NATIONAL FEDERATION OF FAMILIES
For Children's Mental Health

9605 Medical Center Drive, Ste 280 • Rockville, MD 20850 • Phone ~ 240-403-1901 • Fax ~ 240-403-1909 • www.ffcmh.org

August 8, 2012

Summer King
SAMHSA Reports Clearance Officer
Room 2-1057
One Choke Cherry Road
Rockville, MD 20857

Re: Comments on the Uniform Application for the Mental Health Block Grant and Substance Abuse Block Grant FY 2014-2015 Application (OMB No. 0930-0168)

Dear Ms. King:

The National Federation of Families for Children's Mental Health is a family-run organization that arose 20 years ago from a grassroots movement. Our membership includes more than 120 chapters and state organizations representing the families of children and youth with mental health needs. We believe that families should have a primary decision-making role in the care of their own children as well as in the development of policies and procedures governing care for all children in their community, state, tribe, territory, and nation.

These comments are submitted in response to the Substance Abuse and Mental Health Services Administration's (SAMHSA) request for comments on the Uniform Application for the Mental Health Block Grant and Substance Abuse Block Grant FY 2014-2015 Application Guidance and Instructions (OMB No. 0930-0168), published in the Federal Register on July 13, 2012.

Framework for Planning

One of the biggest concerns of the family movement has been the disproportionality of spending on children's behavioral health services in comparison to adult services. Therefore, we request SAMHSA to include language such as, "At a minimum, the plan should address the following populations *with representation that is equal to state demographics*". We do not request a specific percentage of dollars be spent on children, because we do not want to cause the unintended consequence of a few progressive states decreasing their spending on children.

Children and Resilience

Just as adult consumers are able to recover from mental illness, children are able to bounce back from adversity as long as certain circumstances exist to support the child and the child's family. The 10 guiding principles of recovery are appropriate for adult consumers, and we believe that under the "Children and Adolescents Behavioral health Services" section, it is important to similarly delineate the dimensions of resilience.

Some of the circumstances that support resilience and mental health promotion for children and youth include:

- At least one supportive adult outside a child's family
- Places to live, learn and play that are safe, supportive, and have clear and appropriate rules and consequences
- Service providers that know how to identify and build on unique strengths, skills, and abilities of children and youth
- Neighborhoods that are safe, value their children and expect them to succeed
- Communities and schools that have appropriate and purposeful roles for their youth
- Communities with affordable housing
- Communities that respect and support the role of parenting
- Employers who offer living wages and health insurance

Behavioral Health Advisor Council

SAMHSA values the presence of family members representing children and youth. It is equally important that parents and caregivers have a level of preparation to serve as strong advocates on behalf of families. Therefore, we suggest adding language that encourages appointment of a family member who is resourced by a family organization to provide sustained leadership and community-based support.

We appreciate the opportunity to comment on this proposed revision to the block grant applications and urge that you make the changes we have proposed above before issuing the final RFA to states.

Sincerely,

National Federation of Families for Children's Mental Health

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Disability Services Administration
Division of Behavioral Health and Recovery
PO Box 45330, Olympia, WA 98504-5330

August 14, 2012

Summer King, Reports Clearance Officer
Substance Abuse and Mental Health Services Administration
Room2-1057, One Choke Cherry Road
Rockville, Maryland 20857

Dear Ms. King:

Subject: (OMB No. 0930-0168) Uniform Block Grant Application Instructions)

Thank you for the opportunity to provide comments on the FY 2014-2015 Application Guidance and Instructions for the Uniform Application for the Mental Health Block Grant and Substance Abuse Block Grant. We hope that SAMHSA is able to use our enclosed feedback to improve this crucial program.

Should you have any questions, please contact Glenn Baldwin, Program Manager by telephone at 360-725-3704 or via email at glenn.baldwin@dshs.wa.gov.

Sincerely,

Chris Imhoff, LICSW
Director

Enclosure

By email

cc: Victoria Roberts, Office Chief, DBHR
Glenn Baldwin, Program Manager, DBHR

Uniform Application for the Mental Health Block Grant and Substance Abuse Block Grant FY 2014-2015 Application Guidance and Instructions (OMB No. 0930-0168)- Revisions

Washington State Division of Behavioral Health and Recovery Comments
August 14, 2012

(a) 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

Washington State's response to (a):

1. We liked the direction of the four purposes for block grant funding and find the framework useful. It is recommended all of the terms be clearly defined.

2. SAMHSA outlines what is "generally" required in last paragraph on page one of the document. The language after that states "should, could, encouraged etc." and seems more like general guidance and not requirements.

3. Data collection system changes take time and money. With reporting timelines two years past, "new" data will not be seen for three years or so. We recommend better coordination with the SAMHSA sponsored State Profiles workgroup to provide more timely information.

4. Expanding the areas of focus may potentially detract from the flexibility of states to focus on their perceived areas of highest needs.

5. Washington State is an advocate of gathering and using data and we recommend replacing the National Outcomes Measures (NOMS) with 25 relevant data elements, with defined measures, that could be tracked over time. The NOMS data measures are general in nature and we may not be able to use this data for presentations or research.

6. The new required demographic data includes languages spoken, transgender and sexual orientation. The sexual orientation questions are not appropriate for all age groups especially children and we already see significant hesitance of providers in asking these questions for adults. Given the variations of transgender status, the answers appear to be too open ended.

(b) The accuracy of the agency's estimate of the burden of the proposed collection of information

Washington State's response to (b):

7. The estimate of 282 hours in table 1 for a year-one plan does not meet the actual number of hours we have found to complete these tables. Our experience has been 10 times the estimate. For example, completion of this table for both prevention and treatment has taken in excess of 350 hours when the estimate has been 35 hours.

8. The burden estimate provided would only allow us to complete 30% of the information requested in the instructions.

9. In addition to the hours of staff time needed to gather the collection of information, we also would need to make changes to our data systems to add new elements. These additional elements add considerably to our financial burden at a time when our state revenues continue to be flat or declining.

10. Health care reform is still very much a work in progress with key guidance yet to be written. It is extremely difficult to estimate the burden of reporting until these programs are defined and implemented.

11. The burden could be considerably reduced by going to 3-year, rather than 2-year plans..

(c) Ways to enhance the quality, utility, and clarity of the information to be collected

Washington State's response to (c):

12. On the "Barometer", we believe that "Heavy Adult Use" should be "Heavy <u>Young</u> Adult use".

13. We request that SAMHSA provide specific operational definitions for each measure so that the information is clear.

14. The requests for narrative information take considerable hours of work and do not seem quantifiable. Reducing requests for narrative would cut the burden of hours of work.

15. The application and reporting processes continues to include new measures without reducing historic measures. We recommend the utility of old measures be reviewed and some of the historic burden that has become less relevant be removed.

(d) Ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology

Washington State's response to (d):

16. What technical assistance to states is being proposed to assist with completing applications?

17. We suggest the application be limited to "required items only" and additional requested materials be included as addendums or quarterly, pre-scheduled surveys on critical topics such as Health Care Transitions, Special Populations etc. Quarterly reports or surveys would also allow for more useful, timely and "do-able" responses to time sensitive issues.

18. We suggest automated data collection systems and other forms of information technology used to gather data are compatible with SAMHSA's systems.

19. We recommend SAMHSA address as many of their data needs as possible by utilizing data from other federal agencies such as the Center for Medicaid and Medicare Services (CMMS). The state profile workgroup could be a resource to leverage administrative data bases which federal agencies can access.

Additional Comments:

20. A model response for the block grant application and reporting would be helpful.

21. We recommend military veterans be included in the list of populations subject to health care disparities.

22. States have been reducing staff positions in order to deal with budget deficits and we recommend SAHMSA limit the scope of information proposed that states are asked to provide.

23. There may be some overlapping of responsibilities between the single state authority and the other state entities, including the State Medicaid Authority. These include:

    (a) Ensuring that Qualified Health Plans (QHPs) and Medicaid programs are including Essential Health Benefits (EHBs) as per the state bench mark;
    (b) Ensuring individuals are aware of the covered mental health and substance abuse benefits;
    (c) Ensuring people will utilize the benefits despite concerns that employers will learn of mental health and substance abuse diagnosis of their employees; and
    (d) Monitoring utilization of behavioral health benefits in light of utilization review, medical necessity, etc.

24. SAMHSA is requesting states implement policies and procedures that are designed to ensure Block Grant funds are used in accordance with the identified four priority categories. States may have to re-evaluate their current management and oversight strategies to accommodate the new priorities. They may also be required to become more proactive in ensuring state-funded providers are enrolled in the Medicaid program and have the ability to determine if clients are enrolled or eligible to enroll in Medicaid. The compliance review and audit protocols may need to be revised to provide for increased tests of client eligibility and enrollment.

25. The priorities listed under the Program Integrity Section do not correspond with the four purposes that SAMHSA proposes grant funds be directed towards.

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

RICK SNYDER
GOVERNOR

OLGA DAZZO
DIRECTOR

August 22, 2012

Summer King, SAMHSA Reports Clearance Officer
Substance Abuse and Mental Health Services Administration
Room 2-1057
One Choke Cherry Road
Rockville, MD 20857

Dear Ms. King:

This communication provides the Michigan Department of Community Health's coordinated response to the request for comments for the Uniform Application for the Mental Health Block Grant and Substance Abuse Block Grant FY 2014-2015 Application Guidance and Instructions (OMB No. 0930-1068) Revision, as published in the Federal Register, Volume 77, Number 135, on July 13, 2012.

The comments provided address the four areas requested in the Federal Register in the order they appeared:

a. *The proposed collections of information are necessary for the proper performance of the functions of the agency, including whether the information will have practical utility.*

- **Guidance on Prevention:** We support the direction and guidance for prevention proposed by the *Block Grant Application*. Specifically, the focus on funding universal, selective and targeted prevention activities and services, and collecting performance and outcome data to determine the ongoing effectiveness of behavioral health prevention.

- **Guidance on SBIRT:** It would be helpful to receive additional guidance on Screening, Brief Intervention, and Referral to Treatment as a prevention activity consistent with indicated/targeted prevention activities, as well as guidance or suggestions on developing trauma-informed prevention systems and related activities for high-risk populations.

- **Housing:** SAMHSA has encouraged states to implement recovery-support services, and indicated they will provide content expertise to assist states with the process. Recovery supports include a wide variety of services, one of which is housing. Substance Abuse Block Grant recipients have the option of establishing a revolving fund to support the establishment of group homes.

The requirement criteria for homes are found in CFR 45 Part 96 Section 129. These requirements, specifically sub-sections *5i and 5ii*, are not consistent with the recognition that substance use disorders are chronic illnesses and that relapse is a part of that illness. These sub-sections require that individuals who use substances in the housing provided through these funds must be "expelled from the housing." This is an antiquated approach to care for individuals in recovery. This limits the practical utility of the use of information reported on the impact of this block grant service.

Safe and stable housing is an important component of an individual's recovery capital and is a key part of a establishing a recovery-oriented system of care. In order to fully support the needs of those in recovery, especially early recovery when people are more vulnerable, the requirements for how these funds can be used to support housing need to be changed so they are consistent with what we now know about substance use disorders. Changing the requirements for group home funding will allow states to take the proactive approach to implement the recovery support services that SAMHSA is encouraging.

b. *The accuracy of the agency's estimate of the burden of the proposed collection of information.*

- No response, the burden is unknown at this time.

c. *Ways to enhance the quality, utility, and clarity of the information to be collected.*

- **Children/Youth with Serious Emotional Disturbance and their Families:** Additional emphasis should be apparent in the application guidance to ensure that this population is comprehensively incorporated into the block grant plan. This is especially indicated in areas such as co-occurring issues, trauma, expansion of the behavioral health council and support for evidence-based, evidence-informed and promising practices that are beneficial to this population.

- **Quality of Data Collected:** We agree with the proposed methodology to enhance the quality, utility and clarity of the information to be collected. We support the focus on the identification and targeting of at-risk populations experiencing health disparities specified in the *Block Grant Application* and the *Guidance and Instructions*.

- **Mental Health Primary Prevention Activities:** Whereas the definition and scope of primary prevention activities has been well defined in the realm of substance use disorders, it remains an under-defined element in the realm of mental health disorders within the adult and child populations. It would be helpful to have specific guidance to clarify what may constitute primary prevention activities to address mental health disorders such that collected information will have clearly understood outcomes for

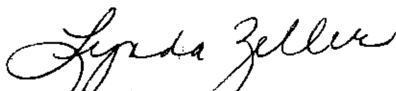
the services provided and the metric to gage the results. *(Mental health promotion? Early intervention that prevents progression to SMI status? Other?)*

d. *Ways to minimize the burden of the collection of information through the use of automated collection techniques or other forms of information technology.*

- **Burden of Data Collection:** We agree with and support the methods suggested to minimize the burden of the collection of information through the use of automated collection techniques.

Thank you for the opportunity to comment and provide feedback.

Sincerely,



Lynda Zeller, Deputy Director
Behavioral Health and Developmental Disabilities Administration

cc Deborah J. Hollis, Director, Bureau of Substance Abuse and Addiction Services
Elizabeth Knisely, Director, Bureau of Community Mental Health Services

Tennessee Voices for Children, Tennessee's Federation of Families for Children's Mental Health

701 Bradford Ave.
Nashville, TN 37204
Phone 615/269-7751
Fax 615/269-9914
www.tnvoices.org

August 18, 2012

Summer King
SAMHSA Reports Clearance Officer
Room 2-1057
One Choke Cherry Road
Rockville, MD 20857
Re: Comments on the Uniform Application for the Mental Health Block Grant and Substance Abuse Block Grant FY 2014-2015 Application (OMB No. 0930-0168)

Dear Ms. King:
Tennessee Voices for Children, Inc. (TVC) is a state-wide non-profit family-run organization that was founded more than twenty years ago by Tipper Gore with the mission to speak out as active advocates for the well-being of children and families with mental health needs. TVC is the state chapter in Tennessee for the Federation of Families for Children's Mental Health. We provide support, information and training to more than 115,000 Tennesseans annually. We support the principles of family-driven and youth guided care and believe families should be the primary decision makers in the development of policies and in the care of their own children.

These comments are submitted in response to the Substance Abuse and Mental Health Services Administration's (SAMHSA) request for comments on the Uniform Application for the Mental Health Block Grant and Substance Abuse Block Grant FY2014-2015 Application Guidance and Instructions (OMB No. 0930-0168), published in the Federal Register on July 13, 2012.

As a family organization, one of our continuing concerns has been having the funding available in the children's system to provide the support, prevention, early intervention and treatment needed for children's behavioral health services. We know from analysis of expenditures on services for children in Tennessee that the cost per child is substantially less for prevention and early intervention services than it is for intensive intervention. These services are not only more cost effective, they are more humane than waiting until problems have escalated before providing treatment.

We request that SAMHSA address the need for substantial Block Grant resources for family support, prevention and early intervention services and to coordinate these efforts with those of the Affordable Care Act. We request that states not decrease their level of funding for children's mental health and that as a minimum that funding representation is equal to state demographics.

It is important to support children and adolescents by supporting the principles and values of systems of care and by outlining the dimensions of resilience. The key principles (comprehensiveness, individualized services, community based, culturally and linguistically appropriate, early intervention, family driven, youth guided, service coordination, protection of rights, and support for transition to adulthood) should be combined with the circumstances that support resilience and promote mental health for children and youth. These include:

- At least one supportive adult outside a child's family
- Places to live, learn and play that are safe, supportive, and have clear and appropriate rules and consequences
- Service providers that know how to identify and build on unique strengths, skills, and abilities of children and youth
- Neighborhoods that are safe, value their children and expect them to succeed
- Communities and schools that have appropriate and purposeful roles for their youth
- Communities with affordable housing

- Communities that respect and support the role of parenting
- Employers who offer living wages and health insurance

We further strongly recommend that a family member supported by a family organization be named to the Behavioral Health Advisory Council to provide the critical family voice and leadership.

Thank you so much for the opportunity to comment on this proposed revision to the block grant application and urge that you consider the changes that have been proposed before issuing the final RFA to states.

Sincerely,

Tennessee Voices for Children
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National Association of State Alcohol and Drug Abuse Directors, Inc.

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Executive Director
Robert I. L. Morrison

August 30, 2012

Ms. Summer King
SAMHSA Reports Clearance Officer
Room 8-1099
One Choke Cherry Road
Rockville, MD 20857

Dear Ms. King:

The National Association of State Alcohol and Drug Abuse Directors (NASADAD) appreciates the opportunity to comment on the proposed Substance Abuse Prevention and Treatment (SAPT) Block Grant Uniform Application FFY 2014-15 and Instructions (OMB No. 0930–0168)—Revision, published in the *Federal Register*, Volume 77, Number 135, Friday, July 13, 2012. The SAPT Block Grant is the cornerstone of States' substance abuse prevention, treatment and recovery systems. It accounts for approximately 40 percent of expenditures by State substance abuse agencies across the country, and on average 64 percent of States' substance abuse prevention expenditures. The SAPT Block Grant is a vital safety net service for individuals with or at risk of a substance use disorder.

We certainly support the Substance Abuse and Mental Health Services Administration's (SAMHSA) goal of improving and modernizing the SAPT Block Grant application. We have a proven track record of working in partnership with SAMHSA on data and SAPT Block Grant application matters. We are concerned, however, that the Federal Register Notice (FRN) seems to indicate that the proposed changes in the draft SAPT Block Grant application were based on NASADAD recommendations. While SAMHSA did seek input from NASADAD and individual State substance abuse directors, the proposed draft changes does not reflect NASADAD recommendations.

We have reviewed the proposed 2014/2015 SAPT Block Grant Application and appreciate that there is an option for State substance abuse agencies to submit a separate SAPT Block Grant application and report. We have also highlighted our concerns with the proposed application, and note our remaining concerns from the 2012/2013 SAPT Block Grant application that were not addressed. We also include a summary of our concerns and recommendations for the final application.

We are concerned with the following provisions in the proposed FY 2014/2015 SAPT Block Grant application:

1025 Connecticut Avenue NW, Suite 605 • Washington, DC 20036 • (202) 293-0090 • Fax: (202) 293-1250 •Email: dcoffice@nasadad.org

- **Deadline for Submission:** States are increasingly concerned about the April 1 deadline for the SAPT Block Grant application, which will coincide with State legislative sessions.
- **Behavioral Health Barometers and Data Collection:** The proposed SAPT Block Grant application does not identify what measures will be included in the barometer, which makes planning difficult.
- **Multiple Goals and Purposes of the Proposed SAPT Block Grant Application:** Multiple divergent purposes for the revision requests place a heavy burden on States.

We remain concerned about the following provisions we highlighted in the FY 2012/2013 SAPT Block Grant application:

- **Requested Information/Compliance Requirements:** The application should better identify what information is required versus requested. In addition, SAMHSA should identify which sections may be submitted after the statutory deadline, and what SAMHSA will deem as compliant as this has caused confusion and a delay in the approval of applications.
- **Planning Steps:** The draft SAPT Block Grant application requests States outline actions in their State plan pertaining to a significant number of new populations. We note that this request for expanded activities or services comes at a time when the Administration cut funding for the SAPT Block Grant and proposed further cuts in FY 2013 through the Public Health Evaluation "tap."
- **Joint Planning:** The joint planning request should maintain and endorse clinical, financial, and programmatic integrity of prevention and treatment for substance use disorders.
- **Terminology:** We are concerned that the application uses the generic term "States" and identifies the Substance Abuse Prevention and Treatment (SAPT) Block Grant as the Substance Abuse Block Grant (SABG).
- **Corrective Action Plans:** We believe criteria should be developed to help assess whether or not a State has taken "reasonable" actions with regard to its corrective action plan.
- **FY 2012 and FY 2014 Budget Request:** We are concerned that the proposed application discusses a proposed policy change to the SAPT Block Grant that has not been approved by Congress. This mention could cause confusion.

NASADAD Recommendations

Again, we would like to reiterate our commitment to improving the SAPT Block Grant as a path toward better service delivery. We also recognize SAMHSA's need to streamline elements contained in the SAPT Block Grant application. We are concerned however, about the State burden resulting from the changes to the SAPT Block Grant application. As a result, we urge that the following recommendations be considered for the final application:

Deadline for Submission: States are increasingly concerned about the April 1 deadline for the application. This coincides with States' legislative session. State substance abuse agencies must be attentive to legislative requests, which include preparing budget requests, testifying before legislative committees, and tracking State legislation. It will be a challenge to complete the application with competing demands, particularly for the small States and State substance abuse agencies that have suffered reductions in staff as a result of economic hardships.

Recommendation: ***Work with NASADAD to address the concerns of State substance abuse agencies as a result of the April 1 deadline.***

Behavioral Health Barometers and Data Collection: The proposed SAPT Block Grant application does not identify all measures that will be included in the behavioral health barometer. State substance abuse agencies are concerned some of the data elements identified in the document for collection, are current data points not currently collected. States vary considerably in their data capabilities and any change to their data system could be challenging.

In addition, we are concerned by the use of the term "behavioral health." We believe precise language is critical given the large impact federal statutes and regulations have on State systems. We also understand the stigma and discrimination that can be attached to certain terms.
The use of precise terminology is particularly important as we consider, develop, and implement measures and data elements.

> ***Recommendation:*** *SAMHSA should provide more clarity on how the agency intends to incorporate "behavioral health barometers," and how they will work with the National Outcome Measures (NOMs) and States' current data collection efforts. We also urge SAMHSA to provide State substance abuse agencies flexibility based on a State substance abuse agency's data infrastructure and capabilities. We recommend SAMHSA work directly with NASADAD on data collection issues.*
>
> *In addition, we recommend using language that recognizes and reinforces the fact that addiction is indeed a unique, distinct, and primary disease. We recommend unique measures that are appropriate for the prevention, treatment, and recovery of substance use disorders; prevention, treatment, and recovery of mental illness; and elements appropriate for both substance use disorders and mental illness. We believe this will help better position State to use the data to improve service delivery.*

Multiple Goals and Purposes of the Proposed SAPT Block Grant Application: Multiple, divergent purposes for the revised application place a heavy burden on State substance abuse agencies. The introduction in the application states that the proposed revisions are to "expand the areas of focus." Furthermore, the stated purpose is to meet SAMHSA's need to "assess the extent to which states plan for and implement the ACA." Finally, the scope of the revision is to determine whether SAPT Block Grant funds are being directed toward the four recommended purposes of the grant, which are different from the statutorily required goals of the program. Significant year-to-year changes by SAMHSA to the application can undermine enthusiasm and dilute progress on any one area of focus or goal. Every change, especially additional requirements without corresponding eliminations, spreads resources too thin and risks reducing effectiveness and impact.

> ***Recommendation:*** *If absolutely necessary, one new area of attention might be highlighted every two years. States require sufficient time to shape plans, implement programs and strategies, and to monitor change.*

Optional and Required Information: As mentioned previously, given the number of new topic sections and requests, it is very important for SAMHSA to identify the information that is requested and the information that is required. NASADAD appreciates that SAMHSA has

identified on page 16 the information that is requested. However, a more detailed explanation about the expectation for each section would provide better clarity, particularly for sections of the SAPT Block Grant and Community Mental Health Services (CMHS) Block Grant that have different statutory requirements.

