

**Application for the Mental Health Block Grant and Substance Abuse Block Grant
FY 2022-2023 Application Guidance and Instructions**

SUPPORTING STATEMENT

A. Justification

1. Circumstances of Information Collection

The Substance Abuse and Mental Health Services Administration (SAMHSA), is requesting approval from the Office of Management and Budget (OMB) for an extension to the Community Mental Health Services Block Grant (MHBG) and Substance Abuse Prevention and Treatment Block Grant (SABG) Application Guidance and Instructions data collection. The OMB clearance for the current 2020-2021 Application Guidance (0930-0168) will expire on 04/30/2022.

Title XIX, Part B, Subparts I, II and III of the Public Health Service (PHS) Act, as amended, establishes the MHBG and SABG programs. Under section 1917(42 USC § 300x-6), application for the MHBG plan is received by the Secretary no later than September 1 of the fiscal year prior to the fiscal year for which states or jurisdictions (here after referred to as states) are seeking funds. Section 1942(a) (42 USC § 300x-52) requires states to submit a report to the Secretary describing the purpose and activities associated with the grant received from the previous fiscal year. This report is due December 1 of the fiscal year of the MHBG.

Section 1932 (42 USC § 300x-32) requires states to submit their respective SABG applications no later than October 1 of the fiscal year for which they are seeking funds. However, like the MHBG, reports required under section 1942(a) are received on December 1. In recognition of the many states whose executive branch authority includes both mental health and substance use, SAMHSA provided states with the flexibility to prepare and submit a combined SABG plan application no later than September 1 of the fiscal year of the grant.

In 1981, the federal government envisioned a new way of providing assistance to states for an assortment of services including substance use and mental health. Termed block grants, these grants were originally designed to give states maximum flexibility in the use of federal funds to address the multiple needs of their populations. This flexibility was given in exchange for reductions in the overall amount of funding available to any given state. Over time, a few requirements were added by Congress directing the states' use of these funds in a variety of ways. Currently, flexibility is given to allow states to address their unique issues, provide the most effective care possible, and track the quality and outcome of services such that the effect of these efforts can be reported and improvements can be made as science and circumstances

change.

Assumptions about the nature and use of block grants have evolved over time. Block grants have gained a reputation as a mechanism to allow states unrestricted flexibility without strong accountability measures. Meanwhile, the field of behavioral health has developed new, innovative, and evidence-based services that have gone unfunded or without widespread adoption. This “science to service” lag and a lack of adequate and consistent person-level data have resulted in questions from stakeholders and policy makers, including Congress and OMB, as to the effectiveness and accountability achieved through SAMHSA’s block grants.

The SABG and MHBG differ on a number of practices (e.g., data collection at individual or aggregate levels) and statutory authorities (e.g., method of calculating MOE, stakeholder input requirements for planning, set asides for specific populations or programs, etc.). Historically, the centers within SAMHSA that administer these block grants have had different approaches to application requirements and reporting. To compound this variation, states have different structures for accepting, planning, and accounting for the block grants and the primary prevention set aside within the SABG. As a result, how these dollars are spent and what is known about the services and clients that receive these funds varies by block grant and by state.

The Mental Health Parity and Addictions Equity Act (MHPAEA) significantly enhances access to behavioral health services for millions of Americans, including treatment and other services for persons with or at risk of mental and substance use disorders. This has increased the nation’s ability to close service gaps that have existed for decades for far too many individuals and their families.

Given these changes, SAMHSA has conveyed that block grant funds be directed toward four purposes: (1) to fund priority treatment and support services for individuals without insurance or who cycle in and out of health insurance coverage; (2) to fund those priority treatment and support services not covered by Medicaid, Medicare or private insurance and that demonstrate success in improving outcomes and/or supporting recovery; (3) to fund universal, selective, and targeted prevention activities and services; and (4) to collect performance and outcome data to determine the ongoing effectiveness of behavioral health prevention, treatment, and recovery support services and to plan the implementation of new services on a nationwide basis. Additionally, SAMHSA supports a newly proposed 10 percent recovery set-aside for SABG funds to require that states provide additional services beyond the scope of treatment programs currently available in most communities across the nation.

