</p>	
--	--	--	--	---	--

Block Grant Comment Log

				the prevention portion of the SAPT Block grant in its current form with substance abuse specific strategies.	
513.	6/9/2011	General Comment	Laura Hosley/ Rhode Island Student Assistance Services	<p>I respectfully request that you follow through with the recommendations put forth by CADCA:</p> <p>Ensure that the SAPT Block Grant continues to focus on the programmatic, financial, reporting and outcome measurements associated specifically with substance use/abuse.</p> <p>Ensure that the emphasis and funding for bona fide substance use/abuse prevention is not diminished so that the maximum number of youth throughout the country can receive the benefit of these strategies, programs and services;</p> <p>Ensure that the SAPT Block Grant requirements are not overly prescriptive for prevention as far as mandating a major focus only on communities at "highest risk". While CADCA fully understands the motivation behind trying to target prevention resources to communities and populations of highest need in the case of substance abuse prevention, this will have major unintended consequences, and will result in the bulk of America's youth being deprived of bona fide substance use/abuse prevention strategies, programs and services needed to reverse the upticks in youth drug use that are driven by the general population of American youth;</p> <p>Ensure that CADCA and other national substance</p>	Please see response to #501



Block Grant Comment Log

				<p>abuse prevention organizations are involved in further planning and implementation of changes to the structure and reporting requirements of the SAPT and MHS Block Grants; and</p> <p>Ensure that the new consolidated application process clearly delineates which changes are optional and which are mandatory, as well as consequences for non-compliance so that states do not expend unnecessary time and resources.</p>	
514.	6/9/2011	General Comments	Pamela Hyatt/ General Public	<p>In <u>Step One</u>, states should address the strengths and needs of the service system to address the specific populations in conjunction with family members of children from that population and in conjunction with youth and adult consumers from that population.</p> <p>Under <u>Information on Activities that Support Individuals in Directing the Services</u>, SAMHSA should also ask States to provide information about policies and programs that allow custodial parents of children with mental illness and/or substance use disorders to direct their children's care.</p> <p>Under <u>Process for Comment on State Plan</u>, SAMHSA should ask States to describe their efforts and procedures to obtain public comment from consumers and family members of children consumers, use of electronic media for posting of the draft plan and solicitation of comments on the development of and draft State plan.</p>	Please see response #361-367 and #441.

Block Grant Comment Log

				<p>Under <u>Description of Processes to Involve Individuals and Families</u>, SAMHSA should more than request that States describe their efforts, it should be required of states and supported by a budget line item. This is necessary because we have seen too often State governments fail to adequately involve family members. Requiring States to do this will force States to make family involvement a higher priority.</p> <p>Under <u>Description of the Use of Technology</u>, we would like to see SAMHSA include asking States how they plan to use ICTs for not only health care services, but also support services. Many of these support services are necessary for children's resilience.</p> <p>Under <u>Description of State Behavioral Health Advisory Council</u>, we would like to see SAMHSA also strongly encourage States to use the council to advise and consult regarding issues and services for children through the voice of parents with children with or at risk of behavioral (including substance use) or mental health disorders as well.</p> <p>Under <u>Information on Data and Information Technology</u>, SAMHSA should require that states include disaggregated data by race, ethnicity and language in all of the reports. This information is critical to informing us of where there are health disparities among certain populations.</p>	
515.	6/9/2011	General Comment	Sara Howe/ IL Alcoholism & Drug	As the process moves forward, we urge SAMHSA to do the following:	Please see response to #491.

Block Grant Comment Log

			Dependence Association (IADDA)	<p>Continue to seek provider input on future proposed changes;</p> <p>Clarify which of the proposed changes are required and which are encouraged or optional, and provide clear guidance about consequences for not complying with both required and optional changes;</p> <p>Ensure that quality substance use disorder care is provided throughout the country while allowing states to maintain the flexibility needed to address the needs unique to each state.</p>	
516.	6/9/2011	General Comment	Amy Smith/ Fairfax County	I am writing in support of SAMHSA's identification of youth with substance use disorders (SUD) as a population with evolving needs in the Block Grant Application Guidance and Instructions.	Thank you for your comments.
517.	6/9/2011	General Comment	Anne Marie Sheffield on behalf of Donna Wyche/ Orange County Mental Health and Homeless Issues Division	<p>In <u>Step One</u>, states should address the strengths and needs of the service system to address the specific populations in conjunction with family members of children from that population and in conjunction with youth and adult consumers from that population.</p> <p>Under <u>Information on Activities that Support Individuals in Directing the Services</u>, SAMHSA should also ask States to provide information about policies and programs that allow custodial parents of children with mental illness and/or substance use disorders to direct their children's care.</p> <p>Under <u>Process for Comment on State Plan</u>, SAMHSA</p>	Please see response #361-367 and #441.

Block Grant Comment Log

				<p>should ask States to describe their efforts and procedures to obtain public comment from consumers and family members of children consumers, use of electronic media for posting of the draft plan and solicitation of comments on the development of and draft State plan.</p> <p>Under <u>Description of Processes to Involve Individuals and Families</u>, SAMHSA should more than request that States describe their efforts, it should be required of states and supported by a budget line item. This is necessary because we have seen too often State governments fail to adequately involve family members. Requiring States to do this will force States to make family involvement a higher priority.</p> <p>Under <u>Description of the Use of Technology</u>, we would like to see SAMHSA include asking States how they plan to use ICTs for not only health care services, but also support services. Many of these support services are necessary for children's resilience.</p> <p>Under <u>Description of State Behavioral Health Advisory Council</u>, we would like to see SAMHSA also strongly encourage States to use the council to advise and consult regarding issues and services for children through the voice of parents with children with or at risk of behavioral (including substance use) or mental health disorders as well.</p> <p>Under <u>Information on Data and Information Technology</u>, SAMHSA should require that states</p>	
--	--	--	--	--	--

Block Grant Comment Log

				include disaggregated data by race, ethnicity and language in all of the reports. This information is critical to informing us of where there are health disparities among certain populations.	
518.	6/9/2011	General Comment	Marianne Moon/ Missoula County Public Schools	<p>We are opposed to the proposed modifications of the prevention portion of the SAPT block grant for the following reasons:</p> <p>While we recognize that the population of youth and adults with co-occurring disorders must be addressed, it is inaccurate to assume that most youth who use substances have a pre-disposing or concurrent mental disorder.</p> <p>Relying on a family's health insurance will trigger an insurance claim that will alert parents that participation in prevention activities or prevention services were obtained and therefore serve as a deterrent to youth seeking information, alternative activities to substance use, or early intervention help.</p> <p>Using Medicaid or private insurance to pay for prevention activities that were previously funded through the SAPT block grant will "pathologize" youth who simply want advice, information, or help developing skills to refuse substances or find other ways to have fun. Unfortunately many families who can afford it, seek substance abuse treatment from private practices (who often lack adequate substance abuse training) who will accept cash and not access their insurance to prevent possible future consequences. Using the insurance system for</p>	<p>Thank you for your comment. Youth with an SUD are much more likely to have a mental health condition. 66 percent of youth with a substance use disorder have experienced an anxiety, mood or disruptive behavior disorder some time in their life, compared with 31% of youth without a substance use disorder.</p> <p>SAMHSA does not agree with the assumptions regarding health insurance. There are (and will continue to be) many community and individual prevention strategies that will not be included as a reimbursable services under public or commercial insurance. Therefore other funding streams including SAMHSA grant funds will be critically important to support these services. The final recommendation is beyond the scope of this FRN.</p>

Block Grant Comment Log

				<p>prevention will add to this problem.</p> <p>The reduction in prevention funding from the elimination two years ago of the Safe &amp; Drug Free Schools funding for prevention nationwide has resulted in reductions in the number of youth who perceive substances as harmful and has resulted in a recent increase in use. Further reducing the availability of funds for universal, selective, and indicated prevention will result in increased use.</p> <p>Therefore we believe that SAMHSA should maintain the prevention portion of the SAPT Block grant in its current form with substance abuse specific strategies.</p>	
519.	6/9/2011	General Comment	Belinda Pearson/ General Public	<p>In <u>Step One</u>, states should address the strengths and needs of the service system to address the specific populations in conjunction with family members of children from that population and in conjunction with youth and adult consumers from that population.</p> <p>Under <u>Information on Activities that Support Individuals in Directing the Services</u>, SAMHSA should also ask States to provide information about policies and programs that allow custodial parents of children with mental illness and/or substance use disorders to direct their children's care.</p> <p>Under <u>Process for Comment on State Plan</u>, SAMHSA should ask States to describe their efforts and procedures to obtain public comment from consumers and family members of children consumers, use of</p>	Please see response #361-367 and #441.

Block Grant Comment Log

				<p>electronic media for posting of the draft plan and solicitation of comments on the development of and draft State plan.</p> <p>Under <u>Description of Processes to Involve Individuals and Families</u>, SAMHSA should more than request that States describe their efforts, it should be required of states and supported by a budget line item. This is necessary because we have seen too often State governments fail to adequately involve family members. Requiring States to do this will force States to make family involvement a higher priority.</p> <p>Under <u>Description of the Use of Technology</u>, we would like to see SAMHSA include asking States how they plan to use ICTs for not only health care services, but also support services. Many of these support services are necessary for children's resilience.</p> <p>Under <u>Description of State Behavioral Health Advisory Council</u>, we would like to see SAMHSA also strongly encourage States to use the council to advise and consult regarding issues and services for children through the voice of parents with children with or at risk of behavioral (including substance use) or mental health disorders as well.</p> <p>Under <u>Information on Data and Information Technology</u>, SAMHSA should require that states include disaggregated data by race, ethnicity and language in all of the reports. This information is critical to informing us of where there are health</p>	
--	--	--	--	---	--

Block Grant Comment Log

				disparities among certain populations.	
520.	6/9/2011	General Comment	Rory Weishaar on behalf of Ellen Morehouse/ Frenchtown High School	<p>We are opposed to the proposed modifications of the prevention portion of the SAPT block grant for the following reasons:</p> <p>While we recognize that the population of youth and adults with co-occurring disorders must be addressed, it is inaccurate to assume that most youth who use substances have a pre-disposing or concurrent mental disorder.</p> <p>Relying on a family's health insurance will trigger an insurance claim that will alert parents that participation in prevention activities or prevention services were obtained and therefore serve as a deterrent to youth seeking information, alternative activities to substance use, or early intervention help.</p> <p>Using Medicaid or private insurance to pay for prevention activities that were previously funded through the SAPT block grant will "pathologize" youth who simply want advice, information, or help developing skills to refuse substances or find other ways to have fun. Unfortunately many families who can afford it, seek substance abuse treatment from private practices (who often lack adequate substance abuse training) who will accept cash and not access their insurance to prevent possible future consequences. Using the insurance system for prevention will add to this problem.</p> <p>The reduction in prevention funding from the</p>	Please see the response to #501.



Block Grant Comment Log

				<p>elimination two years ago of the Safe &amp; Drug Free Schools funding for prevention nationwide has resulted in reductions in the number of youth who perceive substances as harmful and has resulted in a recent increase in use. Further reducing the availability of funds for universal, selective, and indicated prevention will result in increased use.</p> <p>Therefore we believe that SAMHSA should maintain the prevention portion of the SAPT Block grant in its current form with substance abuse specific strategies.</p>	
521.	6/9/2011	General Comment	Cathey Brown/ Rainbow Days, Inc.	<p>We believe it is critical that SAMHSA maintain the prevention portion of the SAPT Block grant in its current form with substance abuse specific strategies. Our reasons for this are as follows:</p> <p>The country has made significant progress in reducing binge drinking and marijuana... Further reducing the availability of funds for universal, selective, and indicated prevention will result in increase use. Substance use and abuse specific strategies that address some of the most salient risk factors for youth substance use such as: parents, siblings, and peers, that have favorable attitudes towards substance use; low perceived risk of harm of substance use; the lack of the protective factor of strong social skills; and social norms that favor substance use etc., must be the focus of prevention efforts.</p> <p>Using Medicaid or private insurance to Medicaid or private insurance to pay for prevention activities that have previously been funded through the SAPT block</p>	Please see response to #501.

Block Grant Comment Log

				<p>grant will not work. Many youth just want advice, information or help in developing skills to refuse substances or find other ways to have fun.</p> <p>It is imperative that we ensure that funding for prevention is not further diminished so that the maximum number of youth throughout the country can receive the benefit of the proven strategies, programs and services that have been developed and implemented over the past three decades.</p>	
522.	6/9/2011	General Comment	Tracey Wangler/ Nelson County, KY PATH Coalition	<p>We are opposed to the proposed modifications of the prevention portion of the SAPT block grant for the following reasons:</p> <p>While we recognize that the population of youth and adults with co-occurring disorders must be addressed, it is inaccurate to assume that most youth who use substances have a pre-disposing or concurrent mental disorder.</p> <p>Relying on a family's health insurance will trigger an insurance claim that will alert parents that participation in prevention activities or prevention services were obtained and therefore serve as a deterrent to youth seeking information, alternative activities to substance use, or early intervention help.</p> <p>Using Medicaid or private insurance to pay for prevention activities that were previously funded through the SAPT block grant will "pathologize" youth who simply want advice, information, or help developing skills to refuse substances or find other</p>	Please see response to #501.

Block Grant Comment Log

				<p>ways to have fun. Unfortunately many families who can afford it, seek substance abuse treatment from private practices (who often lack adequate substance abuse training) who will accept cash and not access their insurance to prevent possible future consequences. Using the insurance system for prevention will add to this problem.</p> <p>The reduction in prevention funding from the elimination two years ago of the Safe &amp; Drug Free Schools funding for prevention nationwide has resulted in reductions in the number of youth who perceive substances as harmful and has resulted in a recent increase in use. Further reducing the availability of funds for universal, selective, and indicated prevention will result in increased use.</p> <p>Therefore we believe that SAMHSA should maintain the prevention portion of the SAPT Block grant in its current form with substance abuse specific strategies.</p>	
523.	6/9/2011	General Comment	Peter Navratil/ National Council on Alcoholism and Drug Dependence- Rochester Area	<p>We are opposed to the proposed modifications of the prevention portion of the SAPT block grant for the following reasons:</p> <p>While we recognize that the population of youth and adults with co-occurring disorders must be addressed, it is inaccurate to assume that most youth who use substances have a pre-disposing or concurrent mental disorder.</p> <p>Relying on a family's health insurance will trigger an insurance claim that will alert parents that</p>	Please see response to #501.

Block Grant Comment Log

				<p>participation in prevention activities or prevention services were obtained and therefore serve as a deterrent to youth seeking information, alternative activities to substance use, or early intervention help.</p> <p>Using Medicaid or private insurance to pay for prevention activities that were previously funded through the SAPT block grant will “pathologize” youth who simply want advice, information, or help developing skills to refuse substances or find other ways to have fun. Unfortunately many families who can afford it, seek substance abuse treatment from private practices (who often lack adequate substance abuse training) who will accept cash and not access their insurance to prevent possible future consequences. Using the insurance system for prevention will add to this problem.</p> <p>The reduction in prevention funding from the elimination two years ago of the Safe &amp; Drug Free Schools funding for prevention nationwide has resulted in reductions in the number of youth who perceive substances as harmful and has resulted in a recent increase in use. Further reducing the availability of funds for universal, selective, and indicated prevention will result in increased use.</p> <p>Therefore we believe that SAMHSA should maintain the prevention portion of the SAPT Block grant in its current form with substance abuse specific strategies.</p>	
524.	6/9/2011	General Comment	Connie Mason/ General Public	We would like to say that we welcome the changes to the block grant that reflect SAMHSA's growing	Thank you for your comments.

Block Grant Comment Log

				<p>emphasis on integration of mental health and substance abuse prevention and treatment. Unifying these block grants will send a message to states to better coordinate the care for youth with co-occurring mental health and substance use disorders, who have unique needs that are not being adequately addressed by the system as it is today.</p> <p>We also know that many states use the majority of their mental health dollars on residential treatment for youth, so we hope that the new block grants will also encourage states to move towards funding home and community-based services and supports for children and youth with mental, emotional and/or behavioral health needs. Requiring states to assess their behavioral health needs will force them to see that such an overwhelming emphasis on residential treatment under serves the families who would be better served with home or community-based services. Not to mention the huge financial burden it places on states. Home and community-based services are less expensive, preventative, and produce more positive outcomes in the long term. The emphasis on recovery support should also help to bring more funds away from out-of-home placement.</p>	
525.	6/9/2011	General Comment	Elaine Morgan/ Federation of Families of Central Florida	In <u>Step One</u> , states should address the strengths and needs of the service system to address the specific populations in conjunction with family members of children from that population and in conjunction with youth and adult consumers from that population.	Please see response #361-367 and #441.

Block Grant Comment Log

			<p>Under <u>Information on Activities that Support Individuals in Directing the Services</u>, SAMHSA should also ask States to provide information about policies and programs that allow custodial parents of children with mental illness and/or substance use disorders to direct their children's care.</p> <p>Under <u>Process for Comment on State Plan</u>, SAMHSA should ask States to describe their efforts and procedures to obtain public comment from consumers and family members of children consumers, use of electronic media for posting of the draft plan and solicitation of comments on the development of and draft State plan.</p> <p>Under <u>Description of Processes to Involve Individuals and Families</u>, SAMHSA should more than request that States describe their efforts, it should be required of states and supported by a budget line item. This is necessary because we have seen too often State governments fail to adequately involve family members. Requiring States to do this will force States to make family involvement a higher priority.</p> <p>Under <u>Description of the Use of Technology</u>, we would like to see SAMHSA include asking States how they plan to use ICTs for not only health care services, but also support services. Many of these support services are necessary for children's resilience.</p> <p>Under <u>Description of State Behavioral Health Advisory Council</u>, we would like to see SAMHSA also strongly</p>	
--	--	--	---	--

Block Grant Comment Log

---

				<p>encourage States to use the council to advise and consult regarding issues and services for children through the voice of parents with children with or at risk of behavioral (including substance use) or mental health disorders as well.</p> <p>Under <u>Information on Data and Information Technology</u>, SAMHSA should require that states include disaggregated data by race, ethnicity and language in all of the reports. This information is critical to informing us of where there are health disparities among certain populations.</p>	
526.	6/9/2011	General Comment	Arlene Hall/ Mountain View Prevention Services, Inc.	<p>Ensure that SAPT Block Grant continues on the programmatic, financial, reporting and outcome measurements associated <u>specifically</u> with substance use/abuse prevention; be sure also to minimize reporting and outcome measures so as not to unnecessarily burden providers.</p> <p>Ensure that the emphasis and funding for bona fide substances use/abuse prevention is not diminished so that the maximum number of youth throughout the country can receive the benefit of these strategies, programs and services;</p> <p>Ensure that the SAPT Block Grant requirements are not overly prescriptive for prevention, especially as far as mandating a major focus only on communities at "highest risk" or specific populations. While Mountain View Prevention Services, Inc. fully understands the motivation behind trying to target prevention resources to communities and populations of highest</p>	Please see response to #501.

Block Grant Comment Log

				<p>need in the case of substance abuse prevention, this will result in major unintended consequences, and will result in the bulk of America's youth being deprived of bona fide substance use/abuse prevention strategies, programs and services needed to reverse the upticks in youth drug use, that are driven by the general population of American youth; and,</p> <p>Ensure that the new consolidated application process clearly delineates which changes are optional and which are mandatory; furthermore, any consequences for non-compliance must be minimized so that states do not expend unnecessary time and resources.</p>	
527.	6/9/2011	General Comment	Denise Dishongh/ Education Service District 112	I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comments.
528.	6/9/2011	General Comment	Heyman Matlock/ Natomas Unified School District	I would like to lend my voice and support for the reauthorization of the Substance Abuse and Treatment grant because it has added adolescents to the "Priority Population".	Thank you for your comments.
529.	6/9/2011	General Comment	<a href="mailto:Kbpick66@verizon.net">Kbpick66@verizon.net</a> /General Public	<p>SAMHSA is strongly urged to revise the Unified Application to emphasize the needs of children and youth with serious emotional disturbance (SED) and/or substance abuse (SA) needs and their families, and 2) the importance of using System of Care (SOC) approaches to serve them in their homes and communities.</p> <p>Provide additional language highlighting the SOC approach as a best practice in serving children and</p>	Please see response to #308.



