

1. Mental Health Programs

Mental Health Block Grant

Comprehensive Community Mental Health Services for Children and Their Families

Integration of Schools and Mental Health Systems

Mental Health Block Grant

Statutory Authority	Section 1920 of the Public Health Service Act, 42 U.S.C. § 300x
Federal Agency	Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Health and Human Services
Program Type	Formula grant to states
Eligibility, General	All states receive block grant funds but must submit annual applications and plans for providing comprehensive community mental health services to adults with a serious mental illness and children with a serious emotional disturbance. Except for a small amount of administrative funds, resources are passed through to local community mental health programs.
Eligibility, Age	Block grant funds can be used for individuals of all ages, from birth.
Eligibility, Severity of Condition	<p>Section 1912(c) of the Public Health Service Act and enabling federal regulations define adults (age 18 or older) with a serious mental illness and children (from birth to 18) with a serious emotional disturbance as individuals who currently or at any time during the past year have had a diagnosable mental, behavioral or emotional disorder that is of sufficient duration to meet diagnostic criteria specified in DSM-III-R (and subsequent revisions), or that results in functional impairment which substantially interferes with or limits one or more of an adult's major life activities or a child's role or functioning in family, school or community activities.</p> <ul style="list-style-type: none"> ◆ Functional impairment for children is defined as difficulties that substantially interfere with or limit a child or adolescent from achieving or maintaining one or more developmentally appropriate social, behavioral, cognitive, communicative or adaptive skills. ◆ Functional impairment for adults is defined as difficulties that substantially interfere with or limit role functioning in one or more major life activities, including basic daily living skills, instrumental living skills, and functioning in social, family and vocational/educational contexts. <p>For both children and adults, diagnoses may not be based on DSM "V" codes, substance use or developmental disorders unless these problems co-occur with another DSM diagnosis. States may use mental disorders listed in the ICD-9-CM (and subsequent revisions).</p>
Youth in Transition	Although the state-plan criteria do not specifically contain a description for transitional services, block grant funds are flexible resources and can be used for such services so long as they fall within the federal criteria for state plans and the state's own block grant goals.
Services	<p>A full range of community-based mental health and support services may be furnished (including any described in the state plan, see below). Inpatient and residential services may not be funded.</p> <p>Services must be provided through appropriate, qualified community programs, which may include community mental health centers, child mental-health programs,</p>

psychosocial rehabilitation programs, mental health peer support programs and mental health primary consumer-directed programs.

Services that should be funded include:

- ◆ rehabilitation;
- ◆ employment services;
- ◆ housing services;
- ◆ educational services;
- ◆ substance abuse services;
- ◆ medical and dental care;
- ◆ services provided by local school systems under the Individuals with Disabilities Education Act (IDEA); and
- ◆ other support services.

The state's plan must include a separate description of case management services and describe services funded with state and local money as well as federal dollars.

Activities Funded

To receive block grant funds, states must submit a plan to CMHS. This state plan must describe an organized community-based system of care for individuals with mental illnesses, including available services and resources. Services must include those needed by people dually diagnosed with mental illness and substance abuse disorder.

For children with serious emotional disturbance, the plan must provide for a system of integrated social, educational, juvenile justice and substance abuse services that, together with health and mental health services, will be provided in order for children to receive care appropriate for their multiple needs. This includes services under the IDEA.

The plan must also describe the state's outreach and services for individuals who are homeless, and how community-based services will be provided to people in rural areas.

Funding

FY 2007, \$428.256 million; FY 2008 budget request, \$420.774 million

Evaluation

The law requires that CMHS retain 5 percent of the funds to conduct evaluation, data collection and technical assistance.

