GENERAL COMMENTS

#	Date Received	Section	Commenter/ Organization	Comment/Question	Disposition of Comment/ Rationale
1.	8/16/12		Chris Imhoff, LICSW, Director, Division of Behavioral Health and Recovery, Aging and Disability Services Administration, Department of Social and Health Services	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.	Thank you for your comment.
2.	8/16/12		Chris Imhoff, LICSW, Director, Division of Behavioral Health and Recovery, Aging and Disability Services Administration, Department of Social and Health Services	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.	Correct Authorizing legislation (42 USC s/s 300x-32) and implementing regulation (45 CFR 96.122) identifies what is required for the SABG Plan. SAMHSA encourages States to address the requested items in order that SAMHSA has a more comprehensive view of the States' priorities and state system services.

3.	8/16/12		Chris Imhoff, LICSW, Director, Division of Behavioral Health and Recovery, Aging and Disability Services Administration, Department of Social and Health Services	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.	SAMHSA will consider ways to promote better coordination with this workgroup. Any proposed change in data collection, analysis and reporting presents numerous challenges at the Federal, State, and community level. Changes in States' SABG-related data systems are difficult to coordinate, especially when dealing with States' legacy data systems that are not Web-based; therefore, deleting and/or adding data elements is costly and generally takes timeto implement.
4.	8/16/12		Chris Imhoff, LICSW, Director, Division of Behavioral Health and Recovery, Aging and Disability Services Administration, Department of Social and Health Services	Expanding the areas of focus may potentially detract from the flexibility of states to focus on their perceived areas· of highest needs.	States have the responsibility to focus on their areas of highest need as they determine. By expanding the areas of focus in the plan, SAMHSA is supporting that states use the planning process to look at multiple populations and needs to inform their priorities. The authorizing legislation and implementing regulation governing SAMHSA's Community Mental Health Services Block Grant (MHBG) and Substance Abuse Prevention andTreatment Block Grant (SABG) identify targeted or priority populations to be served with MHBG and SABG funds. Section 1912 of Title XIX, Part B, Subpart I of the PHS Act (42 USC §300x-2) identifies adults with a serious mental illness and children with a

					serious emotional disturbance. Section 1923(b) of Title XIX, Part B, Subpart II of the PHS Act (42 USC § 300x-22(b)) identifies pregnant women and women with dependent children and section 1923 of Title XI, Part B, Subpart II of the PHS Act (42 USC § 300x-22 identifies intravenous drug users.
5.	8/16/12		Chris Imhoff, LICSW, Director, Division of Behavioral Health and Recovery, Aging and Disability Services Administration, Department of Social and Health Services	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.	SAMHSA will continue to request information to support the NOMs. During the next year, SAMHSA will engage stakeholders in a comprehensive review of measures to support both discretionary and Block Grant data reporting. The BehavioralHhealth Barometer will be published within the next fiscal year.
6.	8/16/12		Chris Imhoff, LICSW, Director, Division of Behavioral Health and Recovery, Aging and Disability Services Administration, Department of Social and Health	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.	While HHS has developed recommended data points for race and ethnicity, their language for sexual orientation is currently under development and will soon be be released . In the meantime, we recommend that states use existing LGBTQ data elements used within their state. Further, we recognize the sensitivity around asking LGBTQ related questions to children and adults and view this as a workforce development issue that may be

			Services		addressed through multicultural and cultural competence training.
7.	8/16/12		Chris Imhoff, LICSW, Director, Division of Behavioral Health and Recovery, Aging and Disability Services Administration, Department of Social and Health Services	The estimate of 282 hours in table 1for 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.	The estimate of burden was based on historical information and analysis of requested vs. required information and will be updated as changes are required.
8.	8/16/12		Chris Imhoff, LICSW, Director, Division of Behavioral Health and Recovery, Aging and Disability Services Administration, Department of Social and Health Services	The burden estimate provided would only allow us to complete 30% of the information requested in the instructions.	The estimate of burden was based on historical information and analysis of requested vs. required information and will be updated as changes are required.
9.	8/16/12		Chris Imhoff, LICSW, Director, Division of	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	The estimate of burden was based on historical information and analysis of requested vs. required information and will be updated as changes are required.

			Behavioral Health and Recovery, Aging and Disability Services Administration, Department of Social and Health Services	considerably to our financial burden at a time when our state revenues continue to be flat or declining.	
10.	8/16/12		Chris Imhoff, LICSW, Director, Division of Behavioral Health and Recovery, Aging and Disability Services Administration, Department of Social and Health Services	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.	The estimate of burden was based on historical information and analysis of requested vs. required information and will be updated as changes are required.
11.	8/16/12		Chris Imhoff, LICSW, Director, Division of Behavioral Health and Recovery, Aging and Disability Services Administration,	The burden could be considerably reduced by going to 3-year, rather than 2-year plans.	SAMHSA will take this under consideration for future application and plan documents. Section Section 1932 of Title XIX, Part B, Subpart II of the PHS Act requires States to prepare and submit an annual plan that "…contains detailed provisions for complying with each funding agreement for a grant under section 1921 that is

			Department of Social and Health Services		applicable to the State, including a description of the manner in which the State intends to expend the grant."
12.	8/16/12		Chris Imhoff, LICSW, Director, Division of Behavioral Health and Recovery, Aging and Disability Services Administration, Department of Social and Health Services	On the "Barometer", we believe that "Heavy Adult Use" should be "Heavy Young Adult use".	This would represent two different population but SAMHSA will consider adding the latter.
13.	8/16/12		Chris Imhoff, LICSW, Director, Division of Behavioral Health and Recovery, Aging and Disability Services Administration, Department of Social and Health Services	We request that SAMHSA provide specific operational definitions for each measure so that the information is clear.	This is the plan for the future
14.	8/16/12		Chris Imhoff,	The requests for narrative information take considerable hours of work and do not seem	SAMHSA has considerably reduced the amount of narrative information from past

			LICSW, Director, Division of Behavioral Health and Recovery, Aging and Disability Services Administration, Department of Social and Health Services	quantifiable. Reducing requests for narrative would cut the burden of hours of work.	application and plans and has given guidance through the development of questions to streamline the narrative responses. SAMHSA will continue to streamline the requests in collaboration with states.
15.	8/16/12		Chris Imhoff, LICSW, Director, Division of Behavioral Health and Recovery, Aging and Disability Services Administration, Department of Social and Health Services	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.	SAMHSA plans to do this as part of the process for determining measures to be included in the National Behavioral Health Quality Framework.
16.	8/16/12		Chris Imhoff, LICSW, Director, Division of Behavioral Health and Recovery, Aging and Disability	What technical assistance to states is being proposed to assist with completing applications?	SAMHSA will continue to provide targeted technical assistance (TA) to support States and Jurisdictions completing the 2014/2015 Behavioral Health Assessment and Plan. Such assistance may be provided in a variety of formats including, but not limited to, consultation with their respective

			Services Administration, Department of Social and Health Services		federal project officer, workshops, instructional videos and webinars. In addition, SAMHSA will develop an enhanced instruction manual and post answers to frequently asked questions on SAMHSA's website and the Web Block Grant Application System (BGAS). Program staff and managers responsible for the preparation and submission of the States' and Jurisdictions' plans will also be able to have ongoing communication and dialogue with their assigned federal project officers who can provide specific guidance, answer questions, or refer the State or Jurisdiction to the necessary information needed to complete the plan. Technical assistance is also available through the Web BGAS Help Desk.
17.	8/16/12		Chris Imhoff, LICSW, Director, Division of Behavioral Health and Recovery, Aging and Disability Services Administration, Department of Social and Health Services	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.	SAMHSA has considered this option and has chosen to include requested items in the application to allow for one bi-annual submission of requested information instead of multiple survey requests.
18.	8/16/12		Chris Imhoff,	We suggest automated data collection systems and	SAMHSA is moving toward a more

			LICSW, Director, Division of Behavioral Health and Recovery, Aging and Disability Services Administration, Department of Social and Health Services	other forms of information technology used to gather data are compatible with SAMHSA's systems.	integrated data collection system, and will do what is within the agency's control to promote these goals.
19.	8/16/12		Chris Imhoff, LICSW, Director, Division of Behavioral Health and Recovery, Aging and Disability Services Administration, Department of Social and Health Services	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.	The development of a core set of recommended measures within the National Behavioral Health Quality Framework will represent an important effort to promote the use of key measures across various payers and providers.
20.	8/16/12		Chris Imhoff, LICSW, Director, Division of Behavioral Health and Recovery, Aging and Disability	A model response for the block grant application and reporting would be helpful.	SAMHSA is working on developing some model responses and reports to share with states.

			Services Administration, Department of Social and Health Services		
21.	8/16/12		Chris Imhoff, LICSW, Director, Division of Behavioral Health and Recovery, Aging and Disability Services Administration, Department of Social and Health Services	We recommend military veterans be included in the list of populations subject to health care disparities.	The populations identified in the Block Grant application were selected based on Section 4302 of the Affordable Care Act and the Secretary's Action Plan for Eliminating Racial and Ethnic Disparities. In addition to the populations identified in the Block Grant application and these HHS documents, states may report on additional populations serviced that may be vulnerable to disparities. Military are included in the listing of populations
22.	8/16/12		Chris Imhoff, LICSW, Director, Division of Behavioral Health and Recovery, Aging and Disability Services Administration, Department of Social and Health	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.	SAMHSA has streamlined the Uniform application as much as allowed under our statutory requirements.

			Services		
23.	8/16/12		Chris Imhoff, LICSW, Director, Division of Behavioral Health and Recovery, Aging and Disability Services Administration, Department of Social and Health Services	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 cov red 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.	SAMHSA recognizes that there may be overlap, but is seeking to understand how the state authorities are involved in that discussion.
24.	8/16/12		Chris Imhoff,	SAMHSA is requesting states implement policies and procedures that are designed to ensure Block Grant	SAMHSA agrees that the implementation of program integrity activities and expansion

			LICSW, Director, Division of Behavioral Health and Recovery, Aging and Disability Services Administration, Department of Social and Health Services	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.	of Medicaid will require states to re-evaluate their procedures and protocols. The implementing regulations governing the SABG at 45 CFR 96.137 require States and their SABG sub-recipients to collect reimbursement for the costs of providing services described in 45 CFR 9.124(c) and (e), 45 CFR 96.127 and 45 CFR 96.128 to persons who are entitled to insurance benefits under the Social Secutiry Act, including programs under Title XVIII (Medicare), and title XIX (Medicaid, any State compensation program, any other public assistance program for medical expenses, any grant program, any private health insurance program or any other benefit program; therefore, states and their SABG sub-recipients have some familiarity with Medicaid enrollment.
25.	8/16/12		Chris Imhoff, LICSW, Director, Division of Behavioral Health and Recovery, Aging and Disability Services Administration, Department of Social and Health	The priorities listed under the Program Integrity Section do not correspond with the four purposes that SAMHSA proposes grant funds be directed towards.	SAMHSA understands that the priorities for Program integrity activities and the purpose of the use of block grant dollars are not identical, but are complementary.