> ***Recommendation:*** *Clearly identify in each section or in a table in the final SAPT Block Grant Application what new sections are required and what sections are optional and what information is required for the CMHS Block Grant and separately the SAPT Block Grant.*

Compliance Requirements: Given the numerous changes to the SAPT Block Grant application, we recommend more thorough and clear guidance for completing each section. We also recommend the inclusion of criterion for distinguishing required timeframes and sections where flexibility may be afforded to States as they complete the application. As indicated in our comments last year, the lack of common and clear criteria for all to follow increases the potential for delays in the final approval process. State substance abuse directors note that they submitted "requested information" (as opposed to "required information") and were told to provide yet more information before the application was ultimately approved. This process has caused confusion and an unnecessary burden to State substance abuse agencies.

> ***Recommendation:*** *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 and more information for completing each section.*

Planning Steps: The direction of the proposed application appears to be increasingly prescriptive in what SAPT Block Grant funds may purchase instead of being more flexible. NASADAD has had a long-standing concern with any efforts to increase the prescriptiveness of the SAPT Block Grant.

Further, these priority areas that are proposed to be requested in a State plan are not included in statute or regulations. It also changes the intent of the SAPT Block Grant, which is to allow States flexibility to identify their own needs using State data.

> ***Recommendation:*** *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 impacted in any way should the section not be completed.*

Overall Comments on Joint Planning: We support the concepts and ideas behind coordinated planning with many sister State agencies, including mental health departments. Our support is based on the premise that SAMHSA will maintain and endorse clinical, financial and programmatic integrity of substance use disorders prevention and treatment services.

Joint planning on prevention: We understand and support SAMHSA's work to elevate issues pertaining to prevention. We also note that much work remains to better define and establish common terminology regarding substance abuse prevention and mental health promotion. To protect prevention funding, we caution SAMHSA not to broaden prevention requirements and expectations far beyond the statutory requirements guiding their allowable use.

Recommendation*: We recommend that work first move forward to establish common definitions pertaining to substance abuse prevention, mental health promotion, and other relevant and related terms. We recommend working through NASADAD on this topic.*

Joint planning on recovery services: We understand the interest in gathering additional information regarding "recovery services."

Recommendation*: We recommend SAMHSA work with stakeholders to define "recovery services." In particular, we recommend that SAMHSA work with NASADAD to draft a definition. 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. For instance, it is essential that individuals recovering from addiction have access to alcohol and drug free housing. 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.*

Terminology: The document refers to the generic term "States," and changes the term for the SAPT Block Grant to Substance Abuse Block Grant (SABG).

Recommendation: *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 Resources and Services Administration (HRSA)] and not currently going through SSA.*

We also recommend using the term for the SAPT block grant identified in statute, which is the Substance Abuse Prevention and Treatment Block Grant.

In addition to our previous comments, we urge you to consider and include in the final application the following comments:

Corrective Action Plan: On page 54, the proposed application notes that States should be held accountable for meeting the goals and performance indicators established in their plan. In addition, the proposed application includes that States shall develop a corrective action plan if that State has failed to take reasonable steps to achieve its goals as stated in the application and approved by SAMHSA. Finally, the proposed application notes that SAMHSA may direct the State authority responsible for the program to change the State plan to ensure goals are met.

NASADAD supports enhanced accountability in return for more flexibility in how SAPT Block Grant funds are spent. We support a close working relationship between State substance abuse agencies and SAMHSA staff to discuss progress, identify barriers and develop solutions. We also believe, however, that the State and SAMHSA may have different interpretations of what constitutes "reasonable steps" the State has taken to address deficiencies.

Recommendation: *We believe criteria should be developed to help assess whether a not a State has taken "reasonable" actions with regard to its corrective action plan. We also recommend the development of a formalized consultation process that would convene SAMHSA and the impacted State should any disagreements develop with regard to goals, corrective action plans, and success in taking "reasonable" steps to improve services.*

FY 2012 and FY 2013 Budget Proposal: For the second year in a row, the draft SAPT Block Grant application seems to reference initiatives that are included in SAMHSA's proposed budget for FY 2013. This approach sends mixed messages to State substance abuse agencies since SAMHSA's budget proposal requires Congressional action. Given the number of changes State substance abuse agencies are managing, direction should be given by Congress to SAMHSA before changes are included in the application, particularly since Congress opposed the proposal last year.

> ***Recommendation:*** *We recommend that SAMHSA remove information that references the FY 2013 Budget proposal in the application.*

Thank you for your consideration of these comments. Please feel free to contact me if you have any questions.

Sincerely,

Robert Morrison
Executive Director

From: Lasser, Heidi - CO 3rd [LasserH@dhw.idaho.gov]
Sent: Tuesday, September 04, 2012 5:10 PM
To: BlockGrants (SAMHSA)
Cc: Lasser, Heidi - CO 3rd
Subject: Comments on 2014-2015 Boock Grant Focus

Dear Summer King and SAMHSA,

I am the Children's Planner for Idaho and this will be my second year helping to develop the joint Substance abuse and mental health Block Grant for Idaho. This year I attended the Block Grant conference for the second year in a row, and I again heard the strong emphasis on the Number One Strategic Goal of SAMHSA, which as you know is Prevention. I heard it being strongly emphasized both this year and last year for children. I wholeheartedly agree with this philosophy and principle. I attended the Children's Prevention breakout session at this year's Block Grant conference and I have attended many other webinars through Brass Tacks (spelling) and other agencies with similar goals, that continue to provide the same statistics and message……..That children's mental health is where the states need the funding the most, that states need to plan differently and begin to reallocate their funding to start to address the problems in the beginning, where the mental health problems first arise, and eventually save millions of dollars in costly treatments when these children become adults and have already made the poor decisions that have messed up their lives; that most people who have mental illnesses, have an average age of onset as a child or teenager, etc. But, with all this knowledge and all the push from SAMHSA to focus on prevention for children, I still do not see ANY funding being allocated from SAMSA for prevention in the 2014-2015 Block Grant. I recommend SAMHSA allocate some funding toward Children's Prevention in the next Block Grant. I also still see a lack of emphasis toward funding children's mental health treatment in general.

In addition, I see a push toward trauma-Informed and trauma treatment by SAMHSA. This is excellent and a long time coming. However, most trauma is experienced in childhood. Again, childhood would be an excellent time to begin the funding and focus of programs for both male and female victims of trauma throughout the country to begin a prevention and treatment campaign, in order to save millions of dollars for states for these teens and children later in life, since it would no longer be necessary for many of them to enter into the adult mental health system in the intensive way that they would have.

Imagine the domino effects this could have in a positive way, with more productive citizens, fewer hospitalizations, lower suicide rates, lower crime rates, lower sex offenses, etc, if more children were able to deal with their victimization issues and mental health/substance abuse issues in real time, as it was happening and unfolding, and if families were given the tools to deal with the children as they were experiencing the issues, instead of waiting for years after all the damage was done and then trying to unravel all the pieces. Imagine how much healthier we could all be. Imagine how much less expensive a system that would be.

Right now the system is upside down because we keep putting band-aids on the problems, and because of fear that it will get out of control if we allocate the funding differently.

I believe it is already out of control….we are almost out of funding, and it is time we do the right thing for the children, and try something different.

I recommend this upcoming 2014-205 Block Grant allocate a great deal of funding toward Children's prevention, and Children's mental health treatment, including trauma treatment.

Thanks.

Sincerely,

Heidi Lasser

Heidi Lasser, MA, LCPC, NCC
Program Specialist
Idaho Department of Health and Welfare
Division of Behavioral Health
450 W. State Street, 3rd Floor
Boise, ID 83702
(208) 334-4955

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Pennsylvania's Office of Mental Health and Substance Abuse Services (OMHSAS) has reviewed the recent SAMHSA public notice regarding the **Uniform Application for the Mental Health Block Grant and Substance Abuse Block Grant FY 2014-2015 Application Guidance and Instructions OMB No. 0930-0168)- Revision**, as found in the Federal Register/Vol. 77, No. 135/July 13, 2012/Notices. Please accept the following comments:

Page 41432:

- Column Three, Fourth Paragraph- Please provide clarification regarding the status of Tables 1-6b- which are required, which are requested for MHBG only.
- Column Three, Fourth Paragraph- Please advise whether the statutory five criteria are to be addressed in the plan.

Page 41433:

- Column One, First Paragraph- OMHSAS supports the proposal that, for the FY 2014-2015 application, states will continue to receive their annual grant funding even if they choose to only submit the required section of their plan. This approach allows states the additional time and technical assistance from SAMHSA needed to be able to complete those sections where additional information is requested (but not yet required).

Page 41433:

- Column Three, Second Paragraph, Second Bullet- OMHSAS favors the concept of an annual Behavioral Health Barometer, which SAMHSA will prepare and use with states for informing the planning process. Using the report to highlight the impact of block grant-funded services will help move states toward ensuring that grant funds are used to increase access, quality and outcomes of care.

Page 41435:

- Table 1, Column Three- OMHSAS finds the estimated burden to the states of 35 hours to prepare and submit the Uniform Reporting System to be significantly understated. This is one of the more complex and time-consuming responsibilities associated with block grant data reporting.

Page 41435

- Table 2, Column 3- OMHSAS finds the estimated burden to the states of 35 hours to prepare and submit the Uniform Reporting System to be significantly understated. This is one of the more complex and time-consuming responsibilities associated with block grant data reporting.

From: Amy Stevens [amstevens@mindspring.com]
Sent: Wednesday, September 05, 2012 4:46 PM
To: BlockGrants (SAMHSA)
Subject: Comments on Block Grant Collection Activities

Dear Ms. King. I understand that SAMHSA is asking for input on proposed changes to block grants. I have a few comments for your consideration.

1. As a small sole practitioner, I find the burden of data collection and reporting often is excessive. The level of effort is beyond the level of effort I can expend and still make a reasonable profit so I tend to avoid state and federal programs that require too much data. I believe a standardized protocol, similar to those used by many Employee Assistance Programs (ie. One page with easy check-offs) should be sufficient in most cases. Service delivery should be primary and administrative effort secondary. Otherwise access to care is limited to the few organizations who can handle the paperwork requirements.

2. Since I am a disabled veteran and military advocate, I would suggest that funding for programming and treatment of veterans and their families be made a priority when possible. While there is much discussion of PTSD and trauma, the reality is that mood disorders and substance abuse are more prevalent than most people would believe. Also, that families are much more impacted by their service members' duty than often recognized. Caregiver services and child oriented services are perhaps more important than focusing on trauma services for military families. I have found that many facilities do not identify individuals who are impacted by their service or that of their significant others. It may be reasonable to ask that at least one question be asked regarding military service during initial data collection.

3. I would also like to include encouragement to hire veterans and veteran spouses as service providers and state employees to be included in the block grant language. Governmental agencies tend to have long term employees. Service members (like myself) often have significant challenges being hired by state agencies because geographic relocations are common in our line of work. By the time we retire or discharge, we are behind on establishing ourselves in communities because we haven't been there very long. In thinking about successful mental health interventions for veterans, it is well known that military culture is unique and providers are more accepted if they are veterans themselves. It would be helpful to the veteran community if at least one veteran is funded as a senior clinical specialist for behavioral health services in each state. Additionally, I would appreciate consideration of peer support funding for each state for veterans if possible.

I realize my comments may be beyond the scope of the input you are seeking but I have not had an opportunity for input in the past. Thank you for all considerations.

Sincerely,

Dr. Amy Stevens, EdD., LPC
Arcadian Resources
995 Roswell Street, Suite 100
Marietta, GA 30060
Office: 770-509-1034
Cell: 770-309-7877

Military Veteran Advocate
Counseling and Consultant Services
www.arcadianresources.com

September 5, 2012

Ms. Summer King
SAMHSA Reports Clearance Officer
Room 2–1057
1 Choke Cherry Road
Rockville, Maryland 20857
Sent by email to blockgrants@samhsa.hhs.gov.

Dear Ms. King:

On behalf of the National Coalition on Mental Health and Aging thank you for the opportunity to comment on the proposed "Uniform Application for the Mental Health Block Grant and Substance Abuse Block Grant FY 2014-2015 Application Guidance and Instructions (OMB No. 0930-0168)-Revision" as published in the Federal Register, July 13, 2012.

Our nation is aging rapidly and it is critical that SAMHSA and other federal agencies focus greater attention on the behavioral health needs of the growing number of Older Americans. However, noticeably lacking in the Federal Register Notice, and the related guidance and application instructions, is the previous SAMHSA commitment of services across the lifespan. The Coalition recognizes that within the Framework for Planning, SAMHSA calls for states to address "Older Adults with SMI". The Coalition calls on SAMHSA to encourage states to address the needs of older adults for mental health promotion and prevention and treatment of substance use disorders.

Adults 18 and over and children and adolescents are mentioned throughout the documents with almost no reference to older adults. This is inconsistent with the recommendations regarding the SAMHSA Block Grants in the Institute of Medicine Report *"The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands?"* issued in July of this year. The Coalition strongly supports the IOM recommendations and urges SAMHSA to fully adopt those regarding the Block Grants and those related to SAMHSA in general as well.

The IOM Report cites many studies documenting that older adults with mental health and/or substance use disorders are an underserved population, that the necessary workforce to address their needs does not exist, and that current funding policies in Medicare and Medicaid do not support current best practices of care including many of those listed in the SAMHSA National Registry of Evidence-Based Practices (NREPP). These factors make it extremely important that SAMHSA identify older adults as a distinct population. Without specific language regarding older adults in the SAMHSA documents related to the Block Grants states may ignore their needs in the planning process for the Block Grants or in developing the state insurance exchanges.

An example of the lack of attention to older adults is found in the discussion of "*Health Disparities"* which defines subpopulations. Although older adults clearly meet the definition of having "…disparate access to, use of, or outcomes from provided services…" they are not addressed in any of the discussion. Additionally, "age" is not included in the list of factors that states will be required to address regarding access, use, and outcomes for subpopulations as it had been previously.

The four (4) purposes proposed for the Block Grant funding fit well with the needs of older adults. The issue is that older adults are not included in the Block Grant planning and application process and subsequent reporting requirements, proportionate to their mental health and substance abuse needs. Again, without designation of older adults as a distinct population this is not likely to happen.

The National Coalition on Mental Health and Aging was founded in 1991 and is composed of over 80 national organizations, federal agencies and state and local coalitions. The Coalition is an educational organization with the mission of improving the mental health of older Americans. Information about the Coalition can be obtained on our website www.ncmha.org .

Thank you for your consideration,

Alixe McNeill, Chair
National Coalition on Mental Health and Aging

September 7, 2012

Ms. Summer King
SAMHSA Reports Clearance Officer
Room 2-1057
One Choke Cherry Road
Rockville, MD 20857

Dear Ms. King:

Community Anti-Drug Coalitions of America (CADCA), which represents more than 5,000 community coalitions nationwide, appreciates the opportunity to comment on the proposed Uniform Application for the Mental Health Block Grant and Substance Abuse Block Grant FY 2014-2015 Application Guidance and Instructions (OMB No. 0930–0168)—Revision, published in the Federal Register, Volume 77, Number 135, Friday, July 13, 2012.

Although CADCA fully understands SAMHSA's goal for improving and updating the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) and Mental Health Block Grant (MHBG) Applications, we have concerns with the following specific provisions in the FY 2014-2015 Guidance Instructions.

The new Uniform Block Grant Application makes the case for and explicitly includes mental health promotion as a "priority area" for planning and resource allocation purposes, despite the fact that current law for neither the SAPTBG nor the MHBG includes any language to authorize expenditures for this purpose.

SAMHSA clearly delineates on page 14 of the document how states will and will not be allowed to use some of their current MHBG funds to support prevention and promotion services, but provides **NO** guidance about limiting or prohibiting the use of monies from the SAPTBG for this purpose.
This lack of clarity for the use of funds from the SAPTBG for mental health promotion, coupled with a pervasive emphasis on mental health promotion throughout the document, is at best confusing and at worst could lead states to fund unauthorized activities with SAPTBG funds, which are intended solely for substance abuse prevention and treatment programs and services under current law.

CADCA recommends that if in fact mental health promotion is to be kept in the Uniform Application as a fourth priority, there must be clarity regarding the fact that current law does not authorize this activity to be funded from the SAPTBG. Verbiage must be explicitly added to specifically clarify that scarce resources for substance abuse prevention from the statutorily required 20% prevention set aside in the SAPTBG shall **NOT** be reallocated in this Uniform Application to mental health promotion activities.

The confusion concerning adding mental health promotion as a priority in the joint application is further exacerbated by the fact that the "Framework for Planning" on page 44 does not actually require, but only encourages states to consider both "community settings for universal, selective and indicated prevention interventions" and "community populations for environmental prevention activities," which are the key components of substance abuse prevention as currently authorized in current law for the use of the 20% prevention set aside in the SAPTBG.

Community Anti-Drug Coalitions of America
625 Slaters Lane, Suite 300, Alexandria, VA 22314
P 703-706-0560 **F** 703-706-0565 1-800-54-CADCA cadca.org

CADCA recommends that given substance abuse prevention is a major authorized priority of the current SAPTBG, with a required 20% set aside of state allocated funding for this purpose, the Framework for Planning section in the Uniform Application on page 44 be changed to require that community settings for universal selected and indicated prevention and intervention be moved to the category for items that must be addressed "at a minimum," and taken out of the "encouraged to be considered" category.

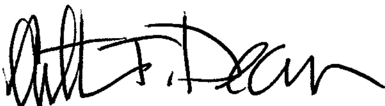
As drafted, the Uniform Application includes language concerning SAMHSA's proposed Budget initiatives for FY 2013 which have not been approved by Congress. CADCA recommends that all of this language be stricken pending definitive congressional action on these proposed changes.

CADCA also has concerns about the new State Behavioral Health Advisory Committee being only "encouraged" to include appropriate representation from both the substance abuse prevention and treatment communities.

CADCA recommends that states opting to use the Uniform Application, and thus having only one state council for both the Mental Health and Substance Abuse purposes, be required to ensure fair, balanced and appropriate representation from the substance abuse prevention, treatment and recovery communities.

Thank you for considering CADCA's views on the provisions in the FY 2014-2015 Guidance Instructions in the Uniform Block Grant Application. Please feel free to contact me if you have any questions or concerns.

Sincerely,



Arthur T. Dean
Major General, U.S. Army, Retired
Chairman and CEO

STATE OF CONNECTICUT

DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

A Healthcare Service Agency

DANNEL P. MALLOY
GOVERNOR

PATRICIA A. REHMER, MSN
COMMISSIONER

September 7, 2012

Ms. Summer King
SAMHSA Reports Clearance Officer
Room 2-1057
One Choke Cherry Road
Rockville, Maryland 20857

Dear Ms. King:

Connecticut appreciates the opportunity to comment on the Substance Abuse and Mental Health Services Administration's (SAMHSA) proposed Block Grant applications, as issued in the Federal Register Notice (Volume 77, Number 135, Friday, July 13, 2012). Connecticut's comments also reflect information provided in the draft FY 2014 - 2015 Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant application as posted on the SAMHSA block grant website http://www.samhsa.gov/grants/blockgrant/.

We recognize SAMHSA's continued leadership role in aligning services funded under the Substance Abuse Prevention and Treatment (SAPT) and Community Mental Health Services (CMHS) Block Grants with provisions in the Affordable Care Act (AKA health reform). The proposed FY 2014-2015 Block Grant application contains a number of meaningful components meant to encourage States in advancing their behavioral health service systems. Some of these are improving coordination of care especially between primary and behavioral health providers, expanding recovery supports and advancing wellness services, increasing the quality of services by investing in best practice models and demonstrating system improvements through performance measurement. Connecticut shares this vision and has made significant inroads in these and other system enhancements over the years.

Since 1995 Connecticut's Single State Agency for Substance Abuse and the State Mental Health Authority for adults has been one, cabinet-level state agency (Department of Mental Health and Addiction Services – DMHAS). This unified organizational structure has facilitated the integration of behavioral health services. DMHAS has learned over the past 17 years that change must be well managed and implications understood by all stakeholders to be successful. While the planning and implementation of health reform continues to take shape in Connecticut, there is still a ways to go. The implications of health reform on DMHAS and its partners, i.e. service providers and fellow state agencies, are continually evolving. Therefore, we feel that some proposed changes in the SAPT and CMHS Block Grants require more time and input from States in order to fully realize the costs, time required, and overall burden. DMHAS has several comments in this regard as to the proposed

(AC 860) 418-7000
410 Capitol Avenue, P.O. Box 341431, Hartford, Connecticut 06134
www.dmhas.state.ct.us
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FY 2014 - 2015 CMHS and SAPT Block Grant application as specified in the Federal Register Notice as follows.

- The application as proposed and detailed in the draft guidance document contains reference to states "directing Block Grant funds toward four purposes" including to fund "priority treatment and support services for individuals without insurance" and "to fund… services not covered by Medicaid, Medicare or private insurance offered through the exchanges.." What is SAMHSA's expectation in the first year (FY 2014) of the biannual grant application for States to redirect Block Grant funds? With the new submittal date of April 1, 2013, this shift in funding priorities will be difficult for Connecticut given its current timeline for executing contracts and budgetary processes. Additionally the FFY 2014 grant period will cover only the very start of major health care reform initiatives timed for January 2014.

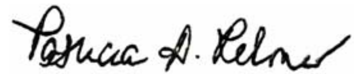
- The proposed Block Grant requirement that States develop strategies that will monitor the implementation of health reform as to whether individuals have better access to mental health and addiction services is certainly of primary importance. As we have experienced in the past, implementation of major system changes (e.g., the transition from State Administered General Assistance to Medicaid Low Income Adults) requires some time to understand the full and unrealized implications. We ask that SAMHSA appreciate the magnitude of such a change as health reform and provide States sufficient time in managing that change.

- SAMHSA continues to request States provide more details of services received and individuals served through Block Grant funds, as relates to ***Table 3 – State Agency Planned Block Grant Expenditures by Services*** of the application. DMHAS mostly funds community based addiction and mental health services through grants. While community providers report to the Department both expenditure and client information, these data are not specific to persons receiving services funded only through Block Grant dollars. As community providers have various funding streams (state general funds, client fees, Medicaid, etc.) including the SAPT and CMHS Block Grants, DMHAS would need to move to an entirely different method of funding and tracking services and clients to comply with SAMHSA's proposed reporting requirement. This would entail major changes to both the Department's information and accounting system. The exact cost and burden is unknown but would be significant.

- Connecticut supports SAMHSA's efforts at establishing quality measures to assure the most efficient and effective use of Block Grant funds. DMHAS is committed to evaluating its behavioral health services based upon relevant outcomes and quality of care measures and has been developing provider report cards over the last year. These report cards are based upon a number of key performance measures which will be shared with our providers and the public. What concerns Connecticut is SAMHSA's development of a National Behavioral Health Barometer and how that will fit with Connecticut's efforts? Any changes in data collection from DMHAS provider agencies would be costly and certainly would require sufficient time for implementation.

DMHAS looks forward to working with SAMHSA and its staff during this period of transition. The Department is supportive of a collaborative effort aimed at improving the delivery of behavioral health preventive, treatment, and recovery support services.

Sincerely,



Patricia A. Rehmer, MSN
Commissioner

September 7, 2012

Ms. Summer King
SAMHSA Reports Clearance Officer
Room 2-1057
One Choke Cherry Road
Rockville, MD 20857

Dear Ms. King:

Please accept these comments on behalf of the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) in response to the proposed Community Mental Health Services (CMHS) and the Substance Abuse Prevention and Treatment (SAPT) Block Grant Uniform Application FFY 2014-15 and Instructions (OMB No. 0930–0168)—Revision, published in the *Federal Register*, Volume 77, Number 135, Friday, July 13, 2012. I appreciate the opportunity to comment on the proposed guidance, and greatly value the resources and framework provided by the block grant program to our state's prevention and treatment delivery system.