Block Grant Comment Log

				<p>youth with SED and/or SA needs and their families;</p> <p>Ensure that a certain minimum percentage of MHSBG and SPTBG dollars be allocated to children and youth with SED and/or SA needs and their families;</p> <p>Include specific requirements on meeting the needs of children and youth with SED and/or SA needs and their families, and develop a special monitoring unit to ensure compliance; and</p> <p>Require that experts on the needs of and best practice approaches to serving children and youth with SED and/or SA needs and their families be included in federal and state planning efforts.</p>	
530.	6/10/2011	General Comment	Cecily Rodriguez/ DBHDS Virginia	<p>I would like to encourage SAMHSA to require that recipients of funding to report preferred language as a part of the demographic data elements. Without knowing the languages spoken by participants in programs, budgets for interpreting and translation cannot be established, targeting training on specific cultural communities cannot be planned, and specialized approaches and programs cannot be implemented based on language and culture. States are not inclined to change the required data elements to include elements that are not required by federal agencies. It is still not widely accepted that data on preferred language is tied to quality as well. Localities providing services claim that they make notations in clinical notes related to languages spoken but most do not collect it at an organizational level which makes it less likely that it will be collected at a state level as</p>	<p>Thank you for your comment. We will take these recommendations under consideration as SAMHSA reviews its data and outcome reporting sections in the future.</p>

Block Grant Comment Log

				well.	
531.	6/9/2011	General Comment	Renee Mello/ San Juan Unified School District	The strategic alignment between current research and prevention and recovery support should guide the reauthorization of the Community Mental Health Services Block Grant. We implore you to consider youth as a “priority group” in regard to future funding so that we may continue to educate and inspire each student to succeed and responsibly contribute to a radically evolving world by providing innovative, research based, student-focused instruction and programs in a safe nurturing environment which encourages personal growth and responsibility.	Thank you for your comments. The reauthorization of the MHSBG is beyond the scope of this FRN.
532.	6/9/2011	General Comment	Diane Narasaki/ Asian Counseling & Referral Service	<p>It is clear that due to a number of environmental risk factors (e.g. racism, poverty, trauma, dislocation, acculturation, etc.), racial minorities and immigrants and refugees (most of whom are also racial minorities) suffer disproportionate rates of mental illness and substance abuse, as well as significant disparities in access to behavioral healthcare. It is extremely important that SAMHSA include these groups in the list of priority populations that will be the focus of block grants.</p> <p>Specialized services, including culturally competent and linguistically accessible services, are essential to decrease behavioral health disparities. Evidence based practices and models that have not been normed to racial, ethnic and cultural minorities should not be required to serve these populations.</p>	Thank you for your comments. We agree that culturally and linguistically are critical and believe we have provided sufficient guidance to States through this application regarding these issues.

Block Grant Comment Log

				<p>The Recovery Model's emphasis on peer support services can lead to culturally and linguistically competent interventions; peer support should be broadened to include cultural navigation and language support as elements of effective prevention and mental health recovery. Currently, the use of interpreters is often limited and fails to take into account that interpreters and their communities often bring a host of support and culturally responsive perspectives that can be useful in aiding a client's full recovery.</p>	
533.	6/9/2011	General Comment	Patti Herndon/ General Public	<p>I'm the parent of a child with a dual diagnosis of major depression and substance use disorder - Fifteen years into the journey. We, as a family...My son as an individual with a co-occurring disorder, could not have achieved what we have in terms of our increasing sense of well being/health/ "recovery" without the momentum created by the sense that our input, and the input of other parents and family members...our collective challenges/needs/perspectives, as being key in regard to helping raise awareness, thus menu of options in problem solving for our circumstances as we journey. We have gained immeasurable hope and help as a result of this kind of synergy.</p> <p>Let me commend the Substance Abuse and Mental Health Services Administration (SAMHSA) for identifying youth with substance use disorders as an important population with evolving needs for the first time... I also want to state my support for your addition of family involvement in the draft language of the Block Grant Application... I also want to state my</p>	Thank you for your comment and your story.

Block Grant Comment Log

				support for your addition of family involvement in the draft language of the Block Grant Application... I would like to commend the application's focus on the provision of recovery support services and a combined plan for the provision of services for individuals with co-occurring mental and substance use disorders.	
534.	6/9/2011	General Comment	Robyn Priest/ Alaska Peer Support Consortium	<p>The New Freedom Commission on Mental Health clearly stated that mental health consumers should be involved in driving the new policies to ensure the vision of "a future when everyone with mental illness would recover." So we ask that there be strong language in the block grants to enable this to occur.</p> <p>We would like to see the following issues included:</p> <p>States support and ensure that individuals in recovery from mental health and SA issues be involved at all levels and are equal partners: policy development, planning, delivery, training, supervision, evaluation and monitoring of services at every stage from State level down (e.g. Division of Behavioral Health, Medicaid, etc) to individual services (behavioral health centers, etc)</p> <p>States support and ensure peer delivered services are part of the continuum of support/care; inclusive of being reimbursable under Medicaid - with peer supervision as part of the supervision arrangements</p> <p>States support and ensure the development/sustainability of a statewide consumer organization and peer run evaluation teams that</p>	<p>Thank you for your comments. SAMHSA has requested in several sections throughout the Block Grant application that States include active participation by consumers, individuals in recovery and families in developing policies and programs as well as participate in oversight of the service system.</p> <p>Peer support and other recovery services are clearly delineated in the array of services that States may purchase with Block Grant funds.</p>

Block Grant Comment Log

				evaluate all funded services (peer delivered and non peer delivered). The evaluation considers recovery from a peer perspective rather than just provider perspectives.	
535.	6/9/2011	General Comment	Kenneth Dick/ General Public	As a parent and advocate for Childrens Mental Health I support the National Wraparound Initiative response to State Block Grant Application.	Thank you for your comment.
536.	6/9/2011	General Comment	Shareen McBride/ Association for Children's Mental Health	<p>In <u>Step One</u>, states should address the strengths and needs of the service system to address the specific populations in conjunction with family members of children from that population and in conjunction with youth and adult consumers from that population.</p> <p>Under <u>Information on Activities that Support Individuals in Directing the Services</u>, SAMHSA should also ask States to provide information about policies and programs that allow custodial parents of children with mental illness and/or substance use disorders to direct their children's care.</p> <p>Under <u>Process for Comment on State Plan</u>, SAMHSA should ask States to describe their efforts and procedures to obtain public comment from consumers and family members of children consumers, use of electronic media for posting of the draft plan and solicitation of comments on the development of and draft State plan.</p> <p>Under <u>Description of Processes to Involve Individuals and Families</u>, SAMHSA should more than request that</p>	Please see response #361-367 and #441.

Block Grant Comment Log

				<p>States describe their efforts, it should be required of states and supported by a budget line item. This is necessary because we have seen too often State governments fail to adequately involve family members. Requiring States to do this will force States to make family involvement a higher priority.</p> <p>Under <u>Description of the Use of Technology</u>, we would like to see SAMHSA include asking States how they plan to use ICTs for not only health care services, but also support services. Many of these support services are necessary for children's resilience.</p> <p>Under <u>Description of State Behavioral Health Advisory Council</u>, we would like to see SAMHSA also strongly encourage States to use the council to advise and consult regarding issues and services for children through the voice of parents with children with or at risk of behavioral (including substance use) or mental health disorders as well.</p> <p>Under <u>Information on Data and Information Technology</u>, SAMHSA should require that states include disaggregated data by race, ethnicity and language in all of the reports. This information is critical to informing us of where there are health disparities among certain populations.</p>	
537.	6/9/2011	General Comment	DJ Ida/ National Asian American Pacific Islander Mental Health Association	<p>SAMHSA is to be commended for expanding their focus to include populations not historically served. These populations include military families, youth who need substance use disorder services, individuals who experience trauma, increased numbers of individuals</p>	Thank you for your comments.

Block Grant Comment Log

				<p>released from correctional facilities, and lesbian, gay, bisexual and transgendered (LGBTQ) individuals. While the inclusion of services for ethnically diverse populations was mentioned, it is important that SAMHSA require the collection of data that specifically identifies ethnicity and language needs.</p> <p>SAMHSA included language about using a bi-directional approach to integrated care which is critical to insuring that behavioral health carries equal weight with primary care.</p>	
538.	6/10/2011	General Comment	Danelle Valenzuela on behalf of Laura Nelson/ Arizona Dept. of Health Services	<p>While most of the changes to the Block Grants are positive, ADHS/DBHS does have concerns around reporting expenditures at the client level. ADHS/DBHS administers behavioral health services through intermediaries known as Tribal and Regional Behavioral Health Authorities (T/RBHAs) which adds a level of complexity to financial and service tracking mechanisms. The current reporting system does not permit the tracking of service expenditures by non-Medicaid fund source at the client level. Obtaining such information would require a complete and costly overhaul to Arizona's reporting system at multiple levels of administration (State, intermediary and provider). ADHS/DBHS understands that reporting client level expenditures is optional at this time and recommends providing additional funding and guidance to comply with the component should it become a required element in the future.</p>	<p>Thank you for your comments. SAMHSA intent was to identify barriers to States' ability to report encounter specific information. The Block Grant application has been revised to request this information.</p>
539.	6/10/2011	General Comment	Antonio Fevola/ University of	<p>It is only by addressing the "whole" child that we can adequately and effectively prevent escalation of</p>	<p>Please refer to comment #328.</p>

Block Grant Comment Log

			Pittsburg School of Medicine	<p>problems and societal costs (and not only monetary). It is for this that while I support the need for:</p> <p>Ensuring that a certain minimum percentage of Block Grant resources be allocated to children and youth with behavioral health needs and their families;</p> <p>Preserving the system of care (SOC) grant program and provide additional language highlighting the SOC approach as a best practice in serving children and youth with complex behavioral health needs and their families;</p> <p>Including specific requirements on meeting the needs of children and youth with behavioral health needs and their families, and develop a special monitoring (local) unit to ensure compliance;</p> <p>Establishing opportunity for development of practice-based models within community-based context tailored around the WHO International Classification of Functioning and Disability.</p>	
540.	6/10/2011	General Comment	Cynthia Channell/ General Public	I am parent of a child with Bipolar Disorder and I agree with the comments/recommendations submitted by the National Federation of Families for Children's mental health.	Thank you for your comments.
541.	6/9/2011	General Comment	Emma Mullendore/ General Public	Under Information on Activities that Support Individuals in Directing the Services, SAMHSA should also ask States to provide information about policies and programs that allow custodial parents of children with mental illness and/or substance use disorders to	Thank you for your comment. We have made changes in the document to reflect this recommendation.



Block Grant Comment Log

				direct their children's care.	
542.	6/9/2011	General Comment	Ron Hornberg/ NAMI	<p>NAMI supports many of the changes in the proposed unified block grant application process, including:</p> <p>Consolidation of data collection and outcomes measurement.</p> <p>Caregiver and family support services. Integrated mental health and substance use treatment and services.</p> <p>Funding of priority treatment and support services not covered by Medicaid, Medicare, or private insurance offered through the exchanges and that demonstrate success in improving outcomes and/or supporting recovery.</p> <p>Funding of priority treatment and support services for individuals without insurance or who cycle in and out of health insurance coverage.</p>	Thank you for your comments.
543.	6/9/2011	General Comment	Robert Levy/ National Council on Alcoholism & Drug Dependence- Rochester Area	<p>As a prevention professional, I wish to express my opposition to the proposed modifications of the prevention portion of the SAPT block grant.</p> <p>It is widely recognized that prevention programs, policies and practices must target all youth, not just those labeled "at-risk." While co-occurring disorders are common among substance abusers, substance use and abuse occurs among all young people, regardless of background or disability status. Prevention</p>	Thank you for your comments.

Block Grant Comment Log

				<p>strategies must address the entire community, targeting risk factors for youth substance use such as favorable attitudes towards substance use, low perceived risk of harm of substance use, the lack social skills, and social norms that favor substance use.</p>	
544.	6/9/2011	General Comment	Carol Richards/ General Public	<p>In <u>Step One</u>, states should address the strengths and needs of the service system to address the specific populations in conjunction with family members of children from that population and in conjunction with youth and adult consumers from that population.</p> <p>Under <u>Information on Activities that Support Individuals in Directing the Services</u>, SAMHSA should also ask States to provide information about policies and programs that allow custodial parents of children with mental illness and/or substance use disorders to direct their children’s care.</p> <p>Under <u>Process for Comment on State Plan</u>, SAMHSA should ask States to describe their efforts and procedures to obtain public comment from consumers and family members of children consumers, use of electronic media for posting of the draft plan and solicitation of comments on the development of and draft State plan.</p> <p>Under <u>Description of Processes to Involve Individuals and Families</u>, SAMHSA should more than request that States describe their efforts, it should be required of states and supported by a budget line item. This is necessary because we have seen too often State governments fail to adequately involve family</p>	Please see response #361-367 and #441.

Block Grant Comment Log

				<p>members. Requiring States to do this will force States to make family involvement a higher priority.</p> <p>Under <u>Description of the Use of Technology</u>, we would like to see SAMHSA include asking States how they plan to use ICTs for not only health care services, but also support services. Many of these support services are necessary for children’s resilience.</p> <p>Under <u>Description of State Behavioral Health Advisory Council</u>, we would like to see SAMHSA also strongly encourage States to use the council to advise and consult regarding issues and services for children through the voice of parents with children with or at risk of behavioral (including substance use) or mental health disorders as well.</p> <p>Under <u>Information on Data and Information Technology</u>, SAMHSA should require that states include disaggregated data by race, ethnicity and language in all of the reports. This information is critical to informing us of where there are health disparities among certain populations.</p>	
545.	6/9/2011	General Comment	Norine Hodges/ Schoharie County Council on Alcoholism & Substance Abuse, Inc.	Please ensure that the SAPT Block Grant continues to fund prevention, treatment and recovery and also ensure that the requirements for the block grant are not overly prescriptive.	Thank you for your comments.
546.	6/9/2011	General Comment	Doug Terbeek/ Prevention Team	The Substance Abuse Prevention Team of Essex County, New York, is opposed to the proposed modifications of the prevention portion of the SAPT	Please see response to #518

Block Grant Comment Log

			<p>block grant for the following reasons:</p> <p>While we recognize that the population of youth and adults with co-occurring disorders must be addressed, it is inaccurate to assume that most youth who use substances have a pre-disposing or concurrent mental disorder.</p> <p>Relying on a family's health insurance will trigger an insurance claim that will alert parents that participation in prevention activities or prevention services were obtained and therefore serve as a deterrent to youth seeking information, alternative activities to substance use, or early intervention help.</p> <p>Using Medicaid or private insurance to pay for prevention activities that were previously funded through the SAPT block grant will "pathologize" youth who simply want advice, information, or help developing skills to refuse substances or find other ways to have fun. Unfortunately many families who can afford it, seek substance abuse treatment from private practices (who often lack adequate substance abuse training) who will accept cash and not access their insurance to prevent possible future consequences. Using the insurance system for prevention will add to this problem.</p> <p>The reduction in prevention funding from the elimination two years ago of the Safe &amp; Drug Free Schools funding for prevention nationwide has resulted in reductions in the number of youth who</p>	
--	--	--	--	--

Block Grant Comment Log

				<p>perceive substances as harmful and has resulted in a recent increase in use. Further reducing the availability of funds for universal, selective, and indicated prevention will result in increased use.</p> <p>Therefore we believe that SAMHSA should maintain the prevention portion of the SAPT Block grant in its current form with substance abuse specific strategies.</p>	
547.	6/9/2011	General Comment	Ashley Johnson on behalf of John Coppola/ New York Association of Alcoholism and Substance Abuse Providers	<p>Specific comments relating ASAP's concerns on the proposed unified Block Grant application.</p> <p>SAMHSA should maintain a structure for funding for SUD specific prevention services</p> <p>Maintain discrete funding for SUD services to ensure that quality SUD care is provided while allowing states like NY to retain flexibility in use of BG funds to most effectively meet the needs of the communities they serve</p> <p>Specify what sections of the proposed application are optional versus required</p> <p>Specify if BG funds can be used to support the development of electronic health record systems and health information technology infrastructure</p>	<p>Thank you for your comment.</p> <p>Thank you for your comment. The revised Block Grant application will provide States more flexibility in who they target for services.</p> <p>The application has been changed to reflect this comment.</p> <p>There is no prohibition on States regarding their use of funds for provider EHRs or infrastructure.</p>
548.	6/9/2011	General Comment	Jane Walker/ Maryland Coalition of Families for Children's Mental Health	<p>Use the language <i>serious emotional disability</i> instead of <i>serious emotional disturbance</i> throughout the document when referring to children and youth</p> <p>Provide additional language highlighting the SOC</p>	Please refer to response #328.

Block Grant Comment Log

				<p>approach as a best practice in serving children and youth with SED and/or SA needs and their families</p> <p>Ensure that a certain minimum percentage of MHSBG and SAPTBG dollars be allocated to children and youth with SED and/or SA needs and their families.</p> <p>Include specific requirements on meeting the needs of children and youth with SED and/or SA needs and their families, and develop a special monitoring unit to ensure compliance</p> <p>Require that experts on the needs of and best practice approaches to serving children and youth with SED and/or SA needs and their families be included in federal and state planning efforts. This should include representatives of the Statewide Family Networks.</p>	
549.	6/9/2011	General Comment	Bob Vaughn on behalf of Rebecca Hea/ Denver Children's Home	<p>Denver Children's Home is opposed to the proposed modifications of the prevention portion of the SAPT block grant for the following reasons:</p> <p>While we recognize that the population of youth and adults with co-occurring disorders must be addressed, it is inaccurate to assume that most youth who use substances have a pre-disposing or concurrent mental disorder.</p> <p>Relying on a family's health insurance will trigger an insurance claim that will alert parents that participation in prevention activities or prevention services were obtained and therefore serve as a</p>	Please see response to #518.

Block Grant Comment Log

				<p>deterrent to youth seeking information, alternative activities to substance use, or early intervention help.</p> <p>Using Medicaid or private insurance to pay for prevention activities that were previously funded through the SAPT block grant will “pathologize” youth who simply want advice, information, or help developing skills to refuse substances or find other ways to have fun. Unfortunately many families who can afford it, seek substance abuse treatment from private practices (who often lack adequate substance abuse training) who will accept cash and not access their insurance to prevent possible future consequences. Using the insurance system for prevention will add to this problem.</p> <p>The reduction in prevention funding from the elimination two years ago of the Safe &amp; Drug Free Schools funding for prevention nationwide has resulted in reductions in the number of youth who perceive substances as harmful and has resulted in a recent increase in use. Further reducing the availability of funds for universal, selective, and indicated prevention will result in increased use.</p> <p>Therefore we believe that SAMHSA should maintain the prevention portion of the SAPT Block grant in its current form with substance abuse specific strategies.</p>	
550.	6/9/2011	General Comment	Giselle Handel/ Prevention Resource Center	Prevention Resource Center is opposed to the proposed modifications of the prevention portion of the SAPT block grant for the following reasons:	Please see response to #518.

Block Grant Comment Log

			<p>While we recognize that the population of youth and adults with co-occurring disorders must be addressed, it is inaccurate to assume that most youth who use substances have a pre-disposing or concurrent mental disorder.</p> <p>Relying on a family's health insurance will trigger an insurance claim that will alert parents that participation in prevention activities or prevention services were obtained and therefore serve as a deterrent to youth seeking information, alternative activities to substance use, or early intervention help.</p> <p>Using Medicaid or private insurance to pay for prevention activities that were previously funded through the SAPT block grant will "pathologize" youth who simply want advice, information, or help developing skills to refuse substances or find other ways to have fun. Unfortunately many families who can afford it, seek substance abuse treatment from private practices (who often lack adequate substance abuse training) who will accept cash and not access their insurance to prevent possible future consequences. Using the insurance system for prevention will add to this problem.</p> <p>The reduction in prevention funding from the elimination two years ago of the Safe &amp; Drug Free Schools funding for prevention nationwide has resulted in reductions in the number of youth who perceive substances as harmful and has resulted in a recent increase in use. Further reducing the availability</p>	
--	--	--	---	--



Block Grant Comment Log

				<p>of funds for universal, selective, and indicated prevention will result in increased use.</p> <p>Therefore we believe that SAMHSA should maintain the prevention portion of the SAPT Block grant in its current form with substance abuse specific strategies.</p>	
551.	6/9/2011	General Comment	Melissa Osborne/ Fairfax-Falls Church Community Services Board	<p>I am writing in support of SAMHSA's identification of youth with substance use disorders (SUD) as a population with evolving needs in the Block Grant Application Guidance and Instructions.</p>	Thank you for your comments.
552.	6/9/2011	General Comment	Ellen Morehouse/ Student Assistance Services Corporation	<p>We are opposed to the proposed modifications of the prevention portion of the SAPT block grant for the following reasons:</p> <p>While we recognize that the population of youth and adults with co-occurring disorders must be addressed, it is inaccurate to assume that most youth who use substances have a pre-disposing or concurrent mental disorder.</p> <p>Relying on a family's health insurance will trigger an insurance claim that will alert parents that participation in prevention activities or prevention services were obtained and therefore serve as a deterrent to youth seeking information, alternative activities to substance use, or early intervention help.</p> <p>Using Medicaid or private insurance to pay for prevention activities that were previously funded through the SAPT block grant will "pathologize" youth who simply want advice, information, or help</p>	Please refer to response #518.