			Services		
26.	8/24/2012		Michigan Dept of Community Health/Lynda Zeller,Deputy Director Behavioral Health & Developmental disabilities Administration	We support the direction and guidance for prevention proposed by the BG 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	Thank you for your comment
27.	8/24/2012		Michigan Dept of Community Health/Lynda Zeller,Deputy Director Behavioral Health & Developmental disabilities Administration	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	For purposes of the SABG, as specified in 45 C.F.R. 96.125(b), primary prevention is defined as programs directed at individuals who have not been determined to require treatment for substance abuse. Thus, any SBIRT activity in the SABG would not be considered a substance abuse primary prevention activity. However, since one of the six substance abuse primary prevention strategies is "Problem Identification and Referral,", a State may refer an individual to a program or practitioner using SBIRT for identification and referral
28.	8/24/2012		Michigan Dept of Community Health/Lynda Zeller,Deputy Director Behavioral Health & Developmental	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. SA BG recipients have the option of establishing a revolving fund to support the establishment of group homes.	SAMHSA encourages states to consider evidence based practices and best practices to implement recovery support services. A State or Jurisdictions may obligate and expend SABG funds for recovery support services including transitional housing.

			disabilities Administration	The requirement criteria for homes are found in CFR 45 Part 96 Section 129. These requirements, specifically subsections 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 subsections 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 BG service. Safe and stable housing is an important component of an individuals' recovery capital and is a key part of 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.	
29.	8/24/2012		Michigan Dept of Community Health/Lynda Zeller,Deputy Director Behavioral Health & Developmental	Children/Youth with Serious Emotional Disturbance and Their Families: Additional emphasis should be apparent in the application guidance to ensure that this populations 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	SAMHSA will carefully review state plans to ensure that services for children/youth with serious emotional disturbance are integrated into the comprehensive system of care and that co-ocurring services are available.

			disabilities Administration	evidence-based, evidence-informed and promising practices that are beneficial to this population.	
30.	8/24/2012		Michigan Dept of Community Health/Lynda Zeller,Deputy Director Behavioral Health & Developmental disabilities Administration	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.	Thank you for your comment
31.	8/24/2012		Michigan Dept of Community Health/Lynda Zeller,Deputy Director Behavioral Health & Developmental disabilities Administration	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 gauge the results. (Mental health promotion? Early intervention that prevents progression to SMI status? Other?)	States will be allowed to use some of their current CMHS Block Grant to support mental health promotion and mental illness prevention activities related to adults with serious mental illnesses and children with serious emotional disturbances and their families.
32.	8/24/2012		Michigan Dept of Community Health/Lynda Zeller,Deputy Director Behavioral Health & Developmental disabilities	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 your comment

			Administration		
33.	8/30/2012		Robert Morisson, Executive Director, National Association of State alcohol and Drug Abuse Directors, inc (NASADAD)	Multiple Goals and Purposes of the Proposed SAPT BG Application: Multiple divergent purposes for the revised application place a heavy burden on State sbustacen abuse agencies. The introduction in the application states that the proposed revisions are to "expand the areas of focus." Furthermoe, 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 BG funds are being directed toward the four year 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 the enthusiasm and dilute progress on any one area of focus or goal. Everh change, especially additional requirements without corresponding eliminations, spreads resources too thin and risks reducing effectivenementt and impact. Recommendation: If absolutely necessary, one new area of attention might be highlighted eery two years. States require dufficient time to shape plans, implement programs and strategies and to monitor change.	SAMHSA believes that since State authorities are the policy leaders in the provision of serives for mental and substance use disorders, it is reasonable to ask that the 2 year planning process include the inclusion of expanded population focus – particularly when examining the gaps in service and insurance coverage- and the application of the four recommended purposes of the grant.
34.	8/30/2012		Robert Morisson, Executive Director, National Association of State alcohol and Drug Abuse Directors, inc (NASADAD)	Compliance Requirements: Given the numerous changes to the SAPT BG 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	SAMHSA is revising the instructions for the FY 2014-2015 Behavioral Health Assessment and Plan and the MHBG and SABG reports. The FY 2014-2015 Behavioral Health Assessment and Plan Table of Contents

				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 thaty 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 gurdent to State Substance Abuse agencies, Recommendation: A clear set of consistent criterion must be include in the final document for both State sutance abuse agencies and SAMHSA project officers to use when submitting and evaluating the application and more information for completing each section.	includes required and requested (optional) sections. States are required to provide a detailed description of planned activivites and services authorized by Titel XIX, Part B, Subpart I (MHBG), Subpart II (SABG). and Subpart III (MHBG and SABG) of the Public Health Service Act and 45 CFR § 96.120-137 SAMHSA is also requesting States' to provide a description of other planned activities and services which are not explicity required by legislation or regulation; therefore, States have the option of providing such information to SAMHSA. States are required to provide a detailed description of planned activites and services authorized by Tital XIX, Part B, Subpart I (MHBG), Subpart II (SABG). and Subpart III (MHBG and SABG) of the Public Health Service Act and 45 CFR § 96.120-137 SAMHSA is also requesting States' to provide a description of other planned activities and services which are not explicity required by legislation or regulation; therefore, States have the option of providing such information to SAMHSA.
35.	8/30/2012		Robert Morisson, Executive Director, National Association of State alcohol and Drug Abuse	**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*	SAMHSA is committed to support the strong leadership role of State Authorities. The statutory name of the Substance Abuse Prevention and Treatment Block Grant (or the Community Mental Health Services

			Directors, inc (NASADAD)	*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.*	Block Grant)has not changed, SAMHSA has shortened the acronyms to SABG and MHBG.
36.	8/30/2012		Robert Morisson, Executive Director, National Association of State alcohol and Drug Abuse Directors, inc (NASADAD)	**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*	State Project Officers have already developed or are making every effort to develop a close working relationship with each State they monitor. They are flexible while working with States to provide the necessary technical assistance needed to help develop a corrective action plan if the State has not met its targets. However, SAMHSA's Centers will work together to develop criteria to help assess whether or not a State has taken "reasonable" actions with regards to a request from SAMHSA for a State to submit a corrective action plan.

				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.	
37.	8/30/2012		Robert Morisson, Executive Director, National Association of State alcohol and Drug Abuse Directors, inc (NASADAD)	**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.*	In the Background section, SAMHSA has described our vision for future initiatives which can give both context and information to states as they engage in their planning process.
38.	8/30/2012		Robert Morisson, Executive Director, National Association of State alcohol and Drug Abuse Directors, inc (NASADAD)	**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	The Behavioral Health Barometer is currently in draft form. SAMHSA has and will continue to engage stakeholders in the development of the Barometer and identify how the information can help states and communities to improve BH services. As envisioned, the Barometer will include and report on data collected through SAMHSA and other federal survey efforts, and thus should not represent any additional data collection burden to states.

				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.*	
39.	8/30/2012		Robert Morisson, Executive Director, National Association of State alcohol and Drug Abuse Directors, inc (NASADAD)	**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	SAMHSA believes that since State authorities are the policy leaders in the provision of serives for mental and substance use disorders, it is reasonable to ask that the 2 year planning process include the inclusion of expanded population focus – particularly when examining the gaps in service and insurance coverage- and the application of the four recommended

				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.*	purposes of the grant.
40.	8/30/12		Robert Morisson, Executive Director, National Association of State alcohol and Drug Abuse Directors, inc (NASADAD)	**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..*	SAMHSA has indicated in the application that the information requested is not required. SAMHSA has added language which clarifies that the state award will not be impacted if a state does not provide requested information. During the last planning cycle, all states submitted some requested information and many states submitted all requested information. This allowed SAMHSA to provide targeted technical assistance as well as better understand the state's issues in these areas.
41.	8/30/12		Robert Morisson,	**Overall Comments on Joint Planning**: We support the	For purposes of the SABG, primary

			Executive Director, National Association of State alcohol and Drug Abuse Directors, inc (NASADAD)	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*	substance abuse prevention is defined in the authorizing legisitaion (42 USC § 300x-22(a)) and implementing regulation (45 CFR 96.125) in the BG application. SAMHSA will work collaboratively with its stakeholders to define prevention and other related terms as they relate to each discipline (primary substance abuse prevention, substance abuse treatment, mental health promotion). Recovery is addressed in the Children and Adolescents Behavioral Health Services section, as well as, the Recovery sections. SAMHSA has a definition of Recovery and is working with stakeholders to identify and acknowledge the differences between the services for .

				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.	
42.	8/30/2012		Robert Morisson, Executive Director, National Association of State alcohol and Drug Abuse Directors, inc (NASADAD)	**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.*	SAMHSA will work with states and NASADAD to address the concerns of state agencies related to the April 1 submission date.
43.	8/30/2012		Robert Morisson, Executive Director, National Association of State alcohol and Drug Abuse Directors, inc (NASADAD)	**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 4 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	SAMHSA is developing additional instructions and guidance for states on the block grant submissions to clarify the expectations.

				(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.*	
44.	9/5/12		Jennifer Parker, Human Services Program Specialist, Department of Public Welfare, Office of Mental Health and Substance Abuse Services	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.	Table 1 Required Tabel 2 Required Tabel 3 Requested Table 4 NA Table 5a NA Table 5b NA Table 5c NA Table 6a NA Table 6b Required
45.	9/5/12		Jennifer Parker, Human Services Program Specialist, Department of Public Welfare, Office of Mental Health and Substance Abuse Services	Page 41432: Column Three, Fourth Paragraph- Please advise whether the statutory five criteria are to be addressed in the plan.	As was done for the FFY 2012 – 2013 plan, states will be asked to include information relating to the five criteria in the Statute, including a description of children's services, within the structure of the 2014 2015 plan.
46.	9/5/12		Jennifer Parker, Human Services Program Specialist, Department of Public Welfare, Office of Mental	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	Thank you for your comment

			Health and Substance Abuse Services	additional time and technical assistance from SAMHSA needed to be able to complete those sections where additional information is requested (but not yet required).	
47.	9/5/12		Jennifer Parker, Human Services Program Specialist, Department of Public Welfare, Office of Mental Health and Substance Abuse Services	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.	Thank you for your comment
48.	9/5/12		Jennifer Parker, Human Services Program Specialist, Department of Public Welfare, Office of Mental Health and Substance Abuse Services	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.	The estimate of burden was based on historical information and analysis of requested vs. required information
49.	9/5/12		Jennifer Parker, Human Services Program Specialist, Department of Public Welfare, Office of Mental Health and Substance Abuse Services	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.	The estimate of burden was based on historical information and analysis of requested vs. required information
50.	9/5/12		Dr. Amy Stevens,	As a small sole practitioner, I find the burden of data	Through development of SAMHSA's

			EdD., LPC, Arcadian Resources	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.	National Behavioral Health Quality Framework, the agency is attempting to reduce the data collection and reporting burden on states and providers while assuring we are able to indicate the uses and outcomes of taxpayer dollars.
51.	9/5/12		Dr. Amy Stevens, EdD., LPC, Arcadian Resources	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.	The populations identified in the Block Grant application were selected based on Section 4302 of the Affordable Care Act and the Secretary's Action Plan for Eliminating Racial and Ethnic Disparities. In addition to the populations identified in the Block Grant application and these HHS documents, states may report on additional populations serviced that may be vulnerable to disparities. Military personnel and their families are included specifically
52.	9/5/12		Dr. Amy Stevens, EdD., LPC, Arcadian Resources	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	SAMHSA believes that this recommendation is outside of the purview of this FRN, however, SAMHSA is doing significant work to meet the needs of military families through itds Strategic Initiative on Military Families.

				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.	
53.	9/6/12		Alixe McNeill, Chair, National Coalition on Mental Health and Aging	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*	While SAMHSA has indicated several populations specifically in the application, with the exception of those statutorily defined populations, states are encouraged to look at the needs of all of the citizens to identify gaps in service and then to prioritize those populations specific to that state. Since there is a separate HHS agency devoted specifically to the needs of older Americans, SAMHSA works closely with that agency to address their needs.

				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. 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.	
54.	9/7/12		Arthur T. Dean, Major General, U.S.	The new Uniform Block Grant Application	States will be allowed to use some of their current CMHS Block Grant to support

			Army, Retired, Chairman and CEO, Community Anti-Drug Coalitions of America (CADCA)	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 ofthe 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.	mental health promotion and mental illness prevention activities related to adults with serious mental illnesses and children with serious emotional disturbances and their families. The 20% set aside funds of the Substance Abuse Block Grant must be used for substance abuse primary prevention activities by the state. Many evidenced-based substance abuse programs have a positive impact on the prevention of substance use and abuse as well as other health and social outcomes such as education, juvenile justice involvement, violence prevention and mental health.

				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.	
55.	9/7/12		Arthur T. Dean, Major General, U.S. Army, Retired, Chairman and CEO, Community Anti-Drug Coalitions of America (CADCA)	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.	In the Background section, SAMHSA has described our vision for future initiatives which can give both context and information to states as they engage in their planning process.
56.	9/7/12		Patricia A. Rehmer, MSN, Commissioner, State of Connecticut Department of Mental Health and Addiction Services, A Healthcare Service Agency	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	SAMHSA fully expects that states will need time to establish a plan to direct funds towards the four purposes identified. It is the expectation that states will describe for SAMHSA their plan and implementation steps.

				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.	
57.	9/7/12		Patricia A. Rehmer, MSN, Commissioner, State of Connecticut Department of Mental Health and Addiction Services, A Healthcare Service Agency	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 fully recognizes the magnitude of the change that will occur as a result of health reform and is committed to working with the states on tracking the implications of that change.
58.	9/7/12		TerriL. White, ODMHSAS Commissioner, Oklahoma Department of Mental Health and Substance Abuse Services	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.	Thank you for your comment
59.	9/7/12		TerriL. White, ODMHSAS Commissioner, Oklahoma Department of Mental Health and Substance Abuse Services	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	SAMHSA will work with the states to support the new timeline for submission of the plan.