Oklahoma welcomed the opportunity to submit a combined plan and application in September 2011 for Federal Fiscal Years 2012 and 2013. Our staff learned from that experience and has utilized that as a base from which to evaluate the proposed guidance for 2014 and 2015. As Oklahoma's Single State Agency for substance abuse services and the State Mental Health Authority, we prefer a combined approach to planning for and expenditure of block grant funds. We value that option but are cognizant of the of work required to submit meaningful plans and applications.

The comments below are presented in two sections – general comments and comments on specific elements in the proposed guidance.

Overall Comments

- The continued option to submit a combined plan and for that plan to be submitted for a two-year cycle is attractive to the ODMHSAS.

- Regarding the timeline for submission, we look forward to more closely aligning the block grant funding and planning cycle with our state fiscal year, but have some concerns. Intensive work will be required to prepare an application and plan during the same time frame in which much of our resources and efforts must be focused on the legislative session, as well as during the time that numerous federal discretionary grant applications are due. That will be an addition workload challenge for which we must prepare.

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- The estimated reporting burden published in the *Federal Register* likely underestimates the actual burden Oklahoma expects in response to the required planning and application procedures. For example, in 2011 Oklahoma submitted a combined application and utilized a team of six staff members to coordinate and draft all responses. In addition to that, an internal review and editing process was required to submit a quality document. Based on that experience, the state would expect the number of hours required to complete the planning and application process to be in excess of the 282 hours estimated in the *Register* Likewise, the burden to properly compile data and complete all reports, including the URS tables, will greatly exceed that estimated in the draft guidance.

- As with many of our colleague states, we support continued focus on the needs of children, youth and their families, and encourage SAMHSA and related block grant guidance to address the following:

    1. Clarify state activities per se proposed to benefit children, youth and their families. Oklahoma found the requirements in the former MHBG guidance helpful, as these directed states to clearly and intentionally address the needs of children within the context of the required criteria.
    2. Encourage systems to focus on family health promotion and prevention in a broad-based public health model. This approach would more likely impact community-level risk factors and identifies children and families in need earlier than often occurs in service systems built around treatment delivery.
    3. Continue to support states in identifying the best methods to assist youth and their families as they transition between systems of care, and as they transition into the adult delivery system and culture.
    4. Support the delivery of evidence based and promising practices through important infrastructure development such as training, protocol refinements and consultation.

- Throughout the guidance document the phrase "the state should" is frequently used. This creates potential confusion between what is actually required by statute and what SAMHSA recommends the state include in the plan and application. We would encourage clearer language regarding what is required and what is not.

- Given the differences between statutory language for the MHS and the SAPT block grants, there are instances throughout the proposed guidance that necessitates distinction between the two. For example, references to "substance abuse ***and/or*** mental disorders" (emphasis added) when referencing required populations may be inaccurate in terms of actually required populations described in the statutes. This infers that persons with mental disorders are required populations to which some services must be provided.

- The focus on program integrity and accountability is certainly important to Oklahoma. The proposed guidance is clear that SAMHSA expects states to operate with this as a central tenant. However, it will be important for SAMHSA, in its administration of the block grant programs, to acknowledge and work with what many states, including Oklahoma, have in place within existing frameworks. Otherwise, additional requirements will result, which will duplicate or add burden to work already under way. This seems would counter to the

block grants' intent to provide states with flexibility and uniqueness needed in their particular business, cultural and service environments.

- Oklahoma is a rich data state and the ODMHSAS has enjoyed a long tradition of working with SAMHSA and partners within the state to develop a robust and dynamic reporting, accountability and data analysis system. We look forward to the additional information data points and measurement elements SAMHSA will propose as referenced in the guidance. We caution that these should not duplicate or add avoidable burden to the state.

- Absent in the proposed guidance is the option for states to participate in a consultative peer review process, which Oklahoma considered a valuable element previously included in the Center for Mental Health Services block grant approval process. Oklahoma requests that some elements of that helpful system be retained or redesigned within the newly combined block grant administrative framework.

- References to primary prevention and a perceived new emphasis on prevention/promotion for mental health are welcomed. More clarity, discussion and planned work within existing prevention frameworks will be important to Oklahoma. Further, references to the use of Mental Health Block Grant funds for prevention activities directed only to persons with serious mental illness (SMI) or serious emotional disturbances (SED) is a challenging concept. More flexibility and allowance seems appropriate and viable for use of block grant funds through a population or public health oriented approach – rather than by disability or individual treatment delivery approach.

Comments on Specific Elements or Sections

- Like SAMHSA, Oklahoma values the importance of a useful planning process, not only in response to the block grant requirements, but in our overall approach to assure improved access to prevention and treatment services. Oklahoma would encourage the guidance to be more open to other frameworks for planning that would better utilize planning already under way in the states. The specific framework proposed in the guidance, although somewhat broad, does create added burden due to the possibility of duplicate or multiple plans for the state.

  Oklahoma is highly supportive of SAMHSA's intention to utilize the planning methods and infrastructure of the Strategic Prevention Framework (SPF) for prevention services. The SPF should be utilized in mental health promotion and prevention service planning and implementation. In addition, the SPF's utilization of the public health approach to achieve community-level outcomes should be emphasized in the Block Grant application to require/allow states to prioritize community-level strategies and measure/report on community-level outcomes.

- Based on lessons learned during the FFY2012-2013 block grant planning process, Table 1 for Priority Areas and Indicators may be limiting and potentially contradictory to a broader approach to planning. The guidance and framework for the table seem to limit the goals and

priorities possible for a state to include in this matrix. Populations and priorities broader than those traditionally attached to the SAPT and MHS block grants continue to be integral to the ODMSHAS mission and priority. To categorically limit planning to SAMHSA or block grant populations creates a need for multiple plans at the state level and, hence, duplicative work.

- Table 3 appears to require substantial work for states to complete. Some services may currently be bundled or included with other services making it difficult to specify the services, unit quantity, or expenditures listed the table. Uniform definitions and scope of required reporting will be helpful to minimize workload and improve utility.

- To an extent, Tables 5b and 5c seem potentially duplicative of other tables. However, the proposed format may be easier to follow. Oklahoma suggests avoiding duplicate reporting where possible.

- Additional guidance in the form of definitions and examples would be helpful for states to efficiently prepare information for Table 6b.

- As referenced earlier, Oklahoma supports the refinement of quality and accountability measures. The workload and utility of responses requested in item G. Quality are difficult to assess without more information on the type of elements SAMHSA will develop. Again, it is important to leverage data already collected and utilized – in particular data utilized by other SAMHSA grant projects. Oklahoma recommends that meetings on data not be separated out from other systems' development meetings. This would help planners, advocates and data staff work in concert to minimize duplication and arrive at useful measures of quality. Also, it is unclear if states will be limited to selecting priority areas from the Behavioral Health Barometer when finalized by SAMHSA?

- Responses requested for item K. Primary and Behavioral Health Care Integration Activities are numerous and should be reduced. Some of these will likely duplicate information requested under item L. Health Disparities.

- Oklahoma is always eager to advocate for more effective systems of care for children, youth and their families. However, details requested as responses under item O. Children and Adolescents Behavioral Health Services seem to duplicate reporting by states with which SAMHSA already has a relationship through the Children's Mental Health Initiative (CMHI) grants.

- Given the uniqueness of working with multiple tribal entities within a state, it is helpful, as stated in item P. Consultation with Tribes, that SAMHSA guidance is not requesting information that is overly detailed or prescriptive. Oklahoma encourages SAMHSA to continue to honor the flexibility around this important matter as currently proposed in the guidance.

- Oklahoma recommends that SAMHSA minimize information requested under U. Technical Assistance Needs and, instead, delay discussions on technical assistance until the review of

each states' plans and applications are complete. To do so will allow for a more peer consultative approach to identify needs and request related assistance.

- Regarding the listing of Council members, Oklahoma encourages the guidance for the table on page 87 to be revised to clearly reflect actual language for required memberships as stated in the statute. Some types of members on the table as drafted are not required.

- Oklahoma recommends revisions to the terminology proposed in the membership composition table on page 89.

    1. The reference to members from diverse racial and LGBTQ populations is potentially confusing and creates a dilemma as to which category members should be ascribed. These characteristics are important for the overall richness and diversity on the council. Perhaps a question could be added to discuss this in narrative form rather than arbitrarily assigning people to these categories.
    2. The term 'leading state experts' is also confusing and somewhat arbitrary. This should be deleted. Oklahoma considers many current and future council members as experts – especially people in recovery and their family members. Is their expertise less valued than other experts who might receive that designation on this form?
    3. The membership categorization for "Federally Recognized Tribe Representatives" needs additional clarification. If the intent is to identify Council members who have been officially designated as a representative from their tribal government, then that should be described in the guidance. Otherwise, this could be confused with council members who happen to be tribal members.

Thank you for the opportunity to comment on the proposed guidance. Please contact me if you need additional information. Likewise, please let me know if any of our staff could be helpful in working on specific areas for further clarification or in providing suggestions on implementation of changes to the block grant application and planning processes.

Sincerely,

Terri L. White, ODMHSAS Commissioner

cc: Robert Morrison, NASADAD
Robert Glover, NASMHPD

September 7, 2012

Summer King
SAMHSA Reports Clearance Officer
Room 2-1057
One Choke Cherry Road
Rockville, MD 20857

Re: Comments on the Uniform Application for the Mental Health Block Grant and Substance Abuse Block Grant FY 2014-2015 Application (OMB No. 0930-0168)

Dear Ms. King:

The Children's Mental Health Network appreciates the opportunity to provide suggestions for improving the Uniform Application for the Mental Health Block Grant and Substance Abuse Block Grant FY 2014-2015. These comments are submitted in response to the Substance Abuse and Mental Health Services Administration's (SAMHSA) request for comments on the Uniform Application for the Mental Health Block Grant and Substance Abuse Block Grant FY 2014-2015 Application Guidance and Instructions (OMB No. 0930-0168), published in the Federal Register on July 13, 2012.

Recommendation One: Full public transparency in all block grant planning processes
States and Territories will be required to post on a publicly accessible website the following information:

- ***Composition of membership of block grant planning committee* -** Website information shall include names of individuals, constituency and/or agency representation (family, youth, adult, etc).
- ***Announcement of Block Grant meetings and inclusion of time for public comment* -** Announcements of block grant meetings will include encouragement for the public to attend. Block grant meetings shall include time on the agenda for public comment.
- ***Process utilized for arriving at funding recommendations -*** The process used to develop and implement Block Grant funding decisions will be fully described.

Recommendation Two: Equity in funding between child and adult mental health services
Block grant plans will exhibit equity in funding for children's mental health services that is proportional to each state's child/youth population at a minimum but also takes into account level of need of children and youth with serious emotional challenges and their families**.**

Recommendation Three: Comprehensive Care Coordination
Comprehensive care coordination for children and youth with serious emotional challenges and their families will be considered a funding priority.

2201 Wilshire Drive • Durham, NC 27707
http://www.cmhnetwork.org

Recommendation Four: Wraparound Child and Family Teams
Wraparound Child and Family Teams will be supported as the vehicle to develop family-driven and youth-guided plans to further coordinate a family driven, youth guided, comprehensive community-based ongoing service planning and implementation process.

Recommendation Five: Agency Contracts Must be Monitored
Contracting between the state and local entities must include language and conditions that support the active utilization of Wraparound Child and Family Teams, Care Review, as well as other areas that support system of care principles. The responsible organization must monitor all service provider organizations to ensure adherence to active utilization of wraparound child and family teams and care review.

Recommendation Six: Family and Youth Partners
Specific funding strategies will be identified to support youth and family support like Family Partners or Youth Peer Support who provide informal care coordination, navigation, engagement and linkage to services for children, youth and families.

Recommendation Seven: Care Review Process
A community based Care Review process must be in place with active representative participation and responsibility from all major child-serving agencies, organizations, youth and families.

Recommendation Eight: Family-Driven and Youth-Guided
Plans will embrace a family-driven and youth-guided approach, which requires among other things:

- ***Stigma reduction*** - A clear plan to reduce stigma and engage in community-based health promotion activities.
- ***Family and youth involvement in Governance*** - Clear evidence of parents and youth involved in local governance around the design and delivery of services and supports to youth with emotional challenges and their families.

We appreciate the opportunity to provide suggestions for ways to improve the Uniform Application for the Mental Health Block Grant and Substance Abuse Block Grant FY 2014-2015.

Sincerely,

Scott Bryant-Comstock
President and CEO
Children's Mental Health Network

Cc: Children's Mental Health Network Board of Directors
Children's Mental Health Network Advisory Council

From: Sharon Kramer [skramer@drugfreemanatee.org]
Sent: Monday, September 10, 2012 9:53 AM
To: BlockGrants (SAMHSA)
Subject: Uniform Application for the Mental Health Block Grant and Substanvec Abuse Block Grant FY2014-2015 (OMB No. 0930-0168)

Importance: High

Dear Ms. King:

Manatee County Substance Abuse Coalition (MCSAC) which represents more than 300 coalition members appreciates the opportunity to comment on the proposed Uniform Application for the Mental Health Block Grant and Substance Abuse Block Grant FY 2014-2015 Application Guidance and Instructions (OMB No. 0930–0168)—Revision, published in the Federal Register, Volume 77, Number 135, Friday, July 13, 2012.

Although we understand SAMHSA's goal for improving and updating the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) and Mental Health Block Grant (MHBG) Applications, we have concerns with the following specific provisions in the FY 2014-2015 Guidance Instructions.

The new Uniform Block Grant Application makes the case for and explicitly includes mental health promotion as a "priority area" for planning and resource allocation purposes, despite the fact that current law for neither the SAPTBG nor the MHBG includes any language to authorize expenditures for this purpose.

SAMHSA clearly delineates on page 14 of the document how states will and will not be allowed to use some of their current MHBG funds to support prevention and promotion services, but provides **NO** guidance about limiting or prohibiting the use of monies from the SAPTBG for this purpose.

This lack of clarity for the use of funds from the SAPTBG for mental health promotion, coupled with a pervasive emphasis on mental health promotion throughout the document, is at best confusing and at worst could lead states to fund unauthorized activities with SAPTBG funds, which are intended solely for substance abuse prevention and treatment programs and services under current law.

MCSAC recommends that if in fact mental health promotion is to be kept in the Uniform Application as a fourth priority, there must be clarity regarding the fact that current law does not authorize this activity to be funded from the SAPTBG. Verbiage must be explicitly added to specifically clarify that scarce resources for substance abuse prevention from the statutorily required 20% prevention set aside in the SAPTBG shall **NOT** be reallocated in this Uniform Application to mental health promotion activities.

The confusion concerning adding mental health promotion as a priority in the joint application is further exacerbated by the fact that the "Framework for Planning" on page 44 does not actually require, but only encourages states to consider both "community settings for universal, selective and indicated prevention interventions" and "community populations for environmental prevention activities," which are the key components of substance abuse prevention as currently authorized in current law for the use of the 20% prevention set aside in the SAPTBG.

MCSAC recommends that given substance abuse prevention is a major authorized priority of the current SAPTBG, with a required 20% set aside of state allocated funding for this purpose, the Framework for Planning section in the Uniform Application on page 44 be changed to require that community settings for universal selected and indicated prevention and intervention be moved to the category for items that must be addressed "at a minimum," and taken out of the "encouraged to be considered" category.

As drafted, the Uniform Application includes language concerning SAMHSA's proposed Budget initiatives for FY 2013 which have not been approved by Congress. MCSAC recommends that all of this language be stricken pending definitive congressional action on these proposed changes.

MCSAC also has concerns about the new State Behavioral Health Advisory Committee being only "encouraged" to include appropriate representation from both the substance abuse prevention and treatment communities.

MCSAC recommends that states opting to use the Uniform Application, and thus having only one state council for both the Mental Health and Substance Abuse purposes, be required to ensure fair, balanced and appropriate representation from the substance abuse prevention, treatment and recovery communities.

Thank you for considering Manatee County Substance Abuse Coalition's views on the provisions in the FY 2014-2015 Guidance Instructions in the Uniform Block Grant Application. Please feel free to contact me if you have any questions or concerns.

Sincerely,

Sharon Kramer, M.Ed., CPP
Executive Director
Manatee County Substance Abuse Coalition
1112 Manatee Avenue West, Suite 303
Bradenton, Florida 34205
941-749-3030 Extension 3491
941-932-5620 (cell)
www.drugfreemanatee.org

The information contained in this e-mail and any accompanying documents is confidential, may be privileged, and is intended solely for the person and/or entity to whom it is addressed (i.e. those identified in the "To" and "cc" box). They are the property of the Manatee County Substance Abuse Coalition, Inc. Unauthorized review, use, disclosure, or copying of this communication, or any part thereof, is strictly prohibited and may be unlawful. Manatee County Substance Abuse Coalition, Inc. thanks you for your cooperation.

September 10, 2012

Ms. Summer King
SAMHSA Reports Clearance Officer
Room 2-1057
One Choke Cherry Road
Rockville, MD 20857

Dear Ms. King:

The Butler County Coalition for Healthy, Safe and Drug-Free Communities (BCC), which represents more than 366,000 residents in Butler County, OH, appreciates the opportunity to comment on the proposed Uniform Application for the Mental Health Block Grant and Substance Abuse Block Grant FY 2014-2015 Application Guidance and Instructions (OMB No. 0930–0168)—Revision, published in the Federal Register, Volume 77, Number 135, Friday, July 13, 2012.

Although The BCC fully understands SAMHSA's goal for improving and updating the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) and Mental Health Block Grant (MHBG) Applications, we have concerns with the following specific provisions in the FY 2014-2015 Guidance Instructions.

The new Uniform Block Grant Application makes the case for and explicitly includes mental health promotion as a "priority area" for planning and resource allocation purposes, despite the fact that current law for neither the SAPTBG nor the MHBG includes any language to authorize expenditures for this purpose.

SAMHSA clearly delineates on page 14 of the document how states will and will not be allowed to use some of their current MHBG funds to support prevention and promotion services, but provides **NO** guidance about limiting or prohibiting the use of monies from the SAPTBG for this purpose.
This lack of clarity for the use of funds from the SAPTBG for mental health promotion, coupled with a pervasive emphasis on mental health promotion throughout the document, is at best confusing and at worst could lead states to fund unauthorized activities with SAPTBG funds, which are intended solely for substance abuse prevention and treatment programs and services under current law.

The BCC recommends that if in fact mental health promotion is to be kept in the Uniform Application as a fourth priority, there must be clarity regarding the fact that current law does not authorize this activity to be funded from the SAPTBG. Verbiage must be explicitly added to specifically clarify that scarce resources for substance abuse prevention from the statutorily required 20% prevention set aside in the SAPTBG shall **NOT** be reallocated in this Uniform Application to mental health promotion activities.

6 South 2nd Street • Suite 420 • Hamilton, OH 45011 • office: 513.867.4064 • fax: 513.867.1114

The confusion concerning adding mental health promotion as a priority in the joint application is further exacerbated by the fact that the "Framework for Planning" on page 44 does not actually require, but only encourages states to consider both "community settings for universal, selective and indicated prevention interventions" and "community populations for environmental prevention activities," which are the key components of substance abuse prevention as currently authorized in current law for the use of the 20% prevention set aside in the SAPTBG.

The BCC recommends that given substance abuse prevention is a major authorized priority of the current SAPTBG, with a required 20% set aside of state allocated funding for this purpose, the Framework for Planning section in the Uniform Application on page 44 be changed to require that community settings for universal selected and indicated prevention and intervention be moved to the category for items that must be addressed "at a minimum," and taken out of the "encouraged to be considered" category.

As drafted, the Uniform Application includes language concerning SAMHSA's proposed Budget initiatives for FY 2013 which have not been approved by Congress. CADCA recommends that all of this language be stricken pending definitive congressional action on these proposed changes.

The BCC also has concerns about the new State Behavioral Health Advisory Committee being only "encouraged" to include appropriate representation from both the substance abuse prevention and treatment communities.

The BCC recommends that states opting to use the Uniform Application, and thus having only one state council for both the Mental Health and Substance Abuse purposes, be required to ensure fair, balanced and appropriate representation from the substance abuse prevention, treatment and recovery communities.

Thank you for considering The Butler County Coalition views on the provisions in the FY 2014-2015 Guidance Instructions in the Uniform Block Grant Application. Please feel free to contact me if you have any questions or concerns.

Sincerely,

Karen A. Murray
County Coalition Director

National Association of State Mental Health Program Directors
66 Canal Center Plaza, Suite 302, Alexandria, VA 22314 (703) 739-9333 Fax (703) 548-9517

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Robert W. Glover, Ph.D.
Executive Director
NASMHPD

September 10, 2012

Summer King
SAMHSA Reports Clearance Officer
Room 2-1057
One Choke Cherry Road
Rockville, MD 20857

RE: SAMHSA Agency Information Collection Activities – Federal Register Doc No: 2012-17084 (Project: Uniform Application for the Mental Health Block Grant and Substance Abuse Block Grant FY 2014– 2015 Application Guidance and Instructions (OMB No. 0930–0168)–Revision)

Dear Ms. King:

On behalf of the National Association of State Mental Health Program Directors (NASMHPD), we thank you for this opportunity to submit comments on *SAMHSA Agency Information Collection Activities: Federal Register Doc No: 2012-17084, Agency Comment Request Issued on July 13, 2012*.

We are taking this opportunity to comment on reporting tables for the Mental Health Block Grant (MHBG) that were included in the new *Federal Register* Announcement (and that were first made last year), where SAMHSA changed the age categories for one of the main URS tables to standardize the age groupings with Substance Abuse data. However, SAMHSA has only proposed changing the categories for one table (labeled Table 11 in the new *Federal Register* Packet) and while all the other tables retained the existing Mental Health age breakout categories. This lack of internal consistency with tables reported causes states and SAMHSA to (1) lose the ability to compare mental health service data across time, (2) make data edit comparisons between URS tables and (3) causes State Behavioral Health Agencies (SBHAs) and SAMHSA to lose information about the important mental health population of Adults age 21 and over (since age 21 is important to mental health providers due to the Medicaid Institution for Mental Disease {IMD} restriction on payments to adults age 21 and over.)

By SAMHSA simply adding two subgroups to their new table, it could have data that would be both consistent with Substance Abuse and with their history in the URS and with other MHBG tables in the new Application.