States need help to meet future challenges with fostering the implementation of an integrated physical health, mental health, and addiction service system. SAMHSA is working with states to establish standards and expectations that lead to an improved system of care for individuals with or at risk of mental and substance use disorders. HHS has devoted significant resources in assisting states in building and maintaining more effective behavioral health systems for

prevention activities, treatment services and recovery supports that are integrated with health care systems. To continue this work, SAMHSA is requesting approval of this application and guidance for FY 2022-2023.

Application Overview

Consistent with the new supplemental funding through both the Consolidated Appropriations Act [P.L. 116-260] and the American Rescue Plan [P.L.117-2] there are changes to some of the required monetary and planning tables in the application. The FY 2022-2023 application contains previously approved sections that are required and other sections where additional information is requested, but not required. Opting not to provide additional information that is requested but not required will not affect state funding in any way (i.e., amount or timeliness of payment). The FY 2022-2023 application, which includes both the plan and report, requires states to submit a face sheet, a table of contents, a behavioral health assessment and plan, reports of expenditures and persons served, executive summary, and funding agreements, assurances, and certifications. Consistent with prior applications, SAMHSA is requesting information on key focus areas that are critical to implementation of provisions related to improving the quality of life for individuals with behavioral health disorders.

States are required to use forms approved by OMB and to submit the application in a specified period. Although the statutory deadlines remain unchanged, SAMHSA is urging states to submit their application(s) as early as possible to allow time for a meaningful review. SAMHSA believes that plans should be developed in line with state fiscal years and that information provided in the reports should also reflect state fiscal year data. Applications for the MHBG-only are due no later than September 1, 2021. The application for SABG-only is due no later than October 1, 2021. A single application for MHBG and SABG is due no later than September 1, 2021.

The application requires the states under both programs to set goals and quantifiable and measurable objectives to be achieved over the length of the plan. Such goals and objectives are, at minimum, to be based on the populations described in the authorizing legislation for the MHBG and SABG and the states' assessment of its current capacity and resources. The objectives are to be accompanied by activities that the state will undertake to meet those objectives. In the case of objectives that will take longer than one year to achieve, the state is to set milestones to reach along the way. The milestones give both the state and SAMHSA an opportunity to revisit the objectives and/or the activities being carried out to achieve the objectives to ensure that they will be met. It also offers an opportunity for SAMHSA to provide or secure needed technical assistance for the state if desired.

Requiring states to submit plans for their behavioral health care systems is in keeping with SAMHSA's governance of federal funds to require states to explain what their objectives are in the use of the funds and how they intend to spend them. Having the states submit a plan

including performance measures allows SAMHSA to hold the states accountable for goals that they have set for themselves. It is SAMHSA's understanding, after consulting with states, that most already develop such a plan for substance use services for their state legislatures.

The application also includes the state annual report. Section 1942(a) of Title XIX, Part B, Subpart III requires the state to submit an annual report for both the MHBG and the SABG to the Secretary as part of the application that among other things, addresses the state's progress in meeting the objectives outlined in the state plan. The report includes information to ensure that the state carried out its obligations as stipulated in the authorizing legislation applicable to the MHBG and SABG and the implementing regulations applicable to the SABG. All information provided will be according to most states' fiscal year (July 1 through June 30). Each state is required to establish and maintain a state advisory council for services for individuals with a mental disorder. SAMHSA strongly encourages states to expand this council to a behavioral health advisory council to advise and consult regarding issues and services for persons with, or at risk of, substance use disorders. In addition to the duties specified under the authorizing legislation for the MHBG, a primary duty of the behavioral health advisory council will be to advise, consult with and make recommendations to SMHAs and SSAs regarding their activities. The Council must participate in the development of the MHBG state plan and is encouraged to participate in monitoring, reviewing, and evaluating the adequacy of services for individuals with mental disorders as well as individuals with substance use disorders within the state. States are strongly encouraged to include American Indians and/or Alaskan Natives; however, their inclusion on the Council does not by itself suffice as tribal consultation.