				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.	
60.	9/7/12		TerriL. White, ODMHSAS Commissioner, Oklahoma Department of Mental Health and Substance Abuse Services	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.	The estimate of burden was based on historical information and analysis of requested vs. required information and will be updated as changes are required.
61.	9/7/12		TerriL. White, ODMHSAS Commissioner, Oklahoma Department of Mental Health and Substance Abuse	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	As was done for the 2012 – 2013 plan, states will be asked to include information relating to the five criteria in the Statute, including a description of children's services, within the structure of the 2014 2015 plan.

			Services	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.	References to MH promotion and prevention are included in the guidance, along with the importance of evidence based practices. SAMHSA will continue to support states in these activities through its ongoing Technical Assistance programs.
62.	9/7/12		TerriL. White, ODMHSAS Commissioner, Oklahoma Department of Mental Health and Substance Abuse Services	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.	SAMHSA has indicated in the application background sections what information is requested and what is required.
63.	9/7/12		TerriL. White, ODMHSAS Commissioner, Oklahoma	Given the differences between statutory language for the MHS and the SAPT block grants, there are instances throughout the proposed guidance that	SAMHSA is in the process of developing written guidance for states in the expectations for filling out the application

			Department of Mental Health and Substance Abuse Services	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.	and this issue is included in that guidance.
64.	9/7/12		TerriL. White, ODMHSAS Commissioner, Oklahoma Department of Mental Health and Substance Abuse Services	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 umqueness needed m their particular business, cultural and service environments.	SAMHSA fully supports and intends to acknowledge the existence of the states own framework for program integrity and accountability, and working with that framework.
65.	9/7/12		TerriL. White, ODMHSAS Commissioner, Oklahoma Department of Mental Health and Substance Abuse Services	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.	Through development of SAMHSA's National Behavioral Health Quality Framework and the Behavioral Health Barometer, the agency is attempting to reduce the data collection and reporting burden on states and providers.
66.	9/7/12		TerriL. White, ODMHSAS	Absent in the proposed guidance is the option for states to participate in a consultative peer review	SAMHSA will retain some elements of the consultative peer review process and will

			Commissioner, Oklahoma Department of Mental Health and Substance Abuse Services	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.	work with the states on utilizing that framework.
67.	9/7/12		TerriL. White, ODMHSAS Commissioner, Oklahoma Department of Mental Health and Substance Abuse Services	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.	States will be allowed to use some of their current CMHS Block Grant to support mental health promotion and mental illness prevention activities related to adults with serious mental illnesses and children with serious emotional disturbances and their families. The 20% set aside funds of the Substance Abuse Block Grant must be used for substance abuse primary prevention activities by the state. Many evidenced-based substance abuse programs have a positive impact on the prevention of substance use and abuse as well as other health and social outcomes such as education, juvenile justice involvement, violence prevention and mental health.
68.	9/7/12		TerriL. White, ODMHSAS Commissioner, Oklahoma Department of Mental Health and Substance Abuse Services	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	SAMHSA is supporting the use of the planning steps found in the Strategic Prevention Framework (SPF).

				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.	
69.	9/7/12		TerriL. White, ODMHSAS Commissioner, Oklahoma Department of Mental Health and Substance Abuse Services	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.	The guidance does not limit the priorities that the state can choose. Language that is used is "*At a minimum, the plan should address the following populations (required in Statute)" and "In addition to the targeted/required populations and/or services required in statute, states are encouraged to consider…"* Authorizing legislation (42 USC300x-22, 23, and 27and implementing regulation (45 CFR Part 96.124, 126, and 131) identifies what is required for identified targeted populations [pregnant women, women with dependent children; intravenous drug users].

					The application allows States to report on other populations that they plan for and deliver services. SAMHSA will consider options for allowing states to provide for broader approaches in Table 1.
70.	9/7/12		TerriL. White, ODMHSAS Commissioner, Oklahoma Department of Mental Health and Substance Abuse Services	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.	This is a requested table. States can provide whatever level of data that are currently available. Uniform definitions will be available soon
71.	9/7/12		TerriL. White, ODMHSAS Commissioner, Oklahoma Department of Mental Health and Substance Abuse Services	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.	The tables are not duplicative of other tables. States may choose to input funds for the six strategies OR the IOM categories. States must include funds for tobacco, section 1926 on Table 5a. If the State chooses the IOM categories/ populations, they must use Tabe 5b. Some States report on both tables, the six primary prevention strategies and the IOM.
72.	9/7/12		TerriL. White, ODMHSAS Commissioner, Oklahoma Department of Mental Health and Substance Abuse Services	Additional guidance in the form of definitions and examples would be helpful for states to efficiently prepare information for Table 6b.	Definitions and examples will be provided in the instructions that will be provided for Table 6b
73.	9/7/12		TerriL. White, ODMHSAS Commissioner,	As referenced earlier, Oklahoma supports the refinement of quality and accountability measures. The workload and utility of responses requested in	SAMHSA looks forward to working with states in the refinement of quality and accountability measures.

			Oklahoma Department of Mental Health and Substance Abuse Services	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?	As envisioned, the Barometer will include and report on data collected through SAMHSA and other federal survey efforts, and thus should not represent any additional data collection burden to states.
74.	9/7/12		TerriL. White, ODMHSAS Commissioner, Oklahoma Department of Mental Health and Substance Abuse Services	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.	We have reduced the number of responses requested for item K from 13 to 6. Any questions that appears to the state to be duplicative can be referenced in other relevant sections
75.	9/7/12		TerriL. White, ODMHSAS Commissioner, Oklahoma Department of Mental Health and Substance Abuse Services	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.	SAMHSA recognizes that there is some overlap and integration with the focus on children's services in the BG and in the CMHI grants, as there should be. States are encouraged to use information they have available through their CMHI grants to provide information for Item O
76.	9/7/12		TerriL. White, ODMHSAS Commissioner, Oklahoma Department of Mental Health and	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	Thank you for your comment

			Substance Abuse Services	continue to honor the flexibility around this important matter as currently proposed in the guidance.	
77.	9/7/12		TerriL. White, ODMHSAS Commissioner, Oklahoma Department of Mental Health and Substance Abuse Services	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.	We have reduced the number of responses from 5 to 3
78.	9/7/12		TerriL. White, ODMHSAS Commissioner, Oklahoma Department of Mental Health and Substance Abuse Services	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.	States will only be held accountable for membership representatives included in the Statute. Other cagegories of membership were included to encourage representation on the Council. The table has been modified to provide clarity.
79.	9/7/12		TerriL. White, ODMHSAS Commissioner, Oklahoma Department of Mental Health and Substance Abuse Services	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	SAMHSA agrees with the recommendations that request for number of individuals and providers from diverse racial, ethnic, and lgbtq in the table will skew the calculation of the percentage of consumers/state members. SAMHSA has moved this information to the bottom of the table and removed it from the calculation. "Leading state expert"will be deleted. Federally Recognized Tribe Representatives are individuals who are officially designated by the Tribe to sit on the Council.

				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.	
80.	9/8/12		Scott Bryant-Comstock, President and CEO, Children's Mental Health Network	**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	Section X of the planning section requires that states will provide opportunity for the public to comment on the State BG Plan, facilitate comment from any person during the development of the plan and after the submission of the plan.

				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.	
81.	9/8/12		Scott Bryant-Comstock, President and CEO, Children's Mental Health Network	**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**.**	SAMHSA believes that states must have the flexibility to design funding for mental health services for children based upon that states identified need.
82.	9/8/12		Scott Bryant-Comstock, President and CEO, Children's Mental Health Network	**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.	Section O includes encouragement to the states to use this model and asks for information to determine the states' activities in these areas
83.	9/8/12		Scott Bryant-Comstock, President and CEO, Children's Mental Health Network	**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	This recommendation is incorporated into the spectrum of effective, community-based services and supports that are organized into a coordinated network of the system of care model

				community-based ongoing service planning and implementation process.	
84.	9/8/12		Scott Bryant-Comstock, President and CEO, Children's Mental Health Network	**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.	SAMHSA believes that states should have the flexibility to determine the contract language that is used.
85.	9/8/12		Scott Bryant-Comstock, President and CEO, Children's Mental Health Network	**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.	This recommendation is incorporated into the spectrum of effective, community-based services and supports that are organized into a coordinated network of the system of care model
86.	9/8/12		Scott Bryant-Comstock, President and CEO, Children's Mental Health Network	**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.	SAMHSA believes that states must have the flexibility to determine this.
87.	9/8/12		Scott Bryant-Comstock, President and CEO, Children's Mental Health Network	**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	This recommendation is incorporated into the spectrum of effective, community-based services and supports that are organized into a coordinated network of the system of care model

				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.	
88.	9/10/12		Sharon Kramer, M.Ed., CPP, Executive Director, Manatee County Substance Abuse Coalition	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	States will be allowed to use some of their current CMHS Block Grant to support mental health promotion and mental illness prevention activities related to adults with serious mental illnesses and children with serious emotional disturbances and their families. The 20% set aside funds of the Substance Abuse Block Grant must be used for substance abuse primary prevention activities by the state. Many evidenced-based substance abuse programs have a positive impact on the prevention of substance use and abuse as well as other health and social outcomes such as education, juvenile justice involvement, violence prevention and mental health..

				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.	
89.	9/10/12		Sharon Kramer, M.Ed., CPP, Executive Director, Manatee County Substance Abuse Coalition	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.	In the background section, SAMHSA has described our vision for future initiatives which can give both context and information to states as they engage in their planning process.
90.	9/10/12		Karen A. Murray, County Coalition Director, The Butler County Coalition for healthy, safe & drug-free communities	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	States will be allowed to use some of their current CMHS Block Grant to support mental health promotion and mental illness prevention activities related to adults with serious mental illnesses and children with serious emotional disturbances and their families. The 20% set aside funds of the Substance Abuse Block Grant must be used for substance abuse primary prevention activities by the state. Many evidenced-based substance abuse programs have a positive impact on the prevention 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.	substance use and abuse as well as other health and social outcomes such as education, juvenile justice involvement, violence prevention and mental health..
91.	9/10/12		Karen A. Murray, County Coalition Director, The Butler County Coalition for healthy, safe & drug-free communities	As drafted, the Uniform Application includes language concerning SAMHSA's proposed Budget initiatives for FY 2013 which have not been approved by Congress. The BCC recommends that all of this language be stricken pending definitive congressional action on these proposed changes.	In the background section, SAMHSA has described it's vision for future initiatives which can give both context and information to states as they engage in their planning process.
92.	9/10/12		Pat VanOflen, Coalition Coordinator,	The new Uniform Block Grant Application makes the case for and explicitly includes mental health promotion as a "priority area" for planning and	States will be allowed to use some of their current CMHS Block Grant to support mental health promotion and mental illness

			Coalition for Safe and Drug-Free Fairfield	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	prevention activities related to adults with serious mental illnesses and children with serious emotional disturbances and their families. The 20% set aside funds of the Substance Abuse Block Grant must be used for substance abuse primary prevention activities by the state. Many evidenced-based substance abuse programs have a positive impact on the prevention of substance use and abuse as well as other health and social outcomes such as education, juvenile justice involvement, violence prevention and mental health..

				Uniform Application to mental health promotion activities.	
93.	9/10/12		Pat VanOflen, Coalition Coordinator, Coalition for Safe and Drug-Free Fairfield	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.	In the background section, SAMHSA has described it's vision for future initiatives which can give both context and information to states as they engage in their planning process.
94.	9/10/12		Michael J. Kramer, Judge, Noble Superior Court, Div. 2	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	States will be allowed to use some of their current CMHS Block Grant to support mental health promotion and mental illness prevention activities related to adults with serious mental illnesses and children with serious emotional disturbances and their families. The 20% set aside funds of the Substance Abuse Block Grant must be used for substance abuse primary prevention activities by the state. Many evidenced-based substance abuse programs have a positive impact on the prevention of substance use and abuse as well as other health and social outcomes such as education, juvenile justice involvement, violence prevention and mental health..

				chance to a happy and productive future, I object to any reduction or watering down of substance abuse prevention to our youth.	
95.	9/10/12		Sarah C. Dinklage, LICSW, Executive Director, Rhode Island Student Assistance Services, a division of Coastline EAP	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	States will be allowed to use some of their current CMHS Block Grant to support mental health promotion and mental illness prevention activities related to adults with serious mental illnesses and children with serious emotional disturbances and their families. The 20% set aside funds of the Substance Abuse Block Grant must be used for substance abuse primary prevention activities by the state. Many evidenced-based substance abuse programs have a positive impact on the prevention of substance use and abuse as well as other health and social outcomes such as education, juvenile justice involvement, violence prevention and mental health..