Block Grant Comment Log

				<p>developing skills to refuse substances or find other ways to have fun. Unfortunately many families who can afford it, seek substance abuse treatment from private practices (who often lack adequate substance abuse training) who will accept cash and not access their insurance to prevent possible future consequences. Using the insurance system for prevention will add to this problem.</p> <p>The reduction in prevention funding from the elimination two years ago of the Safe &amp; Drug Free Schools funding for prevention nationwide has resulted in reductions in the number of youth who perceive substances as harmful and has resulted in a recent increase in use. Further reducing the availability of funds for universal, selective, and indicated prevention will result in increased use.</p> <p>Therefore we believe that SAMHSA should maintain the prevention portion of the SAPT Block grant in its current form with substance abuse specific strategies.</p>	
553.	6/9/2011	General Comment	Eileen Dwyer/ Dept. of Education, diocese of Brooklyn	<p>The SAPT block grant is the cornerstone of the State's substance abuse prevention programs. The federal direction of only funding subpopulations with low socioeconomic status and other shared risk factors-- leaves the larger part of our youth with no opportunity to receive prevention efforts. We need to focus on universal, selected and indicated prevention. Drug use is beginning to show an upward movement. Not providing funding for universal prevention now will lead to greater increases of use. There is a perception of risk that is very low and this must be</p>	<p>Thank you for your comment. The SAPTBG will continue to focus on universal, selected and indicated prevention efforts.</p>

Block Grant Comment Log

---

				<p>counterattacked. Prevention has already been decimated by the cut to Title IV funding. What will further curtailments of funding do our obligation to provide prevention efforts to all of our youth?</p>	
554.	6/9/2011	General Comment	Frances Purdy/ General Public	<p>In <u>Step One</u>, states should address the strengths and needs of the service system to address the specific populations in conjunction with family members of children from that population and in conjunction with youth and adult consumers from that population.</p> <p>Under <u>Information on Activities that Support Individuals in Directing the Services</u>, SAMHSA should also ask States to provide information about policies and programs that allow custodial parents of children with mental illness and/or substance use disorders to direct their children’s care.</p> <p>Under <u>Process for Comment on State Plan</u>, SAMHSA should ask States to describe their efforts and procedures to obtain public comment from consumers and family members of children consumers, use of electronic media for posting of the draft plan and solicitation of comments on the development of and draft State plan.</p> <p>Under <u>Description of Processes to Involve Individuals and Families</u>, SAMHSA should more than request that States describe their efforts, it should be required of states and supported by a budget line item. This is necessary because we have seen too often State governments fail to adequately involve family</p>	Please see response #361-367 and #441.

Block Grant Comment Log

				<p>members. Requiring States to do this will force States to make family involvement a higher priority.</p> <p>Under <u>Description of the Use of Technology</u>, we would like to see SAMHSA include asking States how they plan to use ICTs for not only health care services, but also support services. Many of these support services are necessary for children’s resilience.</p> <p>Under <u>Description of State Behavioral Health Advisory Council</u>, we would like to see SAMHSA also strongly encourage States to use the council to advise and consult regarding issues and services for children through the voice of parents with children with or at risk of behavioral (including substance use) or mental health disorders as well.</p> <p>Under <u>Information on Data and Information Technology</u>, SAMHSA should require that states include disaggregated data by race, ethnicity and language in all of the reports. This information is critical to informing us of where there are health disparities among certain populations.</p>	
555.	6/9/2011	General Comment	Rosemary Smith/ General Public	I am writing in support of SAMHSA’s identification of youth with substance use disorders (SUD) as a population with evolving needs in the Block Grant Application.	Thank you for your comments.
556.	6/9/2011	General Comment	Barb Christensen/ DePaul's National Council on Alcoholism and Drug Dependence-	While I understand efforts to better coordinate services of state substance abuse and mental health agencies, it is critical that SAMHSA maintain the integrity of the substance use/abuse prevention component within the SAPT block grant. The SAPT	Thank you for your comments

Block Grant Comment Log

			Rochester Area	block grant provides the basic infrastructure for substance abuse prevention services in most states across the country, including NYS. We are already seeing the impact of the loss of Federal Safe and Drug-Free Schools on our youth. Perceptions of harm are decreasing and attitudes are softening, leading to a rise in use by our youth. The additional loss of focus on substance abuse specific prevention efforts can only increase this problem. I am hoping that SAMHSA will reconsider these changes to ensure that funding for the continued emphasis on substance abuse specific prevention services are not placed in jeopardy.	
557.	6/9/2011	General Comment	Julia Dostal/ LEAF Council on Alcoholism and Addiction	<p>LEAF Council on Alcoholism and Addiction is opposed to the proposed modifications of the prevention portion of the SAPT block grant for the following reasons:</p> <p>While we recognize that the population of youth and adults with co-occurring disorders must be addressed, it is inaccurate to assume that most youth who use substances have a pre-disposing or concurrent mental disorder.</p> <p>Relying on a family's health insurance will trigger an insurance claim that will alert parents that participation in prevention activities or prevention services were obtained and therefore serve as a deterrent to youth seeking information, alternative activities to substance use, or early intervention help.</p> <p>Using Medicaid or private insurance to pay for prevention activities that were previously funded</p>	Please refer to response #518.

Block Grant Comment Log

				<p>through the SAPT block grant will “pathologize” youth who simply want advice, information, or help developing skills to refuse substances or find other ways to have fun. Unfortunately many families who can afford it, seek substance abuse treatment from private practices (who often lack adequate substance abuse training) who will accept cash and not access their insurance to prevent possible future consequences. Using the insurance system for prevention will add to this problem.</p> <p>The reduction in prevention funding from the elimination two years ago of the Safe &amp; Drug Free Schools funding for prevention nationwide has resulted in reductions in the number of youth who perceive substances as harmful and has resulted in a recent increase in use. Further reducing the availability of funds for universal, selective, and indicated prevention will result in increased use.</p> <p>Therefore we believe that SAMHSA should maintain the prevention portion of the SAPT Block grant in its current form with substance abuse specific strategies.</p>	
558.	6/9/2011	General Comment	Andrea Wanat/ Erie County Council for the Prevention of Alcohol and Substance Abuse	<p>Ensure that SAPT Block Grant continues on the programmatic, financial, reporting and outcome measurements associated <u>specifically</u> with substance use/abuse prevention; be sure also to minimize reporting and outcome measures so as not to unnecessarily burden providers.</p> <p>Ensure that the emphasis and funding for bona fide substances use/abuse prevention is not diminished so</p>	Please see response to #518.

Block Grant Comment Log

				<p>that the maximum number of youth throughout the country can receive the benefit of these strategies, programs and services;</p> <p>Ensure that the SAPT Block Grant requirements are not overly prescriptive for prevention, especially as far as mandating a major focus only on communities at "highest risk" or specific populations. While CANYS fully understands the motivation behind trying to target prevention resources to communities and populations of highest need in the case of substance abuse prevention, this will result in major unintended consequences, and will result in the bulk of America's youth being deprived of bona fide substance use/abuse prevention strategies, programs and services needed to reverse the upticks in youth drug use, that are driven by the general population of American youth; and,</p> <p>Ensure that the new consolidated application process clearly delineates which changes are optional and which are mandatory; furthermore, any consequences for non-compliance must be minimized so that states do not expend unnecessary time and resources.</p>	
559.	6/9/2011	General Comment	Giselle Jackman/ Preventionfocus, Inc.	<p>Preventionfocus, Inc. a larger non-profit chemical dependency prevention service provider, is opposed to the proposed modifications of the prevention portion of the SAPT block grant for the following reasons:</p> <p>While we recognize that the population of youth and</p>	Please see response to #518.

Block Grant Comment Log

			<p>adults with co-occurring disorders must be addressed, it is inaccurate to assume that most youth who use substances have a pre-disposing or concurrent mental disorder.</p> <p>Relying on a family's health insurance will trigger an insurance claim that will alert parents that participation in prevention activities or prevention services were obtained and therefore serve as a deterrent to youth seeking information, alternative activities to substance use, or early intervention help.</p> <p>Using Medicaid or private insurance to pay for prevention activities that were previously funded through the SAPT block grant will "pathologize" youth who simply want advice, information, or help developing skills to refuse substances or find other ways to have fun. Unfortunately many families who can afford it, seek substance abuse treatment from private practices (who often lack adequate substance abuse training) who will accept cash and not access their insurance to prevent possible future consequences. Using the insurance system for prevention will add to this problem.</p> <p>The reduction in prevention funding from the elimination two years ago of the Safe &amp; Drug Free Schools funding for prevention nationwide has resulted in reductions in the number of youth who perceive substances as harmful and has resulted in a recent increase in use. Further reducing the availability of funds for universal, selective, and indicated</p>	
--	--	--	--	--



Block Grant Comment Log

				<p>prevention will result in increased use.</p> <p>Therefore we believe that SAMHSA should maintain the prevention portion of the SAPT Block grant in its current form with substance abuse specific strategies.</p>	
560.	6/9/2011	General Comment	Ginger Katz/ Courage to Speak Foundation	<p><b>I am writing to applaud SAMHSA on targeting youth who need substance use disorder services and for funding primary prevention - universal, selective and indicated prevention activities and services for persons not yet identified as needing treatment.</b></p>	Thank you for your comments
561.	6/9/2011	General Comment	Jacqui Lashbrook/ Broward Sheriff's Office	<p>I want to commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.</p>	Thank you for your comments
562.	6/9/2011	General Comment	Frank Sullivan Anne Arundel County Mental Health Agency	<p>Strongly urges SAMHSA to consider as a priority item the safeguarding of existing uses of block grant funds that meet the proposed guidelines' purposes and factors.</p> <p>Collaborative planning for health information systems is an important and noble factor. However, locals are wary of outcomes that are usable in the local level.</p>	<p>SAMHSA has indicated that the uses of the block grant funds will likely change over the next few years, but agrees that the major goals and aims of the block grant programs must be maintained.</p>
563.	6/9/11	General Comment	Brian Pacwa Division of Alcoholism and Substance Abuse, Illinois	<p>Needs to be a focus on programs that are developmentally appropriate for adolescent and to involve families in planning, implementation and monitoring of adolescent care.</p> <p>Concerned about additional requirements that must be supported by significant state infrastructure improvements, such as data system enhancements that are necessary for additional reporting</p>	<p>SAMHSA recognizes that States will need time to implement the necessary infrastructure and is looking for states to give us a plan to accomplish that. SAMHSA has moved several prior narrative requirements to the assurance sections. SAMHSA will continue to use the</p>

Block Grant Comment Log

				<p>requirements. While Illinois is able to develop and implement the system changes necessary for the new requirements, it is not feasible to do so within the time frame allotted.</p> <p>Concerned with the requirements of additional information without removing any of the existing reporting requirements.</p> <p>SAMHSA should continue to use the terms Substance Use Disorder and Addiction as appropriate rather than the term "behavioral health."</p>	<p>appropriate terms for the mental and substance use disorders.</p>
564.	6/9/11	General Comment	<p>Brian Pacwa Division of Alcoholism and Substance Abuse, Illinois</p>	<p>Consider adjusting the timeframes for submission of the application and clarify what is required.</p> <p>SAMHSA needs to convene panels that are comprised of professionals from both fields of substance abuse and mental health to obtain a well-balanced, comprehensive approach to conceptualization and funding of a comprehensive system comprised of mental health promotion and substance abuse prevention.</p> <p>SAMHSA should provide information regarding the formula for the prevention formula grants for public comment.</p> <p>SAMHSA needs to ensure that new forms and processes do not delay the approval or access to the formula grant award.</p> <p>SAMHSA needs to provide additional funding through</p>	<p>See response to #565.</p>

Block Grant Comment Log

				the Block/formula grants process so that states can support and sustain systems and best practices.	
565.	6/9/11	General Comment	Brian Pacwa Division of Alcoholism and Substance Abuse, Illinois	<p>Consider adjusting the timeframes for submission of the application and clarify what is required.</p> <p>SAMHSA needs to convene panels that are comprised of professionals from both fields of substance abuse and mental health to obtain a well-balanced, comprehensive approach to conceptualization and funding of a comprehensive system comprised of mental health promotion and substance abuse prevention.</p> <p>SAMHSA should provide information regarding the formula for the prevention formula grants for public comment.</p> <p>SAMHSA needs to ensure that new forms and processes do not delay the approval or access to the formula grant award.</p> <p>SAMHSA needs to provide additional funding through the Block/formula grants process so that states can support and sustain systems and best practices.</p> <p>Completely preventing use of alcohol and tobacco is not a realistic goal.</p>	<p>SAMHSA has clarified what is required.</p> <p>SAMHSA will consider convening such panels.</p> <p>The prevention formula grants are outside the scope of this FRN.</p> <p>Thank you for your comments.</p>
566.	6/9/11	Planning Section	Brian Pacwa Division of Alcoholism and Substance Abuse, Illinois	<p>Give States time to enhance our data reporting systems in order to report on the newly requested information.</p> <p>Provide guidance for States to prepare staff and the</p>	<p>SAMSHA recognizes that States will need multiple years to enhance the reporting systems. SAMHSA will provide guidance and technical assistance to</p>

Block Grant Comment Log

			<p>workforce for changes in expectations implicit in the application and report.</p> <p>States need time to assess capacity to cover various subpopulations.</p> <p>SAMHSA needs to provide flexibility as States work with statutorily required substance abuse councils. States should not be expected to establish one council.</p> <p>If States are expected to maintain a State Epidemiology Outcomes Workgroup, SAMHSA should explicitly state it as an expectation and provide funds to support it.</p> <p>SAMHSA needs to clarify treatment and prevention strategies, specifically if tobacco cessation is a service within the treatment continuum of care.</p> <p>SAMHSA needs to define prevention and treatment activities.</p> <p>SAMHSA should clarify the agency responsible for the submission of the suicide prevention plan. SAMHSA should assess capacity and not require letters.</p> <p>SAMHSA should address the inconsistencies between existing SAMHSA programming and resources and the new direction States are being asked to adopt.</p>	<p>States around the changes in the application and report. SAMHSA has encouraged an expanded BH council, but has not required it. SAMHSA will continue to clarify treatment and prevention strategies and activities as it has done through the Good and Modern paper available on SAMHSA is not mandating a combined MH and SUD plan. States have 24 months to obligate and expend their block grant awards. Table 7 and Table 8 instructions have been clarified in the application.</p>
--	--	--	--	---

Block Grant Comment Log

				<p>SAMHSA should make the application and reporting sections available in Microsoft Word.</p> <p>The goals to be set in the plan are they for a 21 month period as described on page 16 “twenty-one month period (10/1/11-6/30/13). The expenditure period authority currently is for 24 months. Will the State be allowed to spend the dollars in a 24 month period?</p> <p>Will a combined substance abuse and mental health plan be mandated in the FFY2012 application?</p> <p>What are the time frames for Table 7 “Projected State Agency Expenditure Report”? For Table 8?</p>	
567.	6/9/11	Planning Section	Vivian Jackson Georgetown University Center for Children and Human Development	<p>Assessment of strengths and needs of the service system: The assessment should be disaggregated to include analysis by race, ethnicity and language as one measure of the state’s ability to meet the diverse needs of the population. Special attention should be given to the needs of children, youth, young adults and their families.</p> <p>Identification of unmet service needs and critical gaps within the service system: Disparities in behavioral health care based on race, ethnicity, and language will probably emerge from the needs assessment, if the data is collected in these domains. Again, look for unmet service needs for children, youth, young adults and their families.</p> <p>Prioritization of State planning activities: The elimination of behavioral health disparities should be</p>	Please see response #361-367 and #441.

Block Grant Comment Log

			<p>one of the prioritized goals of the states. A focus on children, youth, young adults and their families is another area that should be prioritized.</p> <p>Develop goals, strategies and performance indicators: Again, planning, strategy development and identification of performance indicators will need to be structured in a manner that supports attention to impact on disparities. Race, ethnicity and language data will be important elements that will allow adequate measures of performance. Data that tracks the experience of adolescents and young adults in both child serving and adult serving systems will offer a better lens on their experiences and clinical and functional outcomes.</p> <p>Attention to the bi-directional integration of behavioral health and primary care services: Noting that many persons from various cultures seek support for behavioral health issues in primary care settings, the collection of data on utilization, retention, adherence, outcomes (clinical and functional), and satisfaction will provide important information on the effectiveness of an integrative approach for this population. Systems should be in place to include the role of pediatricians to identify and address behavioral health needs of children and adolescents.</p> <p>Information on Data and Information Technology: The services utilization table in the Reporting Section of the Application should include race, ethnicity and language. Data collection at every step of the service</p>	
--	--	--	---	--

Block Grant Comment Log

				<p>delivery process needs to include each of these elements.</p> <p>Description of State’s Quality Improvement Reporting: The quality improvement process should include assessment on the cultural and linguistic competence of service as one component of quality service.</p>	
568.	6/9/11	General Comments	M. Teresa Garland	<p>Provide additional language highlighting the SOC approach as a best practice in serving children and youth with SED and/or SA needs and their families.</p> <p>Ensure that a certain minimum percentage of MHSBG and SAPTBG dollars be allocated to children and youth with SED and/or SA needs and their families.</p> <p>Include specific requirements on meeting the needs of children and youth with SED and/or SA needs and their families, and develop a special monitoring unit to ensure compliance.</p> <p>Require that experts on the needs of and best practice approaches to serving children and youth with SED and/or SA needs and their families be included in federal and state planning efforts. System planners at both the federal and state levels need to understand and appreciate the data that demands our focus on CYF, and have the CYF expertise to ensure that health reform and Block Grant planning include best practice approaches that will improve outcomes for CYF with MH and SA needs.</p>	<p>SAMHSA has modified the application to include SOC information SAMHSA believes that the allocation of dollars should be based upon the States needs assessment and priority populations. SAMHSA will take into consideration the recommendation of a special monitoring unit.</p>

Block Grant Comment Log

569.	6/9/11	General Comments	Karen Taycher Nevada PEP	<p>Emphasize community-based programming for children and youth with serious emotional disturbance and/or substance abuse problems and their families.</p> <p>Recognize the importance of strategies such as the System of Caer framework, youth and family peer-to-peer support, and the wraparound care coordination process for meeting the needs of these youth and families and maintaining them in their homes and communities.</p>	SAMHSA has included sufficient language throughout the Block Grant Application
570.	6/9/11	General Comments	Annette Deao Logan County Family Court	Commend SAMHSA for including adolescents who need treatment for substance abuse disorders as a priority population that should be addressed by block grant recipients.	Thank you for your comments.
571.	6/9/11	General Comments	Diane Ferrara Pilgrim High School	<p>Ensure that the SAPT Block Grant continues to focus on the programmatic, financial, reporting and outcome measurements associated specifically with substance use/abuse prevention;</p> <p>Ensure that the emphasis and funding for bonafide substance use/abuse prevention is not diminished so that the maximum number of youth throughout the country can receive the benefit of these strategies, programs and services;</p> <p>Ensure that the SAPT Block Grant requirements are not overly prescriptive for prevention, as far as mandating a major focus only on communities at "highest risk."</p> <p>Ensure that CADCA and other national substance abuse prevention organizations are involved in further</p>	<p>Thank you for your comments. SAMHSA requires that States spend at least 20% of their SAPTBG allotment on primary prevention programs for persons who do not require treatment. States also must report their spending on primary prevention. Some States spend more on primary prevention and may continue to do so.</p> <p>States should make prevention a top priority, taking advantage of science, best practices in community coordination, proven planning processes like</p>



Block Grant Comment Log

				<p>planning and implementation of changes to the structure and reporting requirements of the SAPT and MHS Block Grants; and</p> <p>Ensure that the new consolidated application process clearly delineates which changes are optional and which are mandatory, as well as consequences for non compliance so that states do not expend unnecessary time and resources.</p>	<p>the strategic prevention framework (SPF) and science in the 2009 Institute of Medicine report entitled "Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities" to develop effective prevention strategies and place a priority on targeting high need communities.</p> <p>SAMHSA has made changes to the application to identify sections that are required versus requested</p>
572.	6/9/11	General Comments	Karen Kallen-Brown General Public	<p>Emphasize community-based programming for children and youth with serious emotional disturbance and/or substance abuse problems and their families.</p> <p>Recognize the importance of strategies such as the System of Caer framework, youth and family peer-to-peer support, and the wraparound care coordination process for meeting the needs of these youth and families and maintaining them in their homes and communities.</p>	Please see response to #570
573.	6/9/11	General Comments	Larry Calkins The Council on Addiction of New York State	<p>Ensure that the SAPT Block Grant continues to focus on the programmatic, financial, reporting and outcome measurements associated specifically with substance use/abuse prevention;</p> <p>Ensure that the emphasis and funding for bonafide</p>	Thank you for your comments. SAMHSA requires that States spend at least 20% of their SAPTBG allotment on primary prevention programs for persons who do not require

Block Grant Comment Log

				<p>substance use/abuse prevention is not diminished so that the maximum number of youth throughout the country can receive the benefit of these strategies, programs and services;</p> <p>Ensure that the SAPT Block Grant requirements are not overly prescriptive for prevention, as far as mandating a major focus only on communities at “highest risk.”</p> <p>Ensure that the new consolidated application process clearly delineates which changes are optional and which are mandatory, as well as consequences for non compliance so that states do not expend unnecessary time and resources.</p>	<p>treatment. States also must report their spending on primary prevention. Some States spend more on primary prevention and may continue to do so.</p> <p>States should make prevention a top priority, taking advantage of science, best practices in community coordination, proven planning processes like the strategic prevention framework (SPF) and science in the 2009 Institute of Medicine report entitled “Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities” to develop effective prevention strategies and place a priority on targeting high need communities.</p> <p>SAMHSA has made changes to the application to identify sections that are required versus requested</p>
574.	6/9/11	General Comments	Stephanie Nocon General Public	Ensure that the SAPT Block Grant continues to focus on the programmatic, financial, reporting and outcome measurements associated specifically with substance use/abuse prevention;	Please see response to #501

