Multi-County Counseling, Inc.
314 S. Broadway, Ste 106
Ada, Ok. 74820
Phone: 580-235-0210
Fax: 580-235-0211

Multi-County Counseling, Inc.

Fax

To: SAMHSA Desk Officer From: Bonnie Keeley-SOC

Fax: 202-395-7285 Date: 7-16-11

Phone: Pages: 6

Re: Unified Application for the Community Mental Health Service Block Grant & SAPT Block Grant CC:

☒ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Comments:

Pontotoc County Systems of Care

314 S. Broadway Suite 106
Ada, Ok. 74820
580-235-0210
Fax 580-235-0211

"Changing lives one family at a time!"

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 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.

Pontotoc County Systems of Care and Multi-County Counseling, Inc., service providers in multiple counties throughout Oklahoma, focusing on the behavioral health needs of children, adolescents, young adults and their families. 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].

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

---

[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)

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

[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/.

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,

Bonnie Keeley MS LPC

Bonnie Keeley, MS LPC
Pontotoc County Systems of Care
Project Director

Fax Cover Sheet

Elizabeth Ellyn Perrachione
Fireowl Consulting Services
1406 West Church Street
Champaign, Illinois 61821
phone: 217.607.0681
cell: 505.699.8889
fax: 866.212.4414
email: emc@fireowl.com
website: www.fireowl.com

The sun, with all those planets revolving around it and dependent on it,
can still ripen a bunch of grapes
as if it had nothing else in the universe to do.
Galileo

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 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.

As co-lead evaluators for a System of Care funded community in Champaign County, IL, we have been incredibly impressed with the ability of SAMHSA to fund an initiative that ensures data-driven and evidence-based practices. In essence, SAMHSA has established an effective way to respond to youth with severe mental illness and their families that not only produces positive mental health outcomes, but also champions a service delivery process that encourages empowerment.

We greatly appreciate that SAMHSA has posted to 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:

---

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

> ***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].

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

---

[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)

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 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

---

[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/.

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,

Mark S. Aber, Ph.D.
Co-lead Evaluator
ACCESS Initiative of Champaign County
maber@illinois.edu
(217) 333-6999

Nicole E. Allen, Ph.D.
Co-lead Evaluator
ACCESS Initiative of Champaign County
allenne@illinois.edu
(217) 333-69739

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 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.

I am a youth serving on the Coordinating Council of the Access Initiative in Champaign County, Illinois. As such, it is from this perspective that I 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, I 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).

---

[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-

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].

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 I feel that elimination of the CMHI program, especially during the current fiscal climate, would counter efforts to expand SOC, I 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

---

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)

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

---

[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/.

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. I 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,

Daisha Moore

Coordinating Council Member, Access Initiative, Champaign County, Illinois

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 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.

I am a parent serving on the Coordinating Council of the Access Initiative in Champaign County, Illinois. As such, it is from this perspective that I 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, I 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*.[5] 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*** [6] (p. 3).

---

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

[6] Available at: http://www.iom.edu/~/media/Files/Report%20Files/2009/Preventing-Mental-Emotional-and-Behavioral-Disorders-Among-Young-

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[7].

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 I feel that elimination of the CMHI program, especially during the current fiscal climate, would counter efforts to expand SOC, I 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

---

People/Preventing%20Mental%20Emotional%20and%20Behavioral%20Disorders%202009%20%20Report%20Brief%20for%20Policymakers.pdf.

[7] 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)

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[8]. 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

---

[8] 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/.

Fax Cover Sheet

Elizabeth Ellyn Perrachione
Fireowl Consulting Services
1406 West Church Street
Champaign, Illinois 61821
phone: 217.607.0681
cell: 505.699.8889
fax: 866.212.4414
email: emc@fireowl.com
website: www.fireowl.com

The sun, with all those planets revolving around it and dependent on it,
can still ripen a bunch of grapes
as if it had nothing else in the universe to do.
Galileo

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 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.

I am a parent serving on the Coordinating Council of the Access Initiative in Champaign County, Illinois. As such, it is from this perspective that I 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, I 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).

---

[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-

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].

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 I feel that elimination of the CMHI program, especially during the current fiscal climate, would counter efforts to expand SOC, I 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

---

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)

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

---

[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/.

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. I 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,

Nicole Shorty

Coordinating Council Member, Access Initiative, Champaign County, Illinois

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 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.

I am a parent serving on the Coordinating Council of the Access Initiative in Champaign County, Illinois. As such, it is from this perspective that I 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, I 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*.[5] 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***[6] (p. 3).

---

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

[6] Available at: http://www.iom.edu/~/media/Files/Report%20Files/2009/Preventing-Mental-Emotional-and-Behavioral-Disorders-Among-Young-

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[7].

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 I feel that elimination of the CMHI program, especially during the current fiscal climate, would counter efforts to expand SOC, I 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

---

People/Preventing%20Mental%20Emotional%20and%20Behavioral%20Disorders%202009%20%20Report%20Brief%20for%20Policymakers.pdf.

[7] 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)

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[8]. 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

[8] 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/.

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. I 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,

Laurie Shelby

Coordinating Council Member, Access Initiative, Champaign County, Illinois

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 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.

I am a parent serving on the Coordinating Council of the Access Initiative in Champaign County, Illinois. As such, it is from this perspective that I 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, I 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.*[9] 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***[10] (p. 3).

---

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

[10] Available at: http://www.iom.edu/~/media/Files/Report%20Files/2009/Preventing-Mental-Emotional-and-Behavioral-Disorders-Among-Young-

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[11].

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 I feel that elimination of the CMHI program, especially during the current fiscal climate, would counter efforts to expand SOC, I 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

---

People/Preventing%20Mental%20Emotional%20and%20Behavioral%20Disorders%202009%20%20Report%20Brief%20for%20Policymakers.pdf.

[11] 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)

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[12]. 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

[12] 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/.

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. I 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,

Melissa R. Nelson

Coordinating Council Member, Access Initiative, Champaign County, Illinois

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 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.

I am a parent serving on the Coordinating Council of the Access Initiative in Champaign County, Illinois. As such, it is from this perspective that I 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, I 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.*[13] 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***[14] (p. 3).

---

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

[14] Available at: http://www.iom.edu/~/media/Files/Report%20Files/2009/Preventing-Mental-Emotional-and-Behavioral-Disorders-Among-Young-

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[15].

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 I feel that elimination of the CMHI program, especially during the current fiscal climate, would counter efforts to expand SOC, I 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

---

People/Preventing%20Mental%20Emotional%20and%20Behavioral%20Disorders%202009%20%20Report%20Brief%20for%20Policymakers.pdf.

[15] 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)

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[16]. 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

---

[16] 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/.

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. I 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,

Coordinating Council Member, Access Initiative, Champaign County, Illinois