SAMHSA
Desk Officer
Human Resources and Housing Branch
Office of Management and Budget
New Executive Office Building, Room 10235
Washington, DC 20503

RE: Unified Application for the Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant FY 2012-2013 Application Guidance and Instructions (OMB No. 0930-0168) Revision

Dear SAMHSA Desk Officer:

The purpose of this letter is to provide comment on the ***Unified Application for the Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant FY 2102 – 2013 Application Guidance and Instructions Revision*** ("*Unified Application Revision*"), posted in the *Federal Register / Vol. 76, No. 117 / Friday, June 17, 2011 / Notices* in response to comment received during the prior public comment period that closed on June 9, 2011.

We have a child that has multiple mental illnesses. We spent over 11 years having him in counseling, which I must say never did any good. We started with Sound Mental Health in 2007 with a wraparound team. This SOC approach did more help in 3 years than the first 11+ years of counseling. Not only did it help us as an entire family, it helped him become a person to end up earning an award for helping other youth in becoming aware of their mental illness and ways to live with it. As such, it is from this perspective that we submit the following comments to you regarding the *Unified Application Revision*.

SAMHSA is to be commended for posting the *Unified Application Revision* for further public comment. The additional guidance and clarification included in the updated instructions, as highlighted in the below comments, are appreciated. However, we would like to take this opportunity to again underscore the critical importance of focusing on the behavioral health needs of children, adolescents, and young adults. The *Unified Application Revision* cites the Institute of Medicine's (IOM) 2009 Report, *Preventing Mental, Emotional, Behavioral Disorders Among Young People: Progress and Possibilities*. This publication's *Report Brief for Policy Makers* includes the following call to action:

> ***National leadership is necessary to make systematic prevention efforts a high priority in the health care system as well as an integral aspect of the network of local, state, and federal programs and systems that serve young people and families***

The *Unified Application Revision* is the opportunity for SAMHSA to assume this national leadership role and assist local, state, and federal programs better understand and utilize a System of Care (SOC) framework to improve outcomes for children and youth with behavioral health needs and their families.

In SAMHSA's *Planning Grants for Expansion of the Comprehensive Community Mental Health Services for Children and their Families (Short Title: System of Care Expansion Planning Grants)* Request for Applications ("*SOC Expansion RFA*"), there is a recognition that the accumulating research and evaluation results from the Children's Mental Health Initiative (CMHI) program over the last 15 years have demonstrated the success of an SOC approach. Children and youth with intensive needs and their families are not served by a single provider or a single agency. As SAMHSA has demonstrated for over 15 years through its CMHI grants, an SOC approach recognizes the importance of multiple community-based services and supports working together in partnership with youth and families to design the services and supports that will be most effective for that particular youth and family. In fact, SAMHSA noted that youth in SOC tend to improve in attendance, performance, and progress in school, attend school more regularly, and have emotional and behavioral gains.

It appears that the intent of the *SOC Expansion RFA* is to build and expand upon the progress achieved in the CMHI program. There are also indications that the *SOC Expansion RFA* is SAMHSA's first step towards elimination of the CMHI program and merger with the Substance Abuse Block Grant (SABG) and

Community Mental Health Block Grant (MHBG) programs. Elimination of the CMHI program would require a change in legislation and will invite the opportunity for further comment. While we feel that elimination of the CMHI program, especially during the current fiscal climate, would counter efforts to expand SOC, we will reserve comment until SAMHSA is clear on the direction it intends to take with the CMHI program. However, as the target population per the authorizing legislation for the CMHI program targets children and youth with serious emotional disturbance (SED), the *Unified Application Revision* provides states and tribes with the opportunity to respond to IOM's call to action and fill out their SOC continuum with focus on prevention and early intervention as well as their SED populations.

SAMHSA is strongly urged to further strengthen the *Unified Application Revision* to emphasize 1) improving outcomes for children and youth with mental health (MH) and/or substance abuse (SA) needs and their families and 2) the importance of using SOC approaches to serve them in their homes and communities.

Without a clear directive from SAMHSA to continue the work of SOC for children, youth and families, there is a risk that states and communities will not invest the necessary resources to continue to grow and sustain their SOC, ultimately undermining almost two decades of hard work and accomplishments.

SAMHSA needs to seize this opportunity to improve outcomes for children and youth with behavioral health needs and their families, especially given the lack of emphasis on children, youth and families in SAMHSA's strategic plan, *Leading Change: A Plan for SAMHSA's Role and Actions 2011-2014,* as set forth in the below Strategic Initiative (SI) examples.

- **SI #4 – Recovery Support** cites data that show **more than half of the adolescents in the United States who fail to complete high school have a diagnosable psychiatric disorder.** Within this SI, there is further discussion about how mental illness often begins when young adults are completing high school and are looking at future opportunities and career plans. **Despite stating that this SI emphasizes collaborative relationships with children, youth and families that involve shared decision making (found in the Behavioral Health Workforce discussion), there is little to no focus on children, youth and families.** The only references are in Objective 4.3.3 and 4.4.1 which seek to improve employment and educational outcomes for individuals served by SAMHSA grantees and reference the Family-Centered Substance Abuse Treatment Grants for Adolescents and their Families and the Statewide Family (and Consumer) Network Grants to provide training and technical assistance to promote peer-to-peer support.

- **SI #5 – Health Reform** is particularly relevant since **the majority of the Goals, Objectives and Action Steps in this SI focus on the *Unified Application* and the relationship of the Block Grant programs to health reform.** However, the only children, youth and family-specific Action Step is found in Objective 5.2.3, which seeks to develop a joint CMS/SAMSHA technical assistance (TA) effort for Olmstead and EPSDT issues. **This lack of recognition of the needs of children, youth and families is especially concerning given that SAMHSA expects that the SOC Expansion Grants will help facilitate statewide adoption of the SOC framework by requiring grantees to address financing strategies, including the use of Medicaid, the development of core services within health insurance benefit packages, and establishing linkages with Block Grants, and other health reform activities to develop and expand their SOCs.**

- **SI #8 – Public Awareness and Support** cites data that **only about half of American children and teenagers with common mental disorders receive professional services.** The overview further recognizes that half of all mental illnesses begin by age 14, and three-fourths begin by age 24, with initial symptoms preceding a disorder by 2 to 4 years. **Yet there are no children, youth and family-specific Goals, Objectives or Action Steps in this SI.**

Recommendation 1: Provide additional language highlighting the SOC approach as a best practice in serving children and youth with MH and/or SA needs and their families.

The *Unified Application Revision* does add language under *Section 3d* on page 38 that custodial parents should be involved in the planning, monitoring and delivery of services to their children. However, reference to SOC as a best practice remains buried in the document within a bullet about thinking more broadly than historically served populations on page 11, and within a bulleted list as an example of a service-specific change on page 23. **Given SAMSHA's recognition of the success of the CMHI program and the SOC framework, the lack of emphasis on children, youth and families and SOC within SAMHSA's Strategic Initiatives, and the requirement in the *SOC Expansion RFA* for grantees to explore the use SABG and MHBG dollars to fund SOC expansion, the reference to SOC as a best practice approach for children, youth and families should be highlighted within the *Unified Application Revision* instead of hidden within the lengthy text of the instructions.**

Recommendation 2: Ensure that a certain minimum percentage of MHSBG and SAPTBG dollars be allocated to children and youth with MH and/or SA needs and their families.

The *Unified Application Revision* does add language under *Section 3a* on page 19 requiring that children with SED and their families be included in the MHBG and SABG needs assessments; adding that the description of the behavioral health resources and systems should include "youth who are often underserved" as part of the planning steps in *Section 3b* on page 21; including reference to "age-appropriate interventions and providers" on p. 24; and adding the "State Child Serving Agency" as a suggested partner on page 12 and suggested member of the Advisory Council in Table 11 on page 48. While these additions are appreciated, **it is critical that SAMHSA ensures that states allocate a minimum percentage of their Block Grant funding to support initiatives for children and youth and their families.**

In federal fiscal year 2007, 20.4% of Medicaid spending was on children (17 and younger), with an additional 42.4% of spending on "disabled" population, which includes children. Without this mandate and in the current fiscal climate, there is a risk that states will use this formula funding to cover historic adult system deficits, thereby limiting, rather than expanding, improving, and sustaining SOC for children and youth with behavioral health needs and their families.

Recommendation 3: Include specific requirements on service provision for children and youth with MH and/or SA needs and their families within the *Unified Application*, and develop a technical assistance unit with expertise on the needs of and best practice approaches to serving children and youth with behavioral health needs and their families to ensure compliance and share expertise at both state- and federal-level planning efforts.

Section 3k on page 43 requires states to describe their technical assistance needs. The *Unified Application Revision* does add instruction to take into account cultural and linguistic competency needs, but **falls short of requiring that states explore**

technical assistance needs to effectively serve the populations required to be included in the needs assessment, including children with SED and their families (*Section 3a,* p. 19). System planners at both the federal and state levels need to understand and appreciate the data that demands our focus on children and youth with behavioral health needs and their families, and have expertise to ensure that health reform and Block Grant planning include best practice approaches that will improve outcomes for children, youth and families with MH and SA needs. For each grant that is issued, different technical assistance providers and/or evaluators are selected, without a requirement that those providers coordinate with one another. States such as Maryland and Georgia currently have CMHI grants, CMS Psychiatric Residential Treatment Facility (PRTF) Demonstration Waiver Grants, CHIPRA Quality Demonstration Grants, and Healthy Transitions Initiative grants, all of which have their own data collection and reporting requirements and technical assistance providers. **Through all of these grants and, in particular, the *Unified Application*, SAMHSA has an opportunity to model SOC for the States, through coordinated and targeted technical assistance and support that would ensure that the behavioral health needs of children, youth and families are met.** As noted above, without dedicated requirements and a focus on compliance, the progress that has been made to grow and sustain SOC for children, youth and families could be lost.

The Unified Application should be an opportunity for collaboration, coordination, and leveraging. Without implementation of the recommendations outlined in this letter, the *Unified Application* may result in the pitting of the "adult system" against the "child system," and the wasted effort of individuals trying to identify "what works" when we know that an SOC framework is intuitive, tested, and accessible for families, providers and communities.

We cannot afford to lose the momentum that has been building for almost two decades. We thank you for the opportunity to provide comment on this important topic and look forward to partnering with SAMHSA to ensure that the SOC framework is utilized for children and youth with intensive needs and their families to ensure individualized, home- and community-based, data- and outcomes-driven, and culturally- and linguistically-competent services and supports.