Block Grant Comment Log

				<p>Ensure that the emphasis and funding for bonafide substance use/abuse prevention is not diminished so that the maximum number of youth throughout the country can receive the benefit of these strategies, programs and services;</p> <p>Ensure that the SAPT Block Grant requirements are not overly prescriptive for prevention, as far as mandating a major focus only on communities at “highest risk.”</p> <p>Ensure that CADCA and other national substance abuse prevention organizations are involved in further planning and implementation of changes to the structure and reporting requirements of the SAPT and MHS Block Grants; and</p> <p>Ensure that the new consolidated application process clearly delineates which changes are optional and which are mandatory, as well as consequences for non compliance so that states do not expend unnecessary time and resources.</p>	
575.	6/9/11	General Comments	Susan Jenkins Madison County Council on Alcoholism & Substance Abuse, Inc.	<p>Ensure that the SAPT Block Grant continues to focus on the programmatic, financial, reporting and outcome measurements associated specifically with substance use/abuse prevention;</p> <p>Ensure that the emphasis and funding for bonafide substance use/abuse prevention is not diminished so that the maximum number of youth throughout the country can receive the benefit of these strategies,</p>	Please see response to #501

Block Grant Comment Log

				<p>programs and services;</p> <p>Ensure that the SAPT Block Grant requirements are not overly prescriptive for prevention, as far as mandating a major focus only on communities at “highest risk.”</p> <p>Ensure that CADCA and other national substance abuse prevention organizations are involved in further planning and implementation of changes to the structure and reporting requirements of the SAPT and MHS Block Grants; and</p> <p>Ensure that the new consolidated application process clearly delineates which changes are optional and which are mandatory, as well as consequences for non compliance so that states do not expend unnecessary time and resources.</p>	
576.	6/9/11	General Comments	Dan Belnap on behalf of Becky Vaughn State Association of Addiction Services	<p>Continue to seek provider input on future proposed changes.</p> <p>Clarify which of the proposed changes are required and which are encouraged or optional, and provide clear guidance about consequences for not complying with both required and optional changes</p> <p>Ensure that quality substance use disorder care is provided throughout the county while allowing states to maintain the flexibility needed to address the needs unique to each state.</p>	<p>SAMHSA will continue to seek public input, including the input of providers.</p> <p>The application has been changed to clarify what is required.</p> <p>SAMHSA believes that quality and state flexibility are contained in the application.</p>
577.	6/10/11	General Comments	Jocelyn Sue Woods National Alliance for	Concerned that money for substance abuse will be used for mental health services unless specific	The two block grants will continue as two separate

Block Grant Comment Log

			Medication Assisted Recovery	<p>amounts are indicated.</p> <p>Encourage SAMHSA to put a strong emphasis on recovery and particularly for medication assisted treatment.</p> <p>Encourage SAMHSA to assist states and local communities to develop peer programs.</p>	<p>funding streams with separate fiscal accountability. SAMHSA believes the application provides a strong emphasis on recovery. SAMHSA will provide technical assistance to states.</p>
578.	6/10/11	General Comments	Debbie Czupil on behalf of Michael Hogan Office of Mental Health, New York	<p>In NY, mental health and substance abuse offices are separate. If the two agencies remain separated, the mechanism for disbursing the funding is questionable.</p> <p>Applaud SAMHSA on attempting to resolve the problems that were created by differing fiscal calendars.</p>	<p>The two block grants will continue as two separate funding streams.</p>
579.	6/10/11	Planning Section	Debbie Czupil on behalf of Michael Hogan Office of Mental Health, New York	<p>Encounter level data – NY does not have its client data systems organized in such a manner.</p> <p>Difficult for Office of Mental Health to report utilization strategies because utilization management involves many state agencies.</p>	<p>SAMHSA has asked for encounter data from those states who are able to report. While utilization management may involve different state agencies, there are likely some common principles in force.</p>
580.	6/10/11	General Comments	Sis Wenger National Association for Children of Alcoholics	<p>Substance use and abuse – specific strategies and programs must be included in SAPT block grant regulations as they have traditionally in the prevention block grant.</p> <p>Preserve the ability of these at risk children and youth to obtain the education and support they need</p>	<p>SAMHSA has included a listing specific strategies that should be considered.</p>

Block Grant Comment Log

				without their triggering an insurance claim or having a mental health diagnosis that is not needed or appropriate.	
581.	6/10/11	General Comments	John Taylor Division of Behavioral Health and Recovery, Washington	Support SAMHSA's identification of youth with substance use disorders as a population with evolving needs in the block grant application guidance and instructions.	Thank you for your comments.
582.	6/10/11	General Comments	Angela Smith Daybreak Youth Services	Support SAMHSA's identification of youth with substance use disorders as a population with evolving needs in the block grant application guidance and instructions.	Thank you for your comments.
583.	6/10/11	General Comments	Darla Younts on behalf of Nannette Bowler County of Fairfax, Virginia	Support SAMHSA's identification of youth with substance use disorders as a population with evolving needs in the block grant application guidance and instructions.	Thank you for your comments.
584.	6/10/11	General Comments	Nick Nichols Vermont Department of Mental Health	<p>Proposed changes will require a significant increase in program and operations staff time planning to take full advantage of incorporating the intended systems changes.</p> <p>Proposed changes in reporting requirements may constrain what and how we purchase services, and the changes to the reporting of financial data will require approval for Vermont to use non-actual cost data.</p> <p>Proposed changes may also require the Medicaid and non-Medicaid systems to be linked.</p> <p>Several provisions that will be difficult and/or time-consuming to implement. Include: integrating with</p>	SAMHSA recognizes that States will need to begin the planning process now to take full advantage of the changes designed to occur between now and 2014. SAMHSA anticipates that this will be a multi-year process

Block Grant Comment Log

				<p>other system components, e.g. PCBHI, reporting client data, determining allocated versus actual costs and federal accountability standards and changing the prevention set-aside as part of block grant to a separate formula grant.</p>	
585.	6/10/11	General Comments	Barry Lovgren General Public	<p>Performance indicators for populations identified as priorities in statute should be specified by SAMHSA to attain uniformity across states, and thus provide for the development of performance-based strategies in State Plans.</p> <p>Each state should be required to use a performance indicator for treatment priority and outreach activities for intravenous drug users comprised of estimated number of IVDU's in the state as determined by the best available prevalence data relative to the number of IVDU's who obtained treatment during the year.</p> <p>Each state should be required to use a performance indicator for treatment priority and publicizing treatment and admission priority for pregnant women comprised of the best available prevalence data relative to the number of pregnant women who obtained treatment during the year. The best available prevalence data may be the product of the estimated number of live births in the State as a proxy measure for the number of pregnant women and the national rate for substance abuse among women of childbearing years.</p>	<p>SAMHSA has established National Outcome Measures which provide for some uniformity across States. Performance measures for State specific priorities have been left to the States to determine to assure that the measures are meaningful for the State.</p>

**GENERAL QUESTIONS**

#	Date Received	Section	Commenter/ Organization	Comment/Question	Disposition of Comment/ Rationale
1.	4/21	General Question	Rob Morrison/ NASADAD	Which year are States supposed to report on?	Applications for FFY 2012 should cover the twenty-one month planning period from 10/1/11-6/30/13 and the reporting period from 10/1/10-9/30/11.
2.	4/21	General Questions	Joan Disare/ New York State (NYS) Office of Alcoholism and Substance Abuse Services	How does SAMHSA define “behavioral health services”?	In the SAMHSA Strategic Initiative paper, the term “behavioral health” refers to a state of mental/emotional health and/or choices and actions that affect wellness. Behavioral health problems include substance abuse or misuse, alcohol and drug addiction, serious psychological distress, suicide, and mental and substance use disorders. The term is also used to describe the service systems encompassing the promotion of emotional health, the prevention of mental and substance use disorders and related problems, treatments and services for mental and substance use disorders, and recovery support.



Block Grant Comment Log

3.	4/21	General Questions	Joan Disare/ New York State (NYS) Office of Alcoholism and Substance Abuse Services	If a state chooses to submit separate SA and MH applications, which specific sections of the plan are required in a joint submission?	<p>SAMHSA has generated a 'Frequently Asked Questions' document to guide states in preparing the FY 2012 block Grant Application.</p> <p>FAQ section is posted on the following site:  <a href="http://samhsa.gov/grants/blockgrant">http://samhsa.gov/grants/blockgrant</a></p> <p>SAMHSA has revised the block grant application to identify those sections of the plan that are required versus requested.</p>
4.	4/21	General Questions	Joan Disare/ New York State (NYS) Office of Alcoholism and Substance Abuse Services	How should states proceed when they are unable to report request plan or report data? What is the process that states should use to seek SAMHSA's guidance/approval when application components cannot be completed? How soon will this process be in place?	<p>In the event that a State is unable to provide a response to a required data collection table or text box, States may utilize the footnote feature provided for all data collection tables or utilize the drop down menu feature provided in the text box, if applicable, in the Web Block Grant Application System (BGAS).</p>

Block Grant Comment Log

5.	4/21	General Questions	Rob Morrison/ NASADAD	Common general questions: When exactly are the first set of comments due? When in June?	All comments are due on Thursday, June 9, 2011 to Summer King, SAMHSA Reports Clearance Officer, Room 8-1099, One Choke Cherry Road, Rockville, MD 20857 or email <a href="mailto:summer.king@samhsa.hhs.gov">summer.king@samhsa.hhs.gov</a> .
6.	4/21	General Questions	Rob Morrison/ NASADAD	The September 1 deadline proposed here. How can States reasonably get an application done?	SAMHSA believes that a final FY 2012-2013 Block Grant Plan and Report document will be available in time for States to submit their respective plans to SAMHSA by the receipt dates for the Community Mental Health Services (CMHS) Block Grant and the Substance Abuse Prevention and Treatment (SAPT) Block Grant. In the case of any State that may want to submit a joint CMHS and SAPT Block Grant plan, such plans will be due on or before September 1. SAMHSA recognizes that the compressed time period available to States to prepare and submit plans to SAMHSA by the dates described above; therefore, States will be expected to prepare and submit,

Block Grant Comment Log

					<p>at a minimum, the following:            Funding agreements/assurances and certification            Intended use plan and related planned expenditures checklists            Identification of States' priority/targeted population including, but not limited to, the priority/targeted populations identified. SAMHSA has provided additional guidance in the block grant application regarding the timeframes and flexibility given to States regarding the application requirements .</p>
7.	4/21	General Questions	Rob Morrison/ NASADAD	<p>There are statutorily required elements and then there are new elements being proposed. We are asking for a crosswalk between what is required by state and what is not.</p>	<p>SAMHSA has generated a 'Frequently Asked Questions' document to guide states in preparing the FY 2012 block Grant Application.</p> <p>FAQ section is posted on the following site:  <a href="http://samhsa.gov/grants/blockgrant">http://samhsa.gov/grants/blockgrant</a></p> <p>The block grant application has been amended to include information regarding sections</p>

Block Grant Comment Log

					that are required versus requested.
8.	4/21	General Questions	Rob Morrison/ NASADAD	Clarity on the time frame is utmost--60 day comment puts us into June; review/additions-another 30 day comment period put us into July. Documents state the application will be due September 1st. And if OMB and Congress need to approve the new application, the time period in which States have to complete a brand new application will be extremely short. Is it reasonable to expect that the States will be able to accomplish this in less than 6 weeks?	Congress does not have to approve the new application.
9.	4/21	General Questions	Rob Morrison/ NASADAD	The new requirements and earlier submission dates, which fall during legislative session in some States, will likely make the application harder for States to complete. How does SAMHSA propose States deal with this?	SAMHSA is developing a proposal to assist states in addressing the deadlines.
10.	4/21	General Questions	Rob Morrison/ NASADAD	SAMHSA required the State to submit a three year block application last year to take us to 2014. Why is the block grant application being changed again?	BG application is being changed in response to several events, to include: States will play an important role in design and implementation of parity and changes related to new federal initiatives. This may require States to be more strategic in purchasing services. In addition,

Block Grant Comment Log

					States may need to think more broadly than the populations they serve through BG. States may need to plan/design/collaborative for health information systems.
11.	4/21	General Questions	Rob Morrison/ NASADAD	Can we clarify what is mandatory ( <b>states must</b> ) versus what is voluntary ( <b>states should</b> ) in the SAPTBG Application?	<p>SAMHSA has generated a 'Frequently Asked Questions' document to guide states in preparing the FY 2012 block Grant Application.</p> <p>FAQ section is posted on the following site:  <a href="http://samhsa.gov/grants/blockgrant">http://samhsa.gov/grants/blockgrant</a></p> <p>The mandatory sections of the Block Grant Application-Behavioral Health Assessment and Plan are sections A, B, O-<u>for mental health only</u>, and P. States are strongly encouraged to submit sections C through N. The Reporting sections are mandatory.</p>
12.	4/21	General Questions	Rob Morrison/ NASADAD	What happens if a State doesn't have something that is now required? A Project Officer doesn't have to approve the application and report until they are	States may contact their State project officer for specific programmatic guidance

Block Grant Comment Log

				<p>satisfied, but what are the criteria for satisfaction. Is it sufficient to say that States will work on implementing new requirements?</p>	<p>regarding a required or requested data table or narrative text box. Any required data collection table or narrative text box will require the submission of a State response. With respect to the planned expenditure tables, States will be expected to provide estimated planned expenditures for FY 2012 based on their respective FY 2011 allocations for CMHS and SAPT Block Grant funds. Similarly, with respect to a State's report of expenditures for the State fiscal year immediately preceding the year for which a States is applying for funds, i.e. State fiscal year 2011, SAMHSA recognizes that such expenditure reports will reflect States' estimated expenditures for the State fiscal year involved and that the source of Federal block grant expenditures may reflect one or more Federal fiscal year (FY) awards. For</p>
--	--	--	--	---	---

Block Grant Comment Log

					example, during FY 2011, States may have expended FY 2009, FY 2010, or FY 2011 Block Grant funds. States are encouraged, but not required, to submit data or narrative in response to requested data tables or narrative text boxes
13.	4/21	General Questions	Rob Morrison/ NASADAD	What happens when goals under the new application are not met?	SAMHSA will work closely with States to assist them with meeting or revising their goals if not met.
14.	4/21	General Questions	Rob Morrison/ NASADAD	The new requirements/approach will likely dilute the resources and create organizations that are too thinly spread to be effective in any one mission. How does SAMHSA propose States deal with this?	SAMHSA does not agree with this assumption.
15.	5/10	General Questions	Lynn Frost on behalf of Tammy Peacock/ Alabama Dept. of Health	How do the priorities outlined on page 2 jibe with the statutory criteria in the MH block grant legislation?  Will state have any flexibility in addressing one or all of the priorities?  What specific suggestions does SAMHSA have for states that are cutting existing services about replacing the block grant dollars for those services when one of the new "opportunities" is funded?	SAMHSA is unclear about what the commenter is referencing since the priorities are determined by the States.  Yes, the state will have flexibility in addressing its own priorities.

Block Grant Comment Log

16.	5/10	General Question	Lynn Frost on behalf of Tammy Peacock/ Alabama Dept. of Health	New submission date is 10/1/11 for 21 months with the next application due 4/1/13. If states have a July fiscal year, why not require submission 10/1 every year so that the fiscal year will be closed out?	The purpose of changing the submission dates was to match most States' internal planning activities with their State planning and fiscal efforts rather than having a separate date for implementing their Block Grant plan.
17.	5/10	General Question	Lynn Frost on behalf of Tammy Peacock/ Alabama Dept. of Health	The proposed application states in Section B, page 5 that SAMHSA Block Grant Funds will be used "to fund priority treatment and support services for individuals without insurance or for whom coverage is terminated for short periods of time." Please define "priority treatment and support services."	SAMHSA has asked the states to establish their priority services in the planning section of the application- The definition is state-determined.
18.	5/10	General Question	Lynn Frost on behalf of Tammy Peacock/ Alabama Dept. of Health	The SAPTBG application plan document (page 6) indicates SAMHSA will be fully exercising its existing authority regarding state's use of Block Grant funds for transition to the four planned purposes. Please clarify SAMHSA's specific authority in regards to state's use of these funds and how it plans to "fully exercise" this authority. For example: Does SAMHSA have the authority to terminate a state's Block Grant? Does SAMHSA have the authority to require that services for clients be purchased with Block Grant funds, or can all of the funds allocated to a state be used for things as training, program development, research development, etc.	SAMHSA has been granted authority under CFR 1922A XIX-part B subparts 2 and 3, which outlines allocations for the primary prevention program.
19.	5/10	General Question	Lynn Frost on behalf of Tammy Peacock/	The SAPTBG application plan document (page 13) states that "State authorities should redesign their	States are required to complete an assessment, which may



Block Grant Comment Log

			Alabama Dept. of Health	systems to be more accountable for improving the experience of care and for the health of the populations.” Does this statement indicate that SAMHSA is certain at this period of time that state systems will not be sustained by the Block Grant as these systems now exist and operate?	indicate that state systems should change to address the needs of special populations. The Block Grant is designed to support state systems.
20.	5/10	General Question	Lynn Frost on behalf of Tammy Peacock/ Alabama Dept. of Health	Where is SAMHSA now in regard to the development of accountability measures for the Block Grant? Will states have real opportunity for input in this process?	The performance indicators and the State dashboards serve as accountability measures in the Block Grant. States have opportunity for input because they determine the State-specific performance indicators to use for their dashboards. In FY 2011 SAMHSA will work with States to discuss the incentive program identified in the block grant application and the process for identifying and using performance measured.
21.	5/10	General Question	Lynn Frost on behalf of Tammy Peacock/ Alabama Dept. of Health	Additional aims of the Block Grant, listed on pages 14-15 of the application plan document, include services for populations now in statute, as, adults with SMI, children with SED, and injecting drug users. HIV services are also listed. Please clarify why services for pregnant women and women with dependent children are not also listed?	The language has been added in the application.
22.	5/10	Review	Lynn Frost on behalf	Will there be a uniform review process for both the	Yes, there will be a uniform

Block Grant Comment Log

		Process	of Tammy Peacock/ Alabama Dept. of Health	<p>Mental Health and Substance Abuse Block Grant Plan and Report, even if the documents are submitted separately?</p> <p>If so, will this process follow the protocol previously utilized for the Mental Health Block Grant, the Substance Abuse Block Grant, or will a new process be established? If a new review process will be implemented, please describe.</p> <p>Will there be objective criteria developed for use in the review process to govern compliance with the application's requirements?</p>	<p>process for both the Mental health and Substance Abuse Block Grant Plan and Report, even if the documents are submitted separately. A new review process is under development. Yes, there will be objective criteria developed for the review process to govern compliance with the application's requirements.</p>
23.	5/10	General Question	Lynn Frost on behalf of Tammy Peacock/ Alabama Dept. of Health	<p>It is difficult to plan for FY 2014 when more individuals who are uninsured will have insurance options, when we have no idea of what benefits will be offered through those insurance options. Can SAMHSA provide any guidance or insight about the "basic benefits" likely to be covered by Medicaid, Medicare, and private insurance for individuals who have substance use disorders.</p>	<p>While decisions for the essential benefit are still pending, SAMHSA believes that information will be available to States during FY 2012 /2013 to make decisions regarding the use of block grant funds for 2014 and beyond.</p>
24.	5/13	General Question	Christie Lundy/Missouri Department of Mental Health	<p>Regarding Table 1 Estimates of Application and Reporting Burden for Year 1 (Federal Register/Vol. 76, No. 69), this state does not have 30 staff persons to work on the SAPT Block Grant application. With staffing reductions resulting from budget shortfalls in the past five years, it would be surprising if any state had 30 staff persons to work on the application. What this means for states, is that there are fewer staff doing more work and, in preparing the FY 2012 BG</p>	<p>SAMHSA's estimate of burden is based upon actual and historical information from the States.</p>

Block Grant Comment Log

				application, will have to do this work in a compressed timeframe. With respect to the calculation that the total burden for the combined submission is one-half that for each separate submission, is length of the combined plan expected to be the same as that of each individual plan – even though it must cover the same material? This would suggest that there is extraneous material in the individual plans that could be eliminated.	
25.	5/13	General Question - Deadlines	Christie Lundy/Missouri Department of Mental Health	Regarding the proposed timeframe, the state completes Form 8 – Substance Abuse State Agency Spending Report and uses that information to base Form 6 Intended Use Plan. So although Form 8 is not due until December 1 <sup>st</sup> , it must be completed prior to October 1 <sup>st</sup> . So for this state, it is not feasible to do the application as two separate applications with separate due dates.	While the state completes form 8 to inform the submission of Form 6, not all reports must be completed prior to the plan.
26.	5/13	General Question - instructions	Christie Lundy/Missouri Department of Mental Health	When will SAMHSA have a working set of instructions (Plan and Report Sections) available for states? In the instructions, it is recommended that SAMHSA clearly mark what is required and what is not required. From the FY 2012 Block Grant Report Section and the FY2012 Block Grant Application documents, it is not clear which narratives will still be required.	SAMHSA has generated a “Frequently Asked Questions” document to guide states in preparing the FY2012 Block Grant application.  FAQ section is posted on the following site: <a href="http://samhsa.gov/grants/blockgrant">http://samhsa.gov/grants/blockgrant</a>  SAMHSA has revised the block

