

Frequently Asked Questions from the

FFY 2018-19 Block Grant Overview Webinar (7/11 – 7/12/2017)

1. If my state allocates more MHBG funds to ESMI/FEP than the 10% required, should we report those additional dollars on ESMI/FEP line in Table 2, or just report the actual 10% set-aside?

Please report all amounts expended for ESMI/FEP. The 10% is a minimum required amount; states may spend more than that at their discretion. Please report any extra ESMI/FEP funds in the appropriate column; for example, if it is additional block grant dollars allocated the amount should be captured in the block grant column, but if it is state dollars then use that column. A brief description of the extra funds in the footnotes or the ESMI section will be helpful to your SPO.

2. Can a state that does a joint block grant have goals that bridge the MH and SA block grant efforts, where the objectives and strategies are specific to SA and MH separately?

Yes, the state may have an “integrated goal” with specific MH/SUD objectives and strategies.

3. What is SAMHSA’s expectation related to an acceptable period of time for public comment on the MHBG draft application given the limited time between issuance of the new application and the statutory date for submission?

The statute requires that the plan be available for public comment while the state completes the plan and while it is under review by SAMHSA. The amount of time will be unique to each state.

4. If a non-profit organization receives MHBG funds through a Request for Proposal/Award process, is that organization then considered a “third party who administers mental health services and is responsible for complying with the requirements of this part with respect to the grant” and therefore, must have its name listed in the State Information?

Section 8001 (b) (5) of the 21st Century Cures Act subsection (i) requires that the state designate a single state agency to be responsible for the administration of the program under the grant. It further stipulates that the designation of the state agency also include information on any third party administrator contracted by the state to *administer* the services. A third party administrator is one who manages the grant funds – for example, a Managed Care Organization or Accountable Care Organization – not one that delivers services or activities. Since SAMHSA awards the grants to the single state agency, the state agency identified is the entity with the responsibility and accountability for actions, activities, and reporting done by any third party administrator hired by the state.

5. In the past, for planned expenditures we were allowed to project the expenditures with 3.4% inflation. Can we do that this time as well?

The state can only spend the amount of the block grant that is allocated- There is no automatic application of any increase such as inflation. The state should project expenditures based upon the President's proposed budget and SAMHSA will disseminate the final budget allocation upon passage.

6. When will the application be ready to upload in WebBGAS?

WebBGAS was open to accept applications on July 3, 2017.

7. The documents in WebBGAS for Environmental Factors and Plan all read "Not Final"- when will they be final?

We apologize for this technical error – the contractor is undergoing the process to remove the watermark now. The documents that are there are final.

8. Do we need to have a goal and strategy for each area of the SABG that is mandated via statute (for example, testing for TB) or can that be part of a larger goal/objective/strategy?

Each statutory requirement should have its own goal and strategy.

9. Is the Table 7 from the reporting template gone?

Table 7 –SABG Statewide Entity Inventory is contained in the annual report.

10. Is there an age range for ESMI?

No, there is no age range for ESMI.

11. Under "State Information" in the application, does the contact person information have to be that of the SSA? or can it be the Block Grant Manager or the Behavioral Health Planner?

It is up to the states to identify who should be the primary contact person for the block grants. The contact person can be the BG manager or BH planner.

12. Table 2 for the SAPT grant instructions indicate the states should enter the amount of block grant funds the state intends to spend in the next year. In previous year's we have use the most recent award to estimate the amount of block grant funds that will be spent.

Please use the President's proposed budget amount for this purpose.

13. Please clarify for the behavioral health assessment and plan, do we report for each section (1) how state has complied with federal laws, (2) what state progress was made last year, and (3) what the state intends to do?

The behavioral health assessment and plan is meant to be an assessment of where the state's system currently is, identification of any needs or gaps found while assessing the states behavioral health system, and what the state plans to do in the next two years (2018/2019) to move their behavioral health system forward while addressing any needs or gaps found.

14. The email that we received about allotted budget for each state, it included only MHBG but not SABG. Did we miss it when it was sent or is that yet to come?

The MHBG sent an invitational letter to apply and included the President's allocated budget figures, and it was sent on July 30, 2017.

15. Please clarify the last comment on re: report on progress there will not be an interim report?

There is no interim report for the block grants. There is, however, an annual report. States are expected to submit the behavioral health assessment and plan (intent) while the annual report (accomplishments), provides SAMHSA with an overview of what the state accomplished in the year they are reporting on. There is no longer an "interim" report. Keep in mind the report is behind one fiscal year for the MHBG; meaning the December 1, 2018 report will be capturing fiscal year 2017 data.

16. Where can states find the statutory requirements for the state plan?

There are several places where this can be found: The statute is posted at the SAMHSA Block Grant page at <https://www.samhsa.gov/grants/block-grants/laws-regulations>, or at the funding assurances, or identified in the FFY 2018-19 Block grant application itself.

17. Will states be penalized for not completing the requested items.

States are encouraged to respond to the requested sections in order to give SAMHSA a broader picture of the system of prevention, treatment and recovery in the state. States will not be penalized for not responding.