Sincerely,

Jim Ploegman, Dina Ploegman

Jim and Dina Ploegman

FedEx Office

FedEx Kinko's is now FedEx Office

Fax Cover Sheet

Date July 16, 2011

Number of pages 2 (including cover page)

To:

Name SAM/HSA Desk officer

Company SAM HSA

Telephone

Fax 202-395-7285

From:

Name Sai-Ling Chan-Sew

Company

Telephone 415-812-3300

Comments

7 90363 00711 1
Fax - Local Send

7 90363 00714 2
Fax - Domestic Send

7 90363 00720 3
Fax - International Send

fedex.com 1.800.GoFedEx 1.800.463.3339

© 2009 FedEx. All rights reserved. Products, services and hours vary by location. 610.OP00.009 SEP.09

2270S

SAMHSA
Desk Officer
Human Resources and Housing Branch
Office of Management and Budget
New Executive Office Building, Room 10235
Washington, DC 20503

Sent via facsimile to: 202-395-7285

July 15, 2011

RE: Unified Application for the Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant FY 2012-2013 Application Guidance and Instructions (OMB No. 0930-0168) Revision

The purpose of this letter is to provide comment on the Unified Application for the Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant FY 2012 – 2013 Application Guidance and Instructions Revision" ("Unified Application Revision"), posted in the Federal Register/Vol. 76, No. 117/Friday, June 17, 2011/Notices in response to comment received during the prior public comment period that closed on June 9, 2011.

I am a licensed clinical social worker who served as the Principal Investigator for two SAMHSA-funded cooperative agreements for Children System of Care development for the last nine years, in a large county in California. It is from this perspective that I am submitting the following comments regarding the Unified Application Revision.

SAMHSA is to be commended for posting the Unified Application Revision for further public comment. I wanted to take this opportunity to highlight the importance of focusing on the behavioral health needs of children, adolescents and young adults and their families.

With support from the cooperative agreements, our county has been able to work closely with Child Welfare, Juvenile Probation and School over the past decade to improve behavioral health outcome and decrease health disparity for children and youth with serious emotional challenges. Children and youth served under the collaborative agreement are more likely to show reduction in emotional symptoms, improvement in pro-social behavior, improvement in school attendance and functioning, reduction in out-of-home placement and improvement in their ability to mobilize and build on their own strength. Through care coordination, partnership with families, partnership with public and private agencies, and systematic adoption of a uniform system for communication/decision making and outcome tracking, we have been able to sustain most of the program expansion and system improvement, after the ending of the first cooperative agreement. We are still in the midst of implementation of the second SOC agreement, with a focus on the Native American, Alaskan Native and indigenous population.

System of Care approach works. I would like to submit the following recommendation for consideration of inclusion in the Uniform Application Revision:

1. Provide additional language highlighting the System of Care approach as a best practice in serving children and youth with mental health and/or substance abuse needs and their families
2. Set aside a minimum percentage of MHSBG and SAPTBG dollars to be allocated to children and youth with Mental Health and/or Substance needs and their families
3. Include specific requirements on service provision for children and youth with Mental Health and/or Substance needs and their families within the Unified Application, and develop a technical assistance unit with expertise on the needs of and best practice approaches to serving children and youth with behavioral health needs and their families to ensure compliance and share expertise at both state and federal level planning efforts.
4. In the Unified Application, request for evidence of ongoing process for involving stakeholders from diverse and/or underserved cultural communities so that their voices will be continuously included in both the planning and implementation process.
5. Consider a process for stakeholder input in the development of the Benchmark and Dashboard for the MH and SA plans. Develop a pilot in a few sites around the country prior to taking it to all the states.

Thank you for the opportunity to provide input.

Sincerely yours,

Sai-Ling Chan-Sew, LCSW
Consultant
1750 Broadway #1
San Francisco, CA 94109
schansew@gmail.com

Family Support Network
P.O. Box 21366
Billings, Montana 59104

(406) 256-7783
1-800-355-9992
FAX (406) 256-9879

July 15, 2011

SAMHSA
Desk Officer
Human Resources and Housing Branch
Office of Management and Budget
New Executive Office Building, Room 10235
Washington, DC 20503

RE: Unified Application for the Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant FY 2012-2013 Application Guidance and Instructions (OMB No. 0930-0168) Revision

Dear SAMHSA Desk Officer:

The purpose of this letter is to provide comment on the ***Unified Application for the Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant FY 2102 – 2013 Application Guidance and Instructions Revision*** ("*Unified Application Revision*"), posted in the *Federal Register / Vol. 76, No. 117 / Friday, June 17, 2011 / Notices* in response to comment received during the prior public comment period that closed on June 9, 2011.

Family Support Network (FSN), created in 1989, is a statewide non-profit group of parents, relatives and professionals who are deeply interested in providing quality, positive services. Our mission is to serve at-risk families and their children by building on each family's unique strengths. The Network provides Family Support Specialists to families with a child with mental illness or emotional problems to meet with them in their home to help the family access needed services, teach life skills, provide parenting classes and act as an advocate and mentor for the family during stressful times. We believe that all families have strengths and need support, including access to community-based services and quality educational, medical, and rehabilitation services. From this mission statement, our programs utilize the values and principles of System of Care and because of our success with families our agency was asked to assist Montana's Child and Family Services with families at risk for abuse and neglect. As such, it is from this perspective that

we submit the following comments to you regarding the *Unified Application Revision.*

SAMHSA is to be commended for posting the *Unified Application Revision* for further public comment. The additional guidance and clarification included in the updated instructions, as highlighted in the below comments, are appreciated. However, we would like to take this opportunity to again underscore the critical importance of focusing on the behavioral health needs of children, adolescents, and young adults. The *Unified Application Revision* cites the Institute of Medicine's (IOM) 2009 Report, *Preventing Mental, Emotional, Behavioral Disorders Among Young People: Progress and Possibilities.*[1] This publication's *Report Brief for Policy Makers* includes the following call to action:

> ***National leadership is necessary to make systematic prevention efforts a high priority in the health care system as well as an integral aspect of the network of local, state, and federal programs and systems that serve young people and families***[2] (p. 3).

The *Unified Application Revision* is the opportunity for SAMHSA to assume this national leadership role and assist local, state, and federal programs better understand and utilize a System of Care (SOC) framework to improve outcomes for children and youth with behavioral health needs and their families.

In SAMHSA's *Planning Grants for Expansion of the Comprehensive Community Mental Health Services for Children and their Families (Short Title: System of Care Expansion Planning Grants)* Request for Applications ("*SOC Expansion RFA*"), there is a recognition that the accumulating research and evaluation results from the Children's Mental Health Initiative (CMHI) program over the last 15 years have demonstrated the success of an SOC approach. Children and youth with intensive needs and their families are not served by a single provider or a single agency. As SAMHSA has demonstrated for over 15 years through its CMHI grants, an SOC approach recognizes the importance of multiple community-based services and supports working together in partnership with youth and families to design the services and supports that will be most effective for that particular youth and family. In fact, SAMHSA noted that youth in SOC tend to improve in attendance, performance, and progress in school, attend school more regularly, and have emotional and behavioral gains[3].

---

[1] Available at: http://www.iom.edu/Reports/2009/Preventing-Mental-Emotional-and-Behavioral-Disorders-Among-Young-People-Progress-and-Possibilities.aspx.

[2] Available at: http://www.iom.edu/~/media/Files/Report%20Files/2009/Preventing-Mental-Emotional-and-Behavioral-Disorders-Among-Young-People/Preventing%20Mental%20Emotional%20and%20Behavioral%20Disorders%202009%20%20Report%20Brief%20for%20Policymakers.pdf.

[3] SAMHSA. (2010). Working Together to Help Youth Thrive in Schools and Communities: Systems of Care. National Children's Mental Health Awareness Day - May 7, 2009. Retrieved from the SAMHSA website on 6/1/11: http://store.samhsa.gov. (Pub Id SMA10-4546)

It appears that the intent of the *SOC Expansion RFA* is to build and expand upon the progress achieved in the CMHI program. There are also indications that the *SOC Expansion RFA* is SAMHSA's first step towards elimination of the CMHI program and merger with the Substance Abuse Block Grant (SABG) and Community Mental Health Block Grant (MHBG) programs. Elimination of the CMHI program would require a change in legislation and will invite the opportunity for further comment. While we feel that elimination of the CMHI program, especially during the current fiscal climate, would counter efforts to expand SOC, we will reserve comment until SAMHSA is clear on the direction it intends to take with the CMHI program. However, as the target population per the authorizing legislation for the CMHI program targets children and youth with serious emotional disturbance (SED), the *Unified Application Revision* provides states and tribes with the opportunity to respond to IOM's call to action and fill out their SOC continuum with focus on prevention and early intervention as well as their SED populations.

SAMHSA is strongly urged to further strengthen the *Unified Application Revision* to emphasize 1) improving outcomes for children and youth with mental health (MH) and/or substance abuse (SA) needs and their families and 2) the importance of using SOC approaches to serve them in their homes and communities.

Without a clear directive from SAMHSA to continue the work of SOC for children, youth and families, there is a risk that states and communities will not invest the necessary resources to continue to grow and sustain their SOC, ultimately undermining almost two decades of hard work and accomplishments. SAMHSA needs to seize this opportunity to improve outcomes for children and youth with behavioral health needs and their families, especially given the lack of emphasis on children, youth and families in SAMHSA's strategic plan, *Leading Change: A Plan for SAMHSA's Role and Actions 2011-2014,* as set forth in the below Strategic Initiative (SI) examples.

- **SI #4 – Recovery Support** cites data that show **more than half of the adolescents in the United States who fail to complete high school have a diagnosable psychiatric disorder.** Within this SI, there is further discussion about how mental illness often begins when young adults are completing high school and are looking at future opportunities and career plans. **Despite stating that this SI emphasizes collaborative relationships with children, youth and families that involve shared decision making (found in the Behavioral Health Workforce discussion), there is little to no focus on children, youth and families.** The only references are in Objective 4.3.3 and 4.4.1 which seek to improve employment and educational outcomes for individuals served by SAMHSA grantees and reference the Family-Centered Substance Abuse Treatment

Grants for Adolescents and their Families and the Statewide Family (and Consumer) Network Grants to provide training and technical assistance to promote peer-to-peer support.

- **SI #5 – Health Reform** is particularly relevant since **the majority of the Goals, Objectives and Action Steps in this SI focus on the *Unified Application* and the relationship of the Block Grant programs to health reform.** However, the only children, youth and family-specific Action Step is found in Objective 5.2.3, which seeks to develop a joint CMS/SAMSHA technical assistance (TA) effort for Olmstead and EPSDT issues. **This lack of recognition of the needs of children, youth and families is especially concerning given that SAMHSA expects that the SOC Expansion Grants will help facilitate statewide adoption of the SOC framework by requiring grantees to address financing strategies, including the use of Medicaid, the development of core services within health insurance benefit packages, and establishing linkages with Block Grants, and other health reform activities to develop and expand their SOCs.**

- **SI #8 – Public Awareness and Support** cites data that **only about half of American children and teenagers with common mental disorders receive professional services.** The overview further recognizes that half of all mental illnesses begin by age 14, and three-fourths begin by age 24, with initial symptoms preceding a disorder by 2 to 4 years. **Yet there are no children, youth and family-specific Goals, Objectives or Action Steps in this SI.**

Recommendation 1: Provide additional language highlighting the SOC approach as a best practice in serving children and youth with MH and/or SA needs and their families.