2. Purpose and Use of Information

SAMHSA's SABG and MHBG are designed to provide states with the flexibility to design and implement activities and services to address the complex needs of individuals, families, and communities impacted by mental and substance use disorders and associated problems. The goals of the block grant programs are consistent with SAMHSA's vision for a high-quality and satisfying community-based life for everyone in America. This life in the community includes:

- (a) A physically and emotionally healthy lifestyle (**health**);
 - (b) A stable, safe and supportive place to live (a **home**);
 - (c) Meaningful daily activities such as a job, school, volunteerism, family caretaking, or creative endeavors and the independence, income, and resources to participate in society (a **purpose**); and
 - (d) Relationships and social networks that provide support, friendship, love, and hope (a **community**). Additional aims of the block grant programs reflect SAMHSA's overall mission and values, specifically:
- To promote participation by people with mental and substance use disorders in shared decision making and self-direction of their services and supports.

- To ensure access to effective culturally and linguistically appropriate services for underserved populations including Tribes, racial and ethnic minorities, and LGBTQ+ individuals.
- To promote recovery, resiliency, and community integration for adults with serious mental illness and children with serious emotional disturbances and their families.
- To prevent the use, misuse, and abuse of alcohol, tobacco products, illicit drugs, and prescription medications.
- To conduct outreach to encourage individuals injecting or using illicit and/or licit drugs to seek and receive treatment
- To provide early intervention services for HIV at the sites at which individuals receive substance use disorder treatment services.
- To coordinate behavioral health prevention, early identification, treatment and recovery support services with other health and social services.
- To increase accountability for prevention, early identification, treatment, and recovery support activities through uniform reporting regarding substance use and abstinence, criminal justice involvement, education, employment, housing, and recovery support services.
- To ensure access to a comprehensive system of care, including education, employment, housing, case management, rehabilitation, dental services, and health services, as well as behavioral health services and supports.
- To provide continuing education regarding substance abuse prevention and substance use disorder treatment services to any facility or program receiving amounts from the SABG for such activities or services.

SAMHSA's and other federal agencies' focus on accountability, person directed care, family-driven care for children and youth, underserved minority populations, Tribal sovereignty, and comprehensive planning across health and specialty care services are reflected in these goals. States should use these aims as drivers in developing their application.

Proposed Revisions

The FY 2022-2023 application, plan and report sections have been updated to reflect the current supplemental funding included in both recently passed legislative packages the Coronavirus

Response and Relief Supplement Appropriations Act, 2021 (COVID-19) and the American Rescue Plan Act (ARP) relief previously mentioned.

For the plan, additional funding related columns have been added to tables 2, 4, 5a, 5b, and 6. Tables 2 and 6 in the combined application are split into separate tables for states to enter separate records for their MHBG and SABG rewards . The previous table 5b (Prevention by IOM Level) was removed from the report and absorbed into table 5a. Consequently, table 5c has been relabeled as the new table 5b. Instructions are updated for planning steps 1 and 2 to include language regarding diversity and inclusion. Environmental factors question 1 has been adjusted extensively in both narrative and questions to reflect new requirements regarding access to care and care integration. Environmental factors 4 and 15 are updated to reflect new questions and narrative about Early Serious Mental Illness (ESMI) and Crisis Services respectively. Environmental factor 8 has been updated in each section to address questions regarding cultural competency and sustainability for each step of the Strategic Planning Framework (SPF) process.

In the SABG report, Table 2 has been split into two tables including a new table (Table 2b) that requires states to account for their COVID-19 supplemental funding dollars by activity. Table 3a has been updated to account for supplemental funding in states that have authorized syringe service programs. Table 5b (Prevention by IOM Level) is eliminated completely and content integrated into Table 5a. As a result, Table 5c has been reworked and renamed Table 5b. Table 10 now includes columns for COVID-19 and ARP client numbers served as well as the mean, median and standard deviation for the cost of services. Table 11 has been split into 3 tables; one to account for clients served under regular block grant funding, one for clients served under COVID-19 supplemental funding, and one to account for sexual orientation and gender identity of program participants to capture diversity in provision of services. For the MHBG report, two new tables have been added (Table 2c- Crisis Service Set-Aside Expenditures and Table 19b- Client Service Numbers for Severe Mental Illness/Severe Emotional Disturbance (SMI/SED) and Tables 2a and 4 are updated with additional columns to capture supplemental funding requirements.

Other than the above changes and minor edits, the application and report are consistent with the FFY 2020-21 application, plan, and report and responsive to questions received in the last application cycle, with clarifications of instructions where necessary.

