

Block Grant Comment Log (Continuous)

#	Date Received	Commenter/ Organization	Comment/Question	Disposition of Comment/ Rationale
1	2/18/2015	Vermont Department of Health, Alcohol & Drug Abuse Programs	Vermont is very positive about the new opportunity to use Block Grant resources to support Client Co-Pays for services authorized under the grant.	SAMHSA appreciates the comment
2	1. 2/18/2015 2.	Vermont Department of Health, Alcohol & Drug Abuse Programs	<p>Efforts to facilitate a more efficient application process are greatly appreciated; for example, the streamlined planning narrative by integrating environmental factors and behavioral health assessment. We also appreciate:</p> <ul style="list-style-type: none"> a. Shift from focus on preparation to actual implementation of Affordable Health Care and streamlining of the multiple sections into one. The new section: "Health Care System and Integration", with particular emphasis on the connection between physical and behavioral health, seamless continuum of care, care coordination, integration of primary and behavioral health, EHRs in support of such integration (including information sharing challenges) will allow Vermont to describe progress to date and identify new upcoming priorities in support of these efforts. b. Further consolidation of sections into one Health Information Technology section. c. Quality and data collection/readiness - Vermont appreciates the need to continue to identify common core performance, quality and cost measures for better comparison nationwide, and also ensure efficient and evidence based strategies are being applied. The application notes that SAMHSA desires to 	SAMHSA appreciates the comments

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			<p>identify patient level data collection elements and determine state readiness to adopt them in the next 2-3 years. While SAMHSA emphasizes it intends these quality and data elements to complement other existing systems, e.g., Medicaid billing and SA systems, Vermont's major concern is that any of these proposed modifications or system design work does not undermine ongoing progress or state investments underway to strengthen its data management systems, state dashboards, and other system integrations. Vermont welcomes the opportunity to explore these proposed measures. Since state have approached this topic very differently, flexibility is key in meeting both Federal and State needs.</p>	
3	2/18/2015	Vermont Department of Health, Alcohol & Drug Abuse Programs	<p>Participant Directed Care – a patient centered approach is a long time practice of Vermont; we do not see our State implementing any kind of voucher system and that seems inconsistent with the direction of health care reform.</p>	SAMHSA appreciates the comment
4	2/18/2015	Vermont Department of Health, Alcohol & Drug Abuse Programs	<p>MAT section – will allow Vermont to describe in detail recent developments and future challenges as the State continues to expand its MAT services and system throughout the State.</p>	SAMHSA appreciates the comment
5	2/18/2015	Vermont Department of Health, Alcohol & Drug Abuse Programs	<p>Crisis Services –Vermont has been responding to new challenges relating to families at risk and engaging in renewed collaborations with Department of Children and Families, Judiciary, to strengthen crisis management and quality of services provided, etc. Therefore, Vermont welcomes additional comprehensive supports and connections in this area.</p>	SAMHSA appreciates the comment

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6	2/18/2015	Vermont Department of Health, Alcohol & Drug Abuse Programs	Renewed attention to pregnant women and women with dependent children (including FASD, families at risk/stability) is also very important and much appreciated. The inclusion of focus on FASD is also a growing issue of priority and of collaborative interest across the Agency of Human Services.	SAMHSA appreciates the comment
7	2/18/2015	Vermont Department of Health, Alcohol & Drug Abuse Programs	Community Living/Olmstead considerations – Vermont appreciates the offer of help to states when implementing SA and recovery services and/or collaborating to support housing opportunities for persons with disabilities, including MH and SA use disorders, especially T.A. and other legal assistance if required.	SAMHSA appreciates the comment
8	2/18/2015	Vermont Department of Health, Alcohol & Drug Abuse Programs	Request SAMHSA to modify Prevention Performance Measures Tables 31 and 32 by adding “unknown ethnicity” to both tables. This will reduce revision requests as in previous years this information has had to be placed in footnotes, but still triggers a red flag leading to a revision request.	SAMHSA agrees and has modified the tables.
9		Michigan’s Department of Community Health	MDCH believes that the eight categories of proposed revisions are excellent. Under number one, Health Care System and Integration, for the last sentence we suggest adding SAMHSA says it is vital that SMHA and SSAs programming and planning reflect the strong connection between behavioral, <u>physical and population/public health, with careful consideration to maximizing impact across multiple payers including Medicaid, exchange products, and commercial coverages.</u> ”	SAMHSA agrees and has modified the sentence as suggested.

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	Michigan's Department of Community Health	Under number eight, Quality and Data Collection, it is mentioned that achieving goals for the Fiscal Year 2016-2017 MHBG and SABG reports will result in a more coordinated behavioral health data collection program that complements other existing systems (e.g., Medicaid and billing). That section would be even better if it added the words does not duplicate and complements other existing systems (e.g., Medicaid).	SAMHSA agrees and has modified the sentence as suggested.
	Michigan's Department of Community Health	The Evidence-Based Practice employment model is known as Individual Placement and Support but, throughout the document, it only references supported employment. It's tough to differentiate from "lesser" supported employment efforts and EBP/IPS as encouraged.	CMHS?
	Michigan's Department of Community Health	Michigan is very enthusiastic about the opportunity that SAMHSA has provided to implement Behavioral Health TEDS (BH-TEDS) We wish to convey however that redesigning Michigan's systems to implement behavioral health TEDS is an extensive effort.	SAMHSA acknowledges the extensive effort to undertake the redesign.
	Michigan's Department of Community Health	Given the expense, staff time and potential financial risks associated with implementing behavioral health TEDS, Michigan appreciates SAMHSA's promise as stated in the federal notice to 'minimize the impact of required changes to data collection systems'. We also greatly appreciate the work that SAMHSA's staff has devoted to developing the technical specifications for BH-TEDS as well as SAMHSA's	SAMHSA appreciates the comment

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			responsiveness in answering specific technical questions that we have posed.	
10		Mental Illness Policy Organization, NY, NY DJ Jaffe	<p>If we understand January 8, 2015 Federal Register correctly, SAMHSA lists what it will direct states to use Mental Health Block Grants for.¹ None of the four priorities is to serve people with serious mental illness (SMI) and one of the priorities, is to use the funds to “fund universal, selective and targeted prevention activities and services”</p> <p>We would ask SAMHSA to (1) make people with serious mental illness a priority and (2) to <i>prohibit</i> (rather than require) MHBGs from being used to fund prevention activities and especially “universal prevention activities”.</p>	CMHS
11	2/24/2015	SAMHSA/CDC	<p>The Centers for Disease Control and Prevention published HIV Surveillance Report, Volume 25, February 2015; therefore, the footnote will be updated with the correct volume number. (See page 32, Footnote 25)</p>	

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