The *Unified Application Revision* does add language under *Section 3d* on page 38 that custodial parents should be involved in the planning, monitoring and delivery of services to their children. However, reference to SOC as a best practice remains buried in the document within a bullet about thinking more broadly than historically served populations on page 11, and within a bulleted list as an example of a service-specific change on page 23. **Given SAMSHA's recognition of the success of the CMHI program and the SOC framework, the lack of emphasis on children, youth and families and SOC within SAMHSA's Strategic Initiatives, and the requirement in the *SOC Expansion RFA* for grantees to explore the use SABG and MHBG dollars to fund SOC expansion, the reference to SOC as a best practice approach for children, youth and families should be highlighted within the *Unified Application Revision* instead of hidden within the lengthy text of the instructions.**

Recommendation 2: Ensure that a certain minimum percentage of MHSBG and SAPTBG dollars be allocated to children and youth with MH and/or SA needs and their families.

The *Unified Application Revision* does add language under *Section 3a* on page 19 requiring that children with SED and their families be included in the MHBG and SABG needs assessments; adding that the description of the behavioral health resources and systems should include "youth who are often underserved" as part of the planning steps in *Section 3b* on page 21; including reference to "age-appropriate interventions and providers" on p. 24; and adding the "State Child Serving Agency" as a suggested partner on page 12 and suggested member of the Advisory Council in Table 11 on page 48. While these additions are appreciated, **it is critical that SAMHSA ensures that states allocate a minimum percentage of their Block Grant funding to support initiatives for children and youth and their families.**

In federal fiscal year 2007, 20.4% of Medicaid spending was on children (17 and younger), with an additional 42.4% of spending on "disabled" population, which includes children[4]. Without this mandate and in the current fiscal climate, there is a risk that states will use this formula funding to cover historic adult system deficits, thereby limiting, rather than expanding, improving, and sustaining SOC for children and youth with behavioral health needs and their families.

Recommendation 3: Include specific requirements on service provision for children and youth with MH and/or SA needs and their families within the *Unified Application*, and develop a technical assistance unit with expertise on the needs of and best practice approaches to serving children and youth with behavioral health needs and their families to ensure compliance and share expertise at both state- and federal-level planning efforts.

Section 3k on page 43 requires states to describe their technical assistance needs. The *Unified Application Revision* does add instruction to take into account cultural and linguistic competency needs, but **falls short of requiring that states explore technical assistance needs to effectively serve the populations required to be included in the needs assessment, including children with SED and their families** (*Section 3a*, p. 19). System planners at both the federal and state levels need to understand and appreciate the data that demands our focus on children and youth with behavioral health needs and their families, and have expertise to ensure that health reform and Block Grant planning include best practice approaches that will improve outcomes for children, youth and families

---

[4] Kaiser Family Foundation. (2010). State Health Facts: **Distribution of Medicaid Payments by Enrollment Group (in millions), FY2007. Retrieved from the State Health Facts website on** 6/1/11: http://www.statehealthfacts.org/.

with MH and SA needs. For each grant that is issued, different technical assistance providers and/or evaluators are selected, without a requirement that those providers coordinate with one another. States such as Maryland and Georgia currently have CMHI grants, CMS Psychiatric Residential Treatment Facility (PRTF) Demonstration Waiver Grants, CHIPRA Quality Demonstration Grants, and Healthy Transitions Initiative grants, all of which have their own data collection and reporting requirements and technical assistance providers. **Through all of these grants and, in particular, the *Unified Application*, SAMHSA has an opportunity to model SOC for the States, through coordinated and targeted technical assistance and support that would ensure that the behavioral health needs of children, youth and families are met.** As noted above, without dedicated requirements and a focus on compliance, the progress that has been made to grow and sustain SOC for children, youth and families could be lost.

The Unified Application should be an opportunity for collaboration, coordination, and leveraging. Without implementation of the recommendations outlined in this letter, the *Unified Application* may result in the pitting of the "adult system" against the "child system," and the wasted effort of individuals trying to identify "what works" when we know that an SOC framework is intuitive, tested, and accessible for families, providers and communities.

We cannot afford to lose the momentum that has been building for almost two decades. We thank you for the opportunity to provide comment on this important topic and look forward to partnering with SAMHSA to ensure that the SOC framework is utilized for children and youth with intensive needs and their families to ensure individualized, home- and community-based, data- and outcomes-driven, and culturally- and linguistically-competent services and supports. In addition, without a national focus on children and prevention, further stress will be placed on our medical and mental health care systems. Research is showing that mental illness affects not only a child's experience in school, physical activities and community involvement but it impacts the health of the child as he grows into adulthood. Mental health is the foundation for better physical and emotional health of all individuals and should be treated as a priority by policy makers at all levels.

Sincerely,

Nancy Farrar

Nancy Farrar
Family Support Network
Project Coordinator

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

Board of Directors

Kevin Martone, M.S.W.
President
New Jersey

Lorrie Rickman Jones, Ph.D.
Vice President
Illinois

Terri White, M.S.W.
Treasurer
Oklahoma

Brian Hepburn, M.D.
Secretary
Maryland

Virginia Trotter Betts, M.S.N., J.D., R.N., F.A.A.N.
At-Large Member
Tennessee

Steve Baron
North-Eastern Regional Representative
District of Columbia

Laura Nelson, M.D.
Western Regional Representative
Arizona

Gina Eckart, M.S.
Mid-Western Regional Representative
Indiana

Katharine Lyon, Ph.D.
Southern Regional Representative
Florida

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

July 15, 2011

SAMHSA Desk Officer
Human Resources and Housing Branch
Office of Management and Budget
New Executive Office Building
Room 10235
Washington, DC 20503

RE: SAMHSA Agency Information Collection Activities – Federal Register Doc No: 2011-15070

SAMHSA Desk Officer:

On behalf of the National Association of State Mental Health Program Directors (NASMHPD), we thank you for this opportunity to submit comments on *SAMHSA Agency Information Collection Activities: Submission for OMB Review Federal Register Doc No: 2011-1507), Agency Comment Request issued on June 17, 2011.*

In reviewing the proposed new/revised reporting tables for the Mental Health Block Grant (MHBG) that are included in the new Federal Register Announcement, SAMHSA has proposed changing the age categories for one of the main tables states use to report unduplicated counts of total clients served in order to standardize the age groupings with Substance Abuse data. However, SAMHSA has only proposed changing the categories for one table (labeled Table 13) and all the other tables retain the existing Mental Health age breakout categories.

The existing mental health age groupings have been used by all state mental health agencies for the last nine years and provide a rich history of information about the utilization of state mental health services by age, gender, race, and ethnicity. Without a simple modification of the age groupings for Table 13 contained in the Federal Register Notice (FRN), SAMHSA and states will lose the ability to track trends in reporting of numbers of adults over the last decade.

We recommend SAMHSA split one of its proposed age groupings (age 18-24) by simply adding two subgroups to the new table 13. With this split,

SAMHSA can have data that would be both consistent with Substance Abuse and with their history of mental health service utilization data in the URS and with other MHBG tables in the new Application. Due to the Medicaid "Institutions for Mental Disease" (IMD) rule, that prohibits Medicaid funding for adults ages 21 to 64 in IMDs, we believe compiling mental health utilization data that includes an age break at age 21 is important additional information for SAMHSA to maintain.

We also recommend the addition of a row that allows states to report Age "Not Available". All the other mental health tables include rows for Age "Not Available" and this row will be necessary for individual age groups to add up to the total served (in 2010 SMHAs had very low levels of Age Not Available data (0.1%), but this row was used by 30 States).

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

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

Proposed age groups in the MHBG announcement for Table 13A & B (based on Substance Abuse age groupings):

0-17
18-24
25-64
65+

We suggest splitting the new table into the following age groups:

- Proposed 0-17 ages would become (1) ages 0 to 12 and (2) ages 13-17.
- Proposed 18-24 ages would become (1) ages 18-20 and (2) ages 21-24.
- Adding Age "Not Available" to be consistent with prior years and all other tables.

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

Age Groupings Used in Existing MHBG Reports (URS) and proposed in the FRN for most MHBG 2012 Tables	SAMHSA Proposed new Table 13 A & B Age Grouping	Age Categories NASMHPD Recommends
0-12 Years	0-17	0-12 Years*
13-17 years		13-17 years*
18-20 years	18-24	18-20 years*
21-64 years		21-24*
	25-44	25-44
	45-64	45-64
65-74 years	65+	65+
75+ years		
Not Available		Not Available*

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

Respectfully submitted,

Robert W. Glover, Ph. D
Executive Director

SAMHSA
Desk Officer
Human Resources and Housing Branch
Office of Management and Budget
New Executive Office Building, Room 10235
Washington, DC 20503

Sent via facsimile to: 202–395–7285

July 14, 2011

RE: Unified Application for the Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant FY 2012-2013 Application Guidance and Instructions (OMB No. 0930-0168) Revision

Dear SAMHSA Desk Officer:

The purpose of this letter is to provide our collective comment on the ***Unified Application for the Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant FY 2102 – 2013 Application Guidance and Instructions Revision*** ("*Unified Application Revision*"), posted in the *Federal Register / Vol. 76, No. 117 / Friday, June 17, 2011 / Notices* in response to comment received during the prior public comment period that closed on June 9, 2011.

Family & Youth Roundtable (FYRT) and our members; which consists of families and youth that have or are receiving public funded services. We would like to thank you for the opportunity to share our communal perspective regarding the *Unified Application Revision*. Our foremost concern is the movement **toward merging the CMHI program with the Substance Abuse Block Grant (SABG) and the Community Mental Health Block Grant (MHBG).**

We commend SAMHSA for posting the *Unified Application Revision* for further public comment, thus promoting the opportunity for communities to give feedback on an item that will ultimately influence their families' lives. However, we would like to take this time to state that we strongly oppose merging any children's programs with adult programs. Children are not mini adults; therefore, direction in Children's Behavioral Health Services must be driven by children experts and those that know the cultural and moral differences in serving children/youth vs. adults. Example of glaring differences:
A) Children/Youth legally come with a family/guardian. There is not a legal obligation to include families in adult services.
B) Children/Youth are in the development stage of life (discovery), adults are in recovery.
C) Children/Youth are connected to the educational system and often other systems of support such as Child Welfare.
Therefore, directives for children must include expertise and authentic collaboration of these peripheral support systems.

We cannot afford to lose the momentum that has given voice to children/youth and their families, improved outcomes for children/ youth, and has promoted policies, programs and practices that support children/youth with behavioral health challenges in reaching their promise.

We thank you for the opportunity to provide comment on this important topic.

Sincerely,
NAME: Veronica Mackall
ADDRESS: 2244 Lago Madero St.
CITY: Chula Vista STATE: Ca ZIP: 91914
TELEPHONE: 619-674-8255

And
Family & Youth Roundtable
345 15th Street Suite A
San Diego, CA 92101
Tel: 619-546-5852
Fax: 619-546-6251.