Block Grant Comment Log

					grant application regarding sections that are required and requested..
27.	5/13	General Question - priorities	Christie Lundy/Missouri Department of Mental Health	Regarding the state priorities (Table 2, pg. 22: FY 2012-FY 2013 Block Grant Application), the proposed application directs states to “identify the relevant goals, strategies and performance indicators over the next two years.” However, language in the proposal document suggests that states are expected to achieve the goals in one year – that “SAMHSA staff will work closely with States during the year” and in the annual report the state must “clearly indicate whether or not the particular goal identified in the State Plan for the prior fiscal year was ‘achieved’ or ‘not achieved.’” Is it realistic to implement goals and strategies for post-2014 in FY 2012? If so, what happens to the large number of childless adults who need substance abuse treatment in FY 2012 but are unable to afford such services?	The State priorities should reflect the priorities over the two year planning period. The goals, strategies and indicators are then established to reflect the two year period. States are expected to report progress on achieving their goals in the annual report. The application will clarify the expectation.
28.	5/20	General Question	Florida	When will the instructions and application be finalized?	It is anticipated that the instructions will be finalized in July.
29.	5/20	General Question	Florida	Will there be a template to follow as in previous years?	Yes, it will be in the BGAS system.
30.	5/20	General Question	Florida	When will the instructions and application be available on Web BGas to use (to access template, etc.)?	SAMHSA will make the draft available in WebBGAS by July.
31.	5/20	General Question	Florida	In submitting the combined application, will states need to access two applications in WebBGAS – one for MH and one for SA?	There is one application. The State should complete the entire application.
32.	5/20	General	Florida	With the tables, are data for MH and SA to be	No these tables will not be

Block Grant Comment Log

		Question		combined?	combined.
33.	5/20	General Question	Florida	Can Memoranda of Understandings (MOUs) substitute for Letters of Support?	Yes, the application has been clarified to allow either letters of support or memoranda of understanding.
34.	5/20	General Question	Florida	Tables pertaining to NOMS that apply to both MH and SA (e.g., employment, housing/homelessness, arrest, etc.) ARE NOT INTEGRATED (same definitions and algorithms) and Data are not reported the same way (e.g., different table layouts). Will this disintegration issue be resolved to simplify the process of collecting, analyzing, and reporting these NOMS?	SAMHSA will continue its work with the States to improve the clarity and consistency of NOMs data.
35.	5/20	General Question	Liz Gitter/ Ohio	By what date does SAMHSA expect states to fully implement these new expenditure reports---- especially Tables 5 (MHSBG Expenditures by Service and Table 6 (Primary Prevention Checklist)? Is the implementation schedule any different for states that have separate state agencies for mental health and substance abuse, and county-administered systems of care that may require complex planning to come into compliance?	SAMHSA expects States to inform us through the application when the State is able to implement the expenditure reports if they cannot report them in the 2012 application. For Table 6, Expenditures for 6 strategies or IOM should be directly associated with the cost for completing the task or activity. States still have the option to report either Strat or IOM. If states are able to cost out both, please provide.
36.	5/20	General Question	Jennifer Parker/ Pennsylvania	Will SAMHSA be providing definitions for the services described in table 6 on pg 34?	SAMHSA will include the definitions for 6 Strategies and IOM in the application.

Block Grant Comment Log

37.	5/20	General Question	Joyce Allen/ Wisconsin	<p>Will states now have to register for and include ISATS ID Numbers for all agencies that receive Community Mental Health Block Grant (MHBG) funding? This is now a Substance Abuse Prevention Treatment Block Grant requirement and not a MHBG Requirement. Comment: Because the country is moving towards assuring more seamless services with Behavioral Health, Primary Care and Medicaid systems, why wouldn't SAMHSA also follow the new HIPAA 5010 requirements for the National Provider ID system? Why perpetuate an outdated method of identifying provider organizations at this point in time? Why not wait and migrate to a single standard when new national Health Care transactions requirements are in place? Is this a necessary labor intensive request (cost) to add to the state mandates for MHBG at this time?</p>	<p>No. States will not have to ask their mental health providers to register for an ISATS ID number. This will be clarified in the instructions.</p>
38.	5/20	General Question	Susan Orens/ New York	<p>In the federal register it says that in regard to the Block Grant monies we must outline how much is spent on treatment and support. I am not entirely clear. Is this differentiated from mental health promotion and prevention or is it differentiated from such things as administrative costs.</p>	<p>This will be clarified in the application.</p>
39.	5/20	General Question	Brad Munger/ Wisconsin	<p>It is most interesting that the April 11 Federal Register Notice contains a statement on page 20000 that indicates "States will continue to receive their annual grant funding if they only choose to submit the required section of their State Plans or choose to submit separate plans for the MHBG or SAPTBG". Please inform the States as to why this language was necessary and exactly what it means. Further, since this language is not contained in the Application</p>	<p>The application has been clarified to reflect this language.</p>

Block Grant Comment Log

				Guidance document it is requested that it be prominently inserted with all additional written clarification. Specifically clarifying required elements by the verb must and optional elements by the verb should.	
40.	5/20	General Question	Brad Munger/ Wisconsin	One of the questions OMB requests comments on in the April 11, 2011 Federal Register Notice is: “whether the proposed collections of information are necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility?” As SAMHSA does not address this question specifically, or connect how the data/information contributes to the “proper performance of the functions of the agency”—nor what practical utility the data collected would serve, it would be helpful if SAMHSA could address these issues, with particular attention to the expected changing mission that SAMHSA will likely experience in the future. (NOTE: SAMHSA does not address this other than to indicate they want to know these things and it will help them in their provision of technical assistance to the States. There are other ways to obtain this information, such as SAMHSA engaging collaborative discussions with the States and their professional organizations.)	SAMHSA uses the data collected to determine compliance with the statute and regulation, to determine technical assistance opportunities, and to engage in performance management activities.
41.	5/20	General Question – Children’s Set Aside	Liz Gitter/ Ohio	The children's set-aside reference date has been changed to FY 2008---just before our state went into a recession. Despite significant budget reductions, our state has increased the number of children served between FY 2008 and FY 2010. What numbers	SAMHSA is unclear which section of the plan or reporting section the commenter is referencing.

Block Grant Comment Log

				is SAMHSA expecting states to use to meet the requirement to demonstrate " <i>a comparison of the number of children with SED for whom services are sought with the availability of services within the State?</i> "	
42.	5/20	General Question - MOE	Liz Gitter/ Ohio	Due to the recession which resulted in reductions to state budgets, many states will have difficulty meeting MOE requirements. What plans does SAMHSA have to address this? (Economists indicate that increases in employment and state revenues often lag behind the end of a recession by six months or more---so this is likely to be a common occurrence.)	While SAMHSA will be engaging in discussions with States about MOE compliance, the data expected in the BG application will not change.
43.	5/20	General Question - MOE	Liz Gitter/ Ohio	As the unemployment and revenue changes that meet Extraordinary Economic Conditions waiver criteria often occur over differing periods of time, is it possible to compare the current year to the average of the number of years over which the changes took place (rather than the average of 2 years)?	The statute specifies that the MOE must look at the average of the prior 2 years.
44.	5/20	General Question - NOMs	Liz Gitter/ Ohio	Mental health NOMs are absent from the Application instructions except for a reference to national indicators in the State Dashboard section. What expectations, if any, does SAMHSA have for states to include them as performance indicators for the Priority Area's addressed by the Plan?	Mental Health NOMs are still required and will be available for use. It is up to the State if it chooses to use them as indicators for their specific priority areas.
45.	5/20	General Questions	Brad Munger/ Wisconsin	Many children's advocates are concerned that the mental health block grant does not give adequate attention to the children's services. Three issues arise here: First, is SAMHSA requiring and/or expecting a separate adult and children's plan, it would be helpful to address advocates concerns that SAMHSA to require separate plans. Second, the formula that	SAMHSA is not requiring or requesting a separate children's plan. Thank you for your comment regarding the SED definition. SAMHSA will take this under consideration.



Block Grant Comment Log

				<p>operationalizes and defines the term Serious Emotional Disturbance (SED) is seriously outdated for it does not address children under 9 years of age. It would be helpful to know what SAMHSA plans to do to address this issue. Lastly, it is commendable that SAMHSA recognized that the Children's set aside had become meaningless as it is tied to a 1994 spending level. Unfortunately, SAMHSA addresses this problem by changing the base year to 2008. If this were to go into statute it would simply perpetuate the problem that existed when 1994 was chosen. It is recommended that SAMHSA explore the issue and develop a more meaningful alternative, such as requiring that a percentage of the block grant be dedicated to children's services.</p>	
46.	5/20	General Questions - Planning	Brad Munger/ Wisconsin	<p>In line with the hourly burden issue, it would be appreciated if SAMHSA could provide clarification of Table 2 contained in the April 11, Federal Register Notice. That table indicates that 24 entities (presumably States) will submit applications in the second year and that the hourly burden will be 40 hours each. It is unclear where the number 24 came from as SAMHSA reported in Table 1 an estimate that 60 (of the total 119) grantees will submit separate applications in Year One. If those 60 are doing a one year plan, wouldn't they need to submit another plan in year 2? In its clarification of Table 2 it is also requested that SAMHSA clarify and justify the 40 hour estimate. If the 40 hours is to represent the hours spent in preparing the second year plan it is extremely low and certainly would be less than the amount of</p>	<p>It is anticipated that 60 of the total 119 grantees will submit separate substance abuse and mental health plans - it is further anticipated that 24 entities will submit 1 year plans. They are not necessarily the same. The estimate of hourly burden is based upon actual and historical data.</p>

Block Grant Comment Log

				time the planner would spend simply on ensuring that public comment is taking place and that the planning council has the opportunity to review and comment on the plan. This estimate doesn't include such things as analyzing the data to determine whether performance indicators were met and to identify future goals, updating plans based on changes in the environment, modifying plans based on on-going planning council comment, meeting with other constituents for their input, and the many other things that go into preparing for and actually writing the plan.	
47.	5/26/11	General Question - Behavioral health advisory council	Michelle Dirst on behalf of Robert Morrison/ NASDAD	State behavioral health advisory council – We recommend that the provision be amended to ask State Substance Abuse Directors, “What planning mechanism does your State use to plan and implement the State substance abuse system?” The application could also ask “How does this body coordinate with the State mental health agency and its planning entity?”	SAMHSA will modify the application to this effect.
48.	6/1/2011	General Question	Alfred Bidorini/ Connecticut Dept. of Mental Health and Addition Services	It is unclear in the Federal Register Notice or the application or annual report guidance which proposed changes will be required and which are optional or voluntary.	The application has been modified to clarify this
49.	6/1/2011	General Question	Alfred Bidorini/ Connecticut Dept. of Mental Health and Addition Services	It is unclear how SAMHSA will handle the change in application periods form FFY 2012 and 2013 to FFY 2014.	SAMHSA does not understand this comment.

Block Grant Comment Log

50.	6/1/2011	General Question	Alfred Bidorini/ Connecticut Dept. of Mental Health and Addition Services	How will SAMHSA's efforts at establishing a National dashboard fit with Connecticut's efforts? Any changes in data collection will be costly and would require stuffiest time for implementation.	SAMHSA is not requiring a change in data collection, but a report on performance based upon either national or state level data.
51.	6/1/2011	General Question	Alfred Bidorini/ Connecticut Dept. of Mental Health and Addition Services	What SAPT Block Grant mandates will be included in the certifications and assurances but no longer part of the application process?	This is included in the FAQs posted on <a href="http://www.samhsa.gov/blockgrants">www.samhsa.gov/blockgrants</a>
52.	6/1/2011	General Question	Alfred Bidorini/ Connecticut Dept. of Mental Health and Addition Services	In Table 6 Primary Prevention Planning Expenditures, no crosswalk between CSAP's and the IOM categories is provided, leaving it to each State to determine its own definitions. Additionally there are confusing and conflicting definitions in the current SAPT Block Grant application vs. the original CSAP definitions.	SAMHSA will include the definitions of the IOM and 6 Strategies in the application
53.	6/2/2011	General Question	Ashley Johnson/Alcoholism and Substance Abuse Providers of New York State, Inc.	Can you please clarify when the due date is for comments related to SAMHSA's unified Block Grant Application?	All comments are due on Thursday, June 9, 2011 to Summer King, SAMHSA Reports Clearance Officer, Room 8-1099, One Choke Cherry Road, Rockville, MD 20857 or email <a href="mailto:summer.king@samhsa.hhs.gov">summer.king@samhsa.hhs.gov</a> .

Block Grant Comment Log

54.	6/3/2011	General Question	Frank Shelp/ Georgia Dept. of Behavioral Health and Development	How do states know that if we do not respond to something optional, that we will not be placed on a correction action plan?	The application has been modified to clarify this question
55.	6/3/2011	General Question	Lelah Larson/New Mexico Human Services Department	<p>In the FY2012 Block Grant Reporting Section, CFDA 93.959 (Substance Abuse Prevention and Treatment), there is a document identified as Goal 2: Prevention – Healthy People 2020 Questionnaire which addresses many of the objectives listed into eh referenced CDC document. This was formerly referenced as “Attachment A” in the SAPT Block Grant.</p> <p>In researching Healthy People 2020, I found that many of the referenced objectives have a status of “Archived due to lack of adequate data source.” Specific examples include Q. 1 referencing HP 26-25 (see attached) and Q. 6 referencing HP 26-24 (see attached).</p> <p>Some objectives can no longer be located, i.e., question 9 referencing HP 26-9 which cannot be found in 2010 or 2020 healthy People, and also referencing HP 27-4 which has been archived due to data, target on policy reasons.</p> <p>Since most of the HP objective referenced in Goal #2 appears to have been archived, apparently CDC is not collecting this data. Why cannot this document be removed as a requirement under the SAPT Block Grant reporting requirement?</p>	This reference has been deleted from the Block Grant application.

Block Grant Comment Log

56.	6/4/2011	General Question	Judy Strange/ National Association of Mental Health Planning & Advisory Councils, Virginia	What is the statutory authority for SAMHSA to move toward combining the Mental Health and Substance Abuse Block Grant Applications and to request that States capture additional data?	Section 19xx of Title XIX, Part B, Subpart I of the PHS Act (42 U.S.C. 300x-xx) and Section 1932(b) of Title XIX, Part b, Subpart II of the PHS Act (42 U.S.C. 300x-32(b)) is the authorizing legislation for the CMHS BG and SAPTBG plan requirements, respectively. In recognition of the realignment of the States' executive branch(es) responsible for State mental health services and State substance abuse prevention and treatment services, SAMHSA is encouraging States to prepare and submit a single plan for prevention, treatment, and recovery support for individuals, families, and communities impacted by mental and substance use disorders. States have the flexibility to prepare and submit a joint plan or submit a separate plan for mental health services and a separate plan for substance abuse prevention and treatment services. In the case of any State that chooses to submit separate plans, SAMHSA expects such States demonstrate, at a
-----	----------	------------------	---	--	---

Block Grant Comment Log

					<p>minimum, evidence of joint planning for (1) bi-directional integration of behavioral health services and primary care services, (2) recovery support services, and (3) co-occurring mental and substance use disorder services.</p> <p>Section 1942(a) of Title XIX, Part B, Subpart III of the PHS Act (42 U.S.C. 300x-52(a)) is the authorizing legislation for the CMHSBG and SAPTBG reports.</p> <p>The authorizing legislation for the CMHSBG and SAPTBG reports and the implementing regulations for the SAPTBG report (45 C.F.R. 96.122(g)) in combination with the approval of the CMHSBG and SAPTBG data collection forms approved by the Office of Information and Regulatory Affairs (OIRA) within the Office of Management and Budget provide SAMHSA with the authority collect, analyze, and report State data to policy-makers and stakeholders at the Federal, State, and local level.</p>
--	--	--	--	--	--

Block Grant Comment Log

57.	6/4/2011	General Question	Judy Strange/ National Association of Mental Health Planning & Advisory Councils, Virginia	Who will bear the financial and personnel burden of the additional reporting requirements?	The State is responsible for reporting financial and performance data.
58.	6/4/2011	General Question	Judy Strange/ National Association of Mental Health Planning & Advisory Councils, Virginia	What will happen if States are not able to provide the requested information and data?	States that are unable to provide requested information should indicate so in the application.
59.	6/4/2011	General Question	Judy Strange/ National Association of Mental Health Planning & Advisory Councils, Virginia	SAMHSA proposes that States consider reaching out to underserved populations such as persons being discharged from correctional institutions, veterans, and people in the LGBTQ communities. Some of these populations are more easily identified than others. How does SAMHSA envision that States will reach out to more difficult populations to identify and reach, such as the LGBTQ communities? Will technical assistance be available to States and to local providers to assist with this effort?	SAMHSA will provide technical assistance to States on these and other issues, but the processes that a state employs will be up to the State.
60.	6/4/2011	General Question	Judy Strange/ National Association of Mental Health Planning & Advisory Councils, Virginia	How will WebBGAS be configured to allow for a combined application?	WebBGAS will support a combined application as well as separate applications .
61.	6/7/2011	General Question - Designation of Authority Letter	Megan Moran/ Louisiana Dept. of Health and Hospitals	If our Office is submitting a combined CMHS and SAPT Block Grant Application, can we submit one Designation of Authority Letter that references both grants or will two separate letters be required?	One Designation of Authority letter will be sufficient.

Block Grant Comment Log

62.	6/7/2011	General Question - Designation of Authority Letter	Megan Moran/ Louisiana Dept. of Health and Hospitals	<p>The Designation of Authority Letter submitted for the SAPT Block Grant has historically delegated authority to the Assistant Secretary "position" within our Office - without naming the individual serving in that position. Is it acceptable to submit this same format for the CMHS Block Grant authority delegation? The Designation of Authority Letter submitted for the CMHS Block Grant has historically provided the actual name of the specific individual serving as the Assistant Secretary.</p> <p>We have also sought guidance from our CSAT Federal Project Officer, who has advised that one letter delegating authority to the Assistant Secretary position (without naming the individual) is acceptable.</p>	A letter designating authority to a "position" is acceptable
63.	6/9/2011	General Question	Roxanne Kennedy/ NJ Dept. of Human Services	Please clarify what information is required vs. what "should" be completed.	The mandatory sections of the Block Grant Application-Behavioral Health Assessment and Plan are sections A, B, O- <u>for mental health only</u> , and P. States are strongly encouraged to submit sections C through N. The Reporting sections are mandatory
64.	6/9/11	General Question	Brian Pacwa Division of Alcoholism and Substance Abuse, Illinois	<p>Can a state submit their own state plan document to fulfill the requirements outlined?</p> <p>Should state goals with state dollars be outlined in the plan narrative and on the priority matrix?</p> <p>How will SAMSHA evaluate whether the plan is sufficient in order to grant approval? Will there be</p>	If the State's plan document substantively meets the requirements, then it may be submitted SAMHSA will be working internally to assure consistency among project officers



Block Grant Comment Log

---

				<p>consistency among project officers in what is to be approved.</p> <p>Should the plan narrative follow the outline in the table of contents #3 Behavioral Health Assessment and Plan. If so, this should be included in the instructions.</p>	<p>The plan may follow the outline as presented, but it is not required.</p>
--	--	--	--	---	--

Block Grant Comment Log

NEEDS ASSESSMENT

#	Date Received	Section	Commenter/ Organization	Comment/Question	Disposition of Comment/ Rationale
1.	4/21	Needs Assessment	Joan Disare/ New York State (NYS) Office of Alcoholism and Substance Abuse Services	What technical assistance will be made available by SAMHSA to help States meet new reporting and planning requirements?	SAMHSA is holding a Block Grant conference in June of 2011 to review the planning and reporting requirements. In addition, the State project officers are available to assist states in completing their applications.
2.	4/21	Needs Assessment	Joan Disare/ New York State (NYS) Office of Alcoholism and Substance Abuse Services	Please define "bi-directional integration of behavioral health and primary care services" and "bi-directional primary care"?	SAMHSA defines bi-directional integration of behavioral health and primary care services as integrating mental health and substance abuse treatment services in primary care settings and primary care in mental health and substance abuse treatment settings.
3.	4/21	Needs Assessment	Joan Disare/ New York State (NYS) Office of Alcoholism and Substance Abuse Services	In some sections, the application references block grant funded prevention services supplementing services covered by health care reform, while other parts of the document refer to focusing on communities at highest risk and to eventually removing the prevention set aside (from the block grant) to create a new discretionary state prevention grant. Clarity is needed.	SAMHSA encourages States to use the prevention set aside of the SAPT BG to address the substance abuse prevention needs of high risk communities. As information on the prevention services that will be covered through health insurance under health reform becomes clear, SAMHSA will work with States on modifying their plans to ensure that SAPT BG funds are used to fund those

Block Grant Comment Log

					prevention strategies not covered by other sources.
4.	4/21	Needs Assessment	Joan Disare/ New York State (NYS) Office of Alcoholism and Substance Abuse Services	There are references to MH prevention (and mitigation). Is there a level of expectation for MH prevention activities? What does the current MH block grant require in regards to MH prevention? The material states there is a science base for MH prevention – what is this? Where can states get details on this?	The promotion of positive mental health and the prevention of substance abuse and mental illness have been key parts of SAMHSA’s mission and its Strategic initiative #1: Prevention of Substance Abuse and Mental Illness. The current MH block grant does not require anything regarding MH prevention. The science base for MH promotion is the IOM report. States can access the IOM website for this report. <a href="http://www.iom.edu/">http://www.iom.edu/</a>
5.	4/21	Needs Assessment	Joan Disare/ New York State (NYS) Office of Alcoholism and Substance Abuse Services	SAMHSA is requiring a combined plan for persons with co-occurring disorders that will be an element in both the MH and SA Block Grant applications. There are significant differences within this population that drive service packages and often determine primary location of service delivery and array of services. How much specificity and what kind of data-based documentation will be required for “combined plans”?	SAMHSA is interested in learning what planning States have in place for persons with co-occurring disorders. There is no data-based documentation required.
6.	4/21	Needs Assessment	Joan Disare/ New York State (NYS) Office of Alcoholism and Substance Abuse Services	What level/type of detail is required/suggested to document services that will promote “recovery and resiliency”? Where is this required in the new application?	SAMHSA will defer to the States to document the services that promote recovery and resiliency consistent with the descriptions contained in the Good and Modern document

Block Grant Comment Log

7.	4/21	Needs Assessment	Joan Disare/ New York State (NYS) Office of Alcoholism and Substance Abuse Services	SAMHSA is recommending that a State's "... <i>Olmstead</i> work be included in the Block Grant applications." What level/type of detail is required/suggested to document this? Where is this required in the new application?	State that have a current Olmstead plan could use information from this document to inform the needs assessment and State Plan process. SAMHSA is not requesting States provide their Olmstead plan for this application.
8.	4/21	Needs Assessment	Rob Morrison/ NASADAD	How do the previous 17 goals fit into the new application? Do States need to develop new performance measures?	The previous 17 goals are contained in the new application. States will identify performance measures for their priority populations and may choose to use the same measures or develop new ones, at the discretion of the state.
9.	4/21	Needs Assessment	Rob Morrison/ NASADAD	States would have to report under-utilization using the data sources proposed by SAMHSA but the needs assessment will be expensive and some States cannot afford to complete an extensive analysis	SAMHSA currently requires states to use a data driven needs assessment process. SAMHSA does not see this as a new or additional requirement.

