



## SAMHSA FY 2012-2013 Block Grant Application Summary of July 2011 Changes after Second Public Comment

**Highlighted Text** indicates SOC and/or youth/family language additions since June draft. Other SOC references in the below text (**see red**) were in prior drafts.

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People with serious mental illness (SMI) have elevated rates of hypertension, diabetes, obesity and cardiovascular disease, leading to morbidity and mortality disparities where those with SMI die on average at 53 years of age. These health conditions are exacerbated by unhealthy lifestyle practices such as lack of physical activity, poor nutrition, smoking, substance abuse and side effects of necessary medication. Many of these health conditions are preventable through routine primary care screening, monitoring, treatment and care management/coordination strategies. The Massachusetts Department of Mental Health (DMH) found that for adults ages 25 to 44, cardiovascular mortality was 6.6 times higher among DMH clients than the general population.<sup>3</sup> 70 percent of Maine's population living with serious mental illnesses has at least one of these chronic health conditions, 45 percent have two, and almost 30 percent have three or more.<sup>4</sup> Integration of behavioral health and primary care is just as important for children and youth. Studies suggest that approximately a quarter of pediatric primary care visits are related to behavioral health issues.<sup>5,6</sup> The needs of children and youth with serious emotional disturbances (SED) are best addressed when coordinated within a coordinated System of Care that involves, but extends beyond the primary care setting. A similar coordinated approach should be used to address the needs of youth with substance use problems.

#### Additional references:

<sup>5</sup> Horwitz, S. M., Leaf, P. J., Leventhal, J. M., Forsyth, B., & Speechley, K. N. (1992). *Identification and management of psychosocial and developmental problems in community-based primary care pediatric practices*. *Pediatrics*, 89, 480–485.

<sup>6</sup> Cooper, S., et al. (2006). Running out of time: Physician management of behavioral health concerns in rural pediatric primary care. *Pediatrics*, 118, 132–138.

*States should think more broadly than the populations they have historically served through Federal Block Grants and other funding.* The focus of SAMHSA's Block Grant programs has not changed significantly over the past 20 years. While many of these populations originally targeted for the Block Grants are still a priority, certain populations have evolving needs that must be addressed. These populations include military families, youth who need substance use disorder services, individuals who experience trauma, increased numbers of individuals released from correctional facilities, and lesbian, gay, bisexual and transgendered and questioning (LGBTQ) individuals. In addition, the context of service delivery has significantly changed. SAMHSA's [grant program] **Childrens Mental Health Initiative**, which serves children and youth with serious emotional disturbances and their families has shown that services and supports to this population should be delivered within a System of Care approach that is strengths-based, linguistically and culturally-competent, provided in the least restrictive, community-based settings and coordinates care across families, schools, and other community agencies. Systems of Care are family driven and youth guided. This means that the family is the primary driver of the single care plan, which should be coordinated across agencies such as the education system, child welfare and juvenile justice. Single care plans are largely influenced by the youth as well. Systems of care generally employ a Wraparound approach to service delivery. Family members and youth should be included in meaningful ways in all aspects of system development, implementation and evaluation. This Systems of Care approach should be used to meet the needs of children and youth with serious emotional disorders. Similar steps should be taken to ensure that the unique needs of children and youth with substance use problems are met, recognizing that this group's service needs are often distinct from adults with substance use problems.

Services must be delivered in a manner that promotes recovery and **resiliency**. Individuals that have personal experiences from mental or substance abuse disorders are playing an increasingly important role in the delivery of recovery oriented **systems of care**. Services must also take into account ethnic-specific/culture-specific services for racial and ethnic minorities

**3a. Framework for Planning—Mental Health and Substance Abuse Prevention and Treatment**

States should identify and analyze the strengths, needs, and priorities of the State’s behavioral health system. The strengths, needs, and priorities should take into consideration specific populations that are the current focus of the Block Grants, the changing health care environment and SAMHSA’s strategic initiatives. The plan should address the following populations as appropriate for each Block Grant:

Comprehensive community-based services for adults with SMI and children with SED:

- Children with serious emotional disturbances (SED) and their families\*

Marked as a population required to be included in the State’s needs assessment for the MHBG or SABG in the June revision.

