

Recommendations for Block Grant Application Revision

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Regenia Hicks, Ph.D.

Project Director
Technical Assistance Partnership

Block Grant Work Group

Regenia Hicks
Denise Sulzbach
Alfredo Aguirre
Amalia Mendoza



Recommendation 1

Provide additional language highlighting the system of care (SOC) approach as a best practice in serving children and youth with mental health (MH) and (or) substance abuse (SA) needs and their families.

- The *Unified Application Revision* mentions the involvement of custodial parents in the planning, monitoring and delivery of services to their children.
- Reference to SOC as a best practice needs to be strengthened and highlighted.

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 requiring that children with severe emotional disturbance (SED) and their families be included in the MHBG and SABG needs assessments.
- We believe it is critical that SAMHSA ensures that states allocate a minimum percentage of their Block Grant funding to support initiatives for children, youth, and their families.
- There is concern that the current version will result in creating funding competition between child and adult system.

Recommendation 3

Require states and tribes to meet the needs of children and youth with MH and (or) SA needs and their families within the *Unified Application* by requiring that Federal and state planning and implementation efforts include SOC experts, including youth and families.

- The *Unified Application Revision* does add instructions to take into account cultural and linguistic competence needs. It falls short of requiring that states explore technical assistance (TA) needs to effectively serve the populations required to be included in the needs assessment, including children and youth with SED and their families.
- States need to be monitored to ensure compliance.

Recommendation 4

Develop a TA Unit in conjunction and coordinated with other TA provided to states and communities from SAMHSA and administrations with the U.S. Department of Health and Human Services, including the Administration on Children and Families (ACF) and the Centers for Medicaid & Medicare Services (CMS).

- SAMHSA has an opportunity to model SOC across Federal programs through coordinated and targeted TA and support that would ensure the behavioral health needs of children, youth, and families are met through the development of a special TA unit or use of existing TA providers with expertise in this area.
- The TA unit could assist in ensuring compliance with Recommendation 3.

Recommendation 5

In connection to health care reform: broaden the understanding of health and health care, involving pediatric/primary care as an established collaborative partner in the SOC approach.

- Preserve the youth-informed, family-driven team approach to provide the necessary services/resources to meet the goals of care, even when using a medical home model;
- Align physical health care objectives to those of SOC, such as improving functioning in home, school, and community;
- Emphasize bi-directional care, adjusting for severity of SED, substance abuse and physical illness; and
- Support early childhood multi-level care to address complexity of challenges affecting child/family (developmental, medical, mental health, family stress).