SAMHSA
Desk Officer
Human Resources and Housing Branch
Office of Management and Budget
New Executive Office Building, Room 10235
Washington, DC 20503

Sent via facsimile to: 202-395-7285

July 14, 2011

RE: Unified Application for the Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant FY 2012-2013 Application Guidance and Instructions (OMB No. 0930-0168) Revision

Dear SAMHSA Desk Officer:

The purpose of this letter is to provide our collective comment on the ***Unified Application for the Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant FY 2102 – 2013 Application Guidance and Instructions Revision*** ("*Unified Application Revision*"), posted in the *Federal Register / Vol. 76, No. 117 / Friday, June 17, 2011 / Notices* in response to comment received during the prior public comment period that closed on June 9, 2011.

Family & Youth Roundtable (FYRT) and our members; which consists of families and youth that have or are receiving public funded services. We would like to thank you for the opportunity to share our communal perspective regarding the *Unified Application Revision*. Our foremost concern is the movement **toward merging the CMHI program with the Substance Abuse Block Grant (SABG) and the Community Mental Health Block Grant (MHBG).**

We commend SAMHSA for posting the *Unified Application Revision* for further public comment, thus promoting the opportunity for communities to give feedback on an item that will ultimately influence their families' lives. However, we would like to take this time to state that we strongly oppose merging any children's programs with adult programs. Children are not mini adults; therefore, direction in Children's Behavioral Health Services must be driven by children experts and those that know the cultural and moral differences in serving children/youth vs. adults. Example of glaring differences:
A) Children/Youth legally come with a family/guardian. There is not a legal obligation to include families in adult services.
B) Children/Youth are in the development stage of life (discovery), adults are in recovery.
C) Children/Youth are connected to the educational system and often other systems of support such as Child Welfare.
Therefore, directives for children must include expertise and authentic collaboration of these peripheral support systems.

We cannot afford to lose the momentum that has given voice to children/youth and their families, improved outcomes for children/ youth, and has promoted policies, programs and practices that support children/youth with behavioral health challenges in reaching their promise.

We thank you for the opportunity to provide comment on this important topic.

Sincerely,
NAME: Pamela Toohey
ADDRESS: 529 Hart Dr. Apt. 7
CITY: El Cajon STATE: CA ZIP 92021
TELEPHONE: 619-277-7909

And
Family & Youth Roundtable
345 15th Street Suite A
San Diego, CA 92101
Tel: 619-546-5852
Fax: 619-546-6251.

SAMHSA
Desk Officer
Human Resources and Housing Branch
Office of Management and Budget
New Executive Office Building, Room 10235
Washington, DC 20503

Sent via facsimile to: 202–395–7285

July 14, 2011

RE: Unified Application for the Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant FY 2012-2013 Application Guidance and Instructions (OMB No. 0930-0168) Revision

Dear SAMHSA Desk Officer:

The purpose of this letter is to provide our collective comment on the ***Unified Application for the Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant FY 2102 – 2013 Application Guidance and Instructions Revision*** ("*Unified Application Revision*"), posted in the *Federal Register / Vol. 76, No. 117 / Friday, June 17, 2011 / Notices* in response to comment received during the prior public comment period that closed on June 9, 2011.

Family & Youth Roundtable (FYRT) and our members; which consists of families and youth that have or are receiving public funded services. We would like to thank you for the opportunity to share our communal perspective regarding the *Unified Application Revision*. Our foremost concern is the movement **toward merging the CMHI program with the Substance Abuse Block Grant (SABG) and the Community Mental Health Block Grant (MHBG).**

We commend SAMHSA for posting the *Unified Application Revision* for further public comment, thus promoting the opportunity for communities to give feedback on an item that will ultimately influence their families' lives. However, we would like to take this time to state that we strongly oppose merging any children's programs with adult programs. Children are not mini adults; therefore, direction in Children's Behavioral Health Services must be driven by children experts and those that know the cultural and moral differences in serving children/youth vs. adults. Example of glaring differences:
A) Children/Youth legally come with a family/guardian. There is not a legal obligation to include families in adult services.
B) Children/Youth are in the development stage of life (discovery), adults are in recovery.
C) Children/Youth are connected to the educational system and often other systems of support such as Child Welfare.
Therefore, directives for children must include expertise and authentic collaboration of these peripheral support systems.

We cannot afford to lose the momentum that has given voice to children/youth and their families, improved outcomes for children/ youth, and has promoted policies, programs and practices that support children/youth with behavioral health challenges in reaching their promise.

We thank you for the opportunity to provide comment on this important topic.

Sincerely,
NAME: Linda Rae Foster
ADDRESS: 1641 Live Oak Rd. #52
CITY: Vista STATE: Ca ZIP: 92081
TELEPHONE: 760-917-4335

And
Family & Youth Roundtable
345 15th Street Suite A
San Diego, CA 92101
Tel: 619-546-5852
Fax: 619-546-6251.

SAMHSA
Desk Officer
Human Resources and Housing Branch
Office of Management and Budget
New Executive Office Building, Room 10235
Washington, DC 20503

Sent via facsimile to: 202–395–7285

July 14, 2011

RE: Unified Application for the Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant FY 2012-2013 Application Guidance and Instructions (OMB No. 0930-0168) Revision

Dear SAMHSA Desk Officer:

The purpose of this letter is to provide our collective comment on the ***Unified Application for the Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant FY 2102 – 2013 Application Guidance and Instructions Revision*** ("*Unified Application Revision*"), posted in the *Federal Register / Vol. 76, No. 117 / Friday, June 17, 2011 / Notices* in response to comment received during the prior public comment period that closed on June 9, 2011.

Family & Youth Roundtable (FYRT) and our members; which consists of families and youth that have or are receiving public funded services. We would like to thank you for the opportunity to share our communal perspective regarding the *Unified Application Revision*. Our foremost concern is the movement **toward merging the CMHI program with the Substance Abuse Block Grant (SABG) and the Community Mental Health Block Grant (MHBG).**

We commend SAMHSA for posting the *Unified Application Revision* for further public comment, thus promoting the opportunity for communities to give feedback on an item that will ultimately influence their families' lives. However, we would like to take this time to state that we strongly oppose merging any children's programs with adult programs. Children are not mini adults; therefore, direction in Children's Behavioral Health Services must be driven by children experts and those that know the cultural and moral differences in serving children/youth vs. adults. Example of glaring differences:
A) Children/Youth legally come with a family/guardian. There is not a legal obligation to include families in adult services.
B) Children/Youth are in the development stage of life (discovery), adults are in recovery.
C) Children/Youth are connected to the educational system and often other systems of support such as Child Welfare.
Therefore, directives for children must include expertise and authentic collaboration of these peripheral support systems.

We cannot afford to lose the momentum that has given voice to children/youth and their families, improved outcomes for children/ youth, and has promoted policies, programs and practices that support children/youth with behavioral health challenges in reaching their promise.

We thank you for the opportunity to provide comment on this important topic.

Sincerely,
NAME: Juanita Carreno
ADDRESS: 28 Orange Ave. #4
CITY: Chula Vista STATE: Ca ZIP: 91911
TELEPHONE: 619.426.2344

And
Family & Youth Roundtable
345 15th Street Suite A
San Diego, CA 92101
Tel: 619-546-5852
Fax: 619-546-6251.

SAMHSA
Desk Officer
Human Resources and Housing Branch
Office of Management and Budget
New Executive Office Building, Room 10235
Washington, DC 20503

Sent via facsimile to: 202–395–7285

July 15, 2011

RE: Unified Application for the Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant FY 2012-2013 Application Guidance and Instructions (OMB No. 0930-0168) Revision

Dear SAMHSA Desk Officer:

The purpose of this letter is to provide our collective comment on the ***Unified Application for the Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant FY 2102 – 2013 Application Guidance and Instructions Revision*** ("*Unified Application Revision*"), posted in the *Federal Register / Vol. 76, No. 117 / Friday, June 17, 2011 / Notices* in response to comment received during the prior public comment period that closed on June 9, 2011.

Family & Youth Roundtable (FYRT) and our members; which consists of families and youth that have or are receiving public funded services. We would like to thank you for the opportunity to share our communal perspective regarding the *Unified Application Revision*. Our foremost concern is the movement **toward merging the CMHI program with the Substance Abuse Block Grant (SABG) and the Community Mental Health Block Grant (MHBG).**

We commend SAMHSA for posting the *Unified Application Revision* for further public comment, thus promoting the opportunity for communities to give feedback on an item that will ultimately influence their families' lives. However, we would like to take this time to state that we strongly oppose merging any children's programs with adult programs. Children are not mini adults; therefore, direction in Children's Behavioral Health Services must be driven by children experts and those that know the cultural and moral differences in serving children/youth vs. adults. Example of glaring differences:
A) Children/Youth legally come with a family/guardian. There is not a legal obligation to include families in adult services.
B) Children/Youth are in the development stage of life (discovery), adults are in recovery.
C) Children/Youth are connected to the educational system and often other systems of support such as Child Welfare.
Therefore, directives for children must include expertise and authentic collaboration of these peripheral support systems.

We cannot afford to lose the momentum that has given voice to children/youth and their families, improved outcomes for children/ youth, and has promoted policies, programs and practices that support children/youth with behavioral health challenges in reaching their promise.

We thank you for the opportunity to provide comment on this important topic.

Sincerely,
NAME: Amber Flores
ADDRESS: 1437 J st. #211
CITY: San Diego STATE: CA ZIP: 92101
TELEPHONE: 619.865.3076

And
Family & Youth Roundtable
345 15th Street Suite A
San Diego, CA 92101
Tel: 619-546-5852
Fax: 619-546-6251.

SAMHSA
Desk Officer
Human Resources and Housing Branch
Office of Management and Budget
New Executive Office Building, Room 10235
Washington, DC 20503

Sent via facsimile to: 202–395–7285

July 15, 2011

RE: Unified Application for the Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant FY 2012-2013 Application Guidance and Instructions (OMB No. 0930-0168) Revision

Dear SAMHSA Desk Officer:

The purpose of this letter is to provide our collective comment on the ***Unified Application for the Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant FY 2102 – 2013 Application Guidance and Instructions Revision*** ("*Unified Application Revision*"), posted in the *Federal Register / Vol. 76, No. 117 / Friday, June 17, 2011 / Notices* in response to comment received during the prior public comment period that closed on June 9, 2011.

Family & Youth Roundtable (FYRT) and our members; which consists of families and youth that have or are receiving public funded services. We would like to thank you for the opportunity to share our communal perspective regarding the *Unified Application Revision*. Our foremost concern is the movement **toward merging the CMHI program with the Substance Abuse Block Grant (SABG) and the Community Mental Health Block Grant (MHBG).**

We commend SAMHSA for posting the *Unified Application Revision* for further public comment, thus promoting the opportunity for communities to give feedback on an item that will ultimately influence their families' lives. However, we would like to take this time to state that we strongly oppose merging any children's programs with adult programs. Children are not mini adults; therefore, direction in Children's Behavioral Health Services must be driven by children experts and those that know the cultural and moral differences in serving children/youth vs. adults. Example of glaring differences:
A) Children/Youth legally come with a family/guardian. There is not a legal obligation to include families in adult services.
B) Children/Youth are in the development stage of life (discovery), adults are in recovery.
C) Children/Youth are connected to the educational system and often other systems of support such as Child Welfare.
Therefore, directives for children must include expertise and authentic collaboration of these peripheral support systems.