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Strategies that use *service-specific changes* to achieve a goal should be consistent with SAMHSA’s continuum of services identified in the Good and Modern System Brief<sup>18</sup>. If the State is recommending services that are not specifically referenced in this Brief, please describe the population(s) that will receive these services, the rationale for this recommendation and cite evidence regarding the effectiveness of this service. In addition, the description of the strategy should provide the context for how the service specific change will be implemented. Strategies that should be considered and addressed include:

- Strategies that are targeted for children and youth with serious emotional disturbances or substance use disorders should utilize a System of Care approach (Described below) that has been well-established for children with serious emotional disorders and co-occurring substance use disorders. This approach should be utilized state-wide, coordinating care with other State agencies (e.g., schools, child welfare, juvenile justice, primary care, etc.) to deliver evidence-supported treatments and supports through a family-driven, youth-guided, culturally competent, individualized treatment plan. For adolescents with substance use disorders, this approach should be used in conjunction with evidence-based interventions for substance abuse or dependence.

A System of Care is a coordinated network of community-based services and supports that is organized to meet the challenges of children and youth with serious mental health needs and their families. Families and youth work in partnership with public and private organizations so services and supports are effective, build on the strengths of individuals, and address each person’s cultural and linguistic needs. A System of Care helps children, youth, and families function better at home, in school, in the community, and throughout life.

Children and youth with serious mental health conditions and their families need supports and services from many different child- and family-serving agencies and organizations. Often, these agencies and organizations are serving the same children, youth, and families. By creating partnerships among these groups, Systems of Care are able to coordinate services and supports that meet the ever-changing needs of each child, youth, and family. Coordinated services and supports lead to improved outcomes for children, youth, and families, and help prevent the duplication of services for authorized care among government agencies.

SAMHSA expects that these grants will help facilitate wide scale adoption of the System of Care framework and to create comprehensive and sustainable plans for infrastructure, services, and supports that are consistent with the values and principles of a System of Care approach that are articulated in Section 561 of the Public Health Service Act, as amended. SAMHSA also expects that grantees demonstrate how parents, caregivers and youth will be integrally involved in decision making related to the planning, monitoring and delivering of services for themselves as well as the development of policy and procedures governing care for all children and youth.

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States should identify strategies for the MHBG that reflect the priorities identified from the needs assessment process. Goals that are focused on emotional health and the prevention of mental illnesses should be consistent with the IOM Report on Preventing Mental, Emotional, and Behavioral Disorders and should include:

- Strategies that work with schools, workplaces and communities to deliver programs to improve mental health literacy and enhance resilience.
- Strategies that target prevention and early intervention programs for children and their families through partnerships between mental health, maternal and child health services, schools and other related organizations, and to include evidence-based and cost-effective models of intervention for early psychosis in young people.
- Strategies that implement suicide prevention activities to identify youth at risk of suicide and improve the effectiveness of services and support available to them, including educating frontline workers in emergency, health and other social services settings about mental health and suicide prevention.
- Strategies that implement evidenced-based interventions and trauma-specific treatments for highly vulnerable children and young people who have experienced physical, sexual or emotional abuse, bullying, or other trauma, including youth from racial/ethnic minority and LGBTQ communities.
- Strategies to support the use of a System of Care approach to meet the needs of children and youth with serious emotional disturbances

*System improvement activities* may be included as strategies to address issues identified in the needs assessment. System improvement activities should:

