



The Mental Health Block Grant Ten Percent Set Aside Study

BRIEF REPORT | State Involvement in CSC Programs

OVERVIEW

State Mental Health Authorities (SMHAs) are responsible for administering mental health programs within their states, including CSC programs. The 36 study sites in the MHBG 10 Percent Set-Aside Study are located in 22 states. Representatives from each of these states were interviewed to understand the role of the state in administering and supporting CSC programs.

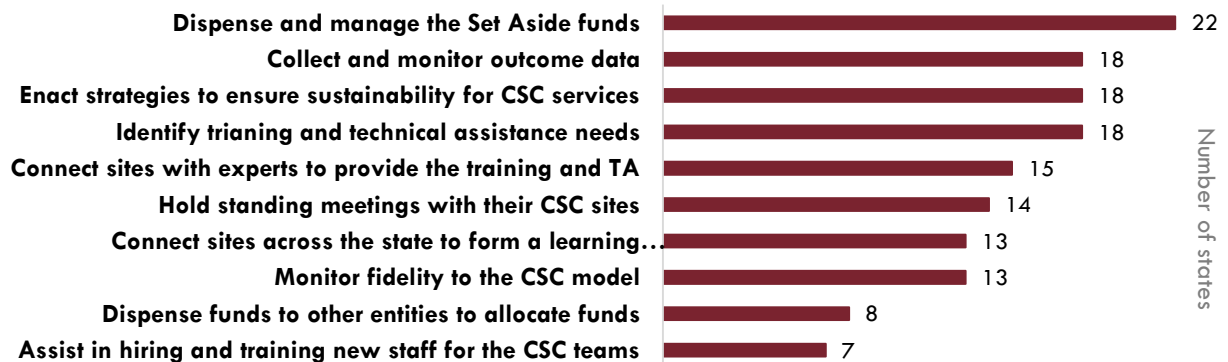
Agencies Involved in Management of CSC Programs. In addition to the SMHA, 12 states also receive support from the substance use authority. In each of these, mental health and substance use are merged into one behavioral health authority. Other prominent agencies include the Quality Assurance Department (9 states) and Vocational Rehabilitation (7 states).

SMHA Roles and Responsibilities. All 22 of the SMHAs have a role in dispersing and managing Set-Aside funds. The majority of SMHAs identify the provider sites to receive the funds; however, eight SMHAs disperse funds to other entities (e.g., counties, universities, or programmatic centers of excellence) to determine how best to allocate the funds. The majority of SMHAs are also involved in collecting and monitoring outcome data to meet reporting requirements, strategizing to ensure sustainability of CSC services, and identifying training and TA needs (see Exhibit 1).

Study Site States

- Alabama
- California
- Delaware
- Florida
- Georgia
- Idaho
- Indiana
- Massachusetts
- Maryland
- Michigan
- New Mexico
- New York
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Puerto Rico
- Tennessee
- Utah
- Virginia
- Washington
- Wisconsin

Exhibit 1. Roles of SMHAs in CSC Programs

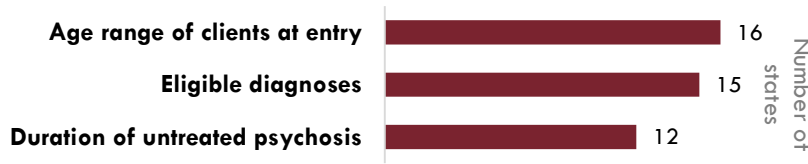


MHBG 10% Set-Aside Study Methods

The MHBG 10% Study is a collaboration among the Substance Abuse and Mental Health Services Administration (SAMHSA), the National Institute of Mental Health (NIMH), and the Office of the Assistant Secretary for Planning and Evaluation (ASPE). The study includes 36 CSC programs that were selected from among the 250 CSC programs across the U.S. that use MHBG 10% set-aside funding. Data presented in this brief report were collected through two semi-structured interviews conducted by phone with representatives of the State Mental Health Authority in each of the 22 states with study sites in the MHBG.

Eligibility and Model Requirements. Thirteen states specify which model (e.g., OnTrack, EASA etc.) should be used. Exhibit 2 displays state specification of different eligibility components, although states also noted that exceptions can be made when needed.

Exhibit 2. State role in specifying eligibility for CSC programs

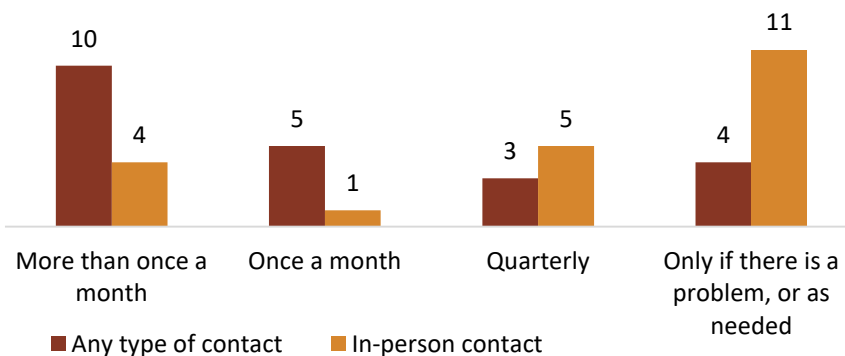


Key Factors in Selecting CSC Sites

- Geographic location
- Population density
- Experience providing similar services to youth and young adults
- Availability of community-based services in the area
- Creating an opportunity to serve areas with unmet need
- Availability of behavioral health workforce
- Ability of provider to collect data and monitor outcomes and fidelity

Communication with Sites. SMHAs vary in the level of interaction they have with their CSC sites, ranging from only on an as-needed basis to having in-person contact at least once a month, as shown in Exhibit 3.

Exhibit 3. Number of States with Various Frequency of Contact Between SMHAs and CSC programs



Requirements for Reporting. The majority of states require their CSC programs to track and report data about the services offered, client outcomes, and other program activities. Fifteen of the 22 states maintain a database for data collection from sites, and 17 states require sites to use specific assessments for intake and client evaluations (see Exhibit 4).

Exhibit 4. Number of States with Different Type of Monitoring Activities by the SMHA