				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.	
96.	9/10/12		Sarah C. Dinklage, LICSW, Executive Director, Rhode Island Student Assistance Services, a division of Coastline EAP	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.	In the background section, SAMHSA has described it's vision for future initiatives which can give both context and information to states as they engage in their planning process.
97.	9/10/12		Greg Puckett, Executive Director, Community Connections, Inc.	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	States will be allowed to use some of their current CMHS Block Grant to support mental health promotion and mental illness prevention activities related to adults with serious mental illnesses and children with serious emotional disturbances and their families. The 20% set aside funds of the Substance Abuse Block Grant must be used for substance abuse primary prevention activities by the state. Many evidenced-based substance abuse programs have a positive impact on the prevention of substance use and abuse as well as other health and social outcomes such as education, juvenile justice involvement, violence prevention and mental health..

				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.	
98.	9/10/12		Greg Puckett, Executive Director, Community Connections, Inc.	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.	In the background section, SAMHSA has described it's vision for future initiatives which can give both context and information to states as they engage in their planning process.
99.	9/10/12		Cindy Grant, Director, Hillsborough County Anti Drug Alliance, Inc.	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	States will be allowed to use some of their current CMHS Block Grant to support mental health promotion and mental illness prevention activities related to adults with serious mental illnesses and children with serious emotional disturbances and their families. The 20% set aside funds of the Substance Abuse Block Grant must be used for substance abuse primary prevention activities by the state. Many evidenced-

				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.	based substance abuse programs have a positive impact on the prevention of substance use and abuse as well as other health and social outcomes such as education, juvenile justice involvement, violence prevention and mental health..
100.	9/10/12		Cindy Grant, Director, Hillsborough County Anti Drug Alliance, Inc.	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.	In the background section, SAMHSA has described it's vision for future initiatives which can give both context and information to states as they engage in their planning process.
101.	9/10/12		Jackie Griffin, MS, LiveFree! Executive Director	The new Uniform Block Grant Application makes the case for and explicitly includes mental health promotion as a "priority area" for planning and	States will be allowed to use some of their current CMHS Block Grant to support mental health promotion and mental illness

				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.	prevention activities related to adults with serious mental illnesses and children with serious emotional disturbances and their families. The 20% set aside funds of the Substance Abuse Block Grant must be used for substance abuse primary prevention activities by the state. Many evidenced-based substance abuse programs have a positive impact on the prevention of substance use and abuse as well as other health and social outcomes such as education, juvenile justice involvement, violence prevention and mental health..
102.	9/10/12		Jackie Griffin, MS, LiveFree! Executive Director	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	In the background section, SAMHSA has described it's vision for future initiatives which can give both context and information to states as they engage in

				language be stricken pending definitive congressional action on these proposed changes.	their planning process.
103.	9/10/12		Gwendolyn W. Brown, Chairman and CEO, Genesis Prevention Coalition, Inc., Excellence in Community Service	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	States will be allowed to use some of their current CMHS Block Grant to support mental health promotion and mental illness prevention activities related to adults with serious mental illnesses and children with serious emotional disturbances and their families. The 20% set aside funds of the Substance Abuse Block Grant must be used for substance abuse primary prevention activities by the state. Many evidenced-based substance abuse programs have a positive impact on the prevention of substance use and abuse as well as other health and social outcomes such as education, juvenile justice involvement, violence prevention and mental health..

				SAPTBG shall **NOT** be reallocated in this Uniform Application to mental health promotion activities.	
104.	9/10/12		Gwendolyn W. Brown, Chairman and CEO, Genesis Prevention Coalition, Inc., Excellence in Community Service	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.	In the background section, SAMHSA has described it's vision for future initiatives which can give both context and information to states as they engage in their planning process.
105.	9/10/12		Scot L. Adams, Ph.D., Director, Division of Behavioral Health, Nebraska Department of Health and Human Services	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 8, Subpart I of the Public Health Service (PHS) Act (42 U.S.C. 300x-1) or Section 1921 of Title XIX, Part 8, 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	SAMHSA has clarified what is requested and what is required.

				aspect is not clear and emphasized.	
106.	9/10/12		Scot L. Adams, Ph.D., Director, Division of Behavioral Health, Nebraska Department of Health and Human Services	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.	States will be allowed to use some of their current CMHS Block Grant to support mental health promotion and mental illness prevention activities related to adults with serious mental illnesses and children with serious emotional disturbances and their families. The 20% set aside funds of the Substance Abuse Block Grant must be used for substance abuse primary prevention activities by the state. Many evidenced-based substance abuse programs have a positive impact on the prevention of substance use and abuse as well as other health and social outcomes such as education, juvenile justice involvement, violence prevention and mental health..
107.	9/10/12		Scot L. Adams, Ph.D., Director, Division of Behavioral Health, Nebraska Department of Health and Human Services	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.	The populations identified in the Block Grant application were selected based on statute, Section 4302 of the Affordable Care Act and the Secretary's Action Plan for Eliminating Racial and Ethnic Disparities. In addition to the populations identified in the Block Grant application and these HHS documents, states may report on additional populations serviced that may be vulnerable to disparities. It is the intention that the planning process be inclusive of the broader populations, but the BG be focused on those who are unserved. It is up to the state to define its populations

				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.	of need in addition to the statutorily defined populations.
108.	9/10/12		Scot L. Adams, Ph.D., Director, Division of Behavioral Health, Nebraska Department of Health and Human Services	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.	Through development of SAMHSA's National Behavioral Health Quality Framework and the Barometer (which will include and report on data collected through SAMHSA and other federal survey efforts) the agency is attempting to reduce the data collection and reporting burden on states and providers. Specifically, SAMHSA understands current limitations within state data systems and is committed to working with states to support efforts that will provide necessary data whenever possible.
109.	9/10/12		Scot L. Adams, Ph.D., Director, Division of Behavioral Health, Nebraska Department of Health and Human Services	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	SAMHSA understands these concerns and will engage with states to develop acceptable solutions.

				this realm of data. Perhaps pilots with volunteer states on measurement issues over time could help ease in this transition.	
110.	9/10/12		Scot L. Adams, Ph.D., Director, Division of Behavioral Health, Nebraska Department of Health and Human Services	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.	SAMHSA recognizes that the ability of states to determine coverage will be a longer-term effort that will develop over time. SAMHSA will accept a discussion of the implementation process as a sufficient response.
111.	9/10/12		Scot L. Adams, Ph.D., Director, Division of Behavioral Health, Nebraska Department of Health and Human Services	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	SAMHSA fully understands that the prioritization of populations and services will be impacted by the funds available. It is the process of prioritization that SAMHSA is interested in.

				insurance or Medicaid. In light of this, these application requirements appear premature.	
112.	9/10/12		Erica Leary, MPH, Program Manager, North Coastal Prevention Coalition, Serving the Communities of Carlsbad, Oceanside and Vista	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,*	States will be allowed to use some of their current CMHS Block Grant to support mental health promotion and mental illness prevention activities related to adults with serious mental illnesses and children with serious emotional disturbances and their families. The 20% set aside funds of the Substance Abuse Block Grant must be used for substance abuse primary prevention activities by the state. Many evidenced-based substance abuse programs have a positive impact on the prevention of substance use and abuse as well as other health and social outcomes such as education, juvenile justice involvement, violence prevention and mental health..

				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.	
113.	9/10/12		Debbie Moskovitz, Project Director , Council Rock Coalition for Healthy Youth	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	States will be allowed to use some of their current CMHS Block Grant to support mental health promotion and mental illness prevention activities related to adults with serious mental illnesses and children with serious emotional disturbances and their

				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.	families. The 20% set aside funds of the Substance Abuse Block Grant must be used for substance abuse primary prevention activities by the state. Many evidenced-based substance abuse programs have a positive impact on the prevention of substance use and abuse as well as other health and social outcomes such as education, juvenile justice involvement, violence prevention and mental health..
114.	9/10/12		Debbie Moskovitz, Project Director , Council Rock Coalition for Healthy	As drafted, the Uniform Application includes language concerning SAMHSA's proposed Budget initiatives for FY 2013 which have not been approved by Congress. CADCA	In the background section, SAMHSA has described our vision for future initiatives which can give both context and information to states as they engage in

			Youth	recommends that all of this language be stricken pending definitive congressional action on these proposed changes.	their planning process.
115.	9/11/12		Barbara Cimaglio, Deputy Commissioner, Alcohol & Drug Abuse Programs, Vermont Department of Health	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.	Thank you for your comment
116.	9/11/12		Barbara Cimaglio, Deputy Commissioner, Alcohol & Drug Abuse Programs, Vermont	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	SAMHSAs purposes are consistent in our emphasis on the role of the state authority to engage in a planning process which looks at the state's population, the availability of various forms of reimbursement and coverage on access to and receipt of

			Department of Health	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.	services, and assure program integrity and accountability.
117.	9/11/12		Barbara Cimaglio, Deputy Commissioner, Alcohol & Drug Abuse Programs, Vermont Department of Health	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.	SAMHSA has been consistent in the continuation of the major reporting requirements, reflecting the key priorities of the Administration.
118.	9/11/12		Barbara Cimaglio, Deputy Commissioner, Alcohol & Drug Abuse Programs, Vermont Department of Health	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	SAMHSA has included sections of requested information for those states who are able to provide it. There is no penalty to the state if it is unable to provide that information.

				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.	
119.	9/11/12		Barbara Cimaglio, Deputy Commissioner, Alcohol & Drug Abuse Programs, Vermont Department of Health	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	SAMHSA has indicated the relationship between the identified elements in the application in the background section. SAMHSA supports the state authority as the primary policy driver in the state and believes that the four purposes are consistent in our emphasis on the role of the state authority to engage in a planning process which looks at the state's full population, the availability of various forms of reimbursement and coverage on access

				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	to and receipt of services, and assure program integrity and accountability.

				change.	
120.	9/11/12		Barbara Cimaglio, Deputy Commissioner, Alcohol & Drug Abuse Programs, Vermont Department of Health	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.	SAMHSA will work on simplifying the access to the reporting forms in WebBGAS.
121.	9/11/12		Barbara Cimaglio, Deputy Commissioner, Alcohol & Drug Abuse Programs, Vermont Department of Health	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).	SAMHSA is developing a comprehensive instruction document for the Uniform application that wil be disseminated to States, as well as being uploaded to the WebBGAS.
122.	9/11/12		Marcia Fowler, Commissioner, Department of Mental Health, Executive Office of Health and Human Services, The Commonwealth of Massachusetts	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	SAMHSA is developing a comprehensive instruction document for the Uniform application that wil be disseminated to States, as well as being uploaded to the WebBGAS. This instruction will include a grid that will indicate which sections of the plan would be consistent with and would provide information relating to each of the 5 Criteria. Authorizing legislation (42 USC s/s 300x-22(a)) and Implementing legislation (45 CFR 96.125) identifies what is required by

				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 ofM/SUD Services, Use of Evidence in Purchasing Decisions, Trauma, Justice, Primary and Behavioral Health Integration Activities, Health Disparities, and Recovery.	statute or regulation. Part of the intent of the new BG application format is to streamline planning information and not to create redundancies. SAMHSA advises States to contact State Project Officers for recommendations on how best to incorporate information related to statutory requirements and new/required information into the SABG application format.
123.	9/11/12		Marcia Fowler, Commissioner, Department of Mental Health, Executive Office of Health and Human Services, The Commonwealth of Massachusetts	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.	For the FFY 2014 – 2015 Plan CMHS will provide instructions on how to include the 5 Criteria in the Statute into the SAMHSA Block Grant Plan. This instruction will include a grid that will indicate which sections of the plan would be consistent with and would provide information relating to each of the 5 Criteria
124.	9/11/12		Marcia Fowler,	Align Block Grant requirements with other	SAMHSA is currently working on a

			Commissioner, Department of Mental Health, Executive Office of Health and Human Services, The Commonwealth of Massachusetts	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.	coordinated state profile which will maximize the use of information for multiple purposes. SAMHSA will work with our stakeholders on that process. Consistent with this approach, SAMHSA will release the National and State Barometer which can be used by states for problem identification and planning purposes.
125.	9/11/12		Marcia Fowler, Commissioner, Department of Mental Health, Executive Office of Health and Human Services, The Commonwealth of Massachusetts	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 ofthe 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	SAMHSA will continue to request information to support the NOMs. During the next year, SAMHSA will engage stakeholders in a comprehensive review of measures to support both discretionary and Block Grant data reporting. The BehavioralHhealth Barometer will be published within the next fiscal year.