Block Grant Comment Log

**GRANT AWARD**

#	Date Received	Section	Commenter/ Organization	Comment/Question	Disposition of Comment/ Rationale
1.	4/21	Grant Award	Joan Disare/ New York State (NYS) Office of Alcoholism and Substance Abuse Services	At what point in FFY 2012 can states expect notice of grant awards to be issued? Will awards be contingent on SAMHSA approval of the plan or the report or both?	Subject to the availability of funds, SAMHSA plans to issue FY 2012 Notices of Block Grant Awards to States that have demonstrated compliance with the authorizing legislation and implementing regulation, if applicable. In the event that SAMHSA will be operating under a continuing resolution at the beginning of FY 2012, Block Grant funds available for distribution will be subject to the authorizing legislation. For example, a 45- or 60-day continuing resolution would only allow SAMHSA to issue a FY2012 Notice of Block Grant Award to a State in an amount equal to 12 percent and 16 percent, respectively, of the FY 2011 Block Grant allotment made available to a State.
2.	4/21	Grant Award	Joan Disare/ New York State (NYS) Office of Alcoholism and Substance Abuse Services	If a state decides to submit a joint SA/MH application, will separate SABG and MHBG awards still be made based on separately defined SA and MH priorities??	Yes
3.	4/21	Grant Award	Rob Morrison/ NASADAD	When can States expect notice of grant awards to be issued? Are they contingent on having an	Subject to the availability of funds, SAMHSA plans to issue FY 2012

Block Grant Comment Log

				approved plan or on having an approved plan and an approved report?	Notices of Block Grant Awards to States that have demonstrated compliance with the authorizing legislation and implementing regulation, if applicable. In the event that SAMHSA will be operating under a continuing resolution at the beginning of FY 2012, Block Grant funds available for distribution will be subject to the authorizing legislation. For example, a 45- or 60-day continuing resolution would only allow SAMHSA to issue a FY2012 Notice of Block Grant Award to a State in an amount equal to 12 percent and 16 percent, respectively, of the FY 2011 Block Grant allotment made available to a State.
4.	4/21	Grant Award	Rob Morrison/ NASADAD	When will States get notice of grant awards if the report is submitted later than usual (e.g. in December) when the grant period starts the previous October?	States' reports which provide a description of how Federal CMHS and SAPT Block Grant, State General Revenue (SGR), other Federal, and local funds were expended for authorized activities during SFY 2011 can be submitted on or before December 1. States' reports must provide responses to the required data collection tables and narrative text boxes that will provide SAMHSA will sufficient information to make preliminary determinations of compliance with the authorizing

Block Grant Comment Log

					legislation and implementing regulation, if applicable. SAMHSA cannot issue a FY 2012 Notice of Block Grant Award to any State that has not submitted a report as required by the authorizing legislation and implementing regulation, if applicable.
5.	5/10	Allocation of Funds	Lynn Frost on behalf of Tammy Peacock/ Alabama Dept. of Health	Many states have been allocating block grant dollars the same way for years and using state funds to support new evidence-based practices. Some states have shifted block grant dollars to new EBPs or to services identified by the Planning council as high priority. One would assume these states shifted state dollars to support the activities previously supported by the block grant. And for states that do shift all services that have attached reimbursement and shifts those services with no reimbursement to MH Block Grant funds, what will be the mandates about how those MH Block Grants funds will be utilized for? Also, if we are currently doing all we can do and have no way to shift any more services, what are we to do?	For prevention, states will complete a needs assessment based on high needs populations to be served. Utilize data to identify priority needs and populations. Block Grant allocations should be made based on these identified priorities.
6.	5/12	Funds	Evelyn Frankford/ Frankford Consulting	How are the Block Grant increases and decreases proposed for the 2012 budget calculated?	SAMHSA will not have these calculations until there is a 2012 allocation.
7.	5/12	Funds	Evelyn Frankford/ Frankford Consulting	Will the proposed Mental Health State Prevention Grant funds be allocated via the same Block Grant methodology as the joint Mental health and Substance Abuse Block Grants?	This has not been determined yet.

**BEHAVIORAL HEALTH ASSESSMENT AND PLAN SECTION**

#	Date Received	Section	Commenter/ Organization	Comment/Question	Disposition of Comment/ Rationale
1.	4/18	State Behavioral Health Advisory Councils	Jo Woodrow/ Consumer Advocate, Washington State	...please make sure we have 51% Consumer and Family Representation. This may mean we need to have more seats provided in order to have a truly diverse representation... Any Council that does not incorporate the Voice of the very persons it is to advise for Programs and Treatments, Recovery, and Person Centered, is an incomplete Council and so has in effect failed in its mission in its core. Finally I wish to add that if one has a Provider as a Representative, then say another person who is a Consumer but that person identifies as the Consumer Provider - than that is a category in itself. But the person who is a Consumer either sits as a Consumer Representative and needs to be one or as a Family Representative or as a Provider ... not both. This has caused confusion in the past for some groups. Each person who is representing a group needs to be doing that and not two roles ... when what hat a person wears is confused, the result is a mixed and diluted message ay best but invalid message at worse.	The requirements for 51% of the planning and advisory council have not changed.



Block Grant Comment Log

2.	4/21	Consultation with Tribes	Joan Disare/ New York State (NYS) Office of Alcoholism and Substance Abuse Services	What level/type of detail is required/suggested to document "Tribal consultation"? Does SAMHSA suggest that states must consider providing funding to programs that may not be certified or approved by the State?	States could use advisory council participants, partnering sectors, meeting minutes, reports and public comments on the Block grant.
3.	4/21	Consultation with Tribes	Rob Morrison/ NASADAD	Related to working with the Tribal Alcohol and Drug Programs on the Reservations, some Tribes say that they will not sign a contract with the State since doing so would mean they would relinquish their sovereignty since the State would have the right to conduct fiscal audits as part of the contract requirements. How does SAMHSA propose a State deal with this issue related to Tribal Sovereignty?	States cannot require a tribe to relinquish its sovereignty.
4.	4/21	Dashboard Indicators	Joan Disare/ New York State (NYS) Office of Alcoholism and Substance Abuse Services	SAMHSA indicates it will be creating a method of identifying appropriate measures as part of its Strategic Initiative on Data, Outcomes & Quality and is considering development of an incentive program for States that might include financial and administrative incentives based on dashboard performance. Please provide additional information on this initiative.	Please refer to section 3i (p.41) of the BG application for a more detailed description.
5.	4/21	Dashboard	Joan Disare/ New	States are required to describe specific	The proposed process requests

Block Grant Comment Log

		Indicators	York State (NYS) Office of Alcoholism and Substance Abuse Services	performance indicators that will be utilized to determine if goals are achieved. Is it possible to identify applicable data sources and baseline in FY 2012 application and then implement a process to measure change in FY 2013?	states to identify indicators and develop baseline in 2012.
6.	4/21	Data and Information Technology	Rob Morrison/ NASADAD	The proposal would require major IT infrastructure systems to be put in place in some States which is difficult given the current fiscal climate. Although States would have authority to use SAPT funds for this, it is difficult to justify additional service reductions to develop an IT infrastructure.	It is unclear what major IT changes the commenter is referencing. SAMHSA requests information in section 3e of the BG application but doesn't request/require states to make IT changes.
7.	4/21	Involvement of Individuals and Families	Joan Disare/ New York State (NYS) Office of Alcoholism and Substance Abuse Services	What level/type of detail is required/suggested to document "consumer participation" in program planning? Where is this required in the new application?	States could use advisory council participants, partnering sectors, meeting minutes, reports and public comments on the Block grant
8.	4/21	Service Management Strategies	Rob Morrison/ NASADAD	How should States identify over/under utilization?	States can use data currently collected by TEDs to review utilization and lengths of stay that maybe atypical for certain services
9.	4/21	State Behavioral Health	Cathii Nash/ Consumer Advocate. FW by	Continue to mandate for Planning and Advisory Councils that are 51% Consumer and listen to what they have to say.	The requirements for 51% of the planning and advisory council have

Block Grant Comment Log

		Advisory Councils	Jo Woodrow and Dorothy Hamner		not changed.
10.	4/21	Technical Assistance Needs	Rob Morrison/ NASADAD	Would Technical Assistance be available to help States meet these new reporting and planning requirements?	SAMHSA will provide technical assistance to States in meeting the reporting and planning requirements for the Block Grant.
11.	4/22	Consultation with Tribes	Sita Diehl/ NAMI	In states with no state or federally recognized tribes, what is the expectation of State Mental Health and Substance Abuse Authorities to engage urban or non-reservation Indian populations using block grant dollars?	States may make a declarative statement that no federally recognized tribes or tribal lands exist within their state borders. That would waive the consultation request. In addition, we would encourage the state to identify any outreach to urban Indian populations. There are states without tribes that have active urban Indian centers.
12.	5/10	Tribal Consultation	Alan Johnson/ Hawaii substance Abuse Coalition	HSAC supports the provision that states must consult with Native Americans and urges SAMHSA to add Native Hawaiians to the requirement.	Native Hawaiians are included under the term Native Americans.
13.	5/11	Suicide Prevention	n/a	What if a State does not have a suicide prevention plan?	If a State does not have a suicide prevention plan or if it has not been updated in the past three years, please indicate so and then describe when the State will create or update the plan.

Block Grant Comment Log

14.	5/11	Required Forms		Should the funding agreements/certifications be submitted as a part of the Behavioral Health Assessment and Plan or as a part of the Implementation/Expenditure Reports?	The funding agreements/certifications should be submitted as a part of the Behavioral Health Assessment and Plan.
15.	5/20	Application and Reporting Section	Florida	Table 1 (p.16): The reports for the grant period of 10/1/10 - 9/30/11 are due 12/1/11. Will these implementation reports be based on the current or old requirements, e.g. tables, formats, etc? The same question applies to Table 1 in the BG Reporting Section.	The reports that are due 12/1/11 are based upon current requirements
16.	5/20	Application and Reporting Section	Florida	Table 5 (p.30). In order to report the estimated percent of funds distributed per Service/Activity, SAMHSA needs to provide the HCPCS code associated with each Service/Activity. Will this information be available to States and, if so, when? Why doesn't Table 5 in the Application mirror Table 5 in the Report Section? The same questions apply to Table 5 in the BG Reporting Section.	SAMHSA will provide the HCPCS codes generally associated with the services.
17.	5/20	Application and Reporting Section	Florida	Is there any reason why Adult Substance Abuse Residential Services is listed as a Service/Activity in Reporting Section under the Category for Out-of-Home Residential Services, but not in Table 5 for BG Application?	Table 5 has been changed to include Adult Substance Abuse Residential Services in the report and planning section.
18.	5/20	Application and Reporting Section	Florida	Table 6 (p.34): Why does this table apply to MH BG? This question also applies to Table 6 in MH BG Reporting Section.	Table 6 is Primary Prevention only.
19.	5/20	Application	Florida	Table 7 (p.36): Does this table apply to MHBG,	The table has been clarified

Block Grant Comment Log

		and Reporting Section		SABG or both? If it is for both, it would be less confusing if Column A for Block Grant was divided into two columns, one for MH BG and one for SABG. This also should apply to Table 4 in MH BG Reporting Section to capture expenditures for both MHBG and SABG.	
20.	5/20	Application and Reporting Section	Florida	Is there a reason why Adult Substance Abuse Residential Services is not listed as a Service/Activity under Category for Out-of-Home Residential Services in Tables 5 in both the application and the SA Reporting Section?	Please see response to question #17 in this section
21.	5/20	Planning Section - QA/QI efforts	Leesa Rademacher/ NY OMH	<p>I'm working on NY OMH response to the proposed regs on the guidelines. I came across this one section that I have no idea what it means. It's the one about "...Description of state's Quality Improvement Reporting. State's have been reporting the program performance monitoring activities to include the use of independent peer review....States are asked to attach their current quality improvement plan to their Block Grant application."</p> <p>Have I already been doing this in my block grant submission and I just don't realize it or is this something new?</p>	<p>A request to report quality improvement activities within the Application is new for mental health, although many States have reported QA/QI efforts when describing the State's system of care.</p> <p>Although Section 1943(a)(1) requires States to provide for an independent peer review of not less than 5% of the entities providing services in the State, the MHBG Program has not required independent peer review but relies on State Quality Improvement Plans to assess statewide quality and appropriateness of mental health services. An assessment of the State's QI Programs is a component of the MHBG on-site</p>

Block Grant Comment Log

					monitoring protocol with findings and recommendations noted in each State's Monitoring Report.
22.	5/20/11	State Dashboard	Liz Gitter/ Ohio	For the <b>State Dashboard</b> , what is the first FFY for which SAMHSA intends to implement financial incentives to meet performance targets?	SAMHSA is still exploring the use of incentives, which may include non-financial incentives.
23.	5/20/11	State Dashboards	Jennifer Parker/ Pennsylvania	When will SAMHSA identify the national indicators mentioned on pg 42?	States should use the current National Outcome Measures for their State dashboards.
24.	5/24/11	Application Planning Section	Sarah Ruiz/ Massachusetts Dept. of Public Health, Bureau of Substance Abuse Services	On Page 20 in the second paragraph, the instructions specify that planned expenditures for services for individuals with co-occurring mental health and substance abuse disorders should be submitted in a combined plan. Is this plan required to be submitted, or only if applicable? Where should this plan be included in the application? Is it expected to be a priority area that is addressed in Tables 2 and 3? These tables do not include expenditure information. Please clarify the instructions.	The instructions will be clarified in the application
25.	5/24/11	Application Planning Section	Sarah Ruiz/ Massachusetts Dept. of Public Health, Bureau of Substance Abuse Services	On pages 24-25 some of the listed strategies that should be considered and addressed are repetitive - particularly those focused on prevention. For example, on page 24, the third bullet recommends prevention strategies that are consistent with the 2009 IOM report - so does the second bullet on page 25. The first, third and fifth bullets on page 25 are all basically the same. We recommend reducing the number of bullets so they aren't repetitive.	SAMHSA has reduced the number of bullets to remove those that are repetitive.

Block Grant Comment Log

26.	5/24/11	Application Planning Section	Sarah Ruiz/ Massachusetts Dept. of Public Health, Bureau of Substance Abuse Services	<p>On Page 24 – We recommend that the bullet on tobacco use prevention, tobacco cessation and tobacco-free facilities be reworded in the following way, to put the emphasis on encouraging strategies to address tobacco:</p> <p>“Strategies that target tobacco use prevention, tobacco cessation and tobacco-free facilities <u>that are supported by research and encompass</u> a range of activities including policy initiatives and programs.”</p>	SAMHSA concurs and will modify the bullet on tobacco on page 24.
27.	5/24/11	Application Planning Section	Sarah Ruiz/ Massachusetts Dept. of Public Health, Bureau of Substance Abuse Services	<p>Page 29 – The instructions for the Resource Development Expenditures chart specify that this is for the SAPT BG, but the chart itself (Table 8) includes columns for both MH and SA. Are we expected to submit combined information, or expenditure information from each BG separately? Massachusetts will be submitting two state plans and annual reports. Please clarify the instructions.</p>	SAMHSA did not find a reference to the SAPT BG on the form. The form will be clarified
28.	5/26/11	Tribal Consultation	Michelle Dirst on behalf of Robert Morrison/ NASDAD	<p>Tribal consultation – We recommend that SAMHSA amend the provision to ask State Substance Abuse Directors how they currently work with tribes and any technical assistance needs they may have to conduct consultation. SAMHSA would then work with NASADAD and states to provide help and share “best practices”</p>	SAMHSA will work with NASADAD and States to share best practices.

Block Grant Comment Log

				on this issue.	
29.	6/1	Application and Reporting Section - MH	Liz Gitter/ Ohio Dept. of Mental Health	For <b>Table 5 Mental Health Expenditures by Service</b> , Ohio Department of Mental Health (ODMH) estimates <u>compliance burden to exceed 1000 hours</u> . Ohio has a county-administered system in which 50 ADAMH (Alcohol Drug and Mental Health) Boards have the statutory responsibility to plan, evaluate and contract for mental health services with over 400 providers. Currently, the Boards submit a year-end report listing expenditures by about 30 different services, but this report does not provide client-level information for discretionary funds such as the Mental Health Services Block Grant (MHSBG). Implementing a client-level expenditure report for MHSBG would require ODMH to develop a client-level fund accounting system for providers and Boards. In addition, ODMH would need to create compliance rules that mandate reporting this information. Such an endeavor will be both time-consuming and expensive.	If the State is unable to provide the required data, then it should submit a narrative that describes its challenges regarding the data, as well as, a time-phased plan to address the data reporting challenges.
30.	6/1	Application and Reporting Section - MH	Liz Gitter/ Ohio Dept. of Mental Health	Additionally, <b>Table 9 Statewide Inventory</b> would require the development of an accounting system as described above to be able to break out expenditures for services to adults with SMI, services to children with SED and prevention. ODMH does not currently collect any data from Boards regarding which providers are awarded MHSBG funds, and relies on the Boards to administer these sub-awards in compliance with	If the State is unable to provide the required data, then it should submit a narrative that describes its challenges regarding the data, as well as, a time-phased plan to address the data reporting challenges.