- Allow States to position their providers to increase access and retention, adoption or adaptation of electronic health records (EHRs) or develop strategies to develop or increase workforce especially as many more individuals will be covered in FY 2014. These system improvement activities should make use of Federal and State resources that are available now and proposed for the planning period to expand and enhance the competency of the behavioral health workforce. System improvements that seek to expand the workforce should also build upon current efforts to increase the role of people in recovery from mental and substance use disorders in the planning and delivery of services.
- Support providers to participate in networks that may be established through managed care or administrative service organizations (including accountable care organizations). This support may include assistance to develop the necessary infrastructure (e.g., electronic billing and health records) and reporting requirements to effectively participate in these networks.
- Support the use of peer specialists or recovery coaches to provide needed recovery support services. Some of these services are delivered by volunteers and paid staff. In all cases, peers are trained, supervised, regarded as staff and are operating out of a community-based or recovery community organization. A State's strategy should allow states to support peer and other recovery support services delivered under either model. The infrastructure – including paid staff – to coordinate and support the use of volunteer-delivered or –run services should also be supported.
- Increase linkages between primary care and behavioral health providers, including supporting primary care provider efforts to screen patients for mental and substance use disorders, working with behavioral health provider organizations for expertise, collaboration and referral arrangements. Activities should also include developing model contract templates for bi-directional primary care and behavioral health integration and identifying State policies that present barriers to reimbursement.
- Develop support systems to provide communities with necessary needs assessment information, planning, technical assistance, evaluation expertise, and other supports to foster the development of comprehensive community plans to improve mental, emotional and behavioral health outcomes in communities.
- Fund auxiliary aids and services to allow people with disabilities to benefit from the mental health and substance use services and language assistance services for people who experience communication barriers to accessing these services.

- Develop benefit management strategies for high cost services (e.g. youth out of home services, adult residential services). SAMHSA believes that States should enhance their efforts to align how they manage care to ensure that individuals get the right service at the right time in the right amount. These efforts should ensure that decisions made regarding these services are clinically sound. SAMHSA will expect States to develop spending targets for certain services and manage within those targets.

- Develop linkages and coordination to enable a Systems of Care approach to services and supports for children and youth with serious emotional disturbances.

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SAMHSA firmly believes in the importance of individuals with mental and substance use disorders participating in choosing the services and supports they receive. To achieve this goal, individuals and their families/support systems must be able to access and direct their services and supports. Participant direction, often referred to as consumer direction or self direction, is a delivery mode through which a range of services and supports are planned, budgeted and directly controlled by an individual (with the help of representatives, if desired) based on the individual’s needs and preferences that maximize independence and the ability to live in the setting of his/her choice. Participant-directed services should include a wide range of high-quality, culturally competent services based on acuity, disability, engagement levels and individual preferences. The range of services must be designed to incorporate the concepts of community integration and social inclusion. People with mental and substance use disorders should have ready access to information regarding available services, including the quality of the programs that offer these services. An individual and their family / supports must be afforded the choice to receive services and should have sufficient opportunities to select the individuals and agencies from which they receive these services. Person centered planning is the foundation of self-direction and must be made available to everyone. Individuals must have opportunities for control over a flexible individual budget and authority to directly employ support workers, or to direct the worker through a shared employment model through an agency. People must have the supports necessary to be successful in self direction including financial management services and supports brokerage. In addition, individuals and families must have a primary decision-making role in planning and service delivery decisions. Caregivers can play an important role in the planning, monitoring and delivery of services and should be supported in these roles. Families, other caregivers, and youth should be full partners in all aspects of the planning and delivery of their own services, including policies and procedures that govern care for children and youth.

Highlighted language above was changed from (on p. 38 in June version):

“Likewise, custodial parents can and should be involved in the planning, monitoring and delivery of services to their children.”

The State must support and help strengthen existing consumer, family, and youth networks, recovery organizations and community peer support and advocacy organizations in expanding self advocacy, self-help programs, support networks, and recovery-oriented services. There are many activities that State SMHAs and SSAs can undertake to engage these individuals and families.