Current URS Age Groups (and age groups used for most tables in the new MHBG announcement):

0-12 (elementary school ages)
13-17 (middle/high school)
18-20 (older teenagers up to age 21 when the IMD rule kicks in)
21-64 (adults—again starting with age 21 because of the MH IMD rule
65-74 (older adults)
75+ (much older adults)

Proposed age groups in the MHBG announcement for Table 11A & B (based on Substance Abuse age groupings):

0-17
18-24
25-64
65+

NASMHPD suggests splitting the new table into the following age groups in order to provide SAMHSA with its desired consistency in age groups between mental health and substance abuse, while allowing mental health systems and SAMHSA to have information about the IMD (over age 21) population and provide better historical trend analyses:

Proposed 0-17 ages would become (1) 0 to 12 and (2) 13-17
Proposed 18-24 ages would become (1) 18-20 and (2) 21-24

We have developed the proposed table below to further describe these modifications. The categories in Red and with an * are the proposed changes:

Existing URS and most proposed MHBG 2012 Tables	SAMHSA Proposed new Table 13 A & B Age Grouping	Age Categories NRI/NASMHPD could Recommend
0-12 Years	0-17	0-12 Years*
13-17 years		13-17 years*
18-20 years	18-24	18-20 years*
21-64 years		21-24*
	25-44	25-44
	45-64	45-64
65-74 years	65+	65+
75+ years		
Not Available		Not Available*

Similarly, SAMHSA added (last year) reporting of the report of Pregnant Women to one of the URS tables (Table 11 A and B in the new Federal Register Announcement). A few SBHAs that have integrated behavioral health data systems report to us that they will be able to report this data, but for states that do not have this data element it will be expensive to start collecting. Based on our discussions, SBHAs are unclear on the purpose of collecting data about Pregnant Women in the mental health system. Given the expense of adding data elements and the SBHA need for new data for health care reform implementation, behavioral health integration, and other issues, we are unclear on why is SAMHSA asking for "Pregnant Women" as a new data element.

NASMHPD and SBHAs commend SAMHSA for compiling important information about how states use of the Block Grants and making several of the tables that would be difficult (or impossible for many states to report) be "Requested" rather than "Required". We support SAMHSA's gathering this information from states that can report these tables. However, we want to express a concern from SBHAs that some of these tables (such as Table 3) would be incredibly burdensome if made "Required" in the future. As long as the tables remain "Requested" but not "Required", SBHAs are not as concerned, but they are concerned that the tables could be made a requirement in the future.

We thank you again for the opportunity to provide these comments, and we would be pleased to answer any questions on this submission.

Sincerely,

Robert W. Glover, Ph.D
Executive Director
National Association of State Mental Health Program Directors (NASMHPD)

September 10, 2012

Ms. Summer King
SAMHSA Reports Clearance Officer
Room 2-1057
One Choke Cherry Road
Rockville, MD 20857

Dear Ms. King:

CADCA has forwarded this letter to us, as a coalition member of the organization, we echo the articulated concerns in this letter and wish to go on record as such. Thank you for seeking comments on this application.

Community Anti-Drug Coalitions of America (CADCA), which represents more than 5,000 community coalitions nationwide, appreciates the opportunity to comment on the proposed Uniform Application for the Mental Health Block Grant and Substance Abuse Block Grant FY 2014-2015 Application Guidance and Instructions (OMB No. 0930–0168)—Revision, published in the Federal Register, Volume 77, Number 135, Friday, July 13, 2012.

Although CADCA fully understands SAMHSA's goal for improving and updating the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) and Mental Health Block Grant (MHBG) Applications, we have concerns with the following specific provisions in the FY 2014-2015 Guidance Instructions.

The new Uniform Block Grant Application makes the case for and explicitly includes mental health promotion as a "priority area" for planning and resource allocation purposes, despite the fact that current law for neither the SAPTBG nor the MHBG includes any language to authorize expenditures for this purpose.

SAMHSA clearly delineates on page 14 of the document how states will and will not be allowed to use some of their current MHBG funds to support prevention and promotion services, but provides **NO** guidance about limiting or prohibiting the use of monies from the SAPTBG for this purpose.
This lack of clarity for the use of funds from the SAPTBG for mental health promotion, coupled with a pervasive emphasis on mental health promotion throughout the document, is at best confusing and at worst could lead states to fund unauthorized activities with SAPTBG funds, which are intended solely for substance abuse prevention and treatment programs and services under current law.

CADCA recommends that if in fact mental health promotion is to be kept in the Uniform Application as a fourth priority, there must be clarity regarding the fact that current law does not authorize this activity to be funded from the SAPTBG. Verbiage must be explicitly added to specifically clarify that scarce resources for substance abuse prevention from the statutorily required 20% prevention set aside in the SAPTBG shall **NOT** be reallocated in this Uniform Application to mental health promotion activities.

The confusion concerning adding mental health promotion as a priority in the joint application is further exacerbated by the fact that the "Framework for Planning" on page 44 does not actually require, but only encourages states to consider both "community settings for universal, selective and indicated prevention interventions" and "community populations for environmental prevention activities," which

are the key components of substance abuse prevention as currently authorized in current law for the use of the 20% prevention set aside in the SAPTBG.

CADCA recommends that given substance abuse prevention is a major authorized priority of the current SAPTBG, with a required 20% set aside of state allocated funding for this purpose, the Framework for Planning section in the Uniform Application on page 44 be changed to require that community settings for universal selected and indicated prevention and intervention be moved to the category for items that must be addressed "at a minimum," and taken out of the "encouraged to be considered" category.

As drafted, the Uniform Application includes language concerning SAMHSA's proposed Budget initiatives for FY 2013 which have not been approved by Congress. CADCA recommends that all of this language be stricken pending definitive congressional action on these proposed changes.

CADCA also has concerns about the new State Behavioral Health Advisory Committee being only "encouraged" to include appropriate representation from both the substance abuse prevention and treatment communities.

CADCA recommends that states opting to use the Uniform Application, and thus having only one state council for both the Mental Health and Substance Abuse purposes, be required to ensure fair, balanced and appropriate representation from the substance abuse prevention, treatment and recovery communities.

Thank you for considering CADCA's views on the provisions in the FY 2014-2015 Guidance Instructions in the Uniform Block Grant Application. Please feel free to contact me if you have any questions or concerns.

Sincerely,

Pat VanOflen
Coalition Coordinator
Coalition for Safe and Drug-Free Fairfield
33 Donald Drive
Fairfield, OH 45014

From: Michael J. Kramer [noblejudge@gmail.com]
Sent: Monday, September 10, 2012 12:36 PM
To: BlockGrants (SAMHSA)
Subject: Attn: Summer King re: comments on SAMHSA Block Grants

September 10, 2012

Ms. Summer King
SAMHSA Reports Clearance Officer
Room 2-1057
One Choke Cherry Road
Rockville, MD 20857

re: Mental Health Block Grant and Substance Abuse Block Grant FY 2014-2015 Application Guidance and Instructions

Dear Ms. King

I am writing regarding the request for comments regarding the application guidance and instructions for the Mental Health Grants and Substance Abuse Block Grants.

I am a superior court judge in Indiana who has taken an interest in seeing that, in addition to treatment, prevention services are provided to reduce the number of people who suffer from the disease of addiction, many of whom become incarcerated. I also serve on the Indiana Division of Mental Health and Addictions advisory committee and am a board member of Community Anti-Drug Coalitions of America.

The encouragement of including mental health promotion as a priority area when current law does not allow expenditure of either Mental Health Grant and Substance Abuse Block Grant funds for mental health promotion is puzzling and can place states in a precarious position if they plan and/or spend their block grant funds illegally. The instructions need to be clear about areas funds may legally be utilized and provide proper guidance.

SAMHSA needs to ensure that all children in America hear the substance abuse prevention message and receive inoculation and regular booster shots to reduce substance use among youth. On a daily basis I see the failings of our prevention system in the people I send to probation, treatment, or prison. The costs to our system for treatment of addiction and the medical costs for the ravages of addition on the body are enormous.

Because I believe every child deserves a chance to a happy and productive future, I object to any reduction or watering down of substance abuse prevention to our youth.

Sincerely,

Michael J. Kramer
Judge, Noble Superior Court, Div. 2
101 N. Orange St.
Albion, IN 46701
(260) 636-2129
fax (260) 636-3053
noblejudge@gmail.com
mkramer@nobleco.org

September 7, 2012

Ms. Summer King
SAMHSA Reports Clearance Officer
Room 2-1057
One Choke Cherry Road
Rockville, MD 20857

Dear Ms. King:

Community Anti-Drug Coalitions of America (CADCA), which represents more than 5,000 community coalitions nationwide, appreciates the opportunity to comment on the proposed Uniform Application for the Mental Health Block Grant and Substance Abuse Block Grant FY 2014-2015 Application Guidance and Instructions (OMB No. 0930–0168)—Revision, published in the Federal Register, Volume 77, Number 135, Friday, July 13, 2012.

Although CADCA fully understands SAMHSA's goal for improving and updating the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) and Mental Health Block Grant (MHBG) Applications, we have concerns with the following specific provisions in the FY 2014-2015 Guidance Instructions.

The new Uniform Block Grant Application makes the case for and explicitly includes mental health promotion as a "priority area" for planning and resource allocation purposes, despite the fact that current law for neither the SAPTBG nor the MHBG includes any language to authorize expenditures for this purpose.

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This lack of clarity for the use of funds from the SAPTBG for mental health promotion, coupled with a pervasive emphasis on mental health promotion throughout the document, is at best confusing and at worst could lead states to fund unauthorized activities with SAPTBG funds, which are intended solely for substance abuse prevention and treatment programs and services under current law.

CADCA recommends that if in fact mental health promotion is to be kept in the Uniform Application as a fourth priority, there must be clarity regarding the fact that current law does not authorize this activity to be funded from the SAPTBG. Verbiage must be explicitly added to specifically clarify that scarce resources for substance abuse prevention from the statutorily required 20% prevention set aside in the SAPTBG shall **NOT** be reallocated in this Uniform Application to mental health promotion activities.

The confusion concerning adding mental health promotion as a priority in the joint application is further exacerbated by the fact that the "Framework for Planning" on page 44 does not actually require, but only encourages states to consider both "community settings for universal, selective and indicated prevention interventions" and "community populations for environmental prevention activities," which are the key components of substance abuse prevention as currently authorized in current law for the use of the 20% prevention set aside in the SAPTBG.

CADCA recommends that given substance abuse prevention is a major authorized priority of the current SAPTBG, with a required 20% set aside of state allocated funding for this purpose, the Framework for Planning section in the Uniform Application on page 44 be changed to require that community settings for universal selected and indicated prevention and intervention be moved to the category for items that must be addressed "at a minimum," and taken out of the "encouraged to be considered" category.

As drafted, the Uniform Application includes language concerning SAMHSA's proposed Budget initiatives for FY 2013 which have not been approved by Congress. CADCA recommends that all of this language be stricken pending definitive congressional action on these proposed changes.

CADCA also has concerns about the new State Behavioral Health Advisory Committee being only "encouraged" to include appropriate representation from both the substance abuse prevention and treatment communities.

CADCA recommends that states opting to use the Uniform Application, and thus having only one state council for both the Mental Health and Substance Abuse purposes, be required to ensure fair, balanced and appropriate representation from the substance abuse prevention, treatment and recovery communities.

Thank you for considering CADCA's views on the provisions in the FY 2014-2015 Guidance Instructions in the Uniform Block Grant Application. Please feel free to contact me if you have any questions or concerns.

Sincerely,

Arthur T. Dean
Major General, U.S. Army, Retired
Chairman and CEO

COMMUNITY Connections, Inc.

215 Walker Street | Princeton, WV 24740 | 304.913.4956 | f 304.913.4964

September 10, 2012

Ms. Summer King
SAMHSA Reports Clearance Officer
Room 2-1057
One Choke Cherry Road
Rockville, MD 20857

Dear Ms. King:

On behalf of Community Connections, Inc., Coalitions for a Better West Virginia (the West Virginia Alliance of Community Anti-Drug Coalitions of America (CADCA)), and the host of programs/initiatives that we represent, I wanted to thank you for the opportunity to comment on the proposed Uniform Application for the Mental Health Block Grant and Substance Abuse Block Grant FY 2014-2015 Application Guidance and Instructions (OMB No. 0930–0168)—Revision, published in the Federal Register, Volume 77, Number 135, Friday, July 13, 2012.

While we fully understand SAMHSA's goal for improving and updating the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) and Mental Health Block Grant (MHBG) Applications, we have some modest concerns with the following specific provisions in the FY 2014-2015 Guidance Instructions.

The new Uniform Block Grant Application makes the case for and explicitly includes mental health promotion as a "priority area" for planning and resource allocation purposes, despite the fact that current law for neither the SAPTBG nor the MHBG includes any language to authorize expenditures for this purpose.

SAMHSA clearly delineates on page 14 of the document how states will and will not be allowed to use some of their current MHBG funds to support prevention and promotion services, but provides no guidance about limiting or prohibiting the use of monies from the SAPTBG for this purpose. By not clarifying this use of funds from the SAPTBG for mental health promotion, coupled with a pervasive emphasis on mental health promotion throughout the document, it seems confusing and could lead states to fund unauthorized activities with SAPTBG funds, which are intended solely for substance abuse prevention and treatment programs and services under current law. As a community based agency that effectively leverages these funds to serve our communities to the maximum extent possible, we are concerned that this would mean a decrease in the prevention funding available at the local level where it matters most.

We recommend that if in fact mental health promotion is to be kept in the Uniform Application as a fourth priority, there must be some clarity regarding the fact that current law does not authorize this activity to be funded from the SAPTBG. Verbiage must be explicitly added to specifically clarify that scarce resources for substance abuse prevention from the statutorily required 20% prevention set aside in the SAPTBG cannot be reallocated in this Uniform Application to mental health promotion activities.

The confusion concerning adding mental health promotion as a priority in the joint application is further exacerbated by the fact that the "Framework for Planning" on page 44 does not actually require, but only encourages states to consider both "community settings for universal, selective and indicated prevention interventions" and "community populations for environmental prevention activities," which are the key components of substance abuse prevention as currently authorized in current law for the use of the 20% prevention set aside in the SAPTBG.

Community Connections recommends that given substance abuse prevention is a major authorized priority of the current SAPTBG, with a required 20% set aside of state allocated funding for this purpose, the Framework for Planning section in the Uniform Application on page 44 be changed to require that community settings for universal selected and indicated prevention and intervention be moved to the category for items that must be addressed "at a minimum," and taken out of the "encouraged to be considered" category.

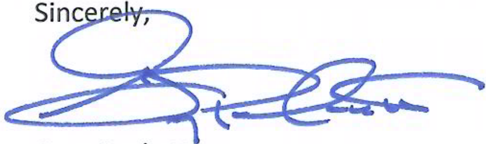
As drafted, the Uniform Application includes language concerning SAMHSA's proposed Budget initiatives for FY 2013 which have not been approved by Congress. Community Connections recommends that all of this language be stricken pending definitive congressional action on these proposed changes.

We also have concerns about the new State Behavioral Health Advisory Committee being only "encouraged" to include appropriate representation from both the substance abuse prevention and treatment communities.

Community Connections recommends that states opting to use the Uniform Application, and thus having only one state council for both the Mental Health and Substance Abuse purposes, be required to ensure fair, balanced and appropriate representation from the substance abuse prevention, treatment and recovery communities.

Thank you for considering our views on the provisions in the FY 2014-2015 Guidance Instructions in the Uniform Block Grant Application. Please feel free to contact me if you have any questions or concerns.

Sincerely,



Greg Puckett
Executive Director

From: Cindy Grant [togetheragain@earthlink.net]
Sent: Monday, September 10, 2012 1:36 PM
To: BlockGrants (SAMHSA)
Subject: Uniform Application for the Mental Health Block Grant and Substanvec Abuse Block Grant FY2014-2015 (OMB No. 0930-0168)

Dear Ms. King:

Hillsborough County Anti Drug Alliance, Inc. (HCADA) which represents over 200 coalition members in the Tampa Bay Area of Florida appreciates the opportunity to comment on the proposed Uniform Application for the Mental Health Block Grant and Substance Abuse Block Grant FY 2014-2015 Application Guidance and Instructions (OMB No. 0930–0168)—Revision, published in the Federal Register, Volume 77, Number 135, Friday, July 13, 2012.

Although we understand SAMHSA's goal for improving and updating the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) and Mental Health Block Grant (MHBG) Applications, we have concerns with the following specific provisions in the FY 2014-2015 Guidance Instructions.

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SAMHSA clearly delineates on page 14 of the document how states will and will not be allowed to use some of their current MHBG funds to support prevention and promotion services, but provides **NO** guidance about limiting or prohibiting the use of monies from the SAPTBG for this purpose.

This lack of clarity for the use of funds from the SAPTBG for mental health promotion, coupled with a pervasive emphasis on mental health promotion throughout the document, is at best confusing and at worst could lead states to fund unauthorized activities with SAPTBG funds, which are intended solely for substance abuse prevention and treatment programs and services under current law.

HCADA recommends that if in fact mental health promotion is to be kept in the Uniform Application as a fourth priority, there must be clarity regarding the fact that current law does not authorize this activity to be funded from the SAPTBG. Verbiage must be explicitly added to specifically clarify that scarce resources for substance abuse prevention from the statutorily required 20% prevention set aside in the SAPTBG shall **NOT** be reallocated in this Uniform Application to mental health promotion activities.

The confusion concerning adding mental health promotion as a priority in the joint application is further exacerbated by the fact that the "Framework for Planning" on page 44 does not actually require, but only encourages states to consider both "community settings for universal, selective and indicated prevention interventions" and "community populations for environmental prevention activities," which are the key components of substance abuse prevention as currently authorized in current law for the use of the 20% prevention set aside in the SAPTBG.

HCADA recommends that given substance abuse prevention is a major authorized priority of the current SAPTBG, with a required 20% set aside of state allocated funding for this purpose, the Framework for Planning section in the Uniform Application on page 44 be changed to require that community settings for universal selected and indicated prevention and intervention be moved to the category for items that must be addressed "at a minimum," and taken out of the "encouraged to be considered" category.

As drafted, the Uniform Application includes language concerning SAMHSA's proposed Budget initiatives for FY 2013 which have not been approved by Congress. HCADA recommends that all of this language be stricken pending definitive congressional action on these proposed changes.

HCADA also has concerns about the new State Behavioral Health Advisory Committee only being "encouraged" to include appropriate representation from both the substance abuse prevention and treatment communities.

HCADA recommends that states opting to use the Uniform Application, and thus having only one state council for both the Mental Health and Substance Abuse purposes, be required to ensure fair, balanced and appropriate representation from the substance abuse prevention, treatment and recovery communities.

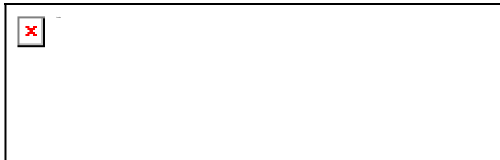
Thank you for considering Hillsborough County Anti Drug Alliance's views on the provisions in the FY 2014-2015 Guidance Instructions in the Uniform Block Grant Application. Please feel free to contact me if you have any questions or concerns.

Best regards,

Cindy

Cindy Grant, Director
Hillsborough County Anti Drug Alliance, Inc.
813-238-4034 cell: 352-871-8016
togetheragain@earthlink.net

Take Care of Yourself . . . Take Care of Each Other . . . Take Care of This Place



From: Griffin, Jackie [JGriffin@operpar.org]
Sent: Monday, September 10, 2012 3:10 PM
To: BlockGrants (SAMHSA)
Cc: Griffin, Jackie
Subject: Uniform Application for the Mental Health Block Grant and Substance Abuse Block Grant FY 2014-2015

Attention Summer King
Dear Ms. King:

Thank you for the opportunity to provide feedback concerning the Mental Health Block Grant and Substance Abuse Block Grant. The LiveFree! Substance Abuse Prevention Coalition of Pinellas County (LiveFree!) Florida represents more than 195 individuals collectively working toward improving and enhancing our prevention system of care. We are a proud recipient of the Substance Abuse Mental Health Services Administration Drug Free Communities coalition and are grateful for the opportunity to comment on the proposed Uniform Application for the Mental Health Block Grant and Substance Abuse Block Grant FY 2014-2015 Application Guidance and Instructions (OMB No. 0930–0168)—Revision, published in the Federal Register, Volume 77, Number 135, Friday, July 13, 2012.

We agree with concerns expressed by CADCA and other Florida coalitions as noted below:

Although we understand SAMHSA's goal for improving and updating the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) and Mental Health Block Grant (MHBG) Applications, we have concerns with the following specific provisions in the FY 2014-2015 Guidance Instructions.

The new Uniform Block Grant Application makes the case for and explicitly includes mental health promotion as a "priority area" for planning and resource allocation purposes, despite the fact that current law for neither the SAPTBG nor the MHBG includes any language to authorize expenditures for this purpose. SAMHSA clearly delineates on page 14 of the document how states will and will not be allowed to use some of their current MHBG funds to support prevention and promotion services, but provides **NO** guidance about limiting or prohibiting the use of monies from the SAPTBG for this purpose.

This lack of clarity for the use of funds from the SAPTBG for mental health promotion, coupled with a pervasive emphasis on mental health promotion throughout the document, is at best confusing and at worst could lead states to fund unauthorized activities with SAPTBG funds, which are intended solely for substance abuse prevention and treatment programs and services under current law.

LiveFree! Pinellas recommends that if in fact mental health promotion is to be kept in the Uniform Application as a fourth priority, there must be clarity regarding the fact that current law does not authorize this activity to be funded from the SAPTBG. Verbiage must be explicitly added to specifically clarify that scarce resources for substance abuse prevention from the statutorily required 20% prevention set aside in the SAPTBG shall **NOT** be reallocated in this Uniform Application to mental health promotion activities.

The confusion concerning adding mental health promotion as a priority in the joint application is further exacerbated by the fact that the "Framework for Planning" on page 44 does not actually require, but only encourages states to consider both "community settings for universal, selective and indicated prevention interventions" and "community populations for environmental prevention activities," which are the key components of substance abuse prevention as currently authorized in current law for the use of the 20% prevention set aside in the SAPTBG.

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As drafted, the Uniform Application includes language concerning SAMHSA's proposed Budget initiatives for FY 2013 which have not been approved by Congress. LiveFree! Pinellas recommends that all of this language be stricken pending definitive congressional action on these proposed changes. LiveFree! Pinellas also has concerns about the new State Behavioral Health Advisory Committee being only "encouraged" to include appropriate representation from both the substance abuse prevention and treatment communities.

LiveFree! Pinellas recommends that states opting to use the Uniform Application, and thus having only one state council for both the Mental Health and Substance Abuse purposes, be required to ensure fair, balanced and appropriate representation from the substance abuse prevention, treatment and recovery communities.

Thank you for the views on the provisions in the FY 2014-2015 Guidance Instructions in the Uniform Block Grant Application.

Sincerely,

Jackie Griffin, MS
LiveFree! Executive Director
jgriffin@operpar.org
(813) 503-5658

?Re-disclosure Prohibited?
This message may include information that has been disclosed to you from records whose confidentiality is protected by State and Federal Law. 42 CFR, Part 2, prohibits you from making any further disclosure without specific written authorization of the person to whom it pertains or as otherwise permitted by 42CFR, Part2. A general authorization is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Prevention Coalition, Inc.
Excellence in Community Service

September 7, 2012

Ms. Summer King
SAMHSA Reports Clearance Officer
Room 2-1057
One Choke Cherry Road
Rockville, MD 20857

Dear Ms. King:

Genesis Prevention Coalition, Inc. (GPC) represents a network of over 29 faith and community-based organizations providing substance abuse prevention and mental health services/resources in the Metropolitan Atlanta area. Our Coalition appreciates the opportunity to submit comments on the proposed Uniform Application for the Mental Health Block Grant and Substance Abuse Block Grant FY 2014-2015 Application Guidance and Instructions (OMB No. 0930–0168)—Revision, published in the Federal Register, Volume 77, Number 135, Friday, July 13, 2012.

