THE REQUIREMENTS

SAMHSA seeks clarification and update to three elements for this year's mini-application. These elements and the specific information requested are as follows:

I. Planning Tables (Tables 2 and 6).

SAMHSA seeks how the State Mental Health Authority will use available funds to provide authorized services for the planning period for the state fiscal year 2023 (July 1, 2022 to June 30, 2023). The answers are sought through Table 2 (State agency's planned expenditures) and Table 6 (which covers a subset of planned expenditures and includes non-direct service components only). For Hawaii, the estimated expenditures are the combined plans of the Child and Adolescent Mental Health Division (CAMHD) and the Adult Mental Health Division (AHMD) of the State Department of Health (DOH).

II. Environmental Factors and Plans - Crisis Services. SAMHSA seeks the following narrative about the State's crisis services.

1. Briefly narrate your State's crisis system, including a description of access to crisis call centers, availability of mobile crisis and behavioral health responder services, and utilization of crisis receiving and stabilization centers.

2. a) Identify the stages where the existing/proposed system will fit (using the box provided), and b) Briefly explain your stages of implementation selections.

3. Based on SAMHSA's National Guidelines for Behavioral Health Crisis Care, explain how the State will develop the crisis system.

4. Briefly describe the proposed/planned activities using the 5 percent set aside for the crisis system.

III. Environmental Factors and Plan – State Behavioral Health Planning Advisory Council and Input on the grant application.

1. How was the Council involved in developing and reviewing the State plan and report? Please attach supporting documentation (meeting minutes, letters of support).
   a. What mechanism does the state use to plan and implement substance misuse prevention, SUD treatment, and recovery services?
   b. Has the Council successfully integrated substance misuse prevention and treatment or co-occurring disorder issues, concerns, and activities into its work? Yes or No answer only.

2. Is the membership representative of the service area population (e.g., ethnic, cultural, linguistic, rural, suburban, urban, older adults, families of young children?) Yes or No answer only.

3. Please describe the duties and responsibilities of the Council, including how it gathers meaningful input from people in recovery, families, and other important stakeholders and how it has advocated for individuals with SMI or SED. Please indicate areas of technical assistance needed related to this section. Please complete the advisory council members and composition by member type (form provided).