We cannot afford to lose the momentum that has given voice to children/youth and their families, improved outcomes for children/ youth, and has promoted policies, programs and practices that support children/youth with behavioral health challenges in reaching their promise.

We thank you for the opportunity to provide comment on this important topic.

Sincerely,
NAME: Maria Elena Chavez
ADDRESS: 6705 Walker Ave #D
CITY: Bell STATE: CA ZIP: 90201
TELEPHONE: 323-893-8800

And
Family & Youth Roundtable
345 15th Street Suite A
San Diego, CA 92101
Tel: 619-546-5852
Fax: 619-546-6251.

SAMHSA
Desk Officer
Human Resources and Housing Branch
Office of Management and Budget
New Executive Office Building, Room 10235
Washington, DC 20503

Sent via facsimile to: 202–395–7285

July 15, 2011

RE: Unified Application for the Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant FY 2012-2013 Application Guidance and Instructions (OMB No. 0930-0168) Revision

Dear SAMHSA Desk Officer:

The purpose of this letter is to provide our collective comment on the ***Unified Application for the Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant FY 2102 – 2013 Application Guidance and Instructions Revision*** ("*Unified Application Revision*"), posted in the *Federal Register / Vol. 76, No. 117 / Friday, June 17, 2011 / Notices* in response to comment received during the prior public comment period that closed on June 9, 2011.

Family & Youth Roundtable (FYRT) and our members; which consists of families and youth that have or are receiving public funded services. We would like to thank you for the opportunity to share our communal perspective regarding the *Unified Application Revision*. Our foremost concern is the movement **toward merging the CMHI program with the Substance Abuse Block Grant (SABG) and the Community Mental Health Block Grant (MHBG).**

We commend SAMHSA for posting the *Unified Application Revision* for further public comment, thus promoting the opportunity for communities to give feedback on an item that will ultimately influence their families' lives. However, we would like to take this time to state that we strongly oppose merging any children's programs with adult programs. Children are not mini adults; therefore, direction in Children's Behavioral Health Services must be driven by children experts and those that know the cultural and moral differences in serving children/youth vs. adults. Example of glaring differences:
A) Children/Youth legally come with a family/guardian. There is not a legal obligation to include families in adult services.
B) Children/Youth are in the development stage of life (discovery), adults are in recovery.
C) Children/Youth are connected to the educational system and often other systems of support such as Child Welfare.
Therefore, directives for children must include expertise and authentic collaboration of these peripheral support systems.

We cannot afford to lose the momentum that has given voice to children/youth and their families, improved outcomes for children/ youth, and has promoted policies, programs and practices that support children/youth with behavioral health challenges in reaching their promise.

We thank you for the opportunity to provide comment on this important topic.

Sincerely,
NAME: David Cantu
ADDRESS: 5030 West Ave, M-12
CITY: Lancaster STATE: CA ZIP: 93536
TELEPHONE: 661.886.2804

And
Family & Youth Roundtable
345 15th Street Suite A
San Diego, CA 92101
Tel: 619-546-5852
Fax: 619-546-6251.

SAMHSA
Desk Officer
Human Resources and Housing Branch
Office of Management and Budget
New Executive Office Building, Room 10235
Washington, DC 20503

Sent via facsimile to: 202–395–7285

July 15, 2011

RE: Unified Application for the Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant FY 2012-2013 Application Guidance and Instructions (OMB No. 0930-0168) Revision

Dear SAMHSA Desk Officer:

The purpose of this letter is to provide our collective comment on the ***Unified Application for the Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant FY 2102 – 2013 Application Guidance and Instructions Revision*** ("*Unified Application Revision*"), posted in the *Federal Register / Vol. 76, No. 117 / Friday, June 17, 2011 / Notices* in response to comment received during the prior public comment period that closed on June 9, 2011.

Family & Youth Roundtable (FYRT) and our members; which consists of families and youth that have or are receiving public funded services. We would like to thank you for the opportunity to share our communal perspective regarding the *Unified Application Revision*. Our foremost concern is the movement **toward merging the CMHI program with the Substance Abuse Block Grant (SABG) and the Community Mental Health Block Grant (MHBG).**

We commend SAMHSA for posting the *Unified Application Revision* for further public comment, thus promoting the opportunity for communities to give feedback on an item that will ultimately influence their families' lives. However, we would like to take this time to state that we strongly oppose merging any children's programs with adult programs. Children are not mini adults; therefore, direction in Children's Behavioral Health Services must be driven by children experts and those that know the cultural and moral differences in serving children/youth vs. adults. Example of glaring differences:
A) Children/Youth legally come with a family/guardian. There is not a legal obligation to include families in adult services.
B) Children/Youth are in the development stage of life (discovery), adults are in recovery.
C) Children/Youth are connected to the educational system and often other systems of support such as Child Welfare.
Therefore, directives for children must include expertise and authentic collaboration of these peripheral support systems.

We cannot afford to lose the momentum that has given voice to children/youth and their families, improved outcomes for children/ youth, and has promoted policies, programs and practices that support children/youth with behavioral health challenges in reaching their promise.

We thank you for the opportunity to provide comment on this important topic.

Sincerely,
NAME: Marisa Williams

ADDRESS: 5771 Mission Center Rd.

CITY: San Diego STATE: CA ZIP: 92108

TELEPHONE: 760-533-0223

And
Family & Youth Roundtable
345 15th Street Suite A
San Diego, CA 92101
Tel: 619-546-5852
Fax: 619-546-6251.

SAMHSA
Desk Officer
Human Resources and Housing Branch
Office of Management and Budget
New Executive Office Building, Room 10235
Washington, DC 20503

Sent via facsimile to: 202–395–7285

July 15, 2011

RE: Unified Application for the Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant FY 2012-2013 Application Guidance and Instructions (OMB No. 0930-0168) Revision

Dear SAMHSA Desk Officer:

The purpose of this letter is to provide our collective comment on the ***Unified Application for the Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant FY 2102 – 2013 Application Guidance and Instructions Revision*** ("*Unified Application Revision*"), posted in the *Federal Register / Vol. 76, No. 117 / Friday, June 17, 2011 / Notices* in response to comment received during the prior public comment period that closed on June 9, 2011.

Family & Youth Roundtable (FYRT) and our members; which consists of families and youth that have or are receiving public funded services. We would like to thank you for the opportunity to share our communal perspective regarding the *Unified Application Revision*. Our foremost concern is the movement **toward merging the CMHI program with the Substance Abuse Block Grant (SABG) and the Community Mental Health Block Grant (MHBG).**

We commend SAMHSA for posting the *Unified Application Revision* for further public comment, thus promoting the opportunity for communities to give feedback on an item that will ultimately influence their families' lives. However, we would like to take this time to state that we strongly oppose merging any children's programs with adult programs. Children are not mini adults; therefore, direction in Children's Behavioral Health Services must be driven by children experts and those that know the cultural and moral differences in serving children/youth vs. adults. Example of glaring differences:
A) Children/Youth legally come with a family/guardian. There is not a legal obligation to include families in adult services.
B) Children/Youth are in the development stage of life (discovery), adults are in recovery.
C) Children/Youth are connected to the educational system and often other systems of support such as Child Welfare.
Therefore, directives for children must include expertise and authentic collaboration of these peripheral support systems.

We cannot afford to lose the momentum that has given voice to children/youth and their families, improved outcomes for children/ youth, and has promoted policies, programs and practices that support children/youth with behavioral health challenges in reaching their promise.

We thank you for the opportunity to provide comment on this important topic.

Sincerely,
NAME: Brooke Nichols
ADDRESS: 11372 Ironwood Road
CITY: San Diego STATE: CA ZIP: 92131
TELEPHONE: (858) 271-8201

And
Family & Youth Roundtable
345 15th Street Suite A
San Diego, CA 92101
Tel: 619-546-5852
Fax: 619-546-6251.

SAMHSA
Desk Officer
Human Resources and Housing Branch
Office of Management and Budget
New Executive Office Building, Room 10235
Washington, DC 20503

Sent via facsimile to: 202–395–7285

July 15, 2011

RE: Unified Application for the Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant FY 2012-2013 Application Guidance and Instructions (OMB No. 0930-0168) Revision

Dear SAMHSA Desk Officer:

The purpose of this letter is to provide our collective comment on the ***Unified Application for the Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant FY 2102 – 2013 Application Guidance and Instructions Revision*** ("*Unified Application Revision*"), posted in the *Federal Register / Vol. 76, No. 117 / Friday, June 17, 2011 / Notices* in response to comment received during the prior public comment period that closed on June 9, 2011.

Family & Youth Roundtable (FYRT) and our members; which consists of families and youth that have or are receiving public funded services. We would like to thank you for the opportunity to share our communal perspective regarding the *Unified Application Revision*. Our foremost concern is the movement **toward merging the CMHI program with the Substance Abuse Block Grant (SABG) and the Community Mental Health Block Grant (MHBG).**

We commend SAMHSA for posting the *Unified Application Revision* for further public comment, thus promoting the opportunity for communities to give feedback on an item that will ultimately influence their families' lives. However, we would like to take this time to state that we strongly oppose merging any children's programs with adult programs. Children are not mini adults; therefore, direction in Children's Behavioral Health Services must be driven by children experts and those that know the cultural and moral differences in serving children/youth vs. adults. Example of glaring differences:
A) Children/Youth legally come with a family/guardian. There Is not a legal obligation to include families in adult services.
B) Children/Youth are In the development stage of life (discovery), adults are in recovery.
C) Children/Youth are connected to the educational system and often other systems of support such as Child Welfare.
Therefore, directives for children must include expertise and authentic collaboration of these peripheral support systems.

We cannot afford to lose the momentum that has given voice to children/youth and their families, improved outcomes for children/ youth, and has promoted policies, programs and practices that support children/youth with behavioral health challenges in reaching their promise.

We thank you for the opportunity to provide comment on this important topic.

Sincerely,
NAME: Cory D. Keyes
ADDRESS: 5971 Mission Center Rd.
CITY: San Diego STATE: CA ZIP: 92108
TELEPHONE: 619- 453-7845

And
Family & Youth Roundtable
345 15th Street Suite A
San Diego, CA 92101
Tel: 619-546-5852
Fax: 619-546-6251.

SAMHSA
Desk Officer
Human Resources and Housing Branch
Office of Management and Budget
New Executive Office Building, Room 10235
Washington, DC 20503

Sent via facsimile to: 202–395–7285

July 15, 2011

RE: Unified Application for the Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant FY 2012-2013 Application Guidance and Instructions (OMB No. 0930-0168) Revision

Dear SAMHSA Desk Officer:

The purpose of this letter is to provide our collective comment on the ***Unified Application for the Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant FY 2102 – 2013 Application Guidance and Instructions Revision*** ("*Unified Application Revision*"), posted in the *Federal Register / Vol. 76, No. 117 / Friday, June 17, 2011 / Notices* in response to comment received during the prior public comment period that closed on June 9, 2011.