Although GPC fully understands SAMHSA's goal for improving and updating the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) and Mental Health Block Grant (MHBG) Applications, we have concerns with the following specific provisions in the FY 2014-2015 Guidance Instructions.

The new Uniform Block Grant Application makes the case for and explicitly includes mental health promotion as a "priority area" for planning and resource allocation purposes, despite the fact that current law for neither the SAPTBG nor the MHBG includes any language to authorize expenditures for this purpose.

SAMHSA clearly delineates on page 14 of the document how states will and will not be allowed to use some of their current MHBG funds to support prevention and promotion services, but provides **NO** guidance about limiting or prohibiting the use of monies from the SAPTBG for this purpose.
This lack of clarity for the use of funds from the SAPTBG for mental health promotion, coupled with a pervasive emphasis on mental health promotion throughout the document, is at best confusing and at worst could lead states to fund unauthorized activities with SAPTBG funds, which are intended solely for substance abuse prevention and treatment programs and services under current law.

GPC recommends that if in fact mental health promotion is to be kept in the Uniform Application as a fourth priority, there must be clarity regarding the fact that current law does not authorize this activity to be funded from the SAPTBG. Verbiage must be explicitly added to specifically clarify that scarce resources for substance abuse prevention from the statutorily required 20% prevention set aside in the SAPTBG shall **NOT** be reallocated in this Uniform Application to mental health promotion activities.

P. O. Box 92059 • Atlanta, GA 30314-2059 • (404) 522-9690 • www.genesiscoalition.net

The confusion concerning adding mental health promotion as a priority in the joint application is further exacerbated by the fact that the "Framework for Planning" on page 44 does not actually require, but only encourages states to consider both "community settings for universal, selective and indicated prevention interventions" and "community populations for environmental prevention activities," which are the key components of substance abuse prevention as currently authorized in current law for the use of the 20% prevention set aside in the SAPTBG.

GPC recommends that given substance abuse prevention is a major authorized priority of the current SAPTBG, with a required 20% set aside of state allocated funding for this purpose, the Framework for Planning section in the Uniform Application on page 44 be changed to require that community settings for universal selected and indicated prevention and intervention be moved to the category for items that must be addressed "at a minimum," and taken out of the "encouraged to be considered" category.

As drafted, the Uniform Application includes language concerning SAMHSA's proposed Budget initiatives for FY 2013 which has not been approved by Congress. GPC recommends that all of this language be stricken pending definitive congressional action on these proposed changes.

GPC also has concerns about the new State Behavioral Health Advisory Committee being only "encouraged" to include appropriate representation from both the substance abuse prevention and treatment communities.

GPC recommends that states opting to use the Uniform Application, and thus having only one state council for both the Mental Health and Substance Abuse purposes, be required to ensure fair, balanced and appropriate representation from the substance abuse prevention, treatment and recovery communities.

Thank you for considering GPC's views on the provisions in the FY 2014-2015 Guidance Instructions in the Uniform Block Grant Application. Please feel free to contact me if you have any questions or concerns.

Sincerely,

Gwendolyn Brown

Gwendolyn W. Brown
Chairman and CEO

DHHS
Nebraska Department of Health and Human Services
Division of Behavioral Health
State of Nebraska
Dave Heineman, Governor

September 10, 2012

Summer King, SAMHSA Reports Clearance Officer
SAMHSA
Room 2-1057
One Choke Cherry Road
Rockville, MD 20857

Dear Ms. King:

The Nebraska Department of Health and Human Services, Division of Behavioral Health (DBH) agrees with and supports the comments of NASADAD especially the new proposed April 1 deadline. We appreciate the opportunity to comment and hope these and other comments help improve things overall. DBH wishes to emphasize the following concerns which particularly impact Nebraska:

- The manner in which the application is written makes it unclear what items are required by states and which items are requested. The only item that is clearly marked as being required are the populations identified by existing Federal law. (Section 1911 of Title XIX, Part B, Subpart I of the Public Health Service (PHS) Act (42 U.S.C. 300x-1) or Section 1921 of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. 300x- 21) All other sections are marked as "should" or "encouraged" which can be subjective. Just because someone "should" do something, does not mean they are "required" to do so. There are also new forms this year that conflict, none of which is marked as being "required" or merely "requested." This becomes significant in states where different priorities may exist. If the purpose of this permissive situation is indeed to allow a state to "customize" its block grant, that aspect is not clear and emphasized.

- In addition to the areas of emphasis being expanded, how the funds from the block grant are to be used is becoming more directed and perhaps less flexible. This does not allow states to address what they see and have been told are areas of concerns. DBH believes the funds should be used for prevention and non-treatment recovery such as housing, job assistance, and recovery services that are not considered "treatment". Primary prevention cannot be directed to a population that is already diagnosed. As such, it seems somewhat contradictory to indicate that CMHBG funds may be used for prevention but that prevention must be directed towards adults with SMI and youth with SED. DBH prefers the original concept of a highly flexible, highly state-defined, block grant program.

- There are populations, such as veterans and specialized courts, that are to be served through the block grant. These populations are being served by other funds, agencies, and systems. It is unclear what DBH's role, through the block grant, should be in serving these populations. We recommend focus in areas otherwise unserved. Further, it is of particular concern the requirement for DBH to consult with tribes to ensure that DBH's programs meet the needs of the tribes when the law does not require states to assist tribes. That is generally an obligation of the federal government. Consultation with the tribes is a new obligation placed on the states that will require additional resources. Nebraska's Native American population is 1.3% of the state's total population and they do not receive block grant support, though receive $1.3 million in state general fund resources. There are other minority populations that have a larger presence in the state whose needs also should be served. We prefer state-defined populations of need.

- In addition to the barometers and data collection concerns outlined in the NASADAD comments, the additional requirement to report services and cost per specific person are not possible. Nebraska does not have the ability to obtain this information as Nebraska does not have a claims processing system to track this information.

- While client level data has been required for substance abuse for several years, the transition to reporting client level data for mental health will more than double the preparation time of the previously required reporting. Also the block grant grades on performance indicators demonstrate substantial change. The language seems subjective and it is difficult for states to know meaningfully if they are meeting the performance indicators. The field itself simply has not caught up fully with the implementation of full behavioral health integration. Tension exists between the good and the possible in this realm of data. Perhaps pilots with volunteer states on measurement issues over time could help ease in this transition.

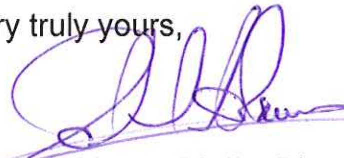
- A new emphasis is being placed on the ACA. This presumes that as more individuals become Medicaid eligible the states are directed to support non-supported services. This seems premature. The Governor of Nebraska has stated that Nebraska will not expand Medicaid. There has not been a decision if Nebraska will have its own health insurance exchange. If this requirement is implemented in Nebraska, new information technology systems would be needed to gather the information requested. The information requested is not DBH's information and would need to be gathered from other divisions in the agency

such as Medicaid and other departments such as the Department of Insurance. The population that receives Medicaid benefits or purchases insurance through health insurance exchanges will always be changing. DBH would need to be able to access other databases daily or create a new system with daily data exchanges to have the most updated information. Perhaps an implementation timeframe of two to three years hence would help ease this transition.

- DBH also has concerns that due to sequestration, fewer funds may be distributed than are anticipated. That makes it very difficult to budget and plan programs while also expanding the scope and breath of the work to incorporate or place emphasis on additional populations or administrative duties such as tracking which individuals are being covered by insurance or Medicaid. In light of this, these application requirements appear premature.

Thanking you for considering my comments. Please let me know if you have any questions.

Very truly yours,



Scot L. Adams, Ph.D., Director
Division of Behavioral Health
Department of Health and Human Services

SLA/kjo

North Coastal Prevention Coalition

Serving the communities of Carlsbad, Oceanside and Vista

Got Outcomes! Coalition of Excellence
COALITION OF THE YEAR

National Exemplary Award for Innovative Substance Abuse Prevention Programs, Practices, & Policies

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Maria Yanez, Vista Community Clinic

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County of San Diego, H&HS Agency, Alcohol and Drug Services

Drug Enforcement Administration

Eastside Neighborhood Association

Mothers Against Drunk Driving

Occupational Health Services

Oceanside Police Department

Oceanside Unified School District

San Dieguito Alliance for Drug Free Youth

The Fellowship Center

Vista Community Clinic

Vista Unified School District

Vista Sheriff's Department

University of CA San Diego
…and various community members

September 7, 2012

Ms. Summer King
SAMHSA Reports Clearance Officer
Room 2-1057
One Choke Cherry Road
Rockville, MD 20857

Dear Ms. King:

On behalf of the North Coastal Prevention Coalition, we appreciate the opportunity to comment on the proposed Uniform Application for the Mental Health Block Grant and Substance Abuse Block Grant FY 2014-2015 Application Guidance and Instructions (OMB No. 0930–0168)—Revision, published in the Federal Register, Volume 77, Number 135, Friday, July 13, 2012.

Although we understand SAMHSA's goal for improving and updating the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) and Mental Health Block Grant (MHBG) Applications, we have concerns with the potential unintended consequence of diluting a critical focus on community-level substance abuse prevention.

We were honored to meet with staff from Senator Diane Feinstein's office when they came to visit our coalition in January 2012. As a result of their visits with many agencies across the country, they included the following statement in the bipartisan report, "**REDUCING THE U.S. DEMAND FOR ILLEGAL DRUGS:** A REPORT BY THE UNITED STATES SENATE CAUCUS ON INTERNATIONAL NARCOTICS CONTROL, JUNE 2012" -

"However, we also believe that drug prevention programs cannot stray too far from their purpose. Unfortunately, the Substance Abuse and Mental Health Services Administration (SAMHSA) has been attempting to do just that. In their Fiscal Year 2012 budget request, SAMHSA proposed merging prevention funding for both substance abuse and mental and behavioral health into one joint account.
The Senate Appropriations Subcommittee on Labor, Health and Human Services, Education and Related Agencies responded with report language stating that this structure "would be detrimental to the specific programmatic and policy expertise of each center, especially as it relates to substance abuse prevention and substance abuse treatment." Ultimately, Congress wisely decided not to merge prevention funding for substance abuse and mental and behavioral health in the 2012 budget that President Obama signed into law. The Caucus urges that SAMHSA not merge substance abuse and mental health prevention programs in future budget proposals. Doing so would only reduce the impact of each program."

Substance abuse prevention coalitions play a critical role in addressing community conditions that contribute to alcohol, tobacco, marijuana and other drug problems. Research has demonstrated that substance abuse prevention coalitions make an impact and are cost effective. It is important that their role in universal, community level prevention efforts be enhanced and strengthened, and not potentially lost among competing priorities and needs.

NCPC is concerned that the "Framework for Planning" on page 44 does not actually require, but only encourages states to consider both "community settings for universal, selective and indicated prevention interventions" and "community populations for environmental prevention activities," which are the key components of substance abuse prevention as currently authorized in current law for the use of the 20% prevention set aside in the SAPTBG.

We recommend that given substance abuse prevention is a major authorized priority of the current SAPTBG, with a required 20% set aside of state allocated funding for this purpose, the Framework for Planning section in the Uniform Application on page 44 be changed to require that community settings for universal selected and indicated prevention and intervention be moved to the category for items that must be addressed "at a minimum," and taken out of the "encouraged to be considered" category.

Thank you for the opportunity to provide input. Please feel free to contact me if you have any questions or concerns.

Erica Leary, MPH
Program Manager
eleary@vistacommunityclinic.org
760-631-5000 x7150

September 7, 2012

Ms. Summer King
SAMHSA Reports Clearance Officer
Room 2-1057
One Choke Cherry Road
Rockville, MD 20857

Dear Ms. King:

Community Anti-Drug Coalitions of America (CADCA), which represents more than 5,000 community coalitions nationwide, appreciates the opportunity to comment on the proposed Uniform Application for the Mental Health Block Grant and Substance Abuse Block Grant FY 2014-2015 Application Guidance and Instructions (OMB No. 0930–0168)—Revision, published in the Federal Register, Volume 77, Number 135, Friday, July 13, 2012.

Although CADCA fully understands SAMHSA's goal for improving and updating the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) and Mental Health Block Grant (MHBG) Applications, we have concerns with the following specific provisions in the FY 2014-2015 Guidance Instructions.

The new Uniform Block Grant Application makes the case for and explicitly includes mental health promotion as a "priority area" for planning and resource allocation purposes, despite the fact that current law for neither the SAPTBG nor the MHBG includes any language to authorize expenditures for this purpose.

SAMHSA clearly delineates on page 14 of the document how states will and will not be allowed to use some of their current MHBG funds to support prevention and promotion services, but provides **NO** guidance about limiting or prohibiting the use of monies from the SAPTBG for this purpose.
This lack of clarity for the use of funds from the SAPTBG for mental health promotion, coupled with a pervasive emphasis on mental health promotion throughout the document, is at best confusing and at worst could lead states to fund unauthorized activities with SAPTBG funds, which are intended solely for substance abuse prevention and treatment programs and services under current law.

CADCA recommends that if in fact mental health promotion is to be kept in the Uniform Application as a fourth priority, there must be clarity regarding the fact that current law does not authorize this activity to be funded from the SAPTBG. Verbiage must be explicitly added to specifically clarify that scarce resources for substance abuse prevention from the statutorily required 20% prevention set aside in the SAPTBG shall **NOT** be reallocated in this Uniform Application to mental health promotion activities.

The confusion concerning adding mental health promotion as a priority in the joint application is further exacerbated by the fact that the "Framework for Planning" on page 44 does not actually require, but only encourages states to consider both "community settings for universal, selective and indicated prevention interventions" and "community populations for environmental prevention activities," which

are the key components of substance abuse prevention as currently authorized in current law for the use of the 20% prevention set aside in the SAPTBG.

CADCA recommends that given substance abuse prevention is a major authorized priority of the current SAPTBG, with a required 20% set aside of state allocated funding for this purpose, the Framework for Planning section in the Uniform Application on page 44 be changed to require that community settings for universal selected and indicated prevention and intervention be moved to the category for items that must be addressed "at a minimum," and taken out of the "encouraged to be considered" category.

As drafted, the Uniform Application includes language concerning SAMHSA's proposed Budget initiatives for FY 2013 which have not been approved by Congress. CADCA recommends that all of this language be stricken pending definitive congressional action on these proposed changes.

CADCA also has concerns about the new State Behavioral Health Advisory Committee being only "encouraged" to include appropriate representation from both the substance abuse prevention and treatment communities.

CADCA recommends that states opting to use the Uniform Application, and thus having only one state council for both the Mental Health and Substance Abuse purposes, be required to ensure fair, balanced and appropriate representation from the substance abuse prevention, treatment and recovery communities.

Thank you for considering CADCA's views on the provisions in the FY 2014-2015 Guidance Instructions in the Uniform Block Grant Application. Please feel free to contact me if you have any questions or concerns.

Sincerely,

Debbie Moskovitz
Project Director
Council Rock Coalition for Healthy Youth
30 N. Chancellor St.
Newtown, PA 18940
215-944-1006

VERMONT'S FEEDBACK COMMENTS ON

THE PROPOSED SAPT BLOCK GRANT APPLICATION FY14-15

Vermont appreciates the following:

- Emphasis and flexibility of the Block Grant to strengthen systems and approaches to improve care coordination for individuals with substance abuse and mental issues.
- Focus of the block grant fill gaps that remain through/after health reform, i.e., 1) priority treatment and support services for individuals without insurance, 2) for services not covered by insurance; 3) prevention activities; and 4) performance and outcome data and planning.
- Support of block grant for transition challenges, including SAMHSA staff functions and support to states, and HOPEFULLY similar state-level transitions and supports.
- Separate applications for Mental Health and Substance Abuse Authorities to continue to support more effective, specialized support to targeted populations, while collaborating and/or coordinating to ensure continuum of care for all Vermonters with SA and/or MH issues.

Vermont has the following concerns about FY14 Block Grant application revisions and subsequent recommendations:

- There are too many purposes identified: The introduction to the Block Grant states that the proposed revisions are to "EXPAND the areas of focus". Furthermore, the purpose is to meet SAMHSA's need to "assess the extent to which states plan for and implement the ACA". And finally the scope of the revision is aimed to determine whether the Block Grant funds are being directed toward the four purposes of the grant.

  RECOMMENDATION: SAMHSA should streamline the purpose for the revisions, namely to address the major challenges the state will face as it transitions through health reform, and thereby simplify the reporting requirements.

- Every change, especially additional requirements without corresponding deletions spreads resources too thin and risks reducing effectiveness and impact.

  RECOMMENDATION: The major reporting requirements of the block grant application should remain consistent for at least a 4-5 year windows, and reflect key priorities of any current Administration, with reporting in one year or two year increments across that 4-5 year period. States require sufficient time to shape plans, implement programs and strategies, and to monitor change.

- The coming year and on through health reform reflects a massive amount of systems, process and program changes.

  RECOMMENDATION: The major focus of revisions for FY14-15 should *narrowly* focus on addressing transition challenges, and specifically how the state will address the four Block Grant purposes. Additionally, it may be reasonable to also require states to report/comment on the specified environmental factors of health reform, namely coverage for M/SUD Services, Insurance exchanges, and program integrity.
    - An example: All "additional" optional information under the current context of rapid, overwhelming change is clearly unimportant, and therefore, excessive and unnecessary at this time and should be eliminated from the application.

- SAMHSA should avoid introducing new themes or limit them to one or two that are most closely associated with the health reform transition challenges – e.g., primary and behavioral care integration.
- SAMHSA should weigh the relative importance of any new themes compared to CFR 45 Goals 1-17, and either substitute these for the "new" themes or limit any new ones to one or two additional themes that will remain unchanged for two or more years.

- There are multiple tiers of assessment, planning and reporting that do not easily relate to one another or work in a streamlined way to achieve real progress toward accomplishing one or two key goals.

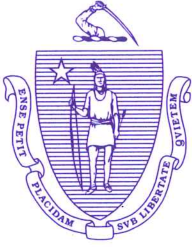
  RECOMMENDATION: SAMHSA needs to clarify the connection between all the tiers of assessment, planning and reporting, including 1) the state needs and assessment (to which I hope goals and state priorities emerge; 2) the four purposes of the Block Grant; 3) the "state priorities" previously presented in Tables 2 and 3; 4) CFR 45 statutory regulations 1-17 (currently disconnected to other planning tiers unless states embed them as we did in Vermont); 5) other required "fishing expedition" reporting requirements also disconnected to the four purposes or state priorities (e.g., Narrative sections A-N); and 6) financial and other data reporting in their own multiple tiers. For a small state without a fully dedicated Block Grant staff, these numerous and multi-tiered requirements are very burdensome.
    - Without clarity about the relationship between these various elements and tiers, the application seems more like a fishing expedition to gathering information on systems and program issues, and less of a road map to establishing a well-structured road map (or plan) to achieve data-driven goals.
    - It is hard to see how financial, operational and managerial decision making relate to the assessed state priorities previously presented in Tables 2 and 3 or described in planning narrative Step 1 and 2.
    - Intended use has been disassociated from progress and compliance.
    - The requirement for financial projections for intended use and planned expenditures for areas of focus yet developed are very difficult to calculate reasonably.
    - Technical assistance needs should focus on transitions through health reform and support in meeting goals in the midst of significant and fast paced change.

- BGSA issues: the weaving of the 2012 and 2013 reporting forms together is hard on the eyes and complicated to sort through.

  RECOMMENDATION: Keep these separated by year, but possible to access from either year.

- BGSA issues: the current structure requires states to go into each form individually to print out and /or read the instructions. This very time consuming and difficult to review as a whole, plan and distribute responsibilities.

  RECOMMENDATION: The Dashboard needs to include a complete set of instructions and forms for the entire application (the same as those included with each individual form).



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Mental Health
25 Staniford Street
Boston, Massachusetts 02114-2575

Deval L. Patrick
Governor

Timothy P. Murray
Lieutenant Governor

JudyAnn Bigby, M.D.
Secretary

Marcia Fowler
Commissioner

(617) 626-8000
TTY (617) 727-9842
www.state.ma.us/dmh

September 10, 2012

Summer King
SAMHSA Reports Clearance Officer
Room 2-1057
One Choke Cherry Road
Rockville, MD 20857

Dear Ms. King:

The Massachusetts Department of Mental Health (DMH) appreciates the opportunity to comment on the Uniform Application for the Mental Health Block Grant and Substance Abuse Block Grant FY2014-2015 Application Guidance and Instructions (OMB No. 0930-0168). DMH is pleased to see that there have been minimal changes from the FY2012-2013 and we support many of the changes made to this application. In particular, DMH supports the focus of the application on the planning for current priorities, including national health care reform and recovery-based services; accountability for improving outcomes; and strengthened expectations for involving the State Mental Health Planning Councils, including improved integration of mental health and substance abuse priorities.

After careful review of the Federal Register, FY2014-2015 Block Grant Application and FY2014 Block Grant Reporting Section, DMH respectfully submits the following comments and recommendations:

- Address redundancies between federal statutory requirements and new application format: The Federal Register states (page 41432) that "while there are some specific statutory requirements that SAMHSA will look for in each submitted application, 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 as a simple effort to seek compliance with minimal requirements." We did not find this to be the case in preparing the FY2012-2013 State Plan. States were instructed after the application instructions were issued that they needed to complete Criteria 1-5 as previously done and were not

provided with any guidance on how to embed these sections into the new format. This significantly added to the burden of preparing the Plan and lengthened the SFY2012-2013 State Plan document by 15% over our previous submission. The FY2014-2015 Application further increases the redundancy between statutory and new requirements. DMH suggests that CMHS develop a crosswalk of statutory and new requirements and provide guidance to states on the development of a cohesive plan that addresses all requirements while eliminating redundancy. As an example, the following sections of the application are addressed in whole or in part within Criteria 1-5: Coverage of M/SUD Services, Use of Evidence in Purchasing Decisions, Trauma, Justice, Primary and Behavioral Health Integration Activities, Health Disparities, and Recovery.

- Clarify instructions related to Child and Adolescent Behavioral Health Services: DMH comprehensively describes the child and adolescent system and planning efforts throughout the State Plan, and particularly in Criteria 1 and 3. DMH notes the addition of Section O: Children and Adolescent Behavioral Health Services. Similar to the prior bullet, DMH recommends that these instructions be clarified to address this redundancy.

- Align Block Grant requirements with other requests by SAMHSA: The new planning sections of the State Plan contain information that is also requested by SAMHSA throughout the year, principally through the NRI State Profile and other surveys. The NRI State Profiles are a significant burden on states and occurs during the same timeframe that states will be preparing their FY2014-2015 State Plans. DMH utilizes its State Plan to a large extent in completing the State Profiles and "copies and pastes" sections from the State Plan into the State Profiles. DMH recommends that SAMHSA and NRI utilize the existing State Plans to the fullest extent possible prior to requesting additional information from states.

- Clarify use of the Behavioral Health Barometer and the National Quality Behavioral Health Framework in the planning process: DMH is concerned with the lack of information regarding these two systems and their potential impact on the planning process. DMH places high value on performance data and is developing a comprehensive structure to measure, monitor and support improvement of our state-operated and contracted services. The Block Grant application (page 71) refers to use of the Behavioral Health Barometer in "using this information, states will select specific priority areas and develop milestones and plans for addressing each of their priority areas." DMH is well underway in the planning process for the SFY2014-2015 State Plan and expects to complete this process by December 2012 in order to allow for sufficient time for the writing and review of the document. Given this timeline, we request that SAMHSA either release the data and guidance from the Behavioral Health Barometer and the National Quality Behavioral Health Framework in September or delay the implementation of these systems.