3. Use of Information Technology

The FY 2022-2023 Block Grant application instructions and guidance will be available to all states through the SAMHSA website at www.samhsa.gov/grants/blockgrant. The FY 2022-2023 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 can transfer standard information from previous year's plans, thus pre-populating performance indicator tables, planning council membership, and maintenance of effort (MOE) figures. In addition to transferring both narrative information and data, states can upload specific information necessary to complete their plans.

4. Efforts to Identify Duplication

The behavioral health assessment and plan section of the application is proposed as primary objective and quantitative responses to a series of specific questions. These questions allow states to describe their systems of care, planned expenditures, services provided, and progress toward meeting the state's community-based mental and substance use disorder service goals in ways that are easily analyzable. The MHBG and SABG report sections include mental health reporting on the Uniform Reporting System (URS) Tables, and substance misuse prevention and substance use disorder treatment reporting through SAMHSA's Center for Behavioral Health Statistics and Quality (CBHSQ) National Household Survey on Drug Use and Health (NSDUH) and the Behavioral Health Services Information System Treatment Episode Data Set/Mental Health Client Level Data Systems (TEDS, MH-TEDS, and MH-CLD), respectively. URS, NSDUH and TEDS are the only routine or uniform data collection initiatives of the type requested to provide a national picture of the states' public mental and substance use disorder systems.

5. Involvement of Small Entities

There is no small business involvement in this effort. The applications are prepared and submitted by states.

6. Consequences if Information is 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 activities 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 CFR 1320.5(d)(2)

This information fully complies with 5 CFR 1320.5(d)(2).

8. Consultation Outside the Agency

The notice required in 5 CFR 1320.8(d) was published in the *Federal Register* on October 29, 2021 (86FR 60057).

9. Payment to Respondents

No payments will be provided to respondents to participate.

10. Assurance of Confidentiality

States submit client-level data through the Center for Behavioral Health Statistics and Quality (CBHSQ) Behavioral Health Services Information System (BHSIS) Treatment Episode Data System/Mental Health Client Level Data Systems (TEDS/MH-TEDS/MH-CLD). The responsibility for assigning facility and client identifiers resides with the individual states. Client identifiers consist of unique numbers within facilities, and increasingly, unique numbers within state behavioral health data systems. Records received into BHSIS systems are stored in secured computer facilities, where computer data access is limited through two factor authentication procedures known only to authorized personnel. In preparing public use files of these data, a contractor conducts a disclosure analysis. Client and facility identifiers are removed, certain variables are recoded, and cells are collapsed or otherwise masked as needed to ensure that individuals cannot be identified.

Table 1. Estimates of application and reporting burden for Year 1:

Substance Abuse Prevention and Treatment and Community Mental Health Services Block Grants							
	Authorizing Legislation	Authorizing Legislation	Implementing Regulation	Number of Respondent	Number of	Number of Hours	Total Hours

	SABG	MHBG			Responses Per Year	Per Response	
Reporting:	Standard Form and Content						
	42 U.S.C. § 300x-32(a)						
SABG	Annual Report						11,190
	42 U.S.C. 300x-52(a)		45 CFR 96.122(f)	60	1		
	42 U.S.C. 300x-30-b			5	1		
	42 U.S.C. 300x-30(d) (2)		45 CFR 96.134(d)	60	1		
MHBG	Annual Report						11,003
		42 USC § 300x-6(a)		59	1		
		42 U.S.C. 300x-52(a)					
		42 U.S.C. 300x-4(b) (3)B		59	1		
	State Plan (Covers 2 years)						
SABG elements	42 U.S.C. 300x-22(b)		45 CFR 96.124(c)(1)	60	1		
	42 U.S.C. 300x-23		45 CFR 96.126(f)	60	1		
	42 U.S.C. 300x-27		45 CFR 96.131(f)	60	1		
	42 U.S.C. 300x-32(b)		45 CFR 96.122(g)	60	1	120	7,230
MHBG elements		42 U.S.C. 300x-1(b)		59	1	120	7,109
		42 U.S.C. 300x-1(b) (2)		59	1		
		42 U.S.C. 300x-2(a)		59	1		
	Waivers						3,240
	42 U.S.C. 300x-24(b)			20	1		