				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.	
126.	9/11/12		Marcia Fowler, Commissioner, Department of Mental Health, Executive Office of Health and Human Services, The Commonwealth of Massachusetts	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	Because of the challenges that this table presents to many states in regard to their existing infrastructure capacity to report the data, this table is requested and states are asked to provide any data that is available. States must be able to report what they are using Block Grant dollars for.

				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.	
127.	9/11/12		Marcia Fowler, Commissioner, Department of Mental Health, Executive Office of Health and Human Services, The Commonwealth of Massachusetts	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.	SAMHSA has asked that the state provide supporting documentation which could take any number of forms.
128.	9/11/12		Marcia Fowler, Commissioner, Department of	Reduce the data reporting requirements related to the preparation of the URS table and Client-Level Reporting Data Initiative: In fulfilling the	SAMHSA will continue to request information to support the NOMs. During

			Mental Health, Executive Office of Health and Human Services, The Commonwealth of Massachusetts	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 ofURS 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	the next year, SAMHSA will engage stakeholders in a comprehensive review of measures to support both discretionary and Block Grant data reporting. The BehavioralHhealth Barometer will be published within the next fiscal year.

				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.	
129.	9/11/12		Arlene González-Sánchez, Commissioner, New York State Office of Alcoholism & Substance Abuse Services, Addiction Services for Prevention, Treatment, Recovery	<u>Planning and Reporting Steps:</u> 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	SAMHSA acknowledges that not all States will have the information/data to complete the form. SAMHSA encourages States to complete as much of the table as possible in order that SAMHSA has a comprehensive view of the service delivery system.

				and reporting cycle.	
130.	9/11/12		Arlene González-Sánchez, Commissioner, New York State Office of Alcoholism & Substance Abuse Services, Addiction Services for Prevention, Treatment, Recovery	<u>Deadline for Submission:</u> 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.	SAMHSA will work with states on the implementation of the April 1 submission date.
131.	9/11/12		Arlene González-Sánchez, Commissioner, New York State Office of Alcoholism & Substance Abuse Services, Addiction Services for Prevention, Treatment, Recovery	<u>Behavioral Health Barometers and Data Collection</u> 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	SAMHSA will continue to request information to support the NOMs. During the next year, SAMHSA will engage stakeholders in a comprehensive review of measures to support both discretionary and Block Grant data reporting. The BehavioralHhealth Barometer will be published within the next fiscal year.

				National Outcome Measures and OASAS current data collection efforts.	
132.	9/11/12		Arlene González-Sánchez, Commissioner, New York State Office of Alcoholism & Substance Abuse Services, Addiction Services for Prevention, Treatment, Recovery	<u>Requested Information/Compliance Requirements:</u> 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.	SAMHSA is developing a comprehensive instruction document for the Uniform Application that will be disseminated to States, as well as being uploaded to the WebBGAS..
133.	9/11/12		Arlene González-Sánchez, Commissioner, New York State Office of Alcoholism & Substance Abuse Services, Addiction Services for Prevention, Treatment, Recovery	<u>Multiple Goals and Purposes of the Proposed SAPT Block Grant Application:</u> 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	SAMHSAs purposes are consistent in our emphasis on the role of the state authority to engage in a planning process which looks at the state's population, the impact of reimbursement and coverage on access to and receipt of services, and assure program integrity and accountability.

				area of new focus be introduced every two years in order to allow us sufficient time to plan and implement changes.	
134.	9/11/12		Arlene González-Sánchez, Commissioner, New York State Office of Alcoholism & Substance Abuse Services, Addiction Services for Prevention, Treatment, Recovery	<u>Joint Planning</u> 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	States will be allowed to use some of their current CMHS Block Grant to support mental health promotion and mental illness prevention activities related to adults with serious mental illnesses and children with serious emotional disturbances and their families. The 20% set aside funds of the Substance Abuse Block Grant must be used for substance abuse primary prevention activities by the state. Many evidenced-based substance abuse programs have a positive impact on the prevention of substance use and abuse as well as other health and social outcomes such as education, juvenile justice involvement, violence prevention and mental health..

				ask for identification of recovery services funded by the Block Grant.	
135.	9/11/12		Arlene González-Sánchez, Commissioner, New York State Office of Alcoholism & Substance Abuse Services, Addiction Services for Prevention, Treatment, Recovery	<u>Planning Steps</u> 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.	SAMHSA has indicated in the application that the information requested is not required. SAMHSA has added language which clarifies that the state award will not be impacted if a state does not provide requested information. However, requested information will assist SAMHSA in understanding state's challenges and plans both individually and collectively.
136.	9/11/12		Arlene González-Sánchez, Commissioner, New York State Office of Alcoholism & Substance Abuse Services, Addiction Services for Prevention, Treatment, Recovery	<u>Terminology</u> 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.	SAMHSA fully supports the strong role of the state authorities. SAMHSA has not changed the name of the block grants, only simplified the acronyms. States in the SABG portion of the FFY 2014-2015 application and plan is defined by statue. States as defined includes the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, the US Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, Palau, Micronesia, the Marshall Islands. There is one Tribe that receives the SABG, the Red Lake Band of Chippewa Indians.

					The authorizing legislation does not define the term "State substance abuse agency" or acronym "SSA" or the term "State mental health agency" of the acronym "SMHA." The authorizing legislation uses the term "State" or "States" and also defines the term "States" and "territories of the United States" in section 1954 of Title XIX, Part B, Subpart III of the PHS Act (42 USC §300x-64). The term "principal agency of State" appears in section 1930(a) of Title XIX, Part B, Subpart II of the PHS Act (42 USC §300x-30(a)) and the term "principal agency" is defined in 45 CFR 96.120 as follows: "*Principal Agency* is the single State agency responsible for planning, carrying out, and evaluating activites to prevent and treat substance abuse and related activivites."
137.	9/11/12		Arlene González-Sánchez, Commissioner, New York State Office of Alcoholism & Substance Abuse Services, Addiction Services for Prevention, Treatment, Recovery	<u>Corrective Action Plan</u> 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	One of the focus' of the BG is on accountability and SAMHSA recognizes that will only be accomplished through a close working relationship with the state authority

				allowing states more flexibility on how the 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.	
138.	9/11/12		Arlene González-Sánchez, Commissioner, New York State Office of Alcoholism & Substance Abuse Services, Addiction Services for Prevention, Treatment, Recovery	<u>FY 2012 and FY 2013 Budget Proposal</u> 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.	In the Background section, SAMHSA has described it's vision for future initiatives which can give both context and information to states as they engage in their planning process.
139.	9/11/12		Malisa Pearson , ACMH Executive Director, Association for Children's Mental Health	**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.	Section X of the planning section requires that states will provide opportunity for the public to comment on the State BG Plan, facilitate comment from any person during the development of the plan and after the submission of the plan. States have flexibility in how they fulfill this requirement.

				• ***Process utilized for arriving at funding recommendations*** **-** The process used to develop and implement Block Grant funding decisions will be fully described	
140.	9/11/12		Malisa Pearson , ACMH Executive Director, Association for Children's Mental Health	**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.	SAMHSA does not have Statutory authority to require equity in funding for mental health services for children propotional to state population
141.	9/11/12		Malisa Pearson , ACMH Executive Director, Association for Children's Mental Health	**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.	Section O includes encouragement to the states to use this model and asks for information to determine the states' activities in these areas
142.	9/11/12		Malisa Pearson , ACMH Executive Director, Association for Children's Mental Health	**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.	This recommendation is incorporated into the spectrum of effective, community-based services and supports that are organized into a coordinated network of the system of care model
143.	9/11/12		Malisa Pearson , ACMH Executive Director, Association for Children's Mental Health	**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	SAMHSA believes that state's must have the flexibility in determining contract language.

				monitor all service provider organizations to ensure adherence to active utilization of wraparound child and family teams and care review.	
144.	9/11/12		Malisa Pearson , ACMH Executive Director, Association for Children's Mental Health	**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.	This recommendation is incorporated into the spectrum of effective, community-based services and supports that are organized into a coordinated network of the system of care model
145.	9/11/12		Malisa Pearson , ACMH Executive Director, Association for Children's Mental Health	**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.	SAMHSA believes state's must have the flexibility to determine their care review process
146.	9/11/12		Malisa Pearson , ACMH Executive Director, Association for Children's Mental Health	**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.	This recommendation is incorporated into the spectrum of effective, community-based services and supports that are organized into a coordinated network of the system of care model
147.	9/11/12		Karen Orsi, Director, Oklahoma Mental Health and Aging Coalition	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	While SAMHSA has indicated several populations specifically in the application, with the exception of those statutorily defined populations, states are encouraged to look at the needs of all of the citizens to identify gaps in service and then to

				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	prioritize those populations specific to that state.
148.	9/11/12		Theodora Binion, Director, Illinois Department of Human Services, Division of Alcoholism and Substance Abuse	**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.	Thank you – SAMHSA is exploring the revision of the current regulations.
149.	9/11/12		Theodora Binion, Director, Illinois Department of Human Services, Division of Alcoholism and Substance Abuse	**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	The authorizing legislation and implementing regulation required States to establish a methodology for determining the amount of non-Federal funds obligated and expended annually for the following services: 1. Section 1930(a) of Title XIX, Part B, Subpart II of the PHS Act (42 USC § 300x-30(a)) and 45 CFR 96.134(a) require States maintain aggregate State

				may need to be included in the Base. More consistency across state expenditures included for all states should be reviewed and updated.	expenditures for authorized activities at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period preceding the fiscal year for which the State is applying for grant (See page 171, Table 8a, "Total Single State Agency (SSA) Expenditures for Substance Abuse") 2. Section 1922(b)(1)(C) of Title XIX, Part B, Subpart II of the PHS Act (42 USC § 300x-22(b)(1)(C)) requires States (See page 172, Table 8d , "Expenditures for Services to Pregnant Women and Women with Dependent Children"). 3. Section 1924(d) of Title XIX, Part B, Subpart II of the PHS Act (42 USC § 300x-24(d)) requires States to maintain non-Federal expenditures for tuberculosis services as described in section 1924(a) and, if a designated State, maintain non-Federal expenditures for early intervention services for HIV (See page 172, Table 8b, "Statewide Non-Federal Expenditures for Tuberculosis Services to Substance Abusers

					in Treatment"; and page 172, Table 8c, "Statewide Non-Federal Expenditures for HIV early Intervention Services to Substance Abusers in Treatment"). States are required to prepare and submit a report in accordance with the authorizing legislation and implementing regulation including, but not limited to, a report of non-Federal expenditures for authorized activities and services as described in the authorizing legislation and implementing regulation. A State, in consultation with SAMHSA, has the flexibility to revise its methodology for determining the non-Federal expenditure base for activities and services described in the authorizing legislation and implementing regulation; however, in determining a revised non-Federal expenditure base, a State is required to prepare and submit a detailed description of the revised methodology to SAMHSA for review, revision, if appropriate, and approval. Upon approval of a revised methodology, a State will be required to prepare and submit revised tables to reflect the change in the amount of base expenditures.

150.	9/11/12		Theodora Binion, Director, Illinois Department of Human Services, Division of Alcoholism and Substance Abuse	**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.	Because of the challenges that this table presents to many states in regard to their existing infrastructure capacity to report the data, this table is requested and states are asked to provide any data that is available.
151.	9/11/12		Theodora Binion, Director, Illinois Department of Human Services, Division of Alcoholism and Substance Abuse	**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.	SAMHSA is part of federal interagency groups that is working to include these new populations in existing surveys through the development and testing of new and standard questions for federal surveys.
152.	9/11/12		Theodora Binion, Director, Illinois Department of Human Services, Division of Alcoholism and Substance Abuse	**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?	The Behavioral Health Baromter will include a set of indicators – reportable at both a national and state level - collected through various federal surveys. As such, it is not anticipated that state reporting on any of these indicators requires any data collection or systems change efforts from states.
153.	9/11/12		Theodora Binion, Director, Illinois Department of Human Services, Division of Alcoholism and Substance Abuse	**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	SAMHSA has determined the application submission date to alignwith most states fiscal year budget cycle. SAMHSA will work with states to implement the new submission date.