- Develop alternative approaches to fiscal reporting: DMH has historically "blended" federal block grant funds with state appropriated dollars and purchased community mental health services through contracts with providers. The State, including DMH, is shifting to a reimbursement strategy that is consistent with encounter based reimbursement in response to a new state law enacted in 2008 which provides for a process for establishing rates of payment for social service programs purchased by governmental units. However, DMH intends to continue to blend funding streams as this allows DMH to sustain its service system to the greatest degree possible with fluctuations in annual funding. While DMH appreciates the need for accountability of block grant dollars, the agency is not able to complete Table 3 of the Block Grant Application. DMH provides a single continuing care community mental health system in MA. It is artificial for DMH to distinguish individuals who are receiving block grant funds versus state appropriated dollars as the service system for these people are the same and the services are tailored to meet the individual and changing needs of each person. In addition, many health care systems across the nation are considering methods of financing based on global payments, which may not allow for the tracking of specific services to specific people. DMH supports fiscal and programmatic accountability and would welcome the opportunity to work collaboratively with SAMHSA to develop an approach that is cognizant of the state's financing model.

- Remove requirement that states provide letters of support: DMH collaborates with its sister state agencies on a variety of initiatives and issues. As required by the Block Grant, these agencies are members of the Planning Council and its subcommittees. DMH demonstrates through the State Plan and Implementation Report multiple examples of its work in partnering with state agencies. This documentation should be sufficient in demonstrating the support of state partners. The requirement to submit letters of support is unnecessarily burdensome. Furthermore, the challenges in working with state partners is less about a willingness to collaborate and more about the real challenges of bridging differences in priority populations, regulations, information systems, and other systemic issues. This is an area where technical assistance from the block grant program would be helpful in identifying potential solutions to these challenges.

- Reduce the data reporting requirements related to the preparation of the URS table and Client-Level Reporting Data Initiative: In fulfilling the requirements of the Data Infrastructure Grant (DIG), DMH is participating in the Client-Level Reporting Data Initiative led by NRI and is preparing to submit client-level files in December 2012. When this initiative began, it had been stated that submission of client-level data on five of the National Outcome Measures (NOMs) would reduce the number of URS tables to be completed, as NRI would be able to utilize the data from the client-level files to construct the corresponding URS tables. It now appears from the Reporting Section and other communication from NRI that states will be required to continue to submit all twenty-one URS Tables in addition to the client level files. This will greatly increase the burden on

the states to produce the same data in client-level and aggregate formats. The content of the data reported to NRI is of limited utility to DMH itself, as we have developed a robust system of reporting tools and measures focusing on client outcomes that better meet the needs of DMH staff, contracted providers, and other stakeholders. The layering of new data reporting requirements over existing ones is problematic. DMH recommends that SAMHSA review the purpose and rationale of all of its reporting requirements, including, service utilization and outcome data, and utilize the new application as an opportunity to reduce reporting requirements to those that meet a specific and current need. In addition, DMH recommends that SAMHSA review the successes, limitations and challenges with NOMs reporting. DMH fully supports the life domains that are measured in the NOMs, such as employment, school attendance, and housing. However, it is DMH's experience that the NOMs, as currently defined, do not provide the information needed to evaluate the effectiveness of the service system or measure change in a meaningful way. It appears from these materials, that SAMHSA is reconsidering the value and role of NOMs. While NRI has engaged the states in workgroups on the challenges with reporting some of the NOMs and developing potential revisions, there has not been a broader discussion with states about their overall utility and benefit. DMH recommends that this discussion occur and influence data reporting requirements moving forward.

Thank you for the opportunity to comment.

Sincerely,

Marcia Fowler
Commissioner

OASAS
Improving Lives.
NEW YORK STATE
OFFICE OF ALCOHOLISM & SUBSTANCE ABUSE SERVICES
Addiction Services for Prevention, Treatment, Recovery

Governor
Andrew M. Cuomo

Commissioner
Arlene González-Sánchez, M.S., L.M.S.W.

Ms. Summer King
SAMHSA Reports Clearance Officer
Room 2-1057
One Choke Cherry Road
Rockville, MD 20857

September 11, 2012

Dear Ms. King:

The New York State Office of Alcoholism and Substance Abuse Services (OASAS) is pleased to be able to comment on the proposed Substance Abuse Prevention and Treatment (SAPT) Block Grant Uniform Application FFY 2014-15 and Instructions (OMB No. 0930–0168)—Revision, published in the *Federal Register*, Volume 77, Number 135, Friday, July 13, 2012. The SAPT Block Grant is a vital safety net service for individuals with or at risk of a substance use disorder

In partnership with local, State and Federal entities, OASAS plans and monitors services throughout New York to prevent substance abuse and/or substance use disorders and problem gambling, provide treatment where indicated, and support the recovery of individuals, families and communities. OASAS oversees one of the nation's largest systems with more than 1,550 programs in communities across the State that offer treatment to 110,000 persons in a variety of settings on any given day.

New York has a robust Medicaid program in place, and OASAS has been using SAPTBG funding to support substance use disorder (SUD) services for the uninsured and underinsured for many years. New York is already working to implement provisions of the Patient Protection and Affordable Care Act to enhance access to prevention and treatment support services for persons with or at risk of mental and substance use disorders, and our work to identify and address gaps in services will continue for several years. OASAS is now focusing on health care reform and services redesign efforts, working with providers and other State agencies to: define SUD benefits; innovate, protect, and reform the funding structures that support the SUD services system; develop viable Health/Medical Home models that include SUD providers; develop electronic health record and health information technology systems; and assist SUD providers in marketing to the health insurance exchanges, insurance and managed care organizations. A revised configuration and array of new SUD funding and service delivery approaches will be implemented and tested over the next several years.

This year, OASAS has collaborated with the New York State Office of Mental Health (OMH) to contract with five Regional Behavioral Health Organizations (BHO's) throughout New York State (NYS). The tasks of these BHO's include:

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- Advising providers and the Offices regarding Medicaid fee-for service inpatient behavioral health service use. For SUD providers that means:
  - Concurrent reviews of admissions and continued stay in Detox programs & Inpatient rehabilitation programs
  - Monitoring of inpatient discharge planning
- Provide data and provider profiling to OASAS on SUD provider behavior.

The goals of BHO's include saving money and assisting OASAS, OMH and the SUD field with transition to for Phase II of this project in 2013. Phase II of this project is currently in development and will involve fully managing all behavioral health care for Medicaid participants. We expect to transition to the fully managed system in the next year.

OASAS has reviewed the proposed 2014/2015 SAPT Block Grant Application. There are several areas of concern in the proposed application that we would like to comment on.

Planning and Reporting Steps:

The planning and reporting requirements would require changes in reporting data collected by OASAS and our providers. In a time of staff reductions, budget constraints and an effort to hold down administrative cost of our providers, such changes would be difficult to implement for both the agency and our providers. An example of a challenge NYS faces is found in Table 3, reporting requirements. New York is currently unable to report the individuals served, number of units provided and the associated expenditures for the specific services listed. Encounter based reimbursement data would require a complete overhaul of its entire funding allocation process and data systems. The agency is currently reviewing these processes and may not be able to meet such requirements by this Block Grant planning and reporting cycle.

Deadline for Submission:

The April 1st deadline for submission coincides with the State legislative session and the date by which the NYS budget must be approved. The budget cycle is based on an April 1st through March 31st fiscal year. During this time, OASAS staff in all bureaus must focus on legislative requests, preparing budgets, preparing budget hearing testimony, tracking legislation and assisting the state's Division of Budget with negotiations with the Legislature. With a reduction in staff through attrition, it will be challenging to complete the application. NYS suggests that the application deadline be reconsidered.

Behavioral Health Barometers and Data Collection

The proposed Block Grant does not identify all the measures that will be included in the behavioral health barometer. Some of the data elements identified for collection are not currently collected by OASAS. Making these changes to our system would be both costly and time consuming.

A consistent definition for behavioral health is necessary given the impact federal statutes and regulation have on NYS systems as we move forward in implementing Health Care Reform. The use of precise, defined terminology is important as we move forward in implementing measures and data elements consistently. It is recommended that SAMHSA provide more information on how it will incorporate the "behavioral health barometers" into the existing National Outcome Measures and OASAS current data collection efforts.

Requested Information/Compliance Requirements:

The application should better outline what information is required verses requested. Clarification is needed on submission dates, what is deemed compliant and whether non-completion of requested sections will delay approval of applications and award notifications. Given the number of new topics and requirements, it is appreciated that page 16 outlines information that is requested. However, a more detailed explanation about the expectation for each section would be helpful to avoid confusion and misunderstanding when trying to accurately complete these new requirements.

Multiple Goals and Purposes of the Proposed SAPT Block Grant Application:

The revised application incorporates multiple, divergent purposes which creates a burden on OASAS. The application states that the proposed revisions are to expand areas of focuses and meet SAMHSA's need to assess the extent for which states plan for and implement ACA. In addition, the revision is to look at whether funds are being directed towards the four recommended purposes of the grant, which are different from the statutorily required goals of the program. Making significant changes to the application can dilute progress on any one goal or area of focus. Every change that is made continues to stretch our already thin resources and risks reducing effectiveness and impact. It is suggested that only one area of new focus be introduced every two years in order to allow us sufficient time to plan and implement changes.

Joint Planning

OASAS supports the joint planning efforts with other agencies such as OMH. This planning is key in the development of an integrated system of care that is patient focused. In line with the efforts of NYS to integrate planning and some administrative function, OASAS and OMH will submit a combined application for the 2014/2015 SAPTBG submission. SAMHSA should continue to support the integrity of the clinical, financial and programmatic needs of SUD

prevention, treatment and recovery services. OASAS supports the additional focus on prevention and endorses the effort to better define and establish common prevention issues and definitions with mental health. OASAS cautions SAMHSA not to broaden these requirements and expectations beyond the statutory requirements guiding their allowable use in order to protect the funding.

OASAS also supports the movement towards better recovery services. OASAS suggests that there be more work done with all stakeholders to come to a common definition of recovery services. Recovery services for the SUD population and the mental health population may be identical in some cases, but different in others. For example, patients in recovery from SUD need access to alcohol and drug free housing. In order to start developing common definitions of recovery services, the Block Grant could ask for identification of recovery services funded by the Block Grant.

Planning Steps

The proposed application seems to be moving in the direction of being increasingly prescriptive in what Block Grant funds may purchase instead of being more flexible. The priority areas proposed to be requested in a State plan are not included in statute or regulations and changes the intent of the Block Grant, which is to allow States flexibility to identify their own needs using State data. We would suggest that the request for information on how States are addressing new populations and areas is optional and the State's award will not be impacted in any way if the section is not completed.

Terminology

The draft document refers to the term "States" and changes the term for the SAPT Block Grant to Substance Abuse Block Grant (SABG). We suggest specific references to State substance abuse agency and recommend SAMHSA ensure that state substance abuse agencies (SSA) have a strong role in federal ACA dollars from other sources (e.g. Health Resources and Services Administration) not currently going through the SSA. We also suggest using the term for the SAPT block grant identified in statute which is the Substance Abuse Prevention and Treatment Block Grant.

Corrective Action Plan

Page 54 of the application indicates that States should be held accountable for meeting goals and performance indicators in their plan. If the State has failed to take reasonable steps to achieve its goals, it outlines that the State should develop a corrective action plan. It also indicates that SAMHSA may direct the State to change their plan to ensure goals are met. OASAS supports enhanced accountability and has recently implemented a treatment scorecard for all of our funded treatment providers outlining enhanced responsibility. We would recommend that SAMHSA collaborate on this new requirement by allowing states more flexibility on how the

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Block Grant funds are spent. We suggest that SAMHSA continue to enhance a close working relationship with OASAS to discuss progress, challenges and solutions to ensure that everyone is in agreement on what are reasonable steps to address deficiencies.

FY 2012 and FY 2013 Budget Proposal

The Block Grant references initiatives that are included in SAMHSA's proposed budget for FY 2013 that requires Congressional action before implementation. This sends mixed messages to States and creates challenges given the number of changes SSA's are managing. It is recommended that information referencing the FY 2013 budget be removed while pending direction from Congress to SAMHSA.

Thank you for your consideration of these comments. Please feel free to contact me if you have any questions.

Sincerely,

Arlene González-Sánchez
Commissioner

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Association for Children's Mental Health

September 11, 2012

Malisa Pearson
Executive Director

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Summer King
SAMHSA Reports Clearance Officer
Room 2-1057
One Choke Cherry Road
Rockville, Maryland 20857

Re: Comments on the Uniform Application for the Mental Health Block Grant and Substance Abuse Block Grant FY 2014-2015 Application (OMB No. 0930-0168)

Dear Ms. King:

The Association for Children's Mental Health (ACMH), Michigan's statewide family network for families raising children and youth with emotional, behavioral, and mental health needs, appreciates the opportunity to provide suggestions for improving the Uniform Application for the Mental Health Block Grant and Substance Abuse Block Grant FY 2014-2015. These comments are submitted in response to the Substance Abuse and Mental Health Services Administration's (SAMHSA) request for comments on the Uniform Application for the Mental Health Block Grant and Substance Abuse Block Grant FY 2014-
2015 Application Guidance and Instructions (OMB No. 0930-0168), published in the Federal Register on July 13, 2012.

Recommendation One: Full public transparency in all block grant planning processes

States and Territories will be required to post on a publicly accessible website the following information:

- *Composition of membership of block grant planning committee* – Website information shall
  include names of individuals, constituency and/or agency representation (family, youth, adult, etc).
- *Announcement of Block Grant meetings and inclusion of time for public comment* - Announcements of block grant meetings will include encouragement for the public to attend. Block grant meetings shall include time on the agenda for public comment.
  ***Process utilized for arriving at funding recommendations* -** The process used to develop and implement Block Grant funding decisions will be fully described

Recommendation Two: Equity in funding between child and adult mental health services

Block grant plans will exhibit equity in funding for children's mental health services that is proportional to each state's child/youth population at a minimum but also takes into account level of need of children and youth with serious emotional challenges and their families.

6017 W St Joe Hwy, Suite 200, Lansing MI 48917
Phone: 517-372-4016 ♦ Fax: 517-372-4032 ♦ Parent Line: 1-888-ACMHKID(226-4543)
www.acmh-mi.org

Recommendation Three: Comprehensive Care Coordination

Comprehensive care coordination for children and youth with serious emotional challenges and their families will be considered a funding priority.

Recommendation Four: Wraparound Child and Family Teams

Wraparound Child and Family Teams will be supported as the vehicle to develop family-driven and youth-guided plans to further coordinate a family driven, youth guided, comprehensive community-based ongoing service planning and implementation process.

Recommendation Five: Agency Contracts Must be Monitored

Contracting between the state and local entities must include language and conditions that support the active utilization of Wraparound Child and Family Teams, Care Review, as well as other areas that support system of care principles. The responsible organization must monitor all service provider organizations to ensure adherence to active utilization of wraparound child and family teams and care review.

Recommendation Six: Family and Youth Partners

Specific funding strategies will be identified to support youth and family support like Family Partners or Youth Peer Support who provide informal care coordination, navigation, engagement and linkage to services for children, youth and families.

Recommendation Seven: Care Review Process

A community based Care Review process must be in place with active representative participation and responsibility from all major child-serving agencies, organizations, youth and families.

Recommendation Eight: Family-Driven and Youth-Guided

Plans will embrace a family-driven and youth-guided approach, which requires among other things:

- ***Stigma reduction*** - A clear plan to reduce stigma and engage in community-based
- health promotion activities.
- ***Family and youth involvement in Governance*** - Clear evidence of parents and youth involved in local governance around the design and delivery of services and supports to youth with emotional challenges and their families.

We appreciate the opportunity to provide suggestions for ways to improve the Uniform Application for the Mental Health Block Grant and Substance Abuse Block Grant FY 2014-2015.

Sincerely,

Malisa Pearson
ACMH Executive Director

September 10, 2012

Ms. Summer King
SAMHSA Reports Clearance Officer
Room 2-1057
1 Choke Cherry Road
Rockville, Maryland 20857
Sent by email to blockgrants@samhsa.hhs.gov

Dear Ms. King:

As Director of the Oklahoma Mental Health and Aging Coalition (OMHAC) and member of the National Coalition on Mental Health and Aging (NCMHA), I am writing to express support of the issues raised in the NCMHA comment letter sent to you 9/5/12.

Age is not a protective factor from behavioral health issues and there is no dispute that the number of older Americans will continue to grow. Older adults are an underserved population and need to be identified as such.

OMHAC joins the NCMHA recommendation that SAMHSA "… encourage states to address the needs of older adults for mental health promotion and prevention and treatment of substance use disorders." The combined mental health and substance abuse block grant is just one more instance where the behavioral health needs of older adults are barely acknowledged. OMHAC urges SAMHSA and other federal agencies to recognize older adults as a distinct population that is underserved. We need your support and assistance to eliminate behavioral health disparities for older Americans

The Oklahoma Mental Health and Aging Coalition is a statewide alliance providing older adult mental health and substance use education and advocacy with the mission to improve the availability, accessibility, affordability and quality of mental health and substance abuse services for aging Oklahomans. OMHAC focuses on older adult wellness, promotes the integration of physical and mental health as well as the integration of networks serving older adults.

Thank you for this opportunity to comment.

Sincerely,

Karen Orsi, Director
Oklahoma Mental Health and Aging Coalition
kareno@northcare.com 405-858-2827

Pat Quinn, *Governor*

Michelle R.B. Saddler, *Secretary*

Division of Alcoholism and Substance Abuse
100 West Randolph, Suite 5-600
Chicago, IL 60601-3224

September 11, 2012

Ms. Summer King
SAMHSA Reports Clearance Officer
Room 2–1057
1 Choke Cherry Road
Rockville, Maryland 20857

Dear Ms. King:

Thank you for the opportunity to comment on the Proposed Project: Proposed FY 2014-2015 Block Grant Application, Community Mental Health Services Plan and Report, Substance Abuse Prevention and Treatment Plan and Report.

Overall, the State of Illinois agrees with the comments made by other states as summarized by NASADAD in the attached letter. We remain concerned about additional requirements that must be supported by significant state infrastructure improvements, such as data system enhancements that are necessary for additional reporting requirements. Illinois continues to take steps to address many of the system changes necessary for the new requirements. When SAMSHA makes additional changes to the application each year the focus on any one goal is scattered and the progress diluted. The risk with adding requirements without eliminating others is that resources are spread thin and the impact is dulled.

The new application will require training of staff and providers about the changes brought about by the Affordable Care Act. Illinois encourages SAMHSA to provide webinars and training of the new application prior to the new application roll out for FFY2014-2015. The due date of April 1st does not allow sufficient time to put in place training and then to undertake an extensive planning process which is described in the proposed application. Please consider extending the due date to September 1, 2013.

Regulations: Current Regulations should be amended to better align with the requirements of the Health Care Reform and Parity Legislation. The current regulations requirements and the added burden of the requirements put undue burden on the already underfunded state systems. The requirements of additional information without removing any of the existing reporting requirements continue to be a concern. The new applications and reports many have reduced the amount of responses that the State must address but it did not relieve the burden of the required state processes, procedures, contract conditions, licensing requirements and more that are needed to ensure that the regulations are met.

Maintenance of Effort: On page 5 of the proposed application SAMHSA acknowledges that there are inconsistencies in the way the bases for State Maintenance of Efforts are calculated. However the application does not address making any change to the methodology.
The bases for the State Expenditure portion of the State Maintenance of Efforts have not been changed since FFY92. Many changes to the structure of substance abuse services within state systems have changed. Based on the description of future purpose of the Block Grant dollars the portion to other cost may need to be included in the Base. More consistency across state expenditures included for all states should be reviewed and updated.

Table 3: Table 3 page 56 State Agency Planned Block Grant Expenditures by Service. Categories listed do not reflect the current required categories for Block Grant funded services. Is the requested information for the" target" population the same as the "priority populations" listed on page 44 under the framework for planning and on page 53.

Data Systems: How are federal data systems (e.g. NSDUH, TEDS, SEDS) changing to be inclusive of new populations (e.g. veterans, LGBTQ, etc.)? Changes in federal data systems could help inform edits to State data systems.

Behavioral Health Barometers: What measures will be included in the behavioral health barometer? Changes to the data system are challenging and we are concerned about being able to collect the data elements that will be needed if they are not currently collected. How will these measures align with the National Outcome Measures (NOMs) and current data collection efforts?

Application Submission Date: The State of Illinois has a legislative mission to develop a State Plan for substance abuse services in Illinois on an annual basis by the state fiscal year. The planning cycles for the Block Grant Plan is being realigned to the State Fiscal Year July 1-June 30th. This planning cycle better aligns to the state's planning cycle. The Planning Period on page 41 of the proposed application is **7/13-6/30/15**. The timeframe is prior to the start of Illinois SFY2013 on July 1. State of Illinois budgets are typically not finalized by April. Statewide fiscal data collection closes at the end of August each year. Please consider changing the application due date to **September 1** just prior to the start of the federal fiscal year.

Instructions: Given the extensive changes to the application it is essential that the instructions are clear and specific. What are the timeframes for the data requested? What sections are required and what sections are recommended? What criteria will responses be measured against?

SAPTBG: The draft application changes the term for the SAPT Block Grant to Substance Abuse Block Grant (SABG). This is not only confusing but dangerous as it removes the importance of Prevention from the Continuum and puts the focus on the issue of substance abuse rather than the solution: prevention and treatment of substance abuse. Please use the term for the SAPT block grant identified in statute, which is the Substance Abuse Prevention and Treatment Block Grant.

Workforce: Workforce needs in this new environment will be significant. The development of core competencies and standards at the federal level will help to ensure standard practice. The Substance Abuse and Mental Health Services Administration should continue their work in partnership with the field to provide guidance for States to prepare staff and the workforce for changes in expectations implicit in the application and report. SAMHSA is commended for publishing documents such as "Addressing the Needs of Women and

Girls: Developing Core Competencies for Mental Health and Substance Abuse Services Professionals" and could continue to do so for special populations such as the ones described in the application.

Special Populations: SAMHSA's support of technical assistance to smaller non-profits is much needed to ensure that the goal of the Affordable Care Act to focus on health disparities of special populations. The Block Grant has historically directed funding and resources to hard to reach populations. Services are provided in the communities where the populations reside. Added regulations and data technology requirements that may unduly force these smaller non-profit providers out of business while encouraging other providers to survive may not be the effect that the health care legislation has planned. State and Federal resources have supported the building of these smaller facilities. Support by SAMHSA should be provided to ensure that these providers are given the necessary support to continue to operate.

Criminal Justice: Referrals from the criminal justice system already are filling available treatment slots in the Illinois System. The services are much needed to this population. Additional resources from the Department of Justice and other resources should be accessed to aid in serving this population. SAMHSA's technical assistance is needed to leverage support. Training of community health care workers to better serve this population is also needed.

Recovery Support: Guidance from SAMHSA is needed regarding evidence-based recovery support services models and definitions.

