

SAMHSA FY 2012 – 2013 Block Grant Application

FREQUENTLY ASKED QUESTIONS

- 1. What is the due date for the comments on the Mental Health Block Grant (MHBG) and Substance Abuse Block Grant (SABG) application, as requested in the April 11, 2011 Federal Register Notice?**

All comments are due on Thursday, June 9, 2011 to Summer King, SAMHSA Reports Clearance Officer, Room 8-1099, One Choke Cherry Road, Rockville, MD 20857 or email summer.king@samhsa.hhs.gov.

- 2. What are the due dates for the 2012-2013 Block Grant Application?**

The Federal Fiscal Year (FFY) 2012 MHBG and SABG joint application should be submitted to SAMHSA on 9/1/2011 and will be for a twenty-one month period (10/1/11-6/30/13) to move toward alignment with most States' fiscal year budget cycle. If a State chooses to submit the MHBG and the SABG application separately, the MHBG application is due on 9/1/2011. SAMHSA is encouraging States to submit their SABG application on 9/1/2011 however, the statutory application for the SABG is 10/1/2011.

- 3. What years are States supposed to report on?**

Applications for FFY 2012 should cover the twenty-one month planning period from 10/1/11-6/30/13. In December of 2011, States should submit their report for activities and expenditures for 7/1/2010 through 6/30/2011 (using the current reporting forms). In December of 2012, States should submit their report for activities and expenditures for 7/1/2011 through 6/30/2012 (using the new reporting forms). In December of 2013, States should submit their report for activities and expenditures for 7/1/2012 through 6/30/2013 (using the new reporting forms).

- 4. How does SAMHSA define “bi-directional integration of behavioral health and primary care services?”**

SAMHSA defines bi-directional integration of behavioral health and primary care services as integrating mental health and substance abuse treatment services in primary care settings and primary care in mental health and substance abuse treatment settings.

- 5. Why did SAMHSA develop a combined MHBG and SABG application for FY 2012-2013? Are States required to submit a combined plan?**

The current Block Grants have not changed significantly since the inception of the program. Health care systems, laws, knowledge and conditions have changed. There is a more complex interplay between Block Grants and other funding streams. SAMHSA believes these changes affect both the mental health and substance abuse fields. In addition, SAMHSA is seeking consistency in the States' efforts to assess their behavioral health needs and plan for those needs. SAMHSA also believes that increased accountability through the establishment of performance indicators is critically important for both Block Grants. In addition, most States and Territories have a combined mental health and substance abuse authority. SAMHSA has proposed a uniform block grant application to address the changing environment. States are not required to submit a combined MHBG and SABG application for FY 2012-2013.

6. What sections of the Block Grant Application are required (*States must*) versus requested (*States should*)?

For a combined MHBG and a SABG application, States are required to submit Subsections 3a, 3b, 3o and 3p of the Behavioral Health Assessment and Plan, as well as the entire Reporting portion and the Required Forms portion (Sections 4-7).

For a MHBG only application, States are required to submit Subsections 3a, 3b, 3o and 3p of the Behavioral Health Assessment and Plan, the Mental Health Block Grant Reporting portion (Section 4), and the appropriate areas of the Required Forms Section (Subsections 7a and 7c).

For a SABG only application, States are required to submit Subsections 3a, 3b, and 3p of the Behavioral Health Assessment and Plan, the Substance Abuse Prevention and Treatment Block Grant Reporting portion (Section 5), the Synar Reporting portion (Section 6), and the appropriate areas of the Required Forms Section (Subsections 7b and 7d).

States are strongly encouraged to submit Subsections 3c through 3n.

7. What are the changes to Synar?

There are no changes to the Synar reporting requirements.

8. How will the Synar penalties be implemented?

Section 1926 of the Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act (P.L. 102-321) established penalties for noncompliance with the Synar requirements. The penalty for a State is the loss of 40 percent of its SABG funds.

9. In States with no state or federally recognized Tribes, what is the expectation of State Mental Health and Substance Abuse Authorities to engage urban or non-reservation American Indian and Alaskan Native (AIAN) populations using block grant dollars?

A State needs to make a declarative statement that no federally recognized Tribes or Tribal lands exist within their State borders. That would waive the consultation request. In addition, SAMHSA would encourage the State to identify any outreach to urban AIAN populations. There are States without Tribes that have active urban AIAN centers.

10. In some sections, the application references Block Grant funded prevention services supplementing services covered by health care reform, while other parts of the document refer to focusing on communities at highest risk and to eventually removing the prevention set aside (from the Block Grant) to create a new discretionary State prevention grant. Please clarify.

SAMHSA encourages States to use the prevention set aside of the SABG to address the substance abuse prevention needs of high risk communities. As information on the prevention services that will be covered through health insurance under health reform becomes clear, SAMHSA will work with States on modifying their plans to ensure that SABG funds are used to fund those prevention strategies not covered by other sources.

11. Would Technical Assistance be available to help States meet these new reporting and planning requirements?

Yes. SAMHSA will provide technical assistance to States in meeting the reporting and planning requirements for the Block Grant.

12. How should States proceed when they are unable to report requested plan or report data? What is the process that States should use to seek SAMHSA's guidance/approval when application components cannot be completed? How soon will this process be in place?

SAMHSA is requesting that States make an effort to complete and submit their plans on September 1, 2011. SAMHSA understands that the short timeframe and the interest from States to submit a combined application and responding to other Sections of the plan may require additional time. SAMHSA wants to ensure that States and Territories have enough time to submit a quality plan, finish activities that are related to the plan (e.g. consultation with Tribes or collaborative efforts with State partners). SAMHSA cannot waive the statutory deadlines for submission of applications. However, SAMHSA is proposing a phased submission process that will allow States to submit the parts of the plan that are completed on or before the deadline. For those States that do not have their whole plan complete, the State in their submission should identify those sections of the plan that require additional time. For those sections of the plan that will require more time, the State should provide a description of the work that will be done before the final submission, the timeframe for completing this work and submission date for the final plan. States who will be submitting

additional information after the statutory deadline should work closely with their state project officer regarding the due dates for the final plan.

13. At what point in FFY 2012 can States expect notice of grant awards to be issued? Will awards be contingent on SAMHSA approval of the plan or the report or both? When will States get notice of grant awards if the report is submitted later than usual (e.g. in December) when the grant period starts the previous October?

The grant award process will not change. States are required to submit their plans (even with a phased submission) on or before the statutory deadline and reports prior to or on December 1, 2011. The review and award timeframe does not change.

14. How does SAMHSA define “behavioral health services”?

The term “behavioral health” refers to a state of mental/emotional health and/or choices and actions that affect wellness. Behavioral health problems include substance abuse or misuse, alcohol and drug addiction, serious psychological distress, suicide, and mental and substance use disorders. The term is also used to describe the service systems encompassing the promotion of emotional health, the prevention of mental and substance use disorders and related problems, treatments and services for mental and substance use disorders, and recovery support.

15. What if a State does not have a suicide prevention plan?

If a State does not have a suicide prevention plan or if it has not been updated in the past three years, please indicate so and then describe when the State will create or update the plan. Technical assistance is available for States creating or updating such a plan.

16. Should the funding agreements/certifications be submitted as a part of the Behavioral Health Assessment and Plan or as a part of the Implementation/Expenditure Reports?

The funding agreements/certifications should be submitted as a part of the Behavioral Health Assessment and Plan.