Family & Youth Roundtable (FYRT) and our members; which consists of families and youth that have or are receiving public funded services. We would like to thank you for the opportunity to share our communal perspective regarding the *Unified Application Revision*. Our foremost concern is the movement **toward merging the CMHI program with the Substance Abuse Block Grant (SABG) and the Community Mental Health Block Grant (MHBG).**

We commend SAMHSA for posting the *Unified Application Revision* for further public comment, thus promoting the opportunity for communities to give feedback on an item that will ultimately influence their families' lives. However, we would like to take this time to state that we strongly oppose merging any children's programs with adult programs. Children are not mini adults; therefore, direction in Children's Behavioral Health Services must be driven by children experts and those that know the cultural and moral differences in serving children/youth vs. adults. Example of glaring differences:
A) Children/Youth legally come with a family/guardian. There is not a legal obligation to include families in adult services.
B) Children/Youth are in the development stage of life (discovery), adults are in recovery.
C) Children/Youth are connected to the educational system and often other systems of support such as Child Welfare.
Therefore, directives for children must include expertise and authentic collaboration of these peripheral support systems.

We cannot afford to lose the momentum that has given voice to children/youth and their families, improved outcomes for children/ youth, and has promoted policies, programs and practices that support children/youth with behavioral health challenges in reaching their promise.

We thank you for the opportunity to provide comment on this important topic.

Sincerely,
NAME: James Han

ADDRESS: 4132 36th ST.

CITY: San Diego STATE: CA ZIP: 92104

TELEPHONE: 619-379-4732

And
Family & Youth Roundtable
345 15th Street Suite A
San Diego, CA 92101
Tel: 619-546-5852
Fax: 619-546-6251.

SAMHSA
Desk Officer
Human Resources and Housing Branch
Office of Management and Budget
New Executive Office Building, Room 10235
Washington, DC 20503

Sent via facsimile to: 202–395–7285

July 15, 2011

RE: Unified Application for the Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant FY 2012-2013 Application Guidance and Instructions (OMB No. 0930-0168) Revision

Dear SAMHSA Desk Officer:

The purpose of this letter is to provide our collective comment on the ***Unified Application for the Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant FY 2102 – 2013 Application Guidance and Instructions Revision*** ("*Unified Application Revision*"), posted in the *Federal Register / Vol. 76, No. 117 / Friday, June 17, 2011 / Notices* In response to comment received during the prior public comment period that closed on June 9, 2011.

Family & Youth Roundtable (FYRT) and our members; which consists of families and youth that have or are receiving public funded services. We would like to thank you for the opportunity to share our communal perspective regarding the *Unified Application Revision*. Our foremost concern is the movement **toward merging the CMHI program with the Substance Abuse Block Grant (SABG) and the Community Mental Health Block Grant (MHBG).**

We commend SAMHSA for posting the *Unified Application Revision* for further public comment, thus promoting the opportunity for communities to give feedback on an item that will ultimately influence their families' lives. However, we would like to take this time to state that we strongly oppose merging any children's programs with adult programs. Children are not mini adults; therefore, direction in Children's Behavioral Health Services must be driven by children experts and those that know the cultural and moral differences in serving children/youth vs. adults. Example of glaring differences:
A) Children/Youth legally come with a family/guardian. There is not a legal obligation to include families in adult services.
B) Children/Youth are in the development stage of life (discovery), adults are in recovery.
C) Children/Youth are connected to the educational system and often other systems of support such as Child Welfare.
Therefore, directives for children must include expertise and authentic collaboration of these peripheral support systems.

We cannot afford to lose the momentum that has given voice to children/youth and their families, improved outcomes for children/ youth, and has promoted policies, programs and practices that support children/youth with behavioral health challenges in reaching their promise.

We thank you for the opportunity to provide comment on this important topic.

Sincerely,
NAME: Melvin Hills

ADDRESS: 4132 36th ST.

CITY: San Diego STATE: CA ZIP: 92104

TELEPHONE:

And
Family & Youth Roundtable
345 15th Street Suite A
San Diego, CA 92101
Tel: 619-546-5852
Fax: 619-546-6251.

SAMHSA
Desk Officer
Human Resources and Housing Branch
Office of Management and Budget
New Executive Office Building, Room 10235
Washington, DC 20503

Sent via facsimile to: 202-395-7285

July 16, 2011

RE: Unified Application for the Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant FY 2012-2013 Application Guidance and Instructions (OMB No. 0930-0168) Revision

Dear SAMHSA Desk Officer:

The purpose of this letter is to provide our collective comment on the ***Unified Application for the Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant FY 2102 – 2013 Application Guidance and Instructions Revision*** ("*Unified Application Revision*"), posted in the *Federal Register / Vol. 76, No. 117 / Friday, June 17, 2011 / Notices* in response to comment received during the prior public comment period that closed on June 9, 2011.

Family & Youth Roundtable (FYRT) and our members; which consists of families and youth that have or are receiving public funded services. We would like to thank you for the opportunity to share our communal perspective regarding the *Unified Application Revision*. Our foremost concern is the movement **toward merging the CMHI program with the Substance Abuse Block Grant (SABG) and the Community Mental Health Block Grant (MHBG).**

We commend SAMHSA for posting the *Unified Application Revision* for further public comment, thus promoting the opportunity for communities to give feedback on an item that will ultimately influence their families' lives. However, we would like to take this time to state that we strongly oppose merging any children's programs with adult programs. Children are not mini adults; therefore, direction in Children's Behavioral Health Services must be driven by children experts and those that know the cultural and moral differences in serving children/youth vs. adults. Example of glaring differences:
A) Children/Youth legally come with a family/guardian. There is not a legal obligation to include families in adult services.
B) Children/Youth are in the development stage of life (discovery), adults are in recovery.
C) Children/Youth are connected to the educational system and often other systems of support such as Child Welfare.
Therefore, directives for children must include expertise and authentic collaboration of these peripheral support systems.

We cannot afford to lose the momentum that has given voice to children/youth and their families, improved outcomes for children/ youth, and has promoted policies, programs and practices that support children/youth with behavioral health challenges in reaching their promise.

We thank you for the opportunity to provide comment on this important topic.

Sincerely,
NAME: Shawn Toomey
ADDRESS: 4132 36th St.
CITY: San Diego STATE: CA ZIP: 92104
TELEPHONE:

And
Family & Youth Roundtable
345 15th Street Suite A
San Diego, CA 92101
Tel: 619-546-5852
Fax: 619-546-6251.

SAMHSA
Desk Officer
Human Resources and Housing Branch
Office of Management and Budget
New Executive Office Building, Room 10235
Washington, DC 20503

Sent via facsimile to: 202–395–7285

July 15, 2011

RE: Unified Application for the Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant FY 2012-2013 Application Guidance and Instructions (OMB No. 0930-0168) Revision

Dear SAMHSA Desk Officer:

The purpose of this letter is to provide our collective comment on the ***Unified Application for the Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant FY 2102 – 2013 Application Guidance and Instructions Revision*** ("*Unified Application Revision*"), posted in the *Federal Register / Vol. 76, No. 117 / Friday, June 17, 2011 / Notices* in response to comment received during the prior public comment period that closed on June 9, 2011.

Family & Youth Roundtable (FYRT) and our members; which consists of families and youth that have or are receiving public funded services. We would like to thank you for the opportunity to share our communal perspective regarding the *Unified Application Revision*. Our foremost concern is the movement **toward merging the CMHI program with the Substance Abuse Block Grant (SABG) and the Community Mental Health Block Grant (MHBG).**

We commend SAMHSA for posting the *Unified Application Revision* for further public comment, thus promoting the opportunity for communities to give feedback on an item that will ultimately influence their families' lives. However, we would like to take this time to state that we strongly oppose merging any children's programs with adult programs. Children are not mini adults; therefore, direction in Children's Behavioral Health Services must be driven by children experts and those that know the cultural and moral differences in serving children/youth vs. adults. Example of glaring differences:
A) Children/Youth legally come with a family/guardian. There is not a legal obligation to include families in adult services.
B) Children/Youth are in the development stage of life (discovery), adults are in recovery.
C) Children/Youth are connected to the educational system and often other systems of support such as Child Welfare.
Therefore, directives for children must include expertise and authentic collaboration of these peripheral support systems.

We cannot afford to lose the momentum that has given voice to children/youth and their families, improved outcomes for children/ youth, and has promoted policies, programs and practices that support children/youth with behavioral health challenges in reaching their promise.

We thank you for the opportunity to provide comment on this important topic.

Sincerely,
NAME: Celeste Hunter
ADDRESS: 2051 Hawkins Way
CITY: Spring Valley STATE: CA ZIP: 91977
TELEPHONE: 619.977.7433

And
Family & Youth Roundtable
345 15th Street Suite A
San Diego, CA 92101
Tel: 619-546-5852
Fax: 619-546-6251.

NAMI New Hampshire
National Alliance on Mental Illness NH

July 14, 2011

SAMHSA Desk Officer
Human Resources and Housing Branch
Office of management and Budget
New Executive Office Building, Room 10235
Washington, DC 20503

Dear SAMHSA Desk Officer:

The purpose of this letter to provide comment on the *Unified Application for the Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant FY 2102-2103 Application Guidance and Instructions Revisions* posted in the Federal Register/Vol. 76, No. 117/Friday, June 17, 2011/Notices in response to comment received during the prior public comment period that closed on June 9, 2011.

NAMI NH is a chapter of the National Alliance on Mental Illness and we provide support, education and advocacy to individuals whose lives are impacted by mental illness. As such, it is from this perspective that we submit the following comments to you regarding the *Unified Application Revision*.

We would like to take this opportunity to underscore the critical importance of focusing on the behavioral health needs of children, adolescents and young adults. We **strongly urged** that the *Unified Application Revision* be strengthened to improve outcomes for children and youth with mental health and/or substance abuse needs and the importance of using System of Care (SOC) approaches to serve them in their homes and communities. The SOC framework provides an approach that children and youth with intensive needs and their families are ensured individualized, home and community based, data and outcomes driven, culturally and linguistically competent services and supports.

Without a clear directive from SAMHSA to continue the work of SOC for children, youth and families, we believe that in New Hampshire, there is a risk that state and community policymakers will not invest the necessary resources to support a SOC approach ultimately undermining the current initiatives.

We recommend the *Unified Application Revision* should underscore the following recommendations within the text of instructions:
Recommendation #1: Provide additional language highlighting the SOC approach as a best practice in serving children and youth with MH and/or SA needs and their families.
Recommendation#2: Ensure a certain minimum percentage of MHSBG and SAPTBG dollars be allocated to children and youth with MH and/or SA needs and their families.

We cannot afford to lose the momentum that has been building for two decades. Thank you for the opportunity to provide comment on this important topic.

Sincerely,

Kenneth Norton, LICSW, ACSW
Executive Director

Association of Community Mental Health Centers of Kansas, Inc.