				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.	
154.	9/11/12		Theodora Binion, Director, Illinois Department of Human Services, Division of Alcoholism and Substance Abuse	**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?	SAMHSA is developing a comprehensive instruction document for the Uniform application that wil be disseminated to States, as well as being uploaded to the WebBGAS. The applicaition has clarified which sections are requested and required.
155.	9/11/12		Theodora Binion, Director, Illinois Department of Human Services, Division of Alcoholism and Substance Abuse	**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.	SAMHSA has not changed the name of the Block Grants, only the acronyms used.
156.	9/11/12		Theodora Binion, Director, Illinois Department of Human Services, Division of Alcoholism and Substance Abuse	**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	States have the flexibility to utilize SABG funds targeted towards the SABG sub-recipient workforce as described in the Behavioral Health Assessment and Plan (See page, Table 6a, "SABG Resource Development Activities Planned Expenditures") and the SABG report (See page 168, Table 6, Resource Development Expenditure Checklist, Row 3 "Training" and Row 4 Education) Further, SAMHSA's Addiction Technology Transfer Centers and

				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.	Centers (ATTC) and Collaborative for the Advancement of Prevention Technology (CAPT), in collaboration with SAMHSA's block grant technical assistance resources, support development of the behavioral health workforce.
157.	9/11/12		Theodora Binion, Director, Illinois Department of Human Services, Division of Alcoholism and Substance Abuse	**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.	We appreciate this very important comment. SAMHSA is making efforts to strengthen the business operations relevant to health reform for smaller non profit community based organizations that serve disparities vulnerable populations.
158.	9/11/12		Theodora Binion, Director, Illinois Department of Human Services, Division of Alcoholism and Substance Abuse	**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.	SAMHSA is aware of this issue and very much appreciates your comment.

159.	9/11/12		Theodora Binion, Director, Illinois Department of Human Services, Division of Alcoholism and Substance Abuse	**Recovery Support:** Guidance from SAMHSA is needed regarding evidence-based recovery support services models and definitions.	SAMHSA has numerous TA resources to assist states in these efforts.
160.	9/11/12		Theodora Binion, Director, Illinois Department of Human Services, Division of Alcoholism and Substance Abuse	**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	States will be allowed to use some of their current CMHS Block Grant to support mental health promotion and mental illness prevention activities related to adults with serious mental illnesses and children with serious emotional disturbances and their families. The 20% set aside funds of the Substance Abuse Block Grant must be used for substance abuse primary prevention activities by the state. Many evidenced-based substance abuse programs have a positive impact on the prevention of substance use and abuse as well as other health and social outcomes such as education, juvenile justice involvement, violence and bullying prevention and mental health. SAMHSA Staff will work with States to ensure Block Grant funds allocated to primary prevention is appropriately utilized by the States according to statute. SAMHSA will incorporate clarifying language in the BG application.

				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.	
161.	9/11/12		Theodora Binion, Director, Illinois Department of Human Services, Division of Alcoholism and Substance Abuse	**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.	States will be allowed to use some of their current CMHS Block Grant to support mental health promotion and mental illness prevention activities related to adults with serious mental illnesses and children with serious emotional disturbances and their families. The 20% set aside funds of the Substance Abuse Block Grant must be used for substance abuse primary prevention activities by the state. Many evidenced-based substance abuse programs have a positive impact on the prevention of substance use and abuse as well as other health and social outcomes such as education, juvenile justice involvement, violence prevention and mental health..
162.	9/11/12		Theodora Binion, Director, Illinois	**Prevention Comment to Page 15**: How do the three new grants work together? No guidance is provided to	In the FFY2014-2015 block grant application and plan, described is

			Department of Human Services, Division of Alcoholism and Substance Abuse	ensure for the coordination or duplication of services.	substance abuse primary prevention and primary prevention on mental health disorders. Based on statute, the possibility of duplication of services for primary prevention services for substance abuse and primary prevention services for mental health disorders would not occur. The Interim Final Rule for primary substance prevention, §96.125 (a), and for purposes of §96.124, states that "each State/Territory shall develop and implement a comprehensive substance abuse primary prevention program which includes a broad array of substance abuse primary prevention strategies directed at individuals not identified to be in need of treatment. The 20% set aside funds of the Substance Abuse Block Grant must be used only for substance abuse primary prevention activities by the State."
163.	9/11/12		Theodora Binion, Director, Illinois Department of Human Services, Division of Alcoholism and Substance Abuse	**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?	The grant program referred to in the second paragraph is the MHBG and not the SABG. States will be allowed to use some of their current MH Block Grant to support mental health promotion and mental illness prevention activities related to adults with serious mental illnesses and children with serious emotional disturbances.
164.	9/11/12		Theodora Binion, Director, Illinois Department of Human Services,	**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.	Some States are receiving funding from other federal sources for substance abuse prevention programming activites/services. Those States that do, in the past have

			Division of Alcoholism and Substance Abuse		reported those funds in the Substance abuse block grant on the ***State Agency Planned Expenditures Table.*** On the table, SAMHSA gives some examples of other federal funders/ agencies, for example, ACF, CDC. Also, States may leverage other State and Local funds and from other Sources known to the State that should be considered.
165.	9/11/12		Theodora Binion, Director, Illinois Department of Human Services, Division of Alcoholism and Substance Abuse	**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.	"In the Current Environmental Factors section of the SABG application (Part B), under the heading "Current Environmental Factors regarding Substance Abuse Primary Prevention and Mental Health Promotion and Mental Illness Prevention," the application provides the statutory requirements for the primary prevention set aside, and also lists six main areas states should focus on in developing their comprehensive primary prevention plans."
166.	9/11/12		Theodora Binion, Director, Illinois Department of Human Services, Division of Alcoholism and Substance Abuse	**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?	Tobacco cessation is a treatment activity. Addiction to nicotine is a health issue that should be addressed by treatment.
167.	9/11/12		Theodora Binion, Director, Illinois Department of Human Services, Division of	**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?	States have the flexibility to obligate and expend SABG and MHBG funds to improve health information technology (HIT). Planned and actual HIT expenditures should be entered on the Resource

			Alcoholism and Substance Abuse		Development Checklist in the States' plans and reports. SAMHSA recommends that States contact their State Project Officer for guidance on specific questions related to planned expenditures for resource development.
168.	9/11/12		Theodora Binion, Director, Illinois Department of Human Services, Division of Alcoholism and Substance Abuse	**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?	SAMHSA will rely on the state's definition of "access".
169.	9/11/12		Theodora Binion, Director, Illinois Department of Human Services, Division of Alcoholism and Substance Abuse	**Program Integrity:** Page 69, what meant in the reference to a SAPTBG integrity plan? What is it and where can we read about it?	Section 1.v, Program Integrity, and 3.e, Program Integrity, The term "program integrity" refers to the quality assurance steps initiated by States to ensure that SAMHSA's block grant funds are utilized in accordance with the authorizing legislation and implementing regulation governing the SABG program. For example, general management controls, e.g., compliance with the authorizing legislation and implementing regulation, resource allocation for authorized activities, and safeguards to avoid waste, fraud, and abuse; and specific management controls, e.g., delegations of authority, audit resolutions, and recording and documentation of financial transactions that have been implemented by the State executive branch responsible for the administration of SAMHSA's block

					grant programs. There is additional information available from the Office of the Assistant Secretary for Financial Resources (ASFR), Office of Finance, Division of Systems Policy, Program Integrity and Audit Resolution and contained in Executive Order 13520 "Reducing Improper Payments and Eliminating Waste in Federal Programs".
170.	9/11/12		Theodora Binion, Director, Illinois Department of Human Services, Division of Alcoholism and Substance Abuse	**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.	SAMHSA will be happy to make a word document of the final approved application and report available upon request.
171.	9/11/12		Monica Cissell, Chair, Aging and Wellness Coalition of Sedgwick County, Sedgwick County Department on Aging, Sedgwick, County, Kansas	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	While SAMHSA has indicated several populations specifically in the application, with the exception of those statutorily defined populations, states are encouraged to look at the needs of all of the citizens to identify gaps in service and then to prioritize those populations specific to that state.

				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 10M 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. 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.	
172.	9/11/12		Abbe Land, Executive Director & CEO, The Trevor Project, saving young lives	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]	This requirement is already present in the Assurances which are signed on an annual basis by the Governor or their designee.
173.	9/11/12		Abbe Land,	Require certification of compliance with all applicable	Section 1557 of the Affordable Care Act

			Executive Director & CEO, The Trevor Project, saving young lives	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.	provides for federal nondiscrimination protection in the health care system, including on the basis of "sex." HHS clarified that this prohibition includes discrimination based on gender identity and sex stereotyping. HHS intends to propose rules on section 1557 in the future, offering an opportunity for comment and input into this interpretation and others. The document, "Assurances - Non-Construction Programs," is utilized by SAMHSA's discretionary grant programs authorized under Title V of the PHS Act and formula grant programs authorized by Title XIX, Part B, Subparts , II, and III of the PHS Act. Further, the chief executive officer of a State or Jurisdiction (or designee) provides an assurance to the Secretary of the Department of Health and Human Services (HHS) that the State or Jurisdiction will comply with the nondiscrimination provision as described section 1947 of Title XIX, Part B, Subpart III of the PHS Act (42 USC § 300x-57). SAMHSA may amend its assurances in the future after HHS publishes a Notice of Proposed Rulemaking in the Federal Register and subsequently publishes a Final Rule regarding the interpretation of section 1557.
174.	9/11/12		Abbe Land, Executive Director &	Support for stigma reduction efforts. Both LGBTQ populations generally and individuals seeking mental health care and substance abuse treatment continue	SAMHSA does focus on challenges to accessing services for diverse populations and strategies to address this.

			CEO, The Trevor Project, saving young lives	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.	
175.	9/11/12		Abbe Land, Executive Director & CEO, The Trevor Project, saving young lives	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 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.	SAMHSA recognizes that many evidence based practices have not been studied with, or adapted with diverse populations. In general, SAMHSA supports the use of practices that might be developed or adapted specifically for diverse populations and that shows some level of effectiveness with these populations.
176.	9/11/12		Abbe Land, Executive Director & CEO, The Trevor Project, saving young lives	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.	HHS is in the process of developing data standards for the collection of LGBT identifiers. In the meantime, we recommend that states use existing LGBTQ data elements used within their state.
177.	9/11/12		Nancy A. Haag, Chief, Alcohol and Drug Abuse Division, Department of Health, State of	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	SAMHSA is working on and soon will have in place a SAMHSA wide technical assistance mechanism through which TA will be delivered to the States and SAMHSA staff will continue to ascertain the TA needs

			Hawaii	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.	of the States through System Reviews/Site visits and will continue providing TA.
178.	9/11/12		Nancy A. Haag, Chief, Alcohol and Drug Abuse Division, Department of Health, State of Hawaii	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	SAMHSA is not requiring states to submit a combined application, but allowing states to submit either separate applications or a combined application at their discretion.

				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.	
179.	9/11/12		Nancy A. Haag, Chief, Alcohol and Drug Abuse Division, Department of Health, State of Hawaii	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 ofthe 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	"SABG prevention funds must be used for practices and programs that have a demonstrated impact on substance abuse prevention. Many of these practices and programs may also have an impact on other areas of wellness."

				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."	
180.	9/11/12		Nancy A. Haag, Chief, Alcohol and Drug Abuse Division, Department of Health, State of Hawaii	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 uniform behavioral health application format. Please note the following: • In 2010, the Office ofManagement and Budget (OMB) approved SAMHSA's major revisions to the FY 2011 SAPT Block Grant Application Guidance and Instructions with an expiration date of?/3112013. 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	SAMHSA has established the Uniform application to allow states to choose between submitting a separate application and plan for each block grant, or to submit a single application and plan which addresses each block grant. In the prior submission period, over half of the states chose to submit a single application and plan. In all cases, the reports have to be separate to allow for the appropriate tracking of funds for each block grant. SAMHSA has not changed the name of the block grants but has only simplified the acronym for each. SAMHSA will ensure that the funding agreements for the block grants are posted on the website.

				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 ChiefExecutive 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.	
181.	9/11/12		Nancy A. Haag, Chief, Alcohol and Drug Abuse Division,	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	SAMHSA will work with states on the implementation of the April 1 submission date.

			Department of Health, State of Hawaii	October 1 to April 1 in order to "better comport with most states fiscal and planning years (July 1st through June 30th ofthe following year)." This does not appear to be a compelling justification for such a major change. Please note that the April1 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.	
182.	9/11/12		Nancy A. Haag, Chief, Alcohol and Drug Abuse Division, Department of Health, State of Hawaii	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	A series of trainings have been developed for SPOs who monitor the block grant. Some of those training have taken place. SPOs will coordinate the review of the application and plan. Cross Center communication between the SPOs during the review of State block grant applications will occur to ensure limited to no

				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 ofthe 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	inconsistencies in the review of State block grant applications. Because of the challenges that this table presents to many states in regard to their existing infrastructure capacity to report the data, this table is requested and states are asked to provide any data that is available.

