

Substance Abuse and Mental Health Services Administration  
**Emergency Request for the Collection of Additional Information on the 1Community  
Mental Health Services Block Grant (MHBG) and Substance Abuse Prevention and  
Treatment Block Grant (SABG) Applications**

**A. JUSTIFICATION**

**1. Circumstances of Information Collection**

The Substance Abuse and Mental Health Services Administration (SAMHSA) is requesting an emergency review from the Office of Management and Budget (OMB) for changes to the approved data collection - Community MH Services BG and SAPT BG Application Guidance and Instructions FY 2019-2021 (OMB No. 0930-0168, Exp. Date: 04/30/2022). The intent of these changes is to collect information regarding state substance abuse and mental health authority (SSA/SMHA) expenditure of available COVID-19 Relief and American Rescue Plan (ARP) funding. Due to the urgency and short time frames associated with COVID-19 Relief Funding and ARPA awarding and expenditure, SAMHSA does not have sufficient time to follow the normal notice and comment periods related to the normal OMB approval process.

The Emergency changes to the 2022 Mental Health and Substance Abuse Block Grant Report are necessary to collect data on the Consolidated Appropriations Act, 2021 (COVID-19) and American Rescue Plan, 2021 (ARP) supplemental funding expenditure during the 2022 reporting period (7/1/2020 – 6/30/2021). Submission of an Emergency Review will ensure that SAMHSA is able to collect the new data between 9/1/2021 and 12/1/2021 for the 2022 Mental Health and Substance Abuse Block Grant Report. The new funding was appropriate within an already established grant reporting period. For example, the Consolidated Appropriations Act, 2021 (COVID-19) has been designated for expenditure between March 15, 2021 through March 14, 2023. If the emergency changes are not made to the 2022 Mental Health and Substance Abuse Block Grant Report prior to September 1, 2021. SAMHSA will be unable to report to Congress expenditure of Consolidated Appropriations Act, 2021 (COVID-19) and American Rescue Plan, 2021 (ARP) supplemental funding during the 2022 reporting period July 1, 2020 – June 30, 2021.

Respondents are the 50 States and the Jurisdictions (District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, American Samoa, Commonwealth of Northern Mariana Islands, Federated States of Micronesia, Guam, Republic of Marshall Islands, Republic of Palau, and the Red Lake Band of Chippewa Indians of Minnesota).

The Consolidated Appropriations Act, 2021 (PL. 116-260) appropriated \$3.3 billion of additional COVID-19 Relief Supplemental funding to SAMHSA, \$1.65 billion each to the Substance Abuse and Prevention Treatment Block Grant and Mental Health Services Block Grant for awarding to states beginning in FY21 to be expended by FY23. The American Rescue Plan Act, 2021 (PL. 117-2) appropriated \$3 billion to SAMHSA, \$1.5 billion each to the Substance Abuse and Prevention Treatment Block Grant and Mental Health Services Block Grant for awarding to states beginning in FY 21 to be expended by FY 25. The SAMHSA block grant programs have

experienced an increase of over \$ 6 billion in COVID-19 Relief funding in FY 21. This additional funding will affect how States pay for and provide services as well as who will be the recipients of those services. In order to provide the best possible guidance and support, as well as make informed programming and budget decisions, SAMHSA needs additional information on each State's expenditure plan for the COVID-19 Relief funds. Therefore, SAMHSA is requesting an emergency review and approval for changes to this information collection.

## 2. Purpose and Use of Information

The purpose of making changes to this information is for SAMHSA to collect information on States' expenditure planning and accounting of COVID-19 Relief funding in accordance with Section 1942(a) of Title XIX, Part B, Subpart III which requires the state to submit an annual report for both the MHBG and the SABG to the Secretary and the States' planned use of state and federal funds. The proposed change to this information collection is intended to ensure that the state carried out its obligations as stipulated in the authorizing legislation applicable to the MHBG and SABG and additional related funding. This information will also be made available to through Congressional reporting. States are being asked to provide additional information that mirrors the expenditure planning and reporting found in the currently approved information collection. SAMHSA is proposing changes that would incorporate new columns that specifically address expenditure of COVID-19 Relief and American Rescue Plan funding to the **2022 Block Grant Reporting** sections for the MHBG and SABG. These additional table columns are as follows:

- MHBG Table 2a (URS Table 7) - *State Agency Expenditure Report*
  - H. COVID-19 Funds
  - I. ARP Funds
  - 10. Crisis Services (added as an Activity)
- MHBG Table 4 (URS Table 8) *Profile of Community Mental Health Block Grant Expenditures for Non-Direct Service Activities*
  - B. COVID Funds
  - C. ARP Funds
- SABG Table 2A - *State Agency Expenditure Report*
  - H. COVID-19
- SABG Table 2B – *COVID-19 Relief Supplement Funds Expenditure by Service*
  - New Table\*
- SABG Table 3A – *Syringe Services Program*
  - Fentanyl Strips (Yes or No) SFY 2021
  - COVID-19 expenditures SFY 2021
- SABG Table 3B – *Syringe Services Program*