534 S. Kansas, Suite 330, Topeka, KS 66603
Telephone (785) 234-4773 Fax (785) 234-3189
Web Site: www.acmhck.org

Michael J. Hammond
Executive Director

July 15, 2011

SAMHSA Desk Officer
Human Resources and Housing Branch
Office of Management and Budget
New Executive Office Building, Room 10235
Washington, DC 20503

Dear Office of Management and Budget,

Please consider the following comments pertaining to the notice in the Federal Register on July 12, 2011 from the Department of Health and Human Services, OMB review of merger for the Children's Mental Health Initiatives (CMHI) with the Substance Abuse Block Grant (SABG) and the Community Mental Health Block Grant (MHBG).

Merging these three grants that go to states does not take into account the critical impact of each of these programs separately on separate populations. Individuals with substance abuse disorders have different needs than those with mental illness. In addition, the needs of children with severe emotional disturbances and their families require very different supports and services than adults with the same diagnoses.

Please reconsider merging these three grants. Consider the impact and outcomes on those recipients of services by those grants, instead of the ease of administration for the Division. Priority should be placed on those with substance abuse disorders, mental illness and children with emotional disturbances rather than making the paperwork easier for the grantor.
Merging the Children's Mental Health Initiative (CMHI) program with the Substance Abuse Block Grant (SABG) and the Community Mental Health Block Grant (MHBG) could have negative effects that are unplanned. On the face of it, merging such programs and funding seems to streamline administration. However, the more important impact of such mergers to be considered is how they will affect constituents, children and families that benefit from the funding? In this case, we believe that the merger of these funding streams will result in children with severe emotional disturbances and their families losing critical services and supports provided directly by this funding as it is distributed now. The CMHI program would be absorbed in this merger, along with 25 years of developing and demonstrating the system of care approach and its ability to meet the needs of children, youth and families lost.

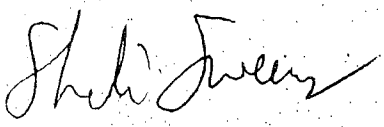
Our specific recommendations are:

- Provide additional language highlighting the System of Care approach as a best practice in serving children and youth with mental health and/or substance abuse needs and their families.
- Ensure that a certain minimum percentage of MHSBG and SAPTBG dollars be allocated to children and youth with mental health and/or substance abuse needs and their families.
- Include specific requirements on service provision for children and youth with mental health and/or substance abuse needs and their families within the Unified Application, and develop a technical assistance unit with expertise on the needs of and best practice approaches to serving children and

youth with behavioral health needs and their families to ensure compliance and share expertise at both state- and federal-level planning efforts.

- Strengthen requirements that states explore technical assistance needs to effectively serve the populations required to be included in the needs assessment, including children with Serious Emotional Disturbance and their families.
- Through all of SAMHSA's grants and, in particular, the Unified Application, SAMHSA has an opportunity to model the best components of a systems of care approach for the States, through coordinated and targeted technical assistance and support that would ensure that the behavioral health needs of children, youth and families are met.
- View the Unified Application as an opportunity for collaboration, coordination, and leveraging. Without implementation of the recommendations outlined above, the Unified Application may result in the pitting of the "adult system" against the "child system," and the wasted effort of individua ls trying to identify "what works" when we know that a System of Care framework is intuitive, tested, and accessible for families, providers and communities.

Thank you for your consideration of this request. Please feel free to contact me for further infor mation at Michelle Sweeney, 785.234.4773 or ssweeney@acmhck.org .



Sheli Sweeney
Association of Community Mental
Health Centers of Kansas, Inc.
534 S. Kansas Avenue, #330
Topeka, KS 66603
785.234.4773 (work)
785.213.9053 (cell)
See http://www.acmhck.org/

Association of CMHCs of Kansas, Inc.
534 S. Kansas Ave Suite 330, Topeka, Kansas 66603
Telephone: 785-234-4773 / Fax: 785-234-3189
Web Site: www.acmhck.org

FACSIMILE TRANSMITTAL SHEET

TO: OMB
FROM: Sheli Sweeney
COMPANY:
DATE: 7-15-11
FAX NUMBER: 202.395.7285
TOTAL NO. OF PAGES INCLUDING COVER: 3
PHONE NUMBER:
SENDER'S REFERENCE NUMBER:
RE:
YOUR REFERENCE NUMBER:

☐ URGENT ☒ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Please consider the attached comments on OMB Notice to merge Substance Abuse, mental Health and Children's mental Health block grants.

Thanks!

FAX COVER SHEET

Date: July 18th, 2011

To: SAMHSA Desk Officer
Human Resources and Housing Branch
Office of Management and Budget

Fax #: 202-395-7285

From: Jane Walker, Executive Director
The Maryland Coalition of Families (MCF)

RE: Unified Application

Total No. of Pages (including cover): __3__

10632 Little Patuxent Parkway, Suite 234 Columbia, MD 21044

Office: 410-730-8267 or 1-888-607-3637 Fax: 410-730-8331

E-mail: info@mdcoalition.org Website: www.mdcoalition.org

☐ Urgent ☐ FYI only

Comments:

_____

_____

_____

_____

MCF
maryland coalition of families for children's mental health

SAMHSA
Desk Officer
Human Resources and Housing Branch
Office of Management and Budget
New Executive Office Building, Rom 10235
Washington, DC 20503

Sent via facsimile to: 202-395-7285

July 15th, 2011

RE: Unified Application for the Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant FY 2012-2013 Application Guidance and Instructions (OMB No. 0930-0168) Revision

Dear SAMHSA Desk Officer:

The Maryland Coalition of Families for Children's Mental Health is a family organization dedicated to providing information, support and advocacy for families caring for a child with mental health or behavioral needs. During our 12 year history, we have partnered with local and state mental health agencies to "*build a System of Care for children and youth in Maryland.*"

SAMHSA's commitment to family-driven and youth-guided care has largely been responsible for the growth of the family movement across the country and to development of an integrated system that cuts across agencies to provide comprehensive services for children.

We are gravely concerned that all of the research, the progress, and the lessons learned from the past 20+ years will be lost if the Children's Mental Health Initiative (CMHI) is merged with the Substance Abuse and Community Mental Health Block Grants.

We cannot overemphasize the critical importance of focusing on the behavioral health needs of children, adolescents, and young adults. From a family perspective, we know that serving children with mental health needs is far more complex than serving adults for numerous reasons: children live with their families; more agencies are involved; and the development of a child over 21 years requires an array of services that is appropriate for each developmental stage. There is a real fear that in the amalgamation of grants, the emphasis on serving this unique population will be lost.

MCF
10632 Little Patuxent Parkway, Ste 234
Columbia, Maryland 21044
Phone: **410.730.8267**
Toll-free: **888.607.3637**
Fax: 410.730.8331
www.mdcoalition.org

Moreover, research has demonstrated the success of a System of Care approach to serving children and youth with behavioral health needs and their families. We know through empirical evidence (and from our experience) that multiple community-based services and supports working together in partnership with youth and families (using Systems of Care principles) results in improvement in youth attendance, performance and progress in school and emotional and behavioral gains. Therefore in the *Unified Application Revision*, SAMHSA needs to clearly direct states and communities to invest the necessary resources to continue to grow and sustain their System of Care development efforts.

Therefore we ask that SAMHSA ensure that:

- **A certain minimum percentage of MHSBG and SAPTBG dollars be allocated to children and youth with mental health and/or substance abuse needs and their families.**

- **Additional language is added to the *Unified Applications Revision* that highlights the System of Care approach as a best practice in serving children and youth with mental health and/or substance abuse needs and their families.**

- **A technical assistance unit with expertise on the needs of and best practice approaches to serving children and youth with behavioral health needs and their families is developed so that states and communities have access to technical assistance in order to better serve children and youth with mental health and/or substance abuse needs and their families.**

Thank you for the opportunity to provide comment on this important topic. We look forward to partnering with SAMHSA to ensure that the Systems of Care framework is used for children and youth with intensive needs and their families in order to ensure individualized, home- and community-based, data- and outcomes-driven, and culturally- and linguistically-competent services and supports.

Sincerely,

Jane Walker

Jane Walker, LCSW
Executive Director
The Maryland Coalition of Families for Children's Mental Health

MCF
10632 Little Patuxent Parkway, Ste 234
Columbia, Maryland 21044
Phone: **410.730.8267**
Toll-free: **888.607.3637**
Fax: 410.730.8331
www.mdcoalition.org

Association of Community Mental Health Centers of Kansas, Inc.
534 S. Kansas, Suite 330, Topeka, KS 66603
Telephone (785) 234-4773 Fax (785) 234-3189
Web Site: www.acmhck.org

Michael J. Hammond
Executive Director

July 15, 2011

SAMHSA Desk Officer
Human Resources and Housing Branch
Office of Management and Budget
New Executive Office Building, Room 10235
Washington, DC 20503

Dear Office of Management and Budget,

Please consider the following comments pertaining to the notice in the Federal Register on July 12, 2011 from the Department of Health and Human Services, OMB review of merger for the Children's Mental Health Initiatives (CMHI) with the Substance Abuse Block Grant (SABG) and the Community Mental Health Block Grant (MHBG).

Merging these three grants that go to states does not take into account the critical impact of each of these programs separately on separate populations. Individuals with substance abuse disorders have different needs than those with mental illness. In addition, the needs of children with severe emotional disturbances and their families require very different supports and services than adults with the same diagnoses.

Please reconsider merging these three grants. Consider the impact and outcomes on those recipients of services by those grants, instead of the ease of administration for the Division. Priority should be placed on those with substance abuse disorders, mental illness and children with emotional disturbances rather than making the paperwork easier for the grantor.
Merging the Children's Mental Health Initiative (CMHI) program with the Substance Abuse Block Grant (SABG) and the Community Mental Health Block Grant (MHBG) could have negative effects that are unplanned. On the face of it, merging such programs and funding seems to streamline administration. However, the more important impact of such mergers to be considered is how they will affect constituents, children and families that benefit from the funding? In this case, we believe that the merger of these funding streams will result in children with severe emotional disturbances and their families losing critical services and supports provided directly by this funding as it is distributed now. The CMHI program would be absorbed in this merger, along with 25 years of developing and demonstrating the system of care approach and its ability to meet the needs of children, youth and families lost.

Our specific recommendations are:

- Provide additional language highlighting the System of Care approach as a best practice in serving children and youth with mental health and/or substance abuse needs and their families.
- Ensure that a certain minimum percentage of MHSBG and SAPTBG dollars be allocated to children and youth with mental health and/or substance abuse needs and their families.
- Include specific requirements on service provision for children and youth with mental health and/or substance abuse needs and their families within the Unified Application, and develop a technical assistance unit with expertise on the needs of and best practice approaches to serving children and

youth with behavioral health needs and their families to ensure compliance and share expertise at both state- and federal-level planning efforts.