				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.	
183.	9/11/12		Nancy A. Haag, Chief, Alcohol and Drug Abuse Division, Department of Health, State of Hawaii	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 ofthe FY 2014-2015 application burden published in the	Through the development of the National Behavioral Health Quality Framework, SAMHSA is working to reassess its data collection and reporting requirements , and is committed to engaging states as part of this process to develop a system that will reduce burden yet provide the data necessary to adequately manage and monitor federal investments in promoting quality behavioral health services. .

				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 ofthe 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 Sa 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 10M 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.	
184.	9/11/12		Nancy A. Haag, Chief, Alcohol and Drug Abuse Division, Department of Health, State of Hawaii	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 ofBGAS where many new technical as well as policy and procedural issues continually arise. We	SAMHSA agrees with the commenter regarding the impact of the application format introduced in the FY 2012-2013 Behavioral Health Assessment and Plan and the proposed revisions introduced in the FY 2014-2015 Behavioral Health Assessment and Plan. Further, SAMHSA agrees with the commenter regarding the fidelity issues between the FY 2014-2015 Behavioral Health Assessment and Plan and the instructions embedded in Web BGAS. SAMHSA's Contract Officer Representative

				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 tum, these problems have increased the application and reporting burden.	is working closely with SAMHSA's centers and the Web BGAS contractor to resolve the fidelity issues.
185.	9/11/12		Nancy A. Haag, Chief, Alcohol and Drug Abuse Division, Department of Health, State of Hawaii	We appreciate removal ofthe 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	The Interim Final Rule still remains in effect for the SABG. States must continue to document compliance for independent audits, for CSAT technical/compliance reviews, and for CSAP prevention and Synar system/compliance reviews. For those requirements that are contained in statute, SAMHSA will consider the need for continuation in discussions regarding SAMHSA's reauthorization.

				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)(l) and the 19-year old formula in the 1993 Interim Final Rule (45 C.P.R. §96.124(c), Hawaii's MOE base was set at $1,719,039. This is still23% 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.P.R. §96.128) is also outdated and unduly restrictive. Designated States must spend 5%	

				oftheir 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.	
186.	9/11/12		Nancy A. Haag, Chief, Alcohol and Drug Abuse Division, Department of Health, State of Hawaii	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.	Section 1932(a)(1)(5) of Title XIX, Part B, Subpart II of the PHS Act (42 USC 300x-32(a)(1)(5)) and 45 CFR 96.122(f) require a State to prepare and submit a report for the fiscal year three years prior to the fiscal year for which a State is applying for a grant and such reports were to be submitted on or before October 1 of the fiscal year for which a State is applying for a grant. During 2011, SAMHSA announced its plan to (1) change the timeframe covered by a report, i.e., the State fiscal year immediately preceding the Federal fiscal year for which a State is applying for a grant and (2) change the receipt date for such reports. The rationale for the change was described in the June 17 edition of the Federal Register (76 FR 35454) and subsequently approved by the Office of Management and Budget.
187.	9/11/12		Nancy A. Haag, Chief, Alcohol and Drug Abuse Division, Department of	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	States may report progress towards the goals. In cell 7 States can select Goal Not Achieved and provide an explaination in the comment section that the fiscl year has

			Health, State of Hawaii	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 ofSFY 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 ofSFY 2014? Could SAMHSA please correct or clarify the reporting period for the first and second years?	not ended – and procide update the following year.
188.	9/11/12		Nancy A. Haag, Chief, Alcohol and Drug Abuse Division, Department of Health, State of Hawaii	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	Because of the challenges that this table presents to many states in regard to their existing infrastructure capacity to report the data, this table is requested and states are asked to provide any data that is available.

				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 ofthe 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.	
189.	9/11/12		Nancy A. Haag, Chief, Alcohol and Drug Abuse Division, Department of Health, State of Hawaii	For Table ?-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 (1-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 1-SATS ID.	SAMHSA will use the historical process and ask for that information for those providers that do not yet have an I-SATS ID. It should be noted that a National identifier is required.
190.	9/11/12		Nancy A. Haag, Chief, Alcohol and Drug Abuse Division,	For Table 32-Population-Based Programs and Strategies-Number ofPersons Served by Age, Gender, Race, and Ethnicity, we continue to believe the requirement to report the numbers of persons	This Table will be removed from the application

			Department of Health, State of Hawaii	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.	
191.	9/11/12		Evelyn R. Frankford, MSW , Principal, Frankford Consulting	**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.	Section X of the planning section requires that states will provide opportunity for the public to comment on the State BG Plan, facilitate comment from any person during the development of the plan and after the submission of the plan.
192.	9/11/12		Evelyn R. Frankford, MSW , Principal, Frankford Consulting	**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,	SAMHSA believes that state's should have the flexibility in providing funding for mental health services for childrenaccording to the state's identified need.

				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.	
193.	9/11/12		Evelyn R. Frankford, MSW , Principal, Frankford Consulting	**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*	Thank you for your comment

				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.	
194.	9/11/12		Evelyn R. Frankford, MSW , Principal, Frankford Consulting	**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	Thank you for your comment

				attention initiatives that specifically address trauma by restructuring schools to encompass health and wellness and promote social and emotional learning.	

BEHAVIORAL HEALTH ASSESSMENT AND PLAN SECTION

#	Date Received	Section	Commenter/ Organization	Comment/Question	Disposition of Comment/ Rationale
1.	8/13/12	Framework for Planning	National Federation of Families for Children's Mental Health	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.	Mental Health Block Grant statute indicates that the State must provide social services, educational services, juvenile services, substance abuse services and mental health services for children with serious emotional disturbance; however, it does not require a specified amount. SAMHSA's addition of the Children and Adolescents Behavioral Health Services section in the FY 2014/15 plan and application recognizes the importance of children services. Additionally, SAMHSA carefully reviews the appropriateness of children and adolescent services during the plan approval process.
2.	8/13/12	Children and Adolescents	National Federation of Families for Children's Mental Health	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.	Recovery is addressed in the Children and Adolescents Behavioral Health Services section, as well as, the Recovery sections.

				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	
3.	8/13/12	Behavioral Health Advisory Council	National Federation of Families for Children's Mental Health	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	The Behavioral Health Planning Council requires the representation of family members of youth or children, leading State experts, and representation from Children serving agencies.

				of a family member who is resourced by a family organization to provide sustained leadership and community-based support.	
4.	8/24/2012	Children and Adolescents	Tennessee's Federation of Families for Children's Mental Health/Board of Directors	We request that SAMHSA address the need for substantial BG resources for family support, prevention and early intervention services and coordinate these efforts with 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	For FY 2014/2015, SAMHSA requested states to not spend less state funding on child mental health services than was spent in FY 2008.
5.	8/24/2012	Children and Adolescents	Tennessee's Federation of Families for Children's Mental Health/Board of Directors	Support children and adolescents through the principles and values of systems of care and outlining the dimensions of resilience	SAMHSA's addition of the Children and Adolescents Behavioral Health Services section in the 2014/15 combined plan and application recognizes the importance of the principles and values of systems of care and dimensions of resilience. SAMHSA will carefully review the appropriateness of children and adolescent services during the plan approval process.
6.	8/24/2012	Children and Adolescents	Tennessee's Federation of Families for Children's Mental Health/Board of Directors	Key principles should be combined with: 1. At least one supportive adult outside child's family 2. Places to live, learn and play that are safe, supportive and have clear and appropriate rules & consequence 3. Service providers that know how to identify & build on unique strengths, skills and abilities of children and youth 4. Neighborhoods that are safe, value their children and expect them to success	SAMHSA Mental Health BG and Children's Mental Health staff are currently collaborating to develop guidelines to review state plans to appropriately address the key principles during the plan review process.

				5. Communities and schools that have appropriate and purposeful roles for their youth 6. Communities with affordable housing 7. Communities that respect and support the role of parenting 8. Employers who offer living wages and health insurance	
7.	8/24/2012	Behavioral Health Advisory Council	Tennessee's Federation of Families for Children's Mental Health/Board of Directors	Recommend that a family member supported by a family organization be named to BH Advisory council	The Behavioral Health Planning Council requires the representation of family members of youth or children, leading State experts, and representation from Children serving agencies.
8.	9/4/12	Prevention, Children and Adolescents	Heidi Lasser, Program Specialist, Idaho Department of Health and Welfare, Division of Behavioral Health	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 the 2014-2015 application and plan, substance abuse primary prevention is described in detail. The comprehensive substance abuse primary prevention program shall include activities and services provided in a variety of settings for both the general population as well as targeting subgroups who are at high risk for substance abuse. This includes age groups across the lifespan which also gives States the opportunity to implement and fund utilizing the 20% set aside of the SABG for substance abuse primary prevention activities and services directed at children. However, States should be focused on following the Strategic Prevention Framework Logic model to develop a comprehensive plan for substance abuse primary prevention

					programming and ensures that data is collected and analysed to identify the substances of abuse and populations that should be targetd with substance abuse primary prevetion set aside funds.
9.	9/4/12	Trauma	Heidi Lasser, Program Specialist, Idaho Department of Health and Welfare, Division of Behavioral Health	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.	Thank you for your comment.
10.	9/4/12	Prevention, Children and Adolescents, Trauma	Heidi Lasser, Program Specialist, Idaho Department of Health and Welfare, Division of Behavioral Health	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.	In the FY 2014-2015 application and plan, substance abuse primary prevention is described in detail. The comprehensive substance abuse primary prevention program shall include activities and services provided in a variety of settings for both the general population as well as targeting subgroups who are at high risk for substance abuse. However, States should be focused on following the Strategic Prevention Framework Logic model to develop a comprehensive plan for substance abuse primary prevention

					programming and ensures that data is collected and analysed to identify the substances of abuse and populations that should be targetd with substance abuse primary prevetion set aside funds.
11.	9/6/12	Health Disparities	Alixe McNeill, Chair, National Coalition on Mental Health and Aging	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.	Thank you for your comment. The populations identified in the Block Grant application were selected based on Section 4302 of the Affordable Care Act and the Secretary's Action Plan for Eliminating Racial and Ethnic Disparities. In addition to the populations identified in the Block Grant application and these HHS documents, states may report on additional populations serviced that may be vulnerable to disparities.
12.	9/7/12	Framework for Planning	Arthur T. Dean, Major General, U.S. Army, Retired, Chairman and CEO, Community Anti-Drug Coalitions of America (CADCA)	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	States will be allowed to use some of their current CMHS Block Grant to support mental health promotion and mental illness prevention activities related to adults with serious mental illnesses and children with serious emotional disturbances and their families. The 20% set aside funds of the Substance Abuse Block Grant must be used for substance abuse primary prevention activities by the state. Many evidenced-based substance abuse programs have a positive impact on the prevention of substance use and abuse as well as other health and social outcomes such as

				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.	education, juvenile justice involvement, violence prevention and mental health..
13.	9/7/12	Behavioral Health Advisory Council	Arthur T. Dean, Major General, U.S. Army, Retired, Chairman and CEO, Community Anti-Drug Coalitions of America (CADCA)	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	The Mental Health Planning Council is defined in the MHBG Statute including required membership. SAMHSA does not have authority to require the states to expand the existing required membership. However, it is SAMSHA's intent to encourage states to move to a State Behavioral Health Advisory Committee which will include adequate representation of SA prevention and treatment and individuals in recovery from SA. SAMHSA has modified the table to collect this information.

				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.	
14.	9/7/12	Table 3	Patricia A. Rehmer, MSN, Commissioner, State of Connecticut Department of Mental Health and Addiction Services, A Healthcare Service Agency	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	This is a requested table. States can provide whatever level of data that are currently available.