States must provide to SAMHSA an estimate of the incidence and prevalence in the state of serious mental illness among adults and serious emotional disturbance among children. States must also submit quantitative targets to be achieved in implementing its system of care funded by the block grant. States may use the funds to evaluate programs and services carried out under the state plan

State block grant plans must include goals, targets and action plans for each of five required criteria:

- ◆ comprehensive community-based mental health service systems;
- ◆ mental health system data epidemiology;
- ◆ children's services;
- ◆ targeted services to rural and homeless populations and;
- ◆ management systems, using the CMHS Core Performance Indicators.

The Core Performance Indicators that states must use to evaluate their block grant programs are:

- ◆ increased access to services;

- ◆ reduced utilization of psychiatric inpatient beds;
- ◆ use of evidence-based practices;
- ◆ client perception of care;
- ◆ increase in employment or return to school;
- ◆ decreased criminal justice involvement;
- ◆ service capacity;
- ◆ increased social supports;
- ◆ increase in family stabilization and living conditions; and
- ◆ reduced incidence of co-occurring substance use disorders.

States should also develop, maintain and report on additional state-specific performance indicators they find useful for tracking improvements.

Relevance for Youth with Serious Mental Health Conditions

On the surface, the block grant appears to provide a flexible and sizeable set of resources that could be targeted to assist youth with mental disorders in their transition to adulthood. In fact, several barriers impede this. First, most states have allocated funds for either child or adult services. Transition-age youth do not readily fit into either set of services. Second, most adult mental health systems limit services to those with the most severe mental illnesses. As a result, many young people served by child mental health systems do not qualify for adult mental health services.¹

The special array of services needed by transition-age youth—and their different interests, lifestyles and activities—sets them apart. Even when an appropriate set of services is funded through the block grant and available in their community, youth may not be welcomed, helped or comfortable in a program serving adults in their 30s, 40s and above. Specialized and parallel programs for youth are extremely rare. The adult mental health systems in half of the states do not offer a single program specialized for the young adult population, and single specialized services, such as supported housing for young adults, are offered in at most 20 percent of states, and then usually in only one location.²

Among the limited number of specialized programs are some truly innovative approaches, such as Thresholds in Chicago, Our Town Integrated Service Agency in Indianapolis, the Transitional Community Treatment Team (ACT program) serving youth between 16 and 22 in Columbus, Ohio, and a young adult specialized Homeshare program (adult foster care) in Charleston, SC.

Unfortunately, block grant appropriations have not increased significantly for decades. As a result, the funds are generally allocated before they are even received, and it is hard for states and localities to use them to initiate new programs for youth.

1 Davis, M. & Sondheimer, D. (2005) Child mental health systems' efforts to support youth in transition to adulthood. *Journal of Behavioral Health Services and Research*, 32, 37-42.

2 Davis, M. & Hunt, B. (2005) *State Adult Mental Health Systems' Efforts to Address the Needs of Young Adults in Transition to Adulthood*. Rockville, MD: Center for Mental Health Services.

Comprehensive Community Mental Health Services for Children and Their Families

Statutory Authority	The Public Health Service Act, Title V, Part E, Section 561, as amended, PL 102-321 42 U.S.C. § 290ff
Federal Agency	Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, Department of Health and Human Services
Program Type	Discretionary grants run six years with decreasing federal match.
Eligibility, General	Grants are awarded to public entities (states, political subdivisions of a state, Indian tribes or tribal organizations) to provide comprehensive community mental health services to children with a serious emotional disturbance. These public entities may make grants or enter into contracts with public and nonprofit private entities to establish and operate the systems of care.
Eligibility, Age	Children from birth to age 22
Eligibility, Severity of Condition	The term serious emotional disturbance includes any child who has a serious emotional disorder, a serious behavioral disorder or a serious mental disorder.
Youth in Transition	Although the program is not targeted to youth in transition, one of the guiding principles of the system of care is to ensure a smooth transition to the adult service system for children with an emotional disturbance as they reach maturity. Furthermore, transitional services are among the mental health services that grantees must provide. Some sites have specialized programs for transition-age youth, although services funded by these grants must end at age 22.
Services	<p>A range of services must be provided, including:</p> <ul style="list-style-type: none"> ◆ transitional services; ◆ diagnosis and evaluation; ◆ individualized service planning; ◆ case management; ◆ outpatient services (provided in a clinic, office, school or other appropriate location, including individual, group and family counseling services, professional consultation, and review and management of medications); ◆ emergency services (available 24 hours a day, 7 days a week); ◆ intensive home-based services for children and their families when the child is at imminent risk of out-of-home placement; ◆ intensive day-treatment services; ◆ respite care; and ◆ therapeutic foster care services and services in therapeutic foster family homes or individual therapeutic residential homes, and groups homes caring for not more than 10 children.
Activities Funded	Grantees are required to collaborate with local public entities that provide human services in the community, such as mental health, education, child welfare and juvenile justice. An individualized plan of services must be provided for each child. The plan must be carried out with the family's participation, unless clinically inappropriate.