Block Grant Comment Log

				<p>federal agreements and assurances. ODMH awards MHSBG funds by formula using a grant funding strategy. Boards determine how the MHSBG formula funds will be expended for treatment, recovery supports and prevention.</p>	
31.	6/1	Planning and Reporting Section - MH	Liz Gitter/ Ohio Dept. of Mental Health	<p><b>Table 6</b> would also require development of a reporting system for mental health clients and an agreement with Ohio Department of Alcohol and Drug Addiction Services to collect this data. We could conceivably use their prevention data system to collect this information, but we do not have a mental health-specific template in place.</p>	Table 6 is Primary Prevention, not Mental Health.
32.	6/1	Planning Section	Constance Peters on behalf of Vicker Digravio/ Association for Behavioral Healthcare	<p>Clarify instructions related to what is required vs. recommended:</p> <p>It seems contrary to the goal of achieving a data driven service system to impose 16 target populations in section A, 10 service-specific strategies and 8 systems-improvement strategies in section B, and 8 additional priority areas in sections D through M. Many of these target populations, strategies and priority areas are quite large in scope. As the application is written now, states will be required to include all of the SAMHSA target population in the list of State Priorities and provide goals, strategies and performance indicators for each one. This requirement is a burden and does not give states the opportunity to respond to the needs</p>	The application has been clarified. The target populations that are required and the additional populations that are encouraged have been clarified in the application

Block Grant Comment Log

				<p>that are indicated in an evaluation of the data.</p> <p>We ask that SAMHSA modify the instructions to make it clear which target populations, strategies and priority areas are “recommended” rather than “required”. In terms of the target populations, states could analyze data related to these populations and consider the level of need, but not be required to include them in the list of State Priorities (Table 2) and the plan that includes goals, strategies and performance indicators (Table 3). Only those populations and strategies that the state and its partners, in consultation with all of the recommended groups, determine to be priorities based on the data should be included in the list of State Priorities.</p>	
33.	6/3/2011	Tribal Consultation	Frank Shelp/ Georgia Dept. of Behavioral Health	(Tribal consultation): the provision does not clearly define what constitutes consultation, particularly for states with numerous tribes. Our state has never had any consultation with tribes nor would we know how to even begin that process. How do you respond to something like that in your application??	SAMHSA will provide guidance and technical assistance on consultation with Tribes. If you have not had a consultation process, indicate that in your application.
34.	6/3/2011	Behavioral Health Councils	Frank Shelp/ Georgia Dept. of Behavioral Health	The request for States to develop a behavioral health council, without recognizing States’ current law or regulations regarding substance abuse councils.	States are encouraged to expand their planning councils – if they cannot do so, please indicate why in your application.
35.	6/7/11	Planning Section	Arlene Gonzalez-Sanchez Commissioner,	SAMHSA is encouraging States to expand the authority of the state advisory council for mental health services to include consultation,	States are encouraged to expand their planning councils, they are not required to do so. The Block

Block Grant Comment Log

			<p>New York State Office of Alcoholism and Substance Abuse Services</p>	<p>monitoring, and evaluation of services to individuals with substance use disorders. By statute, New York State maintains two separate State agencies to oversee certification, funding and monitoring of substance abuse and mental health services. State Mental Hygiene Law also requires two separate Advisory Councils. While considerable joint planning and collaboration occurs on a routine basis, New York opposes any provision to require a new Behavioral Health Advisory Council. States should be allowed to conduct joint planning in a manner that makes sense within their own jurisdiction.</p> <p>SAMHSA proposes new requirements for increased collaboration and strategic partnerships (including letters of support) with primary care providers and other partners. OASAS partners with at least 21 State agencies as well as providers, advocates (including provider organizations), and local governmental units (as described in Goal 12 of our previous SAPTBG Applications). This requirement imposes a hardship for larger states like New York, given the complexity and extent of collaborations we are now engaged in. In addition, the meaningfulness of this kind of paper requirement is questionable. If required at all, this exercise to document</p>	<p>Grant application has been revised to request information on State's SAPTBG advisory committee's efforts and their relationship to the MH Planning Council.</p> <p>SAMHSA is requesting these letters or MOUs that reflect certain priorities of you BG plan and not every partnership that you have.</p>
--	--	--	---	--	--

Block Grant Comment Log

				interagency collaboration would be better suited once new health home models and service delivery networks are more fully defined and specific roles can be delineated.	
36.	6/7/11	Planning Section	Arlene Gonzalez-Sanchez Commissioner, New York State Office of Alcoholism and Substance Abuse Services	<p>SAMHSA is requiring that a combined plan for persons with co-occurring disorders be included in both the MHSBG and SAPTBG applications. There are significant differences within these populations that drive services and often determine the primary location of service delivery as well as the array of services. SAMHSA should describe the level of specificity required and the expected data-based documentation for “combined plans.”</p> <p>SAMHSA should clarify whether substance abuse treatment and prevention SSAs need to submit a suicide prevention plan if the State chooses to submit separate substance abuse/mental health applications. Also, there are references to mental illness prevention (and mitigation) in the SAPTBG proposal. SAMHSA should clearly define the expectation for mental health prevention activities when a State chooses to submit separate applications.</p> <p>SAMHSA indicates it will be creating a method of identifying appropriate measures as part of its “Strategic Initiative on Data, Outcomes &amp; Quality” and is considering development of an incentive program for states that might</p>	<p>A combined plan can identify the differences and describe how the services and location are determined.</p> <p>SAMHSA will provide further guidance on expectations in the instructions.</p>

Block Grant Comment Log

				include financial and administrative incentives based on dashboard performance.	
37.	6/8/2011	Peer and other Recovery Support Services	Pat Taylor/ Faces and Voices of Recovery	<b>Peer and other Recovery Support Services:</b> We endorse the new emphasis on peer and other recovery support services. Some of these services are delivered by paid individuals, others by volunteers and paid staff. In all cases, peers are trained, supervised, regarded as staff and are operating out of a community-based or recovery community organization. The application should allow states to support peer and other recovery support services delivered under either model. The infrastructure – including paid staff – to coordinate and support the use of volunteer-delivered or –run services should also be supported.	SAMHSA concurs, thank you for your comment
38.	6/8/2011	Targeted populations	Pat Taylor/ Faces and Voices of Recovery	<b>Targeted populations and priorities:</b> Faces & Voices endorses moving toward identifying specific populations and strategies that States should address in their plan. Targeting adolescents with youth for the delivery of prevention services would be an effective strategy. We would also encourage SAMHSA to rethink one of the strategies below:  <i>Strategies that engage schools, workplaces, and communities to establish programs and policies to <b>improve knowledge about alcohol and other drug problem, effective ways to address them and enhance resilience.</b></i>	SAMHSA will clarify the strategy in the application
39.	6/8/2011	Involvement	Pat Taylor/ Faces	<b>L. Involvement of Individuals and Families</b>	SAMHSA concurs and will make the

Block Grant Comment Log

		of Individuals and Families	and Voices of Recovery	<p>Faces &amp; Voices strongly endorses involving individuals and families in the development and implementation of recovery-oriented systems and services.</p> <p>We would suggest the following changes to the questions States should ask:</p> <p>How are individuals in recovery and family members utilized in the development and implementation of recovery oriented services (including therapeutic mentors, recovery coaches, peer specialists, <b>recovery community centers, recovery housing</b>)?</p> <p>How are individuals and family members presented with opportunities to proactively engage and participate in treatment <b>and recovery</b> planning, shared decision making, <b>and direct their ongoing care and support?</b></p>	change in the application
40.	6/8/2011	Behavioral Health Advisory Council	Pat Taylor/ Faces and Voices of Recovery	<p><b>O. State Behavioral Health Advisory Council:</b> We believe that meaningful input of stakeholders in the development of the plan is critical. While that process and input is required by Section 1914(b) of the Public Health Services Act for the Mental Health Services Block Grant, it has not been required for the SAPTBG and should be.</p> <p>While we appreciate the proposal to encourage States to expand this Planning Council to include</p>	SAMHSA acknowledges that some states have separate planning councils.

Block Grant Comment Log

				<p>prevention and addiction recovery stakeholders and utilize this mechanism to advise on the formation of the SAPTBG application as well, we believe that SAMHSA should also encourage States to establish a separate SAPTBG Planning Council where appropriate.</p> <p>We strongly support the meaningful involvement of persons who are service recipients and/or in recovery from mental and substance use disorders, their family members, providers of services and supports, representatives from racial and ethnic minorities, LGBTQ populations, persons with co-existing disabilities and other key stakeholders in developing, implementing and monitoring State systems of care.</p>	
41.	6/9/2011	State Behavioral Health Advisory Council	Roxanne Kennedy/ NJ Dept. of Human Services	<p>Will there be changes to the Public Health Services Act for Planning Councils that includes language to direct the Planning Council in their requested role to provide input to the SAPTBG? And if so, will there be a push to include this change and the change in membership to be included in the Public Health Services Act Statues for Planning Councils?</p>	SAMHSA has suggested the expansion to the Planning Councils, but is not requiring it. As such, there will be no change to the Public Health Services Act.
42.	6/9/2011	State Behavioral Health Advisory Council	Roxanne Kennedy/ NJ Dept. of Human Services	<p>Table 10: Please define member representation of the individual that should be representing the State Exchange Agency as this was not previously required.</p>	State Exchanges did not previously exist. SAMHSA defers to the State to define the appropriate representative based upon the specific state structure.

Block Grant Comment Log

43.	6/9/2011	State Behavioral Health Advisory Council	Roxanne Kennedy/ NJ Dept. of Human Services	<p>Table 11:</p> <p>Add back in the categories that differentiate Families of Adults with SED and Families of Children with SED</p> <p>Add a category that defines and meets the new standards of Families of co-occurring or substance abuse individuals</p> <p>Please define “Leading State Expert” and provide explanation about the necessity and benefit of such an individual on the Planning Council</p>	<p>States may keep information that distinguishes the category of “Family Members of individuals in Recover”, but SAMHSA does not require it.</p> <p>SAMHSA defers to State definition of Leading State Expert .</p>
44.	6/8/11	Planning Section	Margaret Tom Hawaii Alcohol and Drug Abuse Division	HIV early intervention services requirement and 45 C.F.R. is also outdated and unduly restrictive.	Thank you for your comment.
45.	6/9/2011	Planning	Roxanne Kennedy/ NJ Dept. of Human Services	Should dollar amounts be reported for just SMI/SED population or the planned defined target populations?	For the planned defined target populations that the State has prioritized.
46.	6/9/2011	Planning	Roxanne Kennedy/ NJ Dept. of Human Services	The completion of the application would be facilitated by providing definitions where necessary instead of being referenced in other documents.	SAMHSA will ensure definitions are available.
47.	6/9/2011	Planning	Roxanne Kennedy/ NJ Dept. of Human Services	Should all Tables be completed for 2012 and 2013? Inconsistent directions are given. Also Tables are referred to as “Charts” and “Forms”. Each Table should be presented followed by clear and concise instructions for completion.	SAMHSA concurs and has made the changes to the application to assure consistency.
48.	6/9/2011	Planning	Roxanne	Page 29 states that “States and the service	WebBGAS has the ability for States



Block Grant Comment Log

			Kennedy/ NJ Dept. of Human Services	providers funded utilizing Block Grant funds should be able to account for unique individuals served and track the services provided to each individual. Please complete the following charts." We currently do not have this capability. How does this impact our application? Should this be footnoted on our Tables?	to submit the information that describes the States capabilities and limitations.
49.	6/9/2011	Planning	Roxanne Kennedy/ NJ Dept. of Human Services	Table 1 "Plan and Report Receipt Dates" indicates a reporting period of 10/1/10-9/30/11. Can we continue to report on a State Fiscal Year basis?	SAMHSA is asking States to report on the 10/1/10 - 9/30/11 time period.
50.	6/9/2011	Planning	Roxanne Kennedy/ NJ Dept. of Human Services	Maintenance of Effort (MOE) and Children's Set-Aside are now part of the Block Grant Reporting Section (Implementation). Does this mean they are no longer part of the Application due 9/1/11?	That is correct
51.	6/9/2011	Planning	Roxanne Kennedy/ NJ Dept. of Human Services	Table 4 - Reimbursement Approach for Services (new table) Note: We are assuming that we will be able to amend this Table as we move some services to the Encounter-Based reimbursement strategy.  Do we need to complete for FY 2012 and 2013 or just the current plan year?	Since the plan is for a 2 year period, the reimbursement approaches would cover the 2year period.
52.	6/9/2011	Planning	Roxanne Kennedy/ NJ Dept. of Human Services	Table 5 - Projected Expenditures for Treatment and Recovery Supports (same as the Block Grant Addendum) Note: This is the same as the Block Grant Addendum.  Comment: This was completed using total contract expenditures by program and applying	The original methodology described will be sufficient.

Block Grant Comment Log

				a percentage to the total block grant dollar amount for contract expenditures. Should this methodology be revised to just include SMI/SED and or target group expenditures?	
53.	6/9/2011	Planning	Roxanne Kennedy/ NJ Dept. of Human Services	<p>Table 6 - Primary Prevention Planned Expenditures Checklist (projecting expenditures for substance abuse prevention activities)</p> <p>Comments: Directions indicate that the chart should be completed for substance abuse prevention activities so this is not applicable to Mental Health even though the second column says "SAPT or MHSBG". Please provide definitions for "Universal", "Selective", and "Indicated" in the directions for completing the chart.</p>	Definitions will be provided, and the chart contains a column for mental health in the event that a State chooses to spend its block grant on prevention activities.
54.	6/9/2011	Planning	Roxanne Kennedy/ NJ Dept. of Human Services	<p>Table 7 - Projected State Agency Expenditure Report</p> <p>Comments: Directions say for SAPTBG only (?) for 2012. But last sentence in paragraph says "Please complete these forms for FY 2012 and 2013."</p> <p>Should expenditures be provided for SMI/SED only or for planned defined target populations? Why is the number 6. State Hospital line shaded?</p> <p>Number 9. Subtotal contains two number 4s. What actually comprises this Sub-total?</p> <p>Also, please verify Number 10. Subtotal which also contains number 8.</p>	The instructions have been clarified and the typo's corrected.
55.	6/9/2011	Planning	Roxanne Kennedy/ NJ	Table 8 - Resource Development Planned Expenditures Chart	This table is required for the SAPTBG - For states that choose to

Block Grant Comment Log

			Dept. of Human Services	<p>Note: Complete for 2012 &amp; 2013.</p> <p>Comments: Directions say to complete for the SAPTBG yet Table has a column for Mental Health. What is the relevance of breaking the amounts into "Prevention" and "Treatment" categories? Also, do these expenditures reflect just those of the Provider Agencies or at the internal State level?</p>	<p>spend mh block grant funds on prevention, they are able to report it on this table.</p>
56.	6/9/2011	Planning	Roxanne Kennedy/ NJ Dept. of Human Services	<p>Framework for Planning:</p> <p>It would be recommended if data were collected for these populations and states determined which populations on page 19 of the draft guidance states were going to fund with MHSBG \$ and thus report on. For those not funded by MHSBG \$, these target populations and outcomes may be monitored by the state but not required to be reported through the MHSBG.</p>	<p>It is expected that States will report on services and populations that are funded through the block grant.</p>
57.	6/9/2011	Planning	Roxanne Kennedy/ NJ Dept. of Human Services	<p>Planning Steps</p> <p>For planning purposes, how frequently will State's be asked to complete a needs assessment?</p> <p>Pages 23-26 of the guidance indicate strategies that should be considered and addressed. These should be suggestions but not required for all to be addressed, especially given the time frame in which to complete the application.</p>	<p>States will be asked to provide an updated needs assessment as part of the planning process every two years.</p> <p>The strategies are for State consideration.</p>
58.	6/9/2011	Quality	Roxanne	Tracking outcomes and performance of priorities	SAMHSA is asking for the States

Block Grant Comment Log

		Improvement Reporting	Kennedy/ NJ Dept. of Human Services	has been integrated within the rest of the plan and Implementation Report via the Performance Indicator tables, URS data Tables, National Outcome Measures, and Data Dashboard. This new section now asks for the state's QI/TQM plan which goes beyond consumers that are SMI. Some of the items mentioned were incidents, grievances, and complaints. Is there a request to report information on SMI consumers within these parameters?	overall quality improvement plan which should address all aspects of system management
59.	6/9/2011	State Data Dashboards	Roxanne Kennedy/ NJ Dept. of Human Services	This area is duplicative as it asks for 2 NOMS and several of the Performance Indicators to be highlighted in the dashboard. The states are required to do a Performance Indicator table for each of these areas. It may be helpful to explain if and how these areas will be tied to incentives for the states.	SAMHSA is asking States to pick those indicators that are most important to the progress identified by the States.
60.	6/9/2011	Technical Assistance	Roxanne Kennedy/ NJ Dept. of Human Services	It would be helpful if Technical Assistance was provided to the state's over the next year to help them set up their reporting systems in order to become compliant with regards to the reporting of the NOMS/URS/Fiscal and other data tables requested in this application... We ask that Technical Assistance be provided to the State Data Planners, the State Planners, the fiscal officers, and the Planning Councils over the next year to prepare them for this grant application process properly. In addition, we ask that these application guidelines be postponed one year.	SAMHSA will provide technical assistance to States, planners, fiscal officers, etc . SAMHSA is planning a National Block Grant meeting at the end of July.
61.	6/9/2011	Use of	Roxanne	Will State's be able to use block grant dollars to	Yes, States will be able to use block

Block Grant Comment Log

		Technology	Kennedy/ NJ Dept. of Human Services	fund ICT implementation and sustainability?  If states cannot use Block Grant dollars to implement EHRs and subsequent ICT can this section be eliminated?	grant dollars for ICT.
62.	6/7/2011		Gretchen Geis on behalf of Terri White/ Oklahoma Dept. of Mental Health and Substance Abuse Services	<p>It is unclear if states will be required to document the specific planning steps articulated in this section (pages 22 – 25) in order to be considered in compliance.</p> <p>Recommend the final guidance allow states, in their applications, to describe how they define self-directed care in accordance with their own policies and structures.</p> <p>Data and Information Technology, if table 5 is required in the earlier section of the application (pages 30 – 33), it appears duplicative to address much of the information set out in this section of the proposed guidance.</p> <p>Quality Improvement Reporting – Believe requesting the state’s current CQI plan should be deleted the final guidance instructions.</p> <p>Consultation with Tribes – Encourage flexibility and an individualized (state by state) approach to be incorporated how states are required or requested to respond to this item.</p>	<p>SAMHSA requests that States provide information on their needs assessment and planning efforts in their submission of the State Plan even if different than the steps proposed in the application.</p> <p>The application has been changed to reflect this recommendation.</p> <p>If a State provides information in Table 5, the State could provide an abbreviated answer to Section 3.E.</p> <p>SAMHSA disagrees. The rationale for deleting this requested Section is not clear.</p> <p>The application has been changed to request additional information regarding current State’s processes for performing consultation.</p>

Block Grant Comment Log

			<p>Service Management Strategies – Section appears to potentially duplicate effort and responses requested in other section of guidance (3.E., 3.F., 3.I.,).</p> <p>State dashboards, suicide prevention, technical assistance needs, all seem to be manageable to report on.</p> <p>Use of Technology – Suggest the information requested in this section be incorporated in the WebBGAS as a check list menu with space for brief responses.</p> <p>Support of State Partners – This appears duplicative with the formation of a Behavioral Health Council.</p> <p>State Behavioral Health Advisory Council, this should be combined with “support of state partners”</p>	<p>SAMHSA does not agree. This is separate and distinct from these other Sections referenced in the comment.</p> <p>We will take this comment under consideration.</p> <p>SAMHSA disagrees. While having State partners involved in the planning council, it does not necessarily commit them to assist the SSA or SMHA with implementing their State plan.</p>
--	--	--	---	---

**REPORTING SECTION**

#	Date Received	Section	Commenter/ Organization	Comment/Question	Disposition of Comment/ Rationale
1.	4/21	Reporting Section - SAPT	Joan Disare/ New York State (NYS) Office of Alcoholism and Substance Abuse Services	What reporting periods are applicable for each section in the report? For example, in the past Table 8 (Entity Inventory) included all expenditures against a specific SAPT award rather than a state fiscal year.	The reports due in December of 2012 should provide data from 7/1/10-6/30/11 (except for Synar).
2.	4/21	Reporting Section	Joan Disare/ New York State (NYS) Office of Alcoholism and Substance Abuse Services	How does SAMHSA define community level data?	For Prevention we allow states to define community. It could be a county, municipality, school district, etc.
3.	4/21	Reporting Section	Rob Morrison/ NASADAD	Some States cannot report expenditures by units of service and unique individuals served. How do they deal with that requirement?	In the event that a State is unable to provide a response to a required data collection table or text box, States may utilize the footnote feature provided for all data collection tables or utilize the drop down menu feature provided in the text box, if applicable, in the Web Block Grant Application System (BGAS). States are encouraged, but not required, to submit data or narrative in response to requested data tables or narrative text boxes.

Block Grant Comment Log

4.	4/21	Reporting Section	Rob Morrison/ NASADAD	Can we get some clarification on the Entity Inventory? It appears to be only for SAPT (we had been required to report State-only funded providers). It also looks like we will need to report on the prior SFY. Previously, some States had reported on the SFY 2 years prior and the SAPT Block Grant Award (rather than SAPT spent during the prior SFY).	States only need to list entities that received SAPTBG or MHSBG funds.
5.	4/21	Synar	Rob Morrison/ NASADAD	How will the Synar penalty be administered?	Section 1926 of the Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act (P.L. 102-321) established penalties for noncompliance with the Synar requirements. The penalty for a State is the loss of 40% (percent) of its Substance Abuse prevention and Treatment Block Grant funds.
6.	5/3	Reporting Section - SAPT	Jan Nishimura/ Hawai'i Dept. of Health	<p>... In Table 6, is SAMHSA/CSAP requiring all States to utilize their 20% primary prevention minimum set aside so that SAPT Block Grant funds must be spent for each of the 6 prevention strategies?</p> <p>If so, what is the SAMHSA/CSAP rationale for eliminating the option that allowed States to plan and report their primary prevention expenditures using either the 6 strategies or the Institute of Medicine (IOM) categories?...</p> <p>...Recommendation: In the proposed FY 2012-2013 application and FY 2012 reporting section, replace Table 6 with Forms 6a and 6b, and 8a and 8b, respectively, from the FY 2011 application.</p>	SAMHSA is revising Table 6 and States will have the option to report their primary prevention expenditures using either the 6 strategies or the Institute of Medicine categories.