- Strengthen requirements that states explore technical assistance needs to effectively serve the populations required to be included in the needs assessment, including children with Serious Emotional Disturbance and their families.
- Through all of SAMHSA's grants and, in particular, the Unified Application, SAMHSA has an opportunity to model the best components of a systems of care approach for the States, through coordinated and targeted technical assistance and support that would ensure that the behavioral health needs of children, youth and families are met.
- View the Unified Application as an opportunity for collaboration, coordination, and leveraging. Without implementation of the recommendations outlined above, the Unified Application may result in the pitting of the "adult system" against the "child system," and the wasted effort of individua ls trying to identify "what works" when we know that a System of Care framework is intuitive, tested, and accessible for families, providers and communities.

Thank you for your consideration of this request. Please feel free to contact me for further infor mation at Michelle Sweeney, 785.234.4773 or ssweeney@acmhck.org .

Sheli Sweeney
Association of Community Mental
Health Centers of Kansas, Inc.
534 S. Kansas Avenue, #330
Topeka, KS 66603
785.234.4773 (work)
785.213.9053 (cell)
See http://www.acmhck.org/

ORANGE COUNTY GOVERNMENT
FLORIDA

Mental Health and Homeless Issues Division
Donna Wyche, *Manager*
2100 East Michigan Street •Orlando, Florida 32806
407-836-7608

Family Services
407-836-6500

SAMHSA Desk Officer
Human Resources and Housing Branch
Office of Management and Budget
New Executive Office Building, Room 10235
Washington, DC 20503

July 15, 2011 (Sent via facsimile to: 202–395–7285)

RE: Unified Application for the Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant FY 2012-2013 Application Guidance and Instructions (OMB No. 0930-0168) Revision

Dear SAMHSA Desk Officer:

The purpose of this letter is to provide comment on the above referenced item posted in the *Federal Register / Vol. 76, No. 117 / Friday, June 17, 2011 / Notices* in response to comment received during the prior public comment period that closed on June 9, 2011.

Orange County Government is a current recipient for the Children's Mental Health Initiative grant. Through this initiative we are managing all grant activities and are working in collaboration with state level personnel from the Department of Children and Families for a state expansion grant. As such, it is from this perspective that we submit the following comments to you regarding the *Unified Application Revision.*

SAMHSA is to be commended for posting the *Unified Application Revision* for further public comment. The additional guidance and clarification included in the updated instructions, as highlighted in the below comments, are appreciated. However, we would like to take this opportunity to again underscore the critical importance of focusing on the behavioral health needs of children, adolescents, and young adults. The *Unified Application Revision* cites the Institute of Medicine's (IOM) 2009 Report, *Preventing Mental, Emotional, Behavioral Disorders Among Young People: Progress and Possibilities.*[1] This publication's *Report Brief for Policy Makers* includes the following call to action:

> ***National leadership is necessary to make systematic prevention efforts a high priority in the health care system as well as an integral aspect of the network of local, state, and federal programs and systems that serve young people and families***[2] (p. 3).

The *Unified Application Revision* is the opportunity for SAMHSA to assume this national leadership role and assist local, state, and federal programs

[1] Available at: http://www.iom.edu/Reports/2009/Preventing-Mental-Emotional-and-Behavioral-Disorders-Among-Young-People-Progress-and-Possibilities.aspx.
[2] Available at: http://www.iom.edu/~/media/Files/Report%20Files/2009/Preventing-Mental-Emotional-and-Behavioral-Disorders-Among-Young-People/Preventing%20Mental%20Emotional%20and%20Behavioral%20Disorders%202009%20%20Report%20Brief%20for%20Policymakers.pdf.

better understand and utilize a System of Care (SOC) framework to improve outcomes for children and youth with behavioral health needs and their families.

In SAMHSA's *Planning Grants for Expansion of the Comprehensive Community Mental Health Services for Children and their Families (Short Title: System of Care Expansion Planning Grants)* Request for Applications ("*SOC Expansion RFA*"), there is a recognition that the accumulating research and evaluation results from the Children's Mental Health Initiative (CMHI) program over the last 15 years have demonstrated the success of an SOC approach. Children and youth with intensive needs and their families are not served by a single provider or a single agency. As SAMHSA has demonstrated for over 15 years through its CMHI grants, an SOC approach recognizes the importance of multiple community-based services and supports working together in partnership with youth and families to design the services and supports that will be most effective for that particular youth and family. In fact, SAMHSA noted that youth in SOC tend to improve in attendance, performance, and progress in school, attend school more regularly, and have emotional and behavioral gains[3]. Even though service implementation of the SOC has only been in progress for the past six months, in our community, we are already noticing a duplication of these outcomes with the youth and families we are serving.

It appears that the intent of the *SOC Expansion RFA* is to build and expand upon the progress achieved in the CMHI program. There are also indications that the *SOC Expansion RFA* is SAMHSA's first step towards elimination of the CMHI program and merger with the Substance Abuse Block Grant (SABG) and Community Mental Health Block Grant (MHBG) programs. Elimination of the CMHI program would require a change in legislation and will invite the opportunity for further comment. While we feel that elimination of the CMHI program, especially during the current fiscal climate, would counter efforts to expand SOC, we will reserve comment until SAMHSA is clear on the direction it intends to take with the CMHI program. However, as the target population per the authorizing legislation for the CMHI program targets children and youth with serious emotional disturbance (SED), the *Unified Application Revision* provides states and tribes with the opportunity to respond to IOM's call to action and fill out their SOC continuum with focus on prevention and early intervention as well as their SED populations.

SAMHSA is strongly urged to further strengthen the *Unified Application Revision* to emphasize 1) improving outcomes for children and youth with mental health (MH) and/or substance abuse (SA) needs and their families and 2) the importance of using SOC approaches to serve them in their homes and communities.

Without a clear directive from SAMHSA to continue the work of SOC for children, youth and families, there is a risk that states and communities will not invest the necessary resources to continue to grow and sustain their SOC, ultimately undermining almost two decades of hard work and accomplishments. SAMHSA needs to seize this opportunity to improve outcomes for children and youth with behavioral health needs and their families, especially

[3] SAMHSA. (2010). Working Together to Help Youth Thrive in Schools and Communities: Systems of Care. National Children's Mental Health Awareness Day - May 7, 2009. Retrieved from the SAMHSA website on 6/1/11: http://store.samhsa.gov. (Pub Id SMA10-4546)

given the lack of emphasis on children, youth and families in SAMHSA's strategic plan, *Leading Change: A Plan for SAMHSA's Role and Actions 2011-2014*, as set forth in their Strategic Initiatives. We submit the following recommendations:

Recommendation 1: Provide additional language highlighting the SOC approach as a best practice in serving children and youth with MH and/or SA needs and their families.

The *Unified Application Revision* does add language under *Section 3d* on page 38 that custodial parents should be involved in the planning, monitoring and delivery of services to their children. However, reference to SOC as a best practice remains buried in the document within a bullet about thinking more broadly than historically served populations on page 11, and within a bulleted list as an example of a service-specific change on page 23. **Given SAMSHA's recognition of the success of the CMHI program and the SOC framework, the lack of emphasis on children, youth and families and SOC within SAMHSA's Strategic Initiatives, and the requirement in the *SOC Expansion RFA* for grantees to explore the use SABG and MHBG dollars to fund SOC expansion, the reference to SOC as a best practice approach for children, youth and families should be highlighted within the *Unified Application Revision* instead of hidden within the lengthy text of the instructions.**

Recommendation 2: Ensure that a certain minimum percentage of MHSBG and SAPTBG dollars be allocated to children and youth with MH and/or SA needs and their families.

The *Unified Application Revision* does add language under *Section 3a* on page 19 requiring that children with SED and their families be included in the MHBG and SABG needs assessments; adding that the description of the behavioral health resources and systems should include "youth who are often underserved" as part of the planning steps in *Section 3b* on page 21; including reference to "age-appropriate interventions and providers" on p. 24; and adding the "State Child Serving Agency" as a suggested partner on page 12 and suggested member of the Advisory Council in Table 11 on page 48. While these additions are appreciated, **it is critical that SAMHSA ensures that states allocate a minimum percentage of their Block Grant funding to support initiatives for children and youth and their families.**

In federal fiscal year 2007, 20.4% of Medicaid spending was on children (17 and younger), with an additional 42.4% of spending on "disabled" population, which includes children[4]. Without this mandate and in the current fiscal climate, there is a risk that states will use this formula funding to cover historic adult system deficits, thereby limiting, rather than expanding, improving, and sustaining SOC for children and youth with behavioral health needs and their families.

Recommendation 3: Include specific requirements on service provision for children and youth with MH and/or SA needs and their families within the *Unified Application*, and develop a technical assistance unit with expertise on the needs of and best practice approaches to serving children and youth with behavioral health needs and their families to ensure compliance and share

[4] Kaiser Family Foundation. (2010). State Health Facts: **Distribution of Medicaid Payments by Enrollment Group (in millions), FY2007. Retrieved from the State Health Facts website on 6/1/11:** http://www.statehealthfacts.org/.

expertise at both state- and federal-level planning efforts.

Section 3k on page 43 requires states to describe their technical assistance needs. The *Unified Application Revision* does add instruction to take into account cultural and linguistic competency needs, but **falls short of requiring that states explore technical assistance needs to effectively serve the populations required to be included in the needs assessment, including children with SED and their families** (*Section 3a*, p. 19). System planners at both the federal and state levels need to understand and appreciate the data that demands our focus on children and youth with behavioral health needs and their families, and have expertise to ensure that health reform and Block Grant planning include best practice approaches that will improve outcomes for children, youth and families with MH and SA needs. For each grant that is issued, different technical assistance providers and/or evaluators are selected, without a requirement that those providers coordinate with one another. States such as Maryland and Georgia currently have CMHI grants, CMS Psychiatric Residential Treatment Facility (PRTF) Demonstration Waiver Grants, CHIPRA Quality Demonstration Grants, and Healthy Transitions Initiative grants, all of which have their own data collection and reporting requirements and technical assistance providers. **Through all of these grants and, in particular, the *Unified Application*, SAMHSA has an opportunity to model SOC for the States, through coordinated and targeted technical assistance and support that would ensure that the behavioral health needs of children, youth and families are met.** As noted above, without dedicated requirements and a focus on compliance, the progress that has been made to grow and sustain SOC for children, youth and families could be lost.

The Unified Application should be an opportunity for collaboration, coordination, and leveraging. Without implementation of the recommendations outlined in this letter, the *Unified Application* may result in the pitting of the "adult system" against the "child system," and the wasted effort of individuals trying to identify "what works" when we know that an SOC framework is intuitive, tested, and accessible for families, providers and communities.

We cannot afford to lose the momentum that has been building for almost two decades. We thank you for the opportunity to provide comment on this important topic and look forward to partnering with SAMHSA to ensure that the SOC framework is utilized for children and youth with intensive needs and their families to ensure individualized, home- and community-based, data- and outcomes-driven, and culturally- and linguistically-competent services and supports.

Sincerely,

Donna Wyche, Division Manager
Wraparound Orange Project
Orange County Mental Health and Homeless Issues Division

Anne Marie Sheffield, Project Director