				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.	
15.	9/7/12	Quality	Patricia A. Rehmer, MSN, Commissioner, State of Connecticut Department of Mental Health and Addiction Services, A Healthcare Service Agency	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.	As envisioned, the Barometer will include and report on data collected through SAMHSA and other federal survey efforts, and thus should not represent any additional data collection burden to states.
16.	9/10/12	Framework for Planning	Sharon Kramer, M.Ed., CPP, Executive	The confusion concerning adding mental health promotion as a priority in the joint application is further exacerbated by the fact that the	States will be allowed to use some of their current CMHS Block Grant to support mental health promotion and mental illness

			Director, Manatee County Substance Abuse Coalition	"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.	prevention activities related to adults with serious mental illnesses and children with serious emotional disturbances and their families. The 20% set aside funds of the Substance Abuse Block Grant must be used for substance abuse primary prevention activities by the state. Many evidenced-based substance abuse programs have a positive impact on the prevention of substance use and abuse as well as other health and social outcomes such as education, juvenile justice involvement, violence prevention and mental health...
17.	9/10/12		Sharon Kramer, M.Ed., CPP, Executive Director, Manatee County Substance Abuse	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.	The Mental Health Planning Council is defined in the MHBG Statute including required membership. SAMHSA does not have authority to require the states to expand the existing required membership. However, it is SAMSHA's intent to encourage states to move

			Coalition	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.	to a State Behavioral Helath Advisory Committee which will include adequate representation of SA prevention and treatment and individuals in recovery from SA. SAMHSA has modified the table to collect this information.
18.	9/10/12		Karen A. Murray, County Coalition Director, The Butler County Coalition for healthy, safe & drug-free communities	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	States will be allowed to use some of their current CMHS Block Grant to support mental health promotion and mental illness prevention activities related to adults with serious mental illnesses and children with serious emotional disturbances and their families. The 20% set aside funds of the Substance Abuse Block Grant must be used for substance abuse primary prevention activities by the state. Many evidenced-based substance abuse programs have a positive impact on the prevention of substance use and abuse as well as other health and social outcomes such as education, juvenile justice involvement, violence prevention and mental health...

				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.	
19.	9/10/12	Behavioral Health Advisory Council	Karen A. Murray, County Coalition Director, The Butler County Coalition for healthy, safe & drug-free communities	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.	The Mental Health Planning Council is defined in the MHBG Statute including required membership. SAMHSA does not have authority to require the states to expand the existing required membership. However, it is SAMSHA's intent to encourage states to move to a State Behavioral Helath Advisory Committee which will include adequate representation of SA prevention and treatment and individuals in recovery from SA. SAMHSA has modified the table to collect this information.
20.	9/10/12	Framework for Planning	Pat VanOflen, Coalition	The confusion concerning adding mental health promotion as a priority in the joint application is	States will be allowed to use some of their current CMHS Block Grant to support mental

			Coordinator, Coalition for Safe and Drug-Free Fairfield	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.	health promotion and mental illness prevention activities related to adults with serious mental illnesses and children with serious emotional disturbances and their families. The 20% set aside funds of the Substance Abuse Block Grant must be used for substance abuse primary prevention activities by the state. Many evidenced-based substance abuse programs have a positive impact on the prevention of substance use and abuse as well as other health and social outcomes such as education, juvenile justice involvement, violence prevention and mental health.
21.	9/10/12	Behavioral Health Advisory Council	Pat VanOflen, Coalition Coordinator, Coalition for Safe and Drug-Free	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.	The Mental Health Planning Council is defined in the MHBG Statute including required membership. SAMHSA does not have authority to require the states to expand the existing required membership. However, it is

			Fairfield	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.	SAMSHA's intent to encourage states to move to a State Behavioral Helath Advisory Committee which will include adequate representation of SA prevention and treatment and individuals in recovery from SA. The table has been changed to capture this information.
22.	9/10/12	Framework for Planning	Sarah C. Dinklage, LICSW, Executive Director, Rhode Island Student Assistance Services, a division of Coastline EAP	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 <u>require</u> that community settings for universal selected and indicated prevention and intervention be	States will be allowed to use some of their current CMHS Block Grant to support mental health promotion and mental illness prevention activities related to adults with serious mental illnesses and children with serious emotional disturbances and their families. The 20% set aside funds of the Substance Abuse Block Grant must be used for substance abuse primary prevention activities by the state. Many evidenced-based substance abuse programs have a positive impact on the prevention of substance use and abuse as well as other health and social outcomes such as education, juvenile justice involvement, violence prevention and mental health...

				moved to the category for items that must be addressed "at a minimum," and taken out of the "encouraged to be considered" category.	
23.	9/10/12	Behavioral Health Advisory Council	Sarah C. Dinklage, LICSW, Executive Director, Rhode Island Student Assistance Services, a division of Coastline EAP	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.	The Mental Health Planning Council is defined in the MHBG Statute including required membership. SAMHSA does not have authority to require the states to expand the existing required membership. However, it is SAMSHA's intent to encourage states to move to a State Behavioral Helath Advisory Committee which will include adequate representation of SA prevention and treatment and individuals in recovery from SA. SAMHSA has modified the table to collect this information.
24.	9/10/12	Framework for Planning	Greg Puckett, Executive Director, Community Connections, Inc.	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	States will be allowed to use some of their current CMHS Block Grant to support mental health promotion and mental illness prevention activities related to adults with serious mental illnesses and children with serious emotional disturbances disturbances and their families. The 20% set aside funds of the Substance Abuse Block Grant must be used for substance abuse primary prevention activities by the state. Many evidenced-based substance abuse programs have a positive impact on the prevention of substance use and abuse as well as other health and social outcomes such as education, juvenile justice involvement, violence prevention and mental health...

				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.	
25.	9/10/12	Behavioral Health Advisory Council	Greg Puckett, Executive Director, Community Connections, Inc.	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.	The Mental Health Planning Council is defined in the MHBG Statute including required membership. SAMHSA does not have authority to require the states to expand the existing required membership. However, it is SAMSHA's intent to encourage states to move to a State Behavioral Helath Advisory Committee which will include adequate representation of SA prevention and treatment and individuals in recovery from SA. SAMHSA has modified the table to collect this information.
26.	9/10/12	Framework for Planning	Cindy Grant, Director, Hillsborough County Anti Drug Alliance, Inc.	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	States will be allowed to use some of their current CMHS Block Grant to support mental health promotion and mental illness prevention activities related to adults with serious mental illnesses and children with serious emotional disturbances and their families. The 20% set aside funds of the Substance Abuse Block Grant must be used for substance

				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.	abuse primary prevention activities by the state. Many evidenced-based substance abuse programs have a positive impact on the prevention of substance use and abuse as well as other health and social outcomes such as education, juvenile justice involvement, violence prevention and mental health.
27.	9/10/12	Behavioral Health Advisory Council	Cindy Grant, Director, Hillsborough County Anti Drug Alliance, Inc.	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.	The Mental Health Planning Council is defined in the MHBG Statute including required membership. SAMHSA does not have authority to require the states to expand the existing required membership. However, it is SAMSHA's intent to encourage states to move to a State Behavioral Helath Advisory Committee which will include adequate representation of SA prevention and treatment and individuals in recovery from SA. SAMHSA has modified the table to collect this information.
28.	9/10/12	Framework for Planning	Jackie Griffin, MS, LiveFree! Executive	The confusion concerning adding mental health promotion as a priority in the joint application is further exacerbated by the fact that the	States will be allowed to use some of their current CMHS Block Grant to support mental health promotion and mental illness

			Director	"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. LiveFree! Pinellas 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.	prevention activities related to adults with serious mental illnesses and children with serious emotional disturbances and their families. The 20% set aside funds of the Substance Abuse Block Grant must be used for substance abuse primary prevention activities by the state. Many evidenced-based substance abuse programs have a positive impact on the prevention of substance use and abuse as well as other health and social outcomes such as education, juvenile justice involvement, violence prevention and mental health.
29.	9/10/12	Behavioral Health Advisory Council	Jackie Griffin, MS, LiveFree! Executive Director	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	The Mental Health Planning Council is defined in the MHBG Statute including required membership. SAMHSA does not have authority to require the states to expand the existing required membership. However, it is SAMSHA's intent to encourage states to move to a State Behavioral Helath Advisory Committee which will include adequate representation of SA prevention and treatment and individuals in recovery from SA.

				Mental Health and Substance Abuse purposes, be required to ensure fair, balanced and appropriate representation from the substance abuse prevention, treatment and recovery communities.	SAMHSA has modified the table to collect this information.
30.	9/10/12	Framework for Planning	Gwendolyn W. Brown, Chairman and CEO, Genesis Prevention Coalition, Inc., Excellence in Community Service	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.	States will be allowed to use some of their current CMHS Block Grant to support mental health promotion and mental illness prevention activities related to adults with serious mental illnesses and children with serious emotional disturbances and their families. The 20% set aside funds of the Substance Abuse Block Grant must be used for substance abuse primary prevention activities by the state. Many evidenced-based substance abuse programs have a positive impact on the prevention of substance use and abuse as well as other health and social outcomes such as education, juvenile justice involvement, violence prevention and mental health. .
31.	9/10/12	Behavioral Health Advisory	Gwendolyn W. Brown, Chairman and CEO, Genesis	GPC also has concerns about the new State Behavioral Health Advisory Committee being only "encouraged" to include appropriate	The Mental Health Planning Council is defined in the MHBG Statute including required membership. SAMHSA does not have

		Council	Prevention Coalition, Inc., Excellence in Community Service	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.	authority to require the states to expand the existing required membership. However, it is SAMSHA's intent to encourage states to move to a State Behavioral Helath Advisory Committee which will include adequate representation of SA prevention and treatment and individuals in recovery from SA. SAMHSA has modified the table to collect this information.
32.	9/10/12	Framework for Planning	Erica Leary, MPH, Program Manager, North Coastal Prevention Coalition, Serving the Communities of Carlsbad, Oceanside and Vista	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 <u>require</u> that community settings for universal selected and indicated prevention and intervention be moved to the category for items that must be	States will be allowed to use some of their current CMHS Block Grant to support mental health promotion and mental illness prevention activities related to adults with serious mental illnesses and children with serious emotional disturbances and their families. The 20% set aside funds of the Substance Abuse Block Grant must be used for substance abuse primary prevention activities by the state. Many evidenced-based substance abuse programs have a positive impact on the prevention of substance use and abuse as well as other health and social outcomes such as education, juvenile justice involvement, violence prevention and mental health...

				addressed “at a minimum,” and taken out of the “encouraged to be considered” category.	
33.	9/10/12	Framework for Planning	Debbie Moskovitz, Project Director , Council Rock Coalition for Healthy Youth	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.	States will be allowed to use some of their current CMHS Block Grant to support mental health promotion and mental illness prevention activities related to adults with serious mental illnesses and children with serious emotional disturbances and their families. The 20% set aside funds of the Substance Abuse Block Grant must be used for substance abuse primary prevention activities by the state. Many evidenced-based substance abuse programs have a positive impact on the prevention of substance use and abuse as well as other health and social outcomes such as education, juvenile justice involvement, violence prevention and mental health...
34.	9/10/12	Behavioral Health	Debbie Moskovitz,	CADCA also has concerns about the new State Behavioral Health Advisory Committee being	The Mental Health Planning Council is defined in the MHBG Statute including required

		Advisory Council	Project Director , Council Rock Coalition for Healthy Youth	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.	membership. SAMHSA does not have authority to require the states to expand the existing required membership. However, it is SAMSHA’s intent to encourage states to move to a State Behavioral Helath Advisory Committee which will include adequate representation of SA prevention and treatment and individuals in recovery from SA. SAMHSA has modified the table to collect this information.
35.	9/11/12	Health Disparities	Monica Cissell, Chair, Aging and Wellness Coalition of Sedgwick County, Sedgwick County Department on Aging, Sedgwick, County, Kansas	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 offactors that states wil! be required to address regarding access,use,and outcomes for subpopulations as it had been previously.	The populations identified in the Block Grant application were selected based on Section 4302 of the Affordable Care Act and the Secretary’s Action Plan for Eliminating Racial and Ethnic Disparities. In addition to the populations identified in the Block Grant application and these HHS documents, states may report on additional populations serviced that may be vulnerable to disparities.

REPORTING SECTION

#	Date Received	Section	Commenter/ Organization	Comment/Question	Disposition of Comment/ Rationale
1.	9/10/12		Robert W. Glover, Ph.D, Executive Director, National Association of State Mental Health Program Directors (NASMHPD)	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	CMHS will work with NASMHPD to develop a mechanism for continuing to collect data with the existing age ranges in URS from the states, and developing a translation of the data to fit the SAMSHA age ranges when the data is uploaded into BGAS

				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:	

2.	9/10/12		Robert W. Glover, Ph.D, Executive Director, National Association of State Mental Health Program Directors (NASMHPD)	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.	If states have this data available it can be reported. If they do not, they are not required to report this data.
3.	9/10/12		Robert W. Glover, Ph.D, Executive Director, National Association of State Mental Health Program Directors (NASMHPD)	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.	SAMHSA recognizes the additional burden that would be imposed by requiring the reporting of these data for states that do not have the infrastructure to report . Because of the challenges that this table presents to many states in regard to their existing infrastructure capacity to report the data, this table is requested and states are asked to provide any data that is available.