Block Grant Comment Log

7.	5/10	Reporting Section - MH	Lynn Frost on behalf of Tammy Peacock/ Alabama Dept. of Health	Table 5 asks that we report the unduplicated number of individuals and units of services paid for by MH block grant funds... The nature of the current method of disbursement (in AL) of the majority of block grant funds to the CMHCs as a grant (1/12 <sup>th</sup> contract per month vs. fee-for-service) does not lend itself well to capturing the number of individuals/service units paid for by block grant funds. The block grant funding stream becomes commingled with state funds, local funds and other funds at the CMHC level that are not billed directly to a specific payer. This will require considerable modification both at the state and CMHC system levels	In the event that a State is unable to provide a response to a required data collection table or text box, States may utilize the footnote feature provided for all data collection tables or utilize the drop down menu feature provided in the text box, if applicable, in the Web Block Grant Application System (BGAS). States are encouraged, but not required, to submit data or narrative in response to requested data tables or narrative text boxes.
8.	5/10	Reporting Section - MH	Lynn Frost on behalf of Tammy Peacock/ Alabama Dept. of Health	Table 12 includes a new category of “pregnant women” as an age category. This new category is not an age category in any of the other URS tables so I am wondering what the significance is for Table 12?	SAMHSA included the category “pregnant women” in the MH reporting section to be consistent with the SAPT reporting section. It is not needed in the other tables of the MH reporting section. In the event that a State is unable to provide a response to a required data collection table or text box, States may utilize the footnote feature provided for all data collection tables or utilize the drop down menu feature provided in the

Block Grant Comment Log

					text box, if applicable, in the Web Block Grant Application System (BGAS). States are encouraged, but not required, to submit data or narrative in response to requested data tables or narrative text boxes.
9.	5/10	Reporting Section - MH	Lynn Frost on behalf of Tammy Peacock/ Alabama Dept. of Health	Also noted on the Block Grant document that we will need to capture more specific information on military personnel and parents with dependent children, HIV/AIDS, and disabilities. (In terms of disabilities, can you specify whether you mean physical or intellectual?)	SAMHSA requests that States collect more specific information on individuals with physical disabilities.
10.	5/20/11	Reporting Section	Florida	Table 15: It is not clear if data in this table pertain to clients whose services are funded/provided by SMHA or by MHBG.	This table will be clarified in the application
11.	5/20/11	Reporting Section	Florida	Table 19: This table is unnecessarily too complex and confusing; it needs to be streamlined and simplified to limit the data only to T1 and T2. The first bullet at the top of the page requires the state to report information pertaining to December 2007 MHBG submission. Is this a typographical error? Also, if this table is going to be part of URS reporting requirements, why are the states required to resubmit the data as part of the implementation reports?	This will be clarified in the application
12.	5/20/11	Reporting Section	Florida	Table 22: Is the date 2007 a typographical error?	This will be clarified in the application
13.	5/20/11	Reporting Section	Tessie Smith/ Mississippi	We understand that this year, the MHBG addresses two years (FY 2012 and FY 2013). (1) The timeline chart on p. 16 of the draft Guidance indicates that we	Yes, the plan is for a 2 year period while the report is annual. There will be the opportunity to describe

Block Grant Comment Log

				will need to report on each year separately (and annually) on or before Dec. 1 <sup>st</sup> ; is my understanding here correct? (2) The chart on page 16 also appears to indicate that there will be some overlap (7/1/11 - 9/30/11) in reporting for FY 2012 and FY 2013, we assume as part of the transition to reporting on the state, rather than the federal fiscal year. If monthly data is available for goals, reporting should not be an issue; however, if we collect some data annually in the aggregate, will we have some way to explain that we may have some duplication across at least those three months of overlap in the reporting process?	the data reported and the timeframe represented.
14.	5/20/11	Reporting Section - MH	Florida	Tables 12, 13, 14a, 14b, 17a, 17b, 18, and 19: Data for these tables are already being submitted as part of the URS reporting requirements. Why should the States resubmit these data as part of the MH BG Implementation Reports?	This will be clarified in the application
15.	5/20/11	Reporting Section - MH	Hope Barrett - Kentucky	In review of the FY2012 BG Reporting Section (mental Health), Tables 8 and 13-23 are duplicates of our Uniform Reporting System (URS) Tables that we report annually to CMHS on Dec 1 <sup>st</sup> as our Data Infrastructure Grant requirement. Do you expect the table contents (numbers reported) to be the same for the Block Grant tables submitted on Sept 1 and for the same DIG URS tables submitted on Dec 1? Such expectation will be unrealistic for us. Annually, we run multiple data quality control processes after the fiscal year ends (between June 30th and October 15 <sup>th</sup> ). Our data is finalized for all annual reporting on October 15 <sup>th</sup> ; this is the most accurate data set we'll have and we annually use to prepare the URS Tables	All Tables in the 2012 Reporting Section are due on December 1 <sup>st</sup> beginning December of 2012. Duplicate Tables will only need to be completed once through the URS.

Block Grant Comment Log

				for Dec 1 <sup>st</sup> . Annual data that is used prior to October 15 <sup>th</sup> (such as that due Sept 1 <sup>st</sup> ) will likely not match the annual URS Tables. Please specify all expectations about the data table contents for MHBG Sept 1 <sup>st</sup> and the data table contents for URS Dec 1 <sup>st</sup> .	
16.	5/20/11	Reporting Section - SA	Florida	Tables 12 and 13b: Are these tables going to be pre-populated with TEDS data? If not, why?	Yes they will be pre-populated
17.	5/23/11	Reporting Section - SA	Alessandra Ross/ California Dept. of Public Health, Injection Drug Use Policy and Program Coordinator	The "Number of Admissions to SUD treatment" (Table 13B) data element must be collected by substance use treatment programs in a state, rather than by syringe exchange providers, and that SAMHSA must clarify this in its guidance to the grantees. Numerous barriers exist to asking SSPs to verify referrals to substance use providers: permission for such conversations must be sought from the client, and privacy protection practices differ between providers, making verification a time consuming and potentially complex activity for which time and resources must be allocated. Structural barriers to such verification also exist: most syringe exchange programs do not have the technical capacity (such as electronic medical records) or staff (many are primarily staffed by volunteers) to easily collect this information. If such data collection is required, therefore, it should be required of substance use treatment providers, who may include into the variable in their intake data collection forms and processes.	SAMHSA will clarify the application
18.	5/24/11	Reporting	Sarah Ruiz/	The instructions for Table 2 State Priorities indicate	The instructions will be clarified

Block Grant Comment Log

		Section - SA	Massachusetts Dept. of Public Health, Bureau of Substance Abuse Services	that we should identify if the goal was “achieved or not achieved.” The same paragraph is also present in the instructions for Table 3. Table 3 includes a space where states can identify if the goal was achieved or not achieved, Table 2 does not. Was it SAMHSA’s intention to include this same instruction for Table 2 although it does not include a space to indicate achievement, and achievement will be indicated in Table 3? Please clarify the instructions.	
19.	5/24/11	Reporting Section - SA	Sarah Ruiz/ Massachusetts Dept. of Public Health, Bureau of Substance Abuse Services	Table 4 – State Agency Expenditure Report: the Subtotal Rows 9 and 10 are not clear in terms of which rows are expected to be combined for those subtotals.	The form identifies which rows to add for each subtotal.
20.	6/7/11	Reporting Section - SA	Arlene Gonzalez-Sanchez Commissioner, New York State Office of Alcoholism and Substance Abuse Services	Table 14 - New York has concerns about patient confidentiality related to data required to be reported in Table 14 of the SAPTBG report. Further, requiring patients to provide the data being requested may discourage patients from participating in HIV testing.  Table 5 and Table 11 - both collect information about individuals served and cost. It is duplicative and confusing to have that information captured in two places.  Table 5 - All services listed in Table 5 should be defined.	The Table and instructions will be clarified.
21.	6/7/11	Reporting	Arlene Gonzalez-	Given the required public comment period, it is	SAMHSA is sensitive to the

Block Grant Comment Log

		Section - SA	Sanchez Commissioner, New York State Office of Alcoholism and Substance Abuse Services	<p>unlikely that States will be provided a complete application document from SAMHSA before August. The stated due date for the SAPTBG plan is September 1. It is not possible to provide a thoughtful plan that addresses the new framework components in this short timeframe.</p> <p>SAMHSA should provide States with an expected date for receipt of the notice of grant award so that States can further identify and address potential fiscal concerns. For example, SAMHSA should clarify the timeframe for issuing grant notices if States submit all requested materials (plan, report and Synar report) by October 1. This is critical for states like New York that rely on receipt of the SAPTBG award in the current state fiscal year.</p>	<p>shortened timeframe and has modified the application to allow for a phased-in application this year.</p> <p>The notice of grant award is dependent on several factors that make giving an expected award date not feasible.</p>
1.	6/8/11	Reporting Section - SA	Margaret Tom Hawaii Alcohol and Drug Abuse Division	<p>SAMHSA's past negotiation with States which resulted in agreement on the National Outcome Measures for substance abuse treatment and prevention, SAMHSA had pledged to reduce respondent burden of the SAPT Block Grant application. However, the broad scope and nature of the proposed planning, application and reporting requirements do not reflect progress towards this pledge.</p> <p>The application and reporting burden has recently increased due to new reporting requirements such as "Reporting Subawards and Executive Compensation" included in the standard terms and</p>	<p>SAMHSA believes that the changes to the block grant application allowing for a uniform application for mental health and substance abuse, the prioritization of state goals and strategies, the movement of narrative reports to assurances and a two year planning process is consistent with SAMHSAs discussions with the states.</p> <p>The instructions and guidance for completing the Reporting Section is under development and will be available with the final application.</p>

Block Grant Comment Log

				<p>conditions attached to the FY 2011 notice of Block Grant Award, expanded reporting requirements added to the FFY 2011 Annual Synar Report regarding enforcement, sampling methodology, and coverage study,</p> <p>SAMHSA has separated the application plan from the reporting section and has pushed back the due date for the SAPT Block Grant reporting section from October to December 1; however, many tables and parts in the proposed application plan and most of the reporting section lack instructions and definitions on how States are to complete numerous items.</p> <p>Unclear how much additional time may be allowed to States after the statutory deadline sine the online Block Grant FAQ only says that States “should work closely with their stat project officer regarding the due dates for the final plan”.</p> <p>Short 6-month period would not provide ADAD sufficient time to obtain, compile, review and report close-out expenditure data by December 1.</p> <p>In reporting section, each table’s “report year” is left blank. Does this indicate that States would have the option of filling in the “report year” based on their most recent State expenditure period that is closed out even if that differs from SFY ending June 30 preceding the December 1 deadline for the reporting section?</p>	
--	--	--	--	---	--

Block Grant Comment Log

				<p>Could SAMHSA please identify clearly which forms are the “current” reporting forms and which forms are the “new” reporting forms?</p> <p>Helpful if SAMHSA would include a separate and more detailed Table of Contents in the reporting section.</p>	
2.	6/8/11	Reporting Section – SA	Margaret Tom Hawaii Alcohol and Drug Abuse Division	<p>Table 2 and 3 – Please identify the target populations that are the Federal goals and aims required in the legislation and regulation for the SAPT Block Grant?</p> <p>Table 6 – Disagree with the proposed revisions to Table 6 which stratifies the 6 prevention strategies by the IOM categories of universal, selective and indicated. This blanket stratification results in a table containing 21 cells excluding the “other” category. This would eliminate the option CSAP has been providing states for the past for years to use either the six prevention strategies or the IOM categories, plus Section 1926-Tobacco, to plan and report their 20% set aside.</p> <p>Table 8- Why have five new columns been added? Is SAMHSA requiring the completion of each column for all of the entities listed in Table 8? This would significantly increase the reporting burden.</p> <p>Table 10 – Recommend that this table be deleted.</p> <p>Tables 23-32 – The reporting period for these pre-</p>	<p>The application has been modified to identify the required target populations.</p> <p>States may continue to use either the six prevention strategies or the IOM categories,</p> <p>Table 8 has been modified to allow for reporting by both MH and SUD if necessary.</p> <p>SAMHSA does not agree with eliminating Table 10</p> <p>The reporting period is accurately described.</p> <p>Table 33 – we will restore the unknown category.</p> <p>SAMHSA does not agree that Health People 2020 questionnaire should be deleted.</p>



Block Grant Comment Log

				<p>populated tables is shown as FFY 2009. Is this the correct reporting period? Is it supposed to be federal fiscal year or calendar year?</p> <p>Table 33- Under the ethnicity category, the ethnicity unknown subcategory was deleted. Could you please explain why or please restore?</p> <p>Table 34- Continue to believe the requirement to report the numbers of persons served by detailed age, gender, race, and ethnicity breakdowns for population-based programs is unrealistic and impractical.</p> <p>Recommended Healthy People 2020 Questionnaire be deleted or streamlined.</p>	
3.	6/9/2011	Reporting Section	Roxanne Kennedy/ NJ Dept. of Human Services	Table 1 "Plan and Report Receipt Dates" indicates a reporting period of 10/1/10-9/30/11. Can we continue to report on a State Fiscal Year basis?	SAMHSA has determined the reporting period based upon the majority of state's fiscal years.
4.	6/9/2011	Reporting Section	Roxanne Kennedy/ NJ Dept. of Human Services	Maintenance of Effort (MOE) and Children's Set-Aside are now part of the Block Grant Reporting Section (Implementation). Does this mean they are no longer part of the Application due 9/1/11?	That is correct.
5.	6/9/2011	Reporting Section	Roxanne Kennedy/ NJ Dept. of Human Services	<p>Table 3 - Priority Area by Goal, Strategy, and Performance Indicator</p> <p>Comment: It is unclear where the NOMS will be documented since they were unintentionally left out of the guidance. Will the NOMS be included with the Performance Indicator Tables as they have in the past but not required to include the additional elements</p>	As in the past, the data for the CMHS National Outcome Measures (NOMS) will be submitted through the NOMS Performance Tables . However, states will only be required to submit the data and targets into the tables and will not be required to complete the

Block Grant Comment Log

				that have been added to this guidance or will they be documented on a modified table.	narrative tables that were included in the past.
6.	6/9/2011	Reporting Section	Roxanne Kennedy/ NJ Dept. of Human Services	<p>Table 4 – Profile of Mental Health Service Expenditures and Sources of Funding (new)                      Note: This is the same as Application Table 7.</p> <p>Comments: Why is Number 6. Other 24 Hour Care shaded?</p> <p>Number 9. Subtotal contains two number 4s. What actually comprises this Sub-total?</p> <p>Also, please verify Number 10. Subtotal which also contains number 8.</p> <p>Please add an “Other” line for categories not on Table.</p>	The instructions and guidance for completing the Reporting Section is under development and will be available with the final application.
7.	6/9/2011	Reporting Section	Roxanne Kennedy/ NJ Dept. of Human Services	<p>Table 5 – MHSBG Expenditures by Service (new)</p> <p>Comments: We may only be able to report on the bolded major categories of service. Is the expectation for the future that we will be able to provide this level of detail in the categories (for planning purposes)?</p>	Providing information on the major categories is sufficient.
8.	6/9/2011	Reporting Section	Roxanne Kennedy/ NJ Dept. of Human Services	<p>Table 6 – Primary Prevention Expenditure Checklist (new)                      Note: This is the same as Application Table 6.</p> <p>Comments: Directions indicate that the chart should be completed for substance abuse prevention activities therefore this is not applicable to Mental Health, yet Column B. lists only MHSBG in the</p>	<p>SAMHSA will provide the definitions.                      If a State chooses to spend a portion of its mental health block grant on prevention activities, it can report that in this table.</p>

Block Grant Comment Log

				<p>heading. Please provide definitions for “Universal”, “Selective”, and “Indicated” in the directions for completing the chart.</p> <p>As per the conference calls, this table does not have to be completed for Mental Health, please update the guidance to reflect this.</p>	
9.	6/9/2011	Reporting Section	Roxanne Kennedy/ NJ Dept. of Human Services	Table 7 - Does not exist. Is this correct?	Tables will be renumbered for consistency in final application
10.	6/9/2011	Reporting Section	Roxanne Kennedy/ NJ Dept. of Human Services	<p>Table 9 - Statewide Entity Inventory</p> <p>Comments: Table requests CMHS Block Grant Expenditures for SMI/SED but what if you have specified other Target Groups?</p>	CMHS Block Grant funds can only be expended for the target populations of adults with SMI and children with SMI identified in Statute
11.	6/9/2011	Reporting Section	Roxanne Kennedy/ NJ Dept. of Human Services	<p>Table 10 - Maintenance of Effort for State Expenditures on Mental Health Services</p> <p>Comments: Same comment as above regarding SMI/SED vs. other Target Groups vs. Total Expenditures.</p>	MOE expenditures are to be reported only for target populations identified in Statute
12.	6/9/2011	Reporting Section	Roxanne Kennedy/ NJ Dept. of Human Services	<p>Table 11 - Report on Set-Aside for Children’s Mental Health Services</p> <p>Comments: Yearly expenditures for services for children with SED have historically been compared to the FY 1994 expenditure amount. If there was a change in legislation or regulation that resulted in a change in the base reporting year, please provide citation.</p>	Reporting date was updated to provide more useful information. No changes have been made to the Statute.
13.	6/9/2011	Reporting	Roxanne	Table 12 - Unduplicated Number of Persons	The instructions and guidance for

Block Grant Comment Log

		Section	Kennedy/ NJ Dept. of Human Services	Receiving Services  Comments: There are two “Number 5s”. The “total should actually be “6”. With regard to “7” (pregnant women), is this population included in the above count by age? A category such as this is a little confusing and may present difficulties when displayed publicly, since all categories other than “pregnant women: tabulate gender, age, and ethnicity. This may be a category that is better reported separately or left to states that report it as a target population. The age categories are different from the other tables. There are actually 3 different age groupings in the different URS tables that are displayed. The Division recommends that the age categories are uniform in all of the tables.	completing the Reporting Section is under development and will be available with the final application
14.	6/9/2011	Reporting Section	Roxanne Kennedy/ NJ Dept. of Human Services	Table 13 – Profile of Persons Served in the Community Mental Health Settings, State Psychiatric Hospitals and Other Settings  Comments: The directions to complete this table are vague. Should states report only on consumers funded through the CMHBG (per the instructions) or should states report consumers who were “publicly funded (as per the table). In addition it says to include ALL consumers served (not just SMI/SED).	The instructions and guidance for completing the Reporting Section is under development and will be available with the final application
15.	6/9/2011	Reporting Section	Roxanne Kennedy/ NJ Dept. of Human Services	Table 14a - Profile of Persons with SMI/SED Served by Age, Gender and Race/Ethnicity/Profile of Persons served in the Community Mental Health Setting, State Psychiatric Hospitals, and Other Settings  Comments: The title of the first page is different than	The instructions and guidance for completing the Reporting Section is under development and will be available with the final application

Block Grant Comment Log

				the title on the second page. The title on the first page includes Race/Ethnicity but there are not data fields for Race/Ethnicity in the table.	
16.	6/9/2011	Reporting Section	Roxanne Kennedy/ NJ Dept. of Human Services	<p>Table 14b – Profile of Persons with SMI/SED served by Age, Gender and Race/Ethnicity</p> <p>The age categories are different from the other tables. As stated above, there are actually 3 different age groupings in the different URS tables that are displayed. The Division recommends that the age categories are uniform in all of the tables. The Division recommends that the age groupings are: 0-12; 13-17; 18-20; 21-26; 27-44; 45-64; 65-74; 75+; N/A.</p>	The instructions and guidance for completing the Reporting Section is under development and will be available with the final application
17.	6/9/2011	Reporting Section	Roxanne Kennedy/ NJ Dept. of Human Services	<p>Table 15 – Profile of Client Turnover</p> <p>Comments: The table is also labeled as Table 16 above the Report Year. Please clarify.</p>	Tables will be renumbered for consistency in final application
18.	6/9/2011	Reporting Section	Roxanne Kennedy/ NJ Dept. of Human Services	<p>Table 16 – Does not exist. Is this correct?</p>	Tables will be renumbered for consistency in final application
19.	6/9/2011	Reporting Section	Roxanne Kennedy/ NJ Dept. of Human Services	<p>Table 17.A - Profile of Adult Clients by Employment Status</p> <p>Comments: In the previous URS tables, there were check off boxes with questions that asked: “how does your state measure employment status, and “what populations are included”. These items are missing from this table. Were these removed? Please refer to previous URS data table 4.</p>	In previous years data from the states for the URS Tables has not been entered into BGAS , but have been submitted in a separate URS data base/. SAMHSA intends to continue that practice. Tables will be unchanged from previous years.
20.	6/9/2011	Reporting	Roxanne	URS Data Tables Not Currently Included in the	In previous years data from the

Block Grant Comment Log

		Section	Kennedy/ NJ Dept. of Human Services	Guidelines:  Can you please clarify by publishing a complete list of URS tables that will be required to be completed for the plan and for the report along with corrections to the tables, instructions that match the tables and definitions for the data fields? The tables should be published in an Excel Format in order for the states to be able to import their data.	states for the URS Tables has not been entered into BGAS , but have been submitted in a separate URS data base/ . SAMHSA intends to continue that practice.
21.	6/7/2011		Gretchen Geis on behalf of Terri White/ Oklahoma Dept. of Mental Health and Substance Abuse Services	Tables 4 through 6 - Request that final guidance include examples, related to both the MHSBG and the SAPTBG, to assure uniformity in use of the tables and to minimize duplication and reporting burden.	SAMHSA will consider this request.