Prevention Comment to Page13: Under header *Prevention*, 3rd paragraph:

- 1st sentence: *Community settings and service systems* is the terminology used. What happened to the focus on the community itself, working with various sectors?
- 2nd sentence: There is a list of settings including *substance abuse treatment centers.* This example is confusing for States. It clearly states that the 20% set-aside may not be used for treatment, yet it is identified as a possible setting. It may put States at risk without further guidance about what type of service and audience may be served. More information is needed if this setting remains in the list.
- 3rd sentence: Two new areas have been introduced, violence and bullying. These are unique disciplines that have their own evidence-base. Violence, bullying and substance abuse prevention are not always interchangeable. While some model programs may be effective at addressing multiple disciplines, other strategies are not designed to achieve multiple outcomes. It is a mixed message. On p.71 of the application, *Youth and Adult Heavy Alcohol Use – Past 30 Day* is listed as a goal. If a State chose to focus solely on bullying or violence, would this goal be achieved? By generally incorporating these new focus areas; there is a risk of diluting the efforts needed to effectively impact alcohol, tobacco and other drug outcomes.

Prevention Comment to Page 14: The Mental Health Block Grant (MHBG) limits the work to the SMI and children with SED. With the limitation, the SABG funds would be needed to address universal and selective populations with violence and bullying activities. The MHBG needs to be more flexible as the target populations that can be served.

Prevention Comment to Page 15: How do the three new grants work together? No guidance is provided to ensure for the coordination or duplication of services.

Prevention Comment to Page 22: Under header *Primary and Behavioral Healthcare Integration Activities*, 1st dot point, 2nd paragraph: *utilizing no less than 10% of grant funding.* Specify the grant program – 20% set-aside or the SABG?

Prevention Comment to Page 32: *Leverage Scarce Resources:* As in other parts of the application, SAMHSA should provide other known federal funding sources that should be considered.

Prevention Comment to Page.42: Guidance is provided sections that must be completed for each block grant. The same guidance should be provided for prevention.

Prevention Comment to Page 50: Tobacco cessation – is this a prevention or treatment activity? Is addiction to nicotine a health issue that should be addressed by treatment?

Health Information Technology: What is allowed under Information Systems for Table 6a, Resource Development? There are no instructions about what is allowable under each category. Is it allowable to improve Health Information Technology?

Coverage for M/SUD Services: Page 67, how is the block grant defining "access"? Does it include the number of people who get assessed for treatment, measured against a penetration rate, actual enrollment in treatment, or something else?

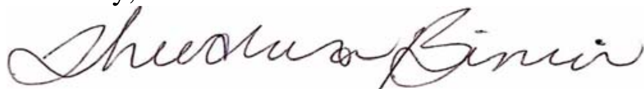
Program Integrity: Page 69, what meant in the reference to a SAPTBG integrity plan? What is it and where can we read about it?

Word Document: From a practical standpoint, it would be useful to have the application and report available in Microsoft Word for easier manipulation of the document for planning purposes. In Illinois the Block Grant application is a team process. The block grant coordinator needs to create tables of tasks and distribute instructions. It is very difficult to cut and paste this information from BGAS or a PDF.

During this comment period, a Microsoft Word document would have provided the functionality for keeping personal notes, making annotations and more easily coping and pasting sections for internal communications from which multiple staff could compile our responses into a single working document.

When the application and reporting documents are final, a Microsoft Word version of the document would be useful for annotation and also for copying and pasting drafted sections into planning documents before posting them on the BGAS system. The PDF version is difficult to work with for these purposes.

Sincerely,



Theodora Binion
Director
Illinois Department of Human Services
Division of Alcoholism and Substance Abuse

SEDGWICK COUNTY DEPARTMENT ON AGING

Annette Graham, *Director*

2622 W. Central Ave, Suite 500 Wichita, Kansas 67203-4974
Phone: (316) 660-7298 ★ FAX: (316) 660-1936

September 10, 2012
Ms. Summer King
SAMHSA Reports Clearance Officer
Roo 2-1057
1 Choke Cherry Rd.
Rockvill, Maryland 20857
Sent by email to blockgrants@samhsa.hhs.gov

Dear Ms. King,

On behalf of the Aging and Wellness Coalition of Sedgwick County, Kansas, thank you for the opportunity to comment on the proposed "Uniform Application for the Mental Health Block Grant and Substance Abuse Block Grant FY 2014-2015 Application Guidance and Instruction (OMB No. 0930-0168)-Revision" as published in the Federal Register, July 13, 2012.

Our nation is aging rapidly and it is critical that SAMHSA and other federal, state and local agencies focus greater attention on the behavioral health needs of the growing number of older Americans. However, noticeably lacking in the Federal Register Notice, and the related guidance and application instructions, is the previous SAMHSA commitment of services across the lifespan. The Aging and Wellness Coalition of Sedgwick County recognizes that within the Framework for Planning, SAMHSA calls the states to address "Older Adults with SMI." The Coalition calls on SAMHSA to encourage states to address the needs of older adults for mental health promotion and prevention and treatment of substance use disorders.

Adults 18 and over and children and adolescents are mentioned throughout the documents with almost no reference to older adults. This is inconsistent with the recommendations regarding the SAMHSA Block Grants in the Institute of Medicine Report "The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands?" issued in July of this year. The Coalition strongly supports the IOM recommendations and urges SAMHSA to fully adopt those regarding the Block Grants and those related to SAMHSA in general as well.

The IOM report cites many studies, documenting that older adults with mental health and/or substance use disorders are an underserved population, that the necessary workforce to address their needs does not exist, and that current funding policies in Medicare and Medicaid do not support current best practices of care including many of those listed in the SAMHSA National Registry of Evidence-Based Practices (NREPP). These factors make it extremely important that SAMHSA identify older adults as a distinct population. Without specific language regarding older adults in the SAMHSA documents the Block Grants state may ignore their needs in the planning process for the Block Grants or in developing the state insurance exchanges.

An example of the lack of attention to older adults is found in the discussion of "Health Disparities" which defines subpopulations. Although older adults clearly meet the definition of having "...disparate access to, use of, or outcomes from provided services..." they are not addressed in any of the discussion. Additionally, "age" is not included in the list of factors that states will be required to address regarding access, use, and outcomes for subpopulations as it had been previously.

The four (4) purposes proposed for the Block Grant funding fit well with the needs of older adults. The issue is that older adults are not included in the Block Grant planning and application process and subsequent reporting requirements, proportionate to their mental health and substance abuse needs. Again, without designation of older adults as a distinct population this is not likely to happen.

The Aging and Wellness Coalition of Sedgwick County, Kansas was established in 1998 by the sponsoring agency, Sedgwick County Department on Aging and is comprised of over 30 interested organizations and companies that work in the field of aging. The Coalition is an educational coalition which promotes the mental, physical and spiritual wellness of older adults. The goal of this coalition is to achieve this purpose through advocacy, education and outreach to the general public and professionals working with older adults. Our mission is to promote wellness through education and advocacy for older adults. To find out more about the coalition visit www.cpaaa.org.

Thank you for your consideration,

Monica Cissell, Chair
Aging and Wellness Coalition of Sedgwick County

300 New Jersey Avenue, NW
Fifth Floor
Washington, DC 20001
202 204 4730 t 202 659 0105 f
www.thetrevorproject.org

Founders
James Lecesne
Peggy Rajski
Randy Stone (1958-2007)

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Jeffrey Paul Wolff

Abbe Land
Executive Director & CEO

September 11, 2012

Ms. Summer King
SAMHSA Reports Clearance Officer
Room 2–1057
One Choke Cherry Road
Rockville, MD 20857
Via email to blockgrants@samhsa.hhs.gov

Re: Uniform Application for the Mental Health Block Grant and Substance Abuse Block Grant FY 2014 - 2015 Application Guidance and Instructions (OMB No. 0930-0168)- Revision

Dear Ms. King:

The Trevor Project respectfully submits the following comments in response to the request for comments concerning the proposed "Uniform Application for the Mental Health Block Grant and Substance Abuse Block Grant FY 2014 - 2015 Application Guidance and Instructions." The Trevor Project is the leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender and questioning (LGBTQ) young people under 24. Every day, The Trevor Project saves young lives through its free and confidential lifeline, in-school workshops, educational materials, online resources and advocacy. The proposed collection requested comment in four areas concerning the combined application for SAMHSA state block grants; 1) whether the proposed collection of information is necessary, 2) the accuracy of the agency's estimate of the burden, 3) ways to enhance the quality, utility, and clarity of the information to be collected, and 4) ways to minimize the burden of collection. The Trevor Project believes that this data collection is certainly necessary and well-tailored in order to allow the agency to review and assess state programs and award block grants, and so we will limit our comments to ways to enhance the quality, utility, and clarity of information to be collected.

Over the course of the last several years, SAMHSA has made a genuine and thorough effort through its publications and programs to increase inclusiveness and focus on LGBTQ populations, including LGBTQ youth. The Trevor Project applauds SAMHSA for continuing this inclusivity throughout the proposed application in areas such as behavioral health assessment and planning, reduction of health disparities, data collection, cultural competency, trauma faced by young people, and mission and values with regard to subpopulations.

We know that crisis intervention, suicide prevention, and mental health are especially critical issues for LGBTQ youth populations. Research has shown that LGB youth are 4 times more

likely, and questioning youth are 3 times more likely to attempt suicide as their straight peers.[1] Young people who experience family rejection based on their sexual orientations face especially serious health risks. In one study, lesbian, gay, and bisexual young adults who reported higher levels of family rejection during adolescence were 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more likely to report having engaged in unprotected sexual intercourse compared with peers from families that reported no or low levels of family rejection.[2] We hope and believe that states will take advantage of the inclusivity of the proposed application to create innovative and inclusive programs that will fully address the mental health needs of this vulnerable population.

In order to increase quality, utility, and clarity of information to be collected, The Trevor Project recommends the following:

1. **Include details about existing nondiscrimination requirements for grantees.** The application should clearly define applicant's nondiscrimination requirements under federal law. Under Section 1557 of the Affordable Care Act (42 U.S.C. 18116), individuals may not be subject to discrimination on the grounds prohibited in Federal law[3] under any health program or activity, any part of which is receiving Federal financial assistance, or under any program or activity that is administered by an Executive Agency or any entity established under Title I of the Affordable Care Act or its amendments. The Department of Health and Human Services recently confirmed that this nondiscrimination protection extends to discrimination based on gender identity and gender nonconformity.[4]

2. **Require certification of compliance with all applicable nondiscrimination laws.** State authorities should provide methods for monitoring compliance of all state and local contracting entities with the applicable Federal nondiscrimination laws. The current Assurances – Non-Construction Programs document does not specifically require compliance under Section 1557 of the Affordable Care Act, nor does it convey the protection that is offered on the basis of gender identity and gender nonconformity.

3. **Support for stigma reduction efforts.** Both LGBTQ populations generally and individuals seeking mental health care and substance abuse treatment continue to be stigmatized in ways which can exacerbate existing conditions or discourage seeking care. Plans should describe a clear process to reduce stigma and engage in community-based health promotion activities.

4. **Support for promising practices for LGBTQ populations.** Unfortunately, there is a dearth of evidence-based approaches designed to meet the behavioral health needs of LGBTQ populations. The application should make clear that states may take advantage of innovative promising practices that seek to address the needs of these

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[1] Kann, L, et al. 2011. Sexual identity, sex of sexual contacts, and health-risk behaviors among students in grades 9-12 – Youth Risk Behavior Surveillance, selected sites, United States, 2001-2009. MMWR 60(SS07): 1-133.

[2] See Caitlyn Ryan et al, "Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults," 123 PEDIATRICS 346 (2009).

[3] Including Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d et seq. (race, color, national origin), Title IX of the Education Amendments of 1972, 20 U.S.C. 1681 et seq. (sex), the Age Discrimination Act of 1975, 42 U.S.C. 6101 et seq. (age), or Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 794 (disability).

[4] Letter from Leon Rodriguez, Director, Office for Civil Rights, to LGBT Organizations, July 12, 2012 (OCR Transaction No. 12-0008000), available at http://www.advocate.com/politics/transgender/2012/08/06/hhs-says-antitransgender-discrimination-illegal-under-health-reform.

populations. In this context, promising practices are services that have not yet had the opportunity to be studied and become evidence-based practices, but anecdotal data and early studies indicate that the services are effective.

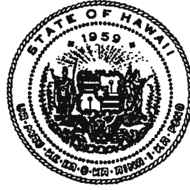
5. **Require data collection for LGBTQ populations.** Although more states are choosing to collect health data regarding LGBTQ populations, the majority of state and federal health data collection tools do not include suitable questions to assess the health disparities of these populations. This data is essential for understanding the behavioral health needs of LGBTQ people and appropriately targeting programming. Therefore, the application should require inclusive data collection through existing state and federal surveys.

The Trevor Project appreciates the opportunity to provide suggestions for improving the Uniform Application for the Mental Health Block Grant and Substance Abuse Block Grant FY 2014 – 2015. If you should have any questions regarding these suggestions, please contact myself or Alison Gill, Government Affairs Director, at 202-204-4730 or by email at Alison.Gill@thetrevorproject.org.

Sincerely,

Abbe Land
Executive Director & CEO

NEIL ABERCROMBIE
GOVERNOR OF HAWAII



LORETTA J. FUDDY, A.C.S.W., M.P.H.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
ALCOHOL AND DRUG ABUSE DIVISION
KAKUHIHEWA BUILDING
601 Kamokila Boulevard, Room 360
Kapolei, Hawaii 96707
PH: (808) 692-7506
FAX: (808) 692-7521

In reply, please refer to:
File: DOH/ADAD

September 11, 2012

Ms. Summer King
SAMHSA Reports Clearance Officer
Substance Abuse and Mental Health
Services Administration
One Choke Cherry Road, Room 2-1057
Rockville, Maryland 20857

Dear Ms. King:

The Hawaii State Alcohol and Drug Abuse Division (ADAD) is the Single State Agency (SSA) that manages the Substance Abuse Prevention and Treatment (SAPT) Block Grant for Hawaii. This letter is in response to the notice in the Federal Register on July 13, 2012, regarding the Substance Abuse and Mental Health Administration's (SAMHSA) request for comments on the proposed Uniform Application for the Mental Health Block Grant and Substance Abuse Block Grant FY 2014-2015 Application Guidance and Instructions (OMB No. 0930-0168)-Revision.

We understand SAMHSA's proposal to direct Block Grant funds toward four purposes: "(1) To fund priority treatment and support services for individuals without insurance or who cycle in and out of health insurance coverage; (2) to fund those 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; (3) to fund universal, selective and targeted prevention activities and services; and (4) to collect performance and outcome data to determine the ongoing effectiveness of behavioral health prevention, treatment and recovery support services and to plan the implementation of new services on a nationwide basis."

We believe, however, that proposed changes to the SAPT Block Grant Application would increase administrative costs and burdens involved in the collection, analysis, management and reporting of extensive sets of information without commensurate improvements to the clarity, quality or practical utility of information to be collected. We have serious concerns about how the application guidance, instructions, and tables for the SAPT Block Grant are being blended

with the Community Mental Health Services (CMHS) Block Grant into a uniform Behavioral Health Application with expanded areas of focus. This mixture and expansion creates confusion, complications, and additional burdens. We are also concerned about the proposed change in the SAPT Block Grant Application's due date from October 1 to April 1, and the lack of information from SAMHSA on the criteria that will be used to review and approve the substance abuse treatment and prevention sections of the Behavioral Health Assessment and Plan and SAPT Block Grant Report. Our detailed comments and recommendations are presented below. They include some comments and recommendations ADAD submitted last year on the FY 2012-2013 Block Grant Application that are still pertinent to the proposed FY 2014-2015 Application.

Comments and Recommendations

1. Due to repercussions from severe State budget deficits and lowered forecasts of State revenues, ADAD, like many SSAs, continues to endure the impacts of significant cuts to its State budget, loss of staff and positions, paycuts, and hiring difficulties while grappling with ever-increasing workloads. SAMHSA is asking States to identify their technical assistance needs to implement the strategies identified in their plans for FY 2014 and 2015. While we appreciate SAMHSA's efforts to obtain information on States' technical assistance needs, there is no assurance that SAMHSA would be able to meet such needs and provide the requisite technical assistance in a timely manner. The broad scope and nature of SAMHSA's proposed planning, application, and reporting requirements involving health care reform, financing, and expanded 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 and resources.

2. For the proposed FY 2014-2015 Block Grant Application, States have the option of submitting a combined or separate applications for the SAPT Block Grant and CMHS Block Grant. While we support collaborative planning efforts, we would have objections to SAMHSA requesting or moving towards requiring States to submit a combined application or planning sections for the two separate Block Grants. We strongly urge SAMHSA to continue to provide SSAs and State Mental Health Authorities (SMHAs) the flexibility to submit separate or combined applications. This would recognize and take into account the organizational structures, staffing and fiscal resources, economic conditions, political circumstances, and other factors that differ among States.

   The reporting burden would not be reduced in developing and submitting a combined application for States like Hawaii. Hawaii's State substance abuse and mental health authorities do not have integrated operations and are physically scattered in distant areas. This makes joint planning and coordination more time-consuming and challenging, especially since for the past several years our agencies have been and continue to be severely impacted by State budget cuts, layoffs, elimination of positions, and paycuts. Also, since our staffing and operations are not integrated or co-located, the logistics of submitting a combined application using SAMHSA's Web Block Grant Application System (BGAS)

would be more difficult and complicated, especially pertaining to security and user access levels.

3. We appreciate SAMHSA's inclusion of prevention as an area of focus in the FY 2014-2015 Behavioral Health Assessment and Plan. However, we have objections to SAMHSA's request, as stated on page 15 of the proposed application, "that states provide a coordinated and combined plan addressing services and activities for the primary prevention of mental and substance use disorders...in the planning section of the current Block Grant application. SAMHSA will work with states to develop and/or amend their FY 2013 Block Grant State Plans(s) once a budget for FY 2013 is finalized." We do not disagree with SAMHSA's intention to require States to revise planned amounts of the 20 percent primary prevention set aside based on revised FY 2013 SAPT Block allotments to States once the FY 2013 budget is finalized. However, as we explained above, SAMHSA, should continue to provide SSAs and SMHAs the flexibility to submit separate or combined applications due to organizational structures, staffing and fiscal resources, economic conditions, political circumstances, and other important factors that differ among States.

   Moreover, SAMHSA should not require States to retroactively amend their approved FY 2012-2013 application plans to develop a new and combined plan for the primary prevention of mental and substance abuse disorders without first receiving direction or approval from Congress. Congress rejected SAMHSA's FY 2012 proposal to reallocate the SAPT Block Grant's 20 percent primary prevention set aside funds to a new Substance Abuse State Prevention Grant program. The Senate Appropriations Committee Report expressed concern "that creating another State grant program with new requirements would represent an unnecessary and burdensome approach and would not support services being delivered on a continuum of prevention, treatment and recovery support services. Furthermore, a 1-year waiver of the setaside is not a stable basis for States to make long-term plans for substance abuse prevention programming." Congress also rejected SAMHSA's FY 2012 budget request to merge funding for Programs of Regional and National Significance under CSAT, CMHS, and the Center for Substance Abuse Prevention (CSAP) into a single behavioral health account for Innovation and Emerging Issues. The proposed consolidation, according to the Senate Appropriations Committee Report, "would be detrimental to the specific programmatic and policy expertise of each center, especially as it relates to substance abuse prevention and substance abuse treatment." The Senate Caucus on International Narcotics Control, in its June 2012 report, "Reducing the U.S. Demand for Illegal Drugs," urged SAMHSA "to follow the limitations set forth in appropriations law and to not merge substance abuse and mental health prevention programs in future budget proposals. Doing so would only reduce the impact of each program."

   We would like to also reiterate and emphasize comments and recommendations dated August 30, 2012, that the National Association of State Alcohol and Drug Abuse Directors (NASADAD), submitted to SAMHSA on the proposed FY 2014-2015 SAPT Block Grant Application. NASADAD noted "that much work remains to better define and establish common terminology regarding substance abuse prevention and mental health promotion.

To protect prevention funding, we caution SAMHSA not to broaden prevention requirements and expectations far beyond the statutory requirements guiding their allowable use. We recommend that work first move forward to establish common definitions pertaining to substance abuse prevention, mental health promotion, and other relevant and related terms. We recommend working through NASADAD on this topic."

4. SAMHSA's attempts towards alignment and consistency in application planning and reporting for the SAPT and CMHS Block Grants has not only created confusion, but it does not help to maintain the clinical, financial, and programmatic integrity of prevention, treatment and recovery services for substance use disorders that NASADAD has emphasized in its comments on joint planning. While SAMHSA acknowledges the SAPT and CMHS Block Grants differ in statutory authorities, these differences tend to be obscured or overlooked in SAMHSA's proposed application structure that combines planning and reporting requirements for the two Block Grants into a single uniform behavioral health application format. Please note the following:

   - In 2010, the Office of Management and Budget (OMB) approved SAMHSA's major revisions to the FY 2011 SAPT Block Grant Application Guidance and Instructions with an expiration date of 7/31/2013. In compliance, States submitted a 3-year intended use plan for FY 2011-2013. If the State's plan remained unchanged for FY 2012 and 2013, no new narrative would be required, only updates as needed. This was intended to minimize the reporting burden. However, last year, SAMHSA split the SAPT Block Grant Application into two documents with different due dates: (1) a two-year Behavioral Health Assessment and Plan due October 1 or September 1 for States submitting a combined application plan for the SAPT Block Grant and CMHS Block Grant, and (2) an annual SAPT Block Grant report due December 1. This two-part application plan and report follows the CMHS Block Grant application model. The long-standing OMB control number 0930-0080 used for the SAPT Block Grant Application was replaced with the OMB control number 0930-0168 for the CMHS Block Grant Application, although the annual appropriation for the SAPT Block Grant is more than three times larger than the CMHS Block Grant.

   - The cover page for the proposed application guidance and instructions is titled, "FY 2014-2015 Block Grant Application: Community Mental Health Services Plan and Report --Substance Abuse Prevention and Treatment Plan and Report." This gives the misleading impression that States are applying for just one Block Grant instead of two separate Block Grants. Moreover, the Table of Contents presents, organizes, and pages the guidance and instructions as one continuous document which includes a Behavioral Health Assessment and Plan, a CMHS Block Grant Reporting Section, and a SAPT Block Grant Reporting Section. This single application structure is also misleading and creates confusion. There is a single Behavioral Health Assessment and Plan format that must be used by States to submit separate or combined application plans for the SAPT Block Grant and CMHS Block Grant. However, the Reporting Sections listed in the Table of Contents are actually separate reports for the SAPT Block Grant and CMHS

Block Grant that must be submitted separately. The reports have different formats and reporting requirements that reflect, in part, statutory, regulatory, and programmatic differences between the SAPT and CMHS Block Grants.

- To minimize confusion and improve clarity and usefulness, we recommend separating the guidance and instructions for the Behavioral Health Assessment and Plan, SAPT Reporting Section, and CMHS Reporting Section into separate documents each with its own Table of Contents. This would be consistent with the way these documents are arranged in BGAS. The Table of Contents for the SAPT Report and CMHS Report should identify the different tables required for each Block Grant. This would also be consistent with how the Table of Contents for each Block Grant Report appears in BGAS. In the instructions for the Behavioral Health Assessment and Plan and SAPT Block Grant Report, as well as in BGAS, the term, Substance Abuse Block Grant (SABG), is often used to refer to the SAPT Block Grant. To improve clarity and consistency and to conform with the proper terminology used in statute, we recommend replacing all references to the SABG with SAPT Block Grant.