- o COVID-19 expenditures SFY 2021
- SABG Table 5a - *Primary Prevention Expenditures Checklist*
  - o C. FFY 2021 SA Block Grand Award
  - o D. COVID-19
  - o E. ARP
- SABG Table 5b - *SABG Primary Prevention Expenditures by Institute of Medicine (IOM) Categories*
  - o COVID-19 Award
  - o ARP Award
- SABG Table 5c (Requested) - *SABG Primary Prevention Targeted Priorities*
  - o COVID-19 Award
  - o ARP Award
- SABG Table 6 - *Proposed Categories for Expenditures for System Development/Non-Direct-Service Activities*
  - o Column D. name changed from SABG Combined to SABG Integrated
- SABG Table 10 – *Treatment Utilization Matrix*
  - o COVID-19 Number of Admissions  $\geq$  Number of Persons Served
  - o COVID-19 Costs per Person (C, D & E)<sup>1</sup>
- SABG Table 11b – *COVID-19 Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use*
  - o New Table\*
- SABG Table 11c – *Sex, Sexual Orientation, and Gender Identity Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use*
  - o New Table\*

### **3. Use of Information Technology**

The Community Mental Health Services Block Grant (MHBG) and Substance Abuse Prevention and Treatment Block Grant (SABG) application instructions and guidance are available to all states through the SAMHSA website at [www.samhsa.gov/grants/blockgrant](http://www.samhsa.gov/grants/blockgrant). The guidance instructs that states submit applications using the web-based application process, called Web Block Grant Application System (BGAS). BGAS utilizes Microsoft Active Server Pages (ASP), JavaScript, Hypertext Markup Language (HTML), Adobe Acrobat, and Oracle Database technologies.

Use of BGAS significantly reduces the paperwork burden for submission, revision, and reporting purposes. BGAS has the ability to transfer standard information from previous year's plans, thus pre-populating performance indicator tables, planning council membership, and maintenance-of-effort figures. In addition to transferring both narrative information and data, states are able to upload specific instructions and information necessary to complete their plans.

#### **4. Efforts to Identify Duplication**

There is not a duplication of this information. It is specific to the applications for the use of SAMHSA.

#### **5. Involvement of Small Entities**

This does not directly affect small entities. The States will prepare and submit their responses to the information request.

#### **6. Consequences if Information Collected Less Frequently**

The authorizing legislation requires that states apply annually for SABG and MHBG funds and report annually on their accomplishments and the purposes for which such funds were expended. Less frequent reporting would not comply with legislative requirements and would make it impossible for SAMHSA to award MHBG funds or monitor the states' use of their grants. In addition, federal reporting requirements for reports to Congress, as well as intervening requirements for legislative testimony before Congress on specific mental health issues, require the availability of up-to-date information and data analyses.

The authorizing legislation and implementing regulation require states to apply annually for SABG funds and to report annually on SABG activities and services and the purposes for which such funds were expended. Less frequent reporting would be in violation of the authorizing legislation and implementing regulation and would also result in difficulty linking activities with fiscal year funding. Internal control processes and program management requirements are addressed through the collection, database management, and analysis of information collected in this application. Federal reporting requirements for reports to Congress, as well as intervening requirements for legislative testimony before Congress covering specific issues regarding the prevention of substance abuse and the treatment of substance use disorders, require the availability of up-to-date information.

#### **7. Consistency with the Guidelines in 5 C.F.R. 1320.5(d)(2)**

This information collection fully complies with 5 C.F.R. §1320.5(d)(2).

#### **8. Consultation Outside the Agency**

Due to the emergency nature of the program announcement, we are requesting that OMB waive the Federal Register notice requirements for this collection.

#### **9. Payment to Respondents**

The respondents do not receive payments.

**10. Assurance of Confidentiality**

No assurance of confidentiality will be provided to respondents. There is no client-level personal identifier information being reported to SAMHSA.

**11. Questions of a Sensitive Nature**

The SAPT and CMHS Block Grant reporting requirements do not solicit information of a sensitive nature.

**12. Estimates of Annualized Hour Burden**

The new estimated annualized burden for the Block Grant application is 33,493 hours.

	Number of Respondent	Number of Responses Per Year	Number of Hours Per Response	Total Hours
<b>Reporting:</b>				
SABG	60	1	2.75	165
MHBG	59	1	0.50	29.5
Previous SABG/MHBG	119	1	280.45	33,374
<b>New Combined Burden</b>				<b>33,569</b>

**13. Estimates of Annualized Cost Burden to Respondents**

There are no capital or start-up costs associated with this activity. States submitting applications are expected to use existing retrieval software systems to perform the necessary data extraction and tabulation. In addition, no operating, maintenance or purchase of services costs will be incurred other than the usual and customary cost of doing business.

**14. Estimates of Annualized Cost to the Government**

(a) Staff support for regulation interpretation and enforcement:

OGC	(1) GS -14/6 (\$142,950) x .15 hours =	\$ 21,443
BG Staff	(3) GS – 14/6 (\$142,950) x .50 hours =	<u>\$214,425</u>
<b>Total Cost:</b>		<b>\$235,868</b>

(b) Staff support for application review, compliance monitoring, technical assistance and inquiries:

BG Staff (34) GS – 13/5 (\$117,516) x .50 hours = **\$1,997,772**

## **15. Changes in Burden**

There is an increase of 15 minutes in burden per table due to the need to account for expenditure of Covid-19 and ARP supplemental funding for Congressional reporting. There will be an overall increase of 165 hours to SABG respondents and 29.5 hours to MHBG respondents. These changes in burden are the estimated annual time it takes each state applicant to complete additional expenditure columns in the table.

## **17. Display of Expiration Date**

The expiration date for the OMB approval will be displayed.