18. I assume that we will still need to provide an annual report or mini application? or is this discontinued? perhaps we are not clear what you are referencing as the 'interim' report –

Yes, states must annually apply for funds and the mini-application will continue to be required. The mini-application gives the states an opportunity to update anything they put in the biennial application. The report is statutorily required and will continue to be required annually.

19. Will states need to have a public review period for the mini application also?

Yes, if there are changes to their biennial application.

20. Where would states secure a copy of the clarified SMI and SED criteria as defined by SAMHSA?

The criteria are present in the application as a footnote on page 3.

21. Is there a suggested process guide or template for the needs assessment for SABG?

No – the needs assessment is completed at the state’s determination.

22. When will states receive the slide deck with details about the needs assessment as referred to in John's discussion on slide 12?

The slide deck will be sent to all registered participants at the conclusion of the Webinar and will be posted at the SAMHSA Block Grant page along with the FAQ document.

23. Narrative 11, SUD Tx, Criterion 2 - instructions state to see section 8. I have been told that that means Narrative 9. Can you please explain what SAMHSA is looking for in this section, as Narrative 9 is Prim. Px. Thank you

24. I see that the webinar is being recorded. Can attendees get a copy?

Yes, as soon as the recording is made 508 compliant, it will be posted to the SAMHSA block Grant website.

25. What are states required to do with any public comments that come in to the state regarding the BG?

States should review any comments that come in on the plan and document their concurrence, non-concurrence or changes made in response.

26. With the Mental Health Block Grant, the President's proposed budget has significant cuts. For our state, this will mean significant closure of programs/mainly recovery support programs as our state has no other funds in which to cover these funding cuts. With that being said, is the 10% set aside for ESMI, do the states adjust this amount based on the funding attachment sent to the states or will SAMHSA send us the new required amounts of ESMI 10% required funding amounts are now required per each state.

As soon as the Federal Budget is passed and the allocation for each state is determined, that table will be shared with the states. The 10% set-aside will be based on the final allocation. States should use the President’s proposed budget to determine the set-aside amount for use in the plan.

27. Regarding the MHBG Children's Set-Aside, we've had some staff changes here recently and have new grants management staff who are still learning about the Set-Aside. Can CMHS provide us with our FY1994 target amount?

Yes, that amount is in WebBGAS (2012 MHBG Report – Childrens’ Set Aside Table)and additionally, can be made available through your state project officer.

28. For environmental factor #10, criterion 2, is there guidance on how to calculate the statewide incidence (column C)?

SAMHSA recognizes that not all states may be able to determine incidence. If you do not have that available, please state that in the table.

29. When will the FAQs be posted? Will GPOs email the state planners when they're posted to the website?

Yes, that information will be posted and planners will be informed.

30. Given the purposes for block grant funding (SUD) can you explain why the table 3 expenditure by services was removed from the plan and report?

The requested table was intended to provide SAMHSA with information on the changes in services that were funded through the Block Grants over time. Upon review, the information that was submitted in the table did not provide the information that would have been useful, so we have deleted it.

31. Will the final budget be determined before September 1, 2017 when this Block Grant is due? When does SAMHSA anticipate knowing the final MHBG budget? Would it be in the fall of 2017 or spring 2018?

We are unable to predict the final passage of the federal budget, but will inform states of their allocations as soon as we are able.

32. Will there be any guidance on the needs assessment population specific table? Example = how would a state locate prevalence data for homeless SUD? Will SAMHSA share any resources with states to complete this table?

States are free to use any appropriate data source – these would include Federal data sources SAMHSA (NSDUH, TEDS), HUD, CDC and/or state-specific data sources.

As an example, the prevalence data for homeless may be available through U.S Department of Housing and Urban Development’s (HUD) Annual Homeless Assessment Report (AHAR) which provides data on chronic substance abuse. (see

<https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/>).

33. Just checking on emergency services. Just asking, does SAMHSA want to know what state does across the state regarding emergency services, or not?

The Block Grant application and statute requires states to submit the “plan” for the entire mental health and substance use disorder system, not just for MHBG or SABG. SAMHSA wants to know how BG dollars will support emergency services (that is the statutory requirement) however, SAMHSA encourages states to give an overview of their entire BH system.

34. When did the planning council become a requirement of the MHBG?

The planning council became a requirement of the MHBG with the authorization of the MHBG program through section 1911 of Title XIX, Part B, Subpart I and III of the Public Health Service (PHS) Act, effective July 10, 1992.

35. Can Block Grant dollars be used for room and board?

MHBG and SABG funds cannot be used for stand alone, general room and board. However, MHBG funds and SABG funds can be used for room and board, as long as the room and board is a component of their treatment plan.

36. Does the restriction of utilization of BG funds apply to inpatient services provided by inpatient staff only or can BG funds be utilized to fund services provided to inpatient consumers by PACT providers for the purpose of in-reach services?

The intent of the MHBG is to provide community based mental health services. When the statute clearly asserts that inpatient services are prohibited, the MHBG interprets that as no “services” for those who are in an inpatient setting with MHBG funds. Any discharge planning and outreach efforts are part of the inpatient programs and its staff.