- Please note that at the SAMHSA Block Grants website http://www.samhsa.gov/grants/blockgrant/, the Chief Executive Officer's Funding Agreements/Certifications for the CMHS Block Grant Application was posted, but not for the SAPT Block Grant Application to date. We recommend posting the Chief Executive Officer's Funding Agreements/Certifications for the SAPT Block Grant Application since they are statutorily very different from those for the CMHS Block Grant Application.

5. We disagree with SAMHSA's proposal to change the submittal date for the Behavioral Health Assessment and Plan for the SAPT Block Grant Application from October 1 to April 1 in order to "better comport with most states fiscal and planning years (July 1st through June 30th of the following year)." This does not appear to be a compelling justification for such a major change. Please note that the April 1 deadline conflicts with Hawaii's regular State legislative session which starts on the third Wednesday in January and generally ends during the first week in May. The demands of Hawaii's legislative session are intense and very time consuming. This includes justifying budget requests, reviewing and monitoring State legislation, preparing testimonies, attending legislative hearings, and responding to legislative requests, usually on very short notice. Other major projects are generally not scheduled during the State legislative session unless necessary. This helps to keep ADAD's reduced and limited staff from being further overstretched. Thus, we recommend that the deadline for submittal of the Behavioral Health Assessment and Plan for the SAPT Block Grant Application remain unchanged in alignment with the October 1 statutory deadline and consistent with the October 1 to September 30 two-year award (obligation and expenditure) period for the SAPT Block Grant.

6. Given the major changes and complexities involved in the proposed SAPT Block Grant Application, we are very concerned about the review, revision and approval process for the

Behavioral Health Assessment and Plan and annual SAPT Block Grant Report. In previous years during the SAPT Block Grant Application review process, Hawaii and other States have encountered inconsistent and misguided requests from Project Officers to make revisions to the application that are of little or no practical utility, time consuming, unduly burdensome, and/or outside the parameters of the written instructions. Inappropriate revision requests also delay approval of the SAPT Block Grant Application and issuance of the Block Grant award notice. To address these problems, we provide the following recommendations:

- For the Behavioral Health Assessment and Plan, the guidance and instructions that discuss the required and optional items are not clear, and there is a lack of differentiation in the list of populations that must be addressed for the SAPT Block Grant versus the CMHS Block Grant. Thus, SAMHSA should identify in each narrative and table whether it is required or not required (optional) and which specific items are required for the SAPT Block Grant Behavioral Health Assessment and Plan, or the CMHS Block Grant Behavioral Health Assessment and Plan, or both. Each narrative and table in BGAS should also be clearly identified as to whether it is required or optional for the SAPT Block Grant Behavioral Assessment and Plan.

- Make available to States the criteria that CSAT and CSAP Project Officers will use to review and approve the SAPT Block Grant Behavioral Health Assessment and Plan and annual SAPT Block Grant Report at least two-four months prior to the due dates. The review criteria should include how compliance and completeness are to be determined in a reasonable and logical manner for narratives and tables that are required and not required. In previous years during conference calls between NASADAD members and CSAT on the SAPT Block Grant Application, CSAT indicated that review criteria would be made available to States, but this has not yet occurred.

- Significantly improve the training of Project Officers to enable them to provide consistent, clear and practical guidance to States. We urge SAMHSA to implement the following recommendations from the "Final Evaluation Report Executive Summary of the Independent Evaluation of the Substance Abuse Prevention and Treatment Block Grant Program" conducted by the Altarum Institute for SAMHSA and released in July 2009:
    - Provide opportunities for internal communication within CSAT and CSAP, training and mentoring staff to ensure that consistent guidance is provided to States.
    - Strengthen ongoing communication between State Project Officers and their assigned states via devoted resources for knowledge management.

7. During SAMHSA's past negotiations with the States which resulted in agreement on the National Outcome Measures (NOMs) for substance abuse treatment and prevention, SAMHSA had pledged to reduce respondent burden of the SAPT Block Grant Application. We believe this pledge is not supported by the broad and expanded scope and nature of the proposed application. We believe SAMHSA continues to significantly underestimate the burden. Please note the following:

- Although the OMB clearance received last year for the current 2012-2013 Application Guidance (0930-0168) does not expire until July 31, 2014, SAMHSA is already proposing revisions that would considerably expand the areas of focus in the proposed FY 2014-2015 Behavioral Health Assessment and Plan. While five areas of focus from the current FY 2012-2013 Behavioral Health Assessment and Plan would be dropped, 13 new ones would be added to the FY 2014-2015 version. However, the estimates of the FY 2014-2015 application burden published in the Federal Register notice of July 13, 2012, do not reflect this increase. The estimates of the burden are the same as the estimates for the FY 2012-2013 application burden published in the previous Federal Register notice of June 17, 2011. In NASADAD's comments on the proposed FY 2014-2015 SAPT Block Grant Application, NASADAD noted, "Significant year-to-year changes by SAMHSA to the application can undermine enthusiasm and dilute progress on any one area of focus or goal. Every change, especially additional requirements without corresponding eliminations, spreads resources too thin and risks reducing effectiveness and impact."

- We have serious concerns and questions regarding the major new planning and data collection elements involving SAMHSA's Behavioral Health Barometer proposed in new section G-Quality in the Behavioral Health Assessment and Plan. Using information from the Behavioral Health Barometer, states are asked to (1) provide up to three additional measures that each State will focus on in developing the State's Block Grant Plan, (2) provide information on any additional measures identified outside of the core measures and state barometer, (3) describe the State's specific priority areas to address the issues identified by the data, and (4) describe the milestones and plans for addressing each of the State's priority areas. States are also asked a series of additional questions regarding the use of measures from the National Quality Behavioral Health Framework which "may require states and/or their providers to report new information." Section G appears to be a request for a separate mini-plan within the Behavioral Health Assessment and Plan. This section appears to overlap with the requirements for Table 1-Priority Area and Annual Performance Indicators, but the instructions for Table 1 do not specify that the State must use three measures from the Behavioral Health Barometer for its priority areas and performance indicators. According to the instructions for Table 1, "SAMHSA will provide each state with its state specific outcome data for several indicators from the Behavioral Health Barometer. States *can* use this to compare their data to national data and to focus state efforts and resources on the areas where the state needs to improve."

  It is unclear whether States are required to use information from the Behavioral Health Barometer in Table 1. SAMHSA does not indicate when it will provide each State with information from the Behavioral Health Barometer. It is unclear if/how SAMHSA will hold States accountable in addressing measures from the Behavioral Health Barometer. Due to this lack of clarity and information, we recommend that SAMHSA clarify the instructions for Table 1 regarding the use of information from the Behavioral Health Barometer and delete or revise section G to address questions or issues that differ from

Table 1. Also, we would like to reiterate NASADAD's recommendation on the Behavioral Health Barometer: "SAMHSA should provide more clarity on how the agency intends to incorporate "behavioral health barometers," and how they will work with the National Outcome Measures (NOMs) and States' current data collection efforts. We also urge SAMHSA to provide State substance abuse agencies flexibility based on a State substance abuse agency's data infrastructure and capabilities."

- According to the instructions for Table 1-Priority Area and Annual Performance Indicators in the proposed FY 2014-2015 Behavioral Health Assessment and Plan, "If a state fails to achieve its goals as stipulated in its application(s) approved by SAMHSA, the state will provide a description of corrective actions to be taken. If further steps are not taken, SAMHSA may ask the state for a revised plan to achieve its goals. SAMHSA will work with the state on the development of the plan." We would like to reiterate NASADAD's recommendation on the corrective action plan: "We believe criteria should be developed to help assess whether or not a State has taken "reasonable" actions with regard to its corrective action plan. We also recommend the development of a formalized consultation process that would convene SAMHSA and the impacted State should any disagreements develop with regard to goals, corrective action plans, and success in taking "reasonable" steps to improve services."

- In the proposed FY 2014-2015 Behavioral Health Assessment and Plan, Table 3-State Agency Planned Block Grant Expenditures by Service, is an expanded version of Table 5- Projected Expenditures for Treatment and Recovery Supports, from the FY 2012-2013 Behavioral Health Assessment and Plan. Table 3 includes three new columns, Unduplicated Individuals, Unit Type, and Unit Quantity, for each of the 49 services listed, thus substantially expanding the table by adding 147 new cells. No service definitions or instructions on how to complete these columns are provided. Table 3 has also been revised to collect information on the dollar amounts of Block Grant expenditures projected for each of the 49 services listed. Last year, States were requested to only provide projected Block Grant expenditures by percent ranges, <10%, 10-25%, 26-50%, 51-75%, and over 75%, for the services listed. The proposed revision from percent ranges to dollar amounts would significantly increase the level of detail regarding projected expenditures for each service, as well as increase the difficulty in developing meaningful projections at such detailed service levels for both expenditures and numbers of unduplicated individuals served. We question the practical utility of so many detailed projections. Thus, we recommend deleting Table 3 or replacing it with last year's Table 5 instead. This would help to minimize the reporting burden and maintain consistency with the FY 2012-2013 Behavioral Health Assessment and Plan.

- In the proposed FY 2014-2015 Behavioral Health Assessment and Plan and the proposed FY 2014 SAPT Block Grant Report, Table 5a would require States to report their primary prevention expenditures, planned and actual respectively, by the six CSAP strategies and Section 1926-Tobacco stratified by the Institute of Medicine (IOM) categories of universal, selective and indicated. SAMHSA does not provide definitions or examples

for each of these new 21 stratified prevention categories which appear to result in some incompatible definitional breakdowns, e.g., universal within problem identification and referral. A new Table 5b, which has been added to the proposed FY 2014-2015 Behavioral Health Assessment and Plan and the proposed FY 2014 SAPT Block Grant Report, would require States to report their primary prevention expenditures, planned and actual, based on the IOM categories. Tables 5a and 5b overlap and are redundant. We recommend revising and simplifying Table 5a by removing the stratification using the IOM categories, and giving States the option of reporting their primary prevention expenditures using either Table 5a or Table 5b plus Section 1926-Tobacco. This would be consistent with the option that CSAP had been providing to States for the FY 2008 to 2011 SAPT Block Grant applications in which States could report their primary prevention expenditures using either the six prevention strategies or the IOM categories.

- SAMHSA proposes to include a new Table 5c-SABG Planned Primary Prevention Targeted Priorities in both the Behavioral Health Assessment and Plan and SAPT Block Grant Report. This increases the application and reporting burden.

- The reporting burden for the treatment and prevention NOMs and the Annual Synar Report, included in past Federal Register notices on revisions to the SAPT Block Grant Application, were not included in the Federal Register notice of July 13, 2012.

- SAMHSA's estimates of the application and reporting burden do not reflect the many months each year that most States, including Hawaii, spend on reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. According to the *Final Evaluation Report Executive Summary* of the *Independent Evaluation of the Substance Abuse Prevention and Treatment Block Grant Program*, conducted by the Altarum Institute for SAMHSA and released in July 2009, "The majority of States spend 6 to 9 months each year gathering information for and developing the BG application, using staff resources that States argue could be better spent on TA for providers and other BG subrecipients."

- To help reduce the reporting burden for requested or optional data and minimize unduly burdensome and inappropriate application revision requests for such data, we urge SAMHSA to utilize other data collection mechanisms such as surveys conducted by NASADAD and other contractors to collect non-required data.

8. There continue to be delays and glitches in utilizing BGAS to complete and submit the application due to numerous and substantive changes that must be operationalized as a result of combining and restructuring the substance abuse and mental health applications and reporting sections with different due dates. These delays and glitches are compounded by the transition to a new BGAS contractor last year and launching of a new version of BGAS where many new technical as well as policy and procedural issues continually arise. We appreciate the hard work and diligent efforts of the new BGAS contractor to improve the

system, and we understand that BGAS has been and continues to be an evolving system. But SAMHSA's numerous, unclear, and late changes to the application process, instructions and forms have increased fidelity problems between BGAS and the hard copy of the application and report instructions and forms. In turn, these problems have increased the application and reporting burden.

9. We appreciate removal of the 17 Federal Goals from the SAPT Block Grant Application's planning and reporting requirements. However, their removal has been replaced by the new planning and data collection requirements, expanded areas of focus, and new tables. Moreover, SAMHSA still requires States to submit the SAPT Block Grant Funding Agreements/Certifications and Assurances signed by their Governors or designees to ensure compliance with these requirements. Thus, substantial State time, efforts and resources will continue to be needed to ensure compliance with these extensive statutory requirements which are mischaracterized as "minimal requirements" in the Federal Register Notice of July 13, 2012. States must continue to document compliance for independent audits, for CSAT technical/compliance reviews, and for CSAP prevention and Synar system/compliance reviews. Unless States are provided with flexibility or relief from some outdated and unduly restrictive requirements, it would not be very reasonable or realistic to expect States to effectively address the increased and expanded initiatives in the proposed FY 2014-15 Behavioral Health Assessment and Plan without adequate staffing and funding.

   An example of an outdated and unduly restrictive requirement is the maintenance of effort (MOE) requirement for pregnant women and women with dependent children. We believe it is essential to provide services for this vulnerable population. Please note, however, that this requirement is especially restrictive for Hawaii. In compliance with 42 U.S.C. 300x-22(b)(1) and the 19-year old formula in the 1993 Interim Final Rule (45 C.F.R. §96.124(c), Hawaii's MOE base was set at $1,719,039. This is still 23% of our FY 2012 SAPT Block Grant allotment, a substantial amount relative to meeting other service needs. While the State may use any combination of SAPT Block Grant and State general funds to meet the MOE spending requirement for this population, the State is prohibited from adjusting or determining spending levels based on current needs. This lack of flexibility is exacerbated by cutbacks in State general funds due to State budget deficits.

   The HIV early intervention services requirement (42 U.S.C. 300x-24(b) and 45 C.F.R. §96.128) is also outdated and unduly restrictive. Designated States must spend 5% of their current SAPT Block Grant allotment to provide HIV early intervention services to substance abusers at the site at which they receive substance abuse treatment. At the time this requirement was established 19 years ago, it probably was not anticipated that AIDS case rates would fluctuate above and below the 10 per 100,000 threshold which determines a designated State. Since then, Hawaii and other States have experienced AIDs case rates that fluctuate above and below the designated State threshold. Based on policy guidance from the Office of General Counsel in 2002, SAMHSA prohibits non-designated States from expending any SAPT Block Grant funds for HIV early intervention services. This prohibition also applies to formerly designated States during a non-designated year. Such

States like Hawaii must find other sources of funding in order to maintain former Block Grant-funded programs for HIV early intervention services and prevent disruptive and detrimental impacts on clients.

Congressional reauthorization of the Block Grant, which would presumably eliminate certain statutory requirements no longer deemed useful or necessary and provide States with more flexibility in managing their Block Grant funds, has not occurred since 2000. Moreover, the 1993 Interim Final Rule still remains in effect.

The following comments pertain to the proposed FY 2014 SAPT Block Grant Report due December 1, 2013:

1. We have serious concerns about SAMHSA's efforts in trying to align the activity and expenditure reporting periods for the SAPT Block Grant with the CMHS Block Grant. The SAPT Block Grant Application has historically required States to report close-out expenditures for the Block Grant that was awarded three years prior to the Federal fiscal year Block Grant for which States are applying. This takes into account the two-year obligation and expenditure period for the SAPT Block Grant. Hawaii has historically spent the annual SAPT Block Grant allotment primarily during the second year of the two-year obligation and expenditure period.

   Please note that Hawaii and other States may still be spending their "close-out" annual SAPT Block Grant allotment until the September 30 Block Grant close-out date which is just three months after the preceding State fiscal year ends on June 30. Also, the December 1 due date of the annual SAPT Block Grant Report is 30 days prior to the December 31 due date of the annual Federal Financial Report for the close-out Block Grant allotment. We urge SAMHSA to continue to allow States to report their close-out expenditures according to the State fiscal year consistent with each State's close-out period.

2. For Table 1-Priority Area and Annual Performance Indicators – Progress Report, "States are required to indicate whether each first-year performance target/outcome measurement identified in the 2014/2015 Plan was 'Achieved" or "Not Achieved." If a target was not achieved, a detailed explanation must be provided as well as the remedial steps proposed to meet the target." The period for the first-year target/outcome measurement is "Progress – end of SFY 2014." However, the FY 2014 SAPT Block Grant Report is due by December 1, 2013, before SFY 2014 ends on June 30, 2014. How can the State be expected to report on whether the first-year target was achieved seven months before the first year (SFY 2014) ends? Should the first-year be based on SFY 2013 instead of SFY 2014? Could SAMHSA please correct or clarify the reporting period for the first and second years?

3. A new Table 3-Substance Abuse Block Grant Expenditures by Service, has been added to the already considerable list of tables and data elements for which States are required to report expenditures and services. This Table 3 is the same as the Table 3 in the proposed FY 2014-2015 Behavioral Health Assessment and Plan, except SAMHSA would be collecting

information on actual instead of projected data. We recommend deleting Table 3 in the SAPT Block Grant Report. States cannot reasonably be expected to retroactively report actual expenditures, numbers of unduplicated individuals served, and unit type and quantity for so many new services when State data systems are not designed to collect such extensive data by detailed breakdowns. Additional funding and time would be needed to incorporate and test modifications to State data systems as well as to train providers in appropriate reporting. Since SAMHSA has not provided service definitions for these services, data reported by States would not be comparable. In addition, some services listed do not align with the statutory and regulatory purposes of the SAPT Block Grant, e.g., acute primary care, general health services, tests and immunization, homemaker services, and mental health residential services for adults and children.

4. For Table 7-Statewide Entity Inventory, which is a version of the previous Form 9 from the FY 2012 SAPT Block Grant Application, five new columns have been added: provider/program name, street address, city, state, and zip code. This would significantly increase the reporting burden for each entity. Adding a separate column to identify the State for each entity appears to be especially redundant and superfluous since the table has a State Identifier. Historically, for the SAPT Block application, a separate list of provider's name, street address, city/state and zip code was required only for entities that did not have an Inventory of Substance Abuse Treatment Services (I-SATS) ID. There does not appear to be a compelling reason to require this information for each entity in Table 7. Thus, we recommend deleting the five new columns, and instead requiring a separate list only for entities without an I-SATS ID.

5. For Table 32-Population-Based Programs and Strategies—Number of Persons Served by Age, Gender, Race, and Ethnicity, we 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. It is not possible to collect individual data or calculate reliable or meaningful estimates on the age, gender, race, and ethnicity on all persons impacted by population-based programs and strategies, especially for single events involving large masses of people or activities that do not register individual participants.

Thank you for the opportunity to comment. Should you need further information, please contact ADAD's SAPT Block Grant Coordinator, Ms. Jan Nishimura, jan.nishimura@doh.hawaii.gov, phone (808) 692-7513.

Sincerely,

Nancy A. Haag
Chief, Alcohol and Drug Abuse Division

c: Rob Morrison, Executive Director, NASADAD

Evelyn R. Frankford, MSW
Frankford Consulting
40 Williams St.
Brookline, Massachusetts 02446
efrankford@verizon.net
www.frankfordconsulting.com

September 10, 2012

Ms. Summer King
SAMHSA Reports Clearance Officer
Room 2-1057
One Choke Cherry Road
Rockville, MD 20857

RE: Comments on SAMHSA Mental Health and Substance Abuse Block Grants FY2014-15

Dear Ms. King:
I write as a Consultant with 35 years of experience in a wide range of mental health issues, areas, and intervention approaches. As well, I am current associated with two university research and policy action centers (George Washington University's Center for Health and Health Care in Schools and University of Massachusetts Boston's Center for Social Policy).

The following recommendations are in response to the request for comments on the Uniform Application for the Mental Health Block Grant and Substance Abuse Block Grant FY 2014-2015 published in the Federal Register on July 13, 2012.

As the proposed Block Grant Application notes, the advent of health reform via the Affordable Care Act (ACA) provides important new opportunities to change states' approaches to using Block Grant funds. People with behavioral health conditions will have access to insurance, especially via Medicaid, and thereby to community-based interventions and services if they are available. As well, the ACA authorizes preventive approaches and some states, for example, Massachusetts, have already enacted provisions to realize them. This is the context for the recommendations listed below.

Recommendation One supports the first recommendation submitted by the Children's Mental Health Network, namely that there be full public transparency in all block grant planning processes. In my twenty years of experience as a policy advocate in New York State, I found that, even with initial good intentions, the process quickly becomes a closed and technical one, involving a small group of compliant participants. Given SAMHSA's intention of making the combined Block Grants a major vehicle for funding and implementing programs with the states, a far more inclusive process must be required. Beyond posting announcements of meetings and of planning committee membership, efforts must be made to build and engage the multiple constituencies with possible interests.

Recommendation Two again supports the Children's Mental Health Network, namely that there be equity in funding between child and adult mental health services.

This equitable funding strategy needs also to take into account Transition Age Youth and Young Adults, who fall, in terms of age, into both groups and sometimes in-between them. Transition Age Youth have specific needs, both clinical and non-clinical (education completion, workforce preparation, housing), and they themselves should be the primary expositors of what these needs and aspirations are. Block Grant guidelines for the states should provide direction for incorporating the full range of challenges and opportunities around Transition Age Youth. (Please see my comments of May 12, 2011 to SAMHSA on the Block Grant Collection Activities.) Block Grant funds can serve as behavioral health hubs from which spokes funded by other systems (education, workforce) emanate.

Recommendation Three urges that SAMHSA take a public health approach to children's mental health and require states to do the same, that is, an approach based in a population focus rather than medical models only; that systemically promotes mental health and prevents problems; that addresses social determinants of health; and that gathers data for decision-making.

In the Block Grant Application, SAMHSA recommends that such funds be directed to fund primary prevention for persons not identified as needing treatment (p. 7). Such a focus will build on the wellness promotion and prevention strategies that are incorporated into health reform. The IOM report *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*, cited in your document, concludes that successful interventions were oriented not to the individual but were systemic and that individual interventions were not sustainable.

Unlike the substance abuse agencies, which have worked with the Strategic Prevention Framework, State Mental Health Authorities have traditionally not seen prevention or systemic interventions as part of their responsibilities and they may not be aware of the advances in prevention for children and youth. They will likely need some prodding from SAMHSA to incorporate this knowledge and to conceptualize their plans along these lines.

Recommendation Four urges that SAMHSA use the Block Grant to ensure that states engage with and promote comprehensive approaches to school-based behavioral health. Again, the IOM report demonstrates that long-term interventions built on a developmental framework are successful and can target risk factors and strengthen protective factors in young people.

Since they are systemic rather than clinical, school-based approaches involve deep collaboration with the education system, including building on schools' initiatives in social and emotional development and learning and they may involve restructuring to ensure an environment more conducive to child development. Given SAMHSA's recognition of trauma as a public health problem, with associated disruptions in daily functioning such as education, we bring to your attention initiatives that specifically address trauma by restructuring schools to encompass health and wellness and promote social and emotional learning.

These are challenging fiscal times, of course, and asking states to include more stakeholders and to shift their priorities while funds continue to decrease is a tall order.

Nevertheless, with health reform implementation, Medicaid expansion, and new benefit definitions under Essential Health Benefits, if SAMHSA is pursuing the Block Grants as a major strategy for directing the behavioral health system of tomorrow, leadership by SAMHSA is essential on these child and youth policy questions.

I look forward to your response.

Sincerely,

Evelyn R. Frankford, MSW
Principal, Frankford Consulting