	(5)(B)						
	42 U.S.C. 300x-28(d)		45 CFR 96.132(d)	5	1		
	42 U.S.C. 300x-30(c)		45 CFR 96.134(b)	10	1		
	42 U.S.C. 300x-31(c)			1	1		
	42 U.S.C. 300x-32(c)			7	1		
	42 U.S.C. 300x-32(e)			10			
		42 U.S.C. 300x-2(a) (2)		10			
		42 U.S.C 300x-4(b) (3)		10			
		42 U.S.C 300x-6(b)		7			
Recordkeeping	42 U.S.C. 300x-23	42 U.S.C. 300x-3	45 CFR 96.126(c)	60/59	1	20	1200
	42 U.S.C. 300x-25		45 CFR 96.129(a)(13)	10	1	20	200
	42 U.S.C 300x-65		42 CFR Part 54	60	1	20	1200
Combined Burden							42,373

Table 2. Estimates of application and reporting burden for Year 2:

	Number of Respondent	Number of Responses Per Year	Number of Hours Per Response	Total Hours
Reporting:				
SABG	60	1	187	11,220
MHBG	59	1	187	11,033
Recordkeeping	60/59	1	40	2360
Combined Burden				24,613

The total annualized burden for the application and reporting is

33,493 hours (42,373 + 24,613 = 66,986/2 years = 33,493).

13. Estimate of Total 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 0.5 hours =	<u>\$214,425</u>
Total Cost:		\$235,868

(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
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15. Changes in Burden

There is an approximate change in burden of approximately 2 hours per participant to allow for changes in planning and reporting due to the additional supplemental money awarded in FFY 2021. This accounts for approximately 0.5 hours per section of application (both for MHBG and SABG) and the same for the changes to the respective reports.

16. Time Schedule, Publication, and Analysis Plans

The FFY 2022-2023 MHBG and SABG applications for those states who are submitting a combined behavioral health assessment and plan, or a stand-alone MHBG application is due on or before September 1, 2021, and for those states submitting a stand-alone SABG application is due on October 1, 2021, for the two-year planning period.

In order for the Secretary of the U.S. Department of Health and Human Services, acting through the Assistant Secretary for Mental Health and Substance Use, to make an award under the

programs involved, states must submit an application, prepared in accordance with the authorizing legislation, implementing regulation, if applicable, and guidance for the federal fiscal year for which a state is seeking funds. The funds awarded will be available for obligation and expenditures to plan, carry out, and evaluate activities and services described in the plan.

A grant may be awarded only if an application submitted by a state includes a state plan ^(1,2) in such form and containing such information including, but not limited to, detailed provisions for complying with each funding agreement for a grant under section 1911 of Title XIX, Part B, Subpart I of the PHS Act or section 1921 of Title XIX, Part B, Subpart II of the PHS Act that is applicable to a state. The state plan should include a description of how the state intends to obligate the MHBG and/or SABG. The state plan must include a report ⁽³⁾ in such form and containing such information as the Secretary determines to be necessary for securing a record and a description of the purposes for which the grant was expended. The state plan should also describe the activities and services purchased by the states under the program involved and a description of the recipients and amounts provided in the grant. States will have the option of updating their plans during the two-year planning cycle.

17. Display of Expiration Date

The expiration date for OMB approval will be displayed.

18. Exception to Certification Statement

This information collection involves no exception to the Certification for Paperwork Reduction Act Submissions. The certifications are included in this submission.

B. Collection of Information Employing Statistical Methods

This information collection does not involve statistical methods.

1 Section 1912 of Title XIX, Part B, Subpart I of the Public Health Service Act (42 U.S.C. § 300x-2)

2 Section 1932(b) of Title XIX, Part B, Subpart II of the Public Health Service Act (42 U.S.C. § 300x-32(b))

3 Section 1942(a) of Title XIX, Part B, Subpart III of the Public Health Service Act (42 U.S.C. § 300x-52(a))

List of Attachments

- A. 2022-2023 Application Guidance & Instructions
 - 1. Planning Section
 - 2. Reporting Sections
 - 3. CEO Funding Agreements/Certifications

- B. Public Comments and SAMHSA's Response to the Comments