Individuals with Disabilities Education Act (IDEA) programs will be considered in developing or carrying out the plan.

Funding

FY 2007, \$82.278 million; FY 2008, \$62.059 million

Evaluation

A report on the activities of the sites funded through this program is submitted to Congress on a regular basis. Each site is required to report certain data to a federally funded evaluation contractor.

Technical assistance and training with respect to planning and development of a system of care are provided by the federal government.

Relevance for Youth with Serious Mental Health Conditions

This program is specifically targeted to children and youth with serious mental health conditions and funds can be used for community mental health services, including those that assist youth in transition. Funded programs emphasize a strengths-based approach, provide a full range of supportive services and encourage independence and empowerment.

However, youth remain eligible only up to age 22. To continue receiving necessary services they must either transition into the adult mental health system or somehow gain access to health coverage and the needed range of independent living and support services. For many, this is not possible.

Grants for the Integration of Schools and Mental Health Systems

Statutory Authority	Section 5541 of the Elementary and Secondary Education Act of 1965, as amended by the No Child Left Behind Act of 2001, 20 U.S.C. § 7269
Federal Agency	Office of Safe and Drug-Free Schools, Department of Education
Program Type	Discretionary grant
Eligibility, General	State education agencies or local education agencies (LEAs) and Indian tribes may apply. However, LEAs or consortia of LEAs that have ever received funds under the Safe Schools/Healthy Students Initiative are not eligible. States must use funds to supplement (not supplant) existing mental health services.
Eligibility, Age	School-age children and youth
Youth in Transition	Youth in elementary and secondary schools would benefit from these linkages, which are designed to increase access to services. The program does not establish criteria for beneficiaries.
Services Covered	<p>Grants are intended to support innovative approaches linking school systems with local mental health systems. Funded programs must develop, enhance and/or improve collaborative efforts between school and mental health service systems for prevention, diagnosis, treatment, crisis intervention and referral services.</p> <p>Programs must also provide:</p> <ul style="list-style-type: none"> ◆ training for school and mental health personnel; ◆ technical assistance and consultation to schools, mental health agencies and families; ◆ culturally competent and linguistically appropriate services; and ◆ an evaluation of the program's effectiveness in increasing student access. <p>Recipients of awards must coordinate with Mental Health Transformation State Infrastructure Grants from the Substance Abuse and Mental Health Services Administration if the state receives such an award. In addition, parents of students who will receive services under the program must be involved in the design and implementation of services.</p>
Funding	FY 2007, \$4.910 million; FY 2008, \$4.913 million
Evaluation	Grantees must submit a progress report nine months after the award date. At the end of the project period, grantees must submit a final performance report that includes an assessment of key outcomes. Programs must collect and report on data that show the program's success in having detailed linkage protocols in place and in having an increase in the percentage of school personnel trained to make appropriate referrals to mental health services.
Relevance for Youth with Serious Mental Health Conditions	This small program focuses on the important need for linkage between schools and mental health systems. While there is no particular targeting of transition-age youth, improved collaboration across these systems is needed and if successful could improve availability of services for youth with serious mental health conditions.

