

Mental Health Block Grant (MHBG)

2025 Mini-App State Instructions

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Web Block Grant Application System (WebBGAS)

The federal fiscal year (FFY) 2025 MHBG mini application must be created and submitted in WebBGAS. The following sections provide guidance in how to create the mini application.

Accessing BGAS Help Desk Assistance

If you experience issues not covered in the system navigation manual, please contact the [WebBGAS Help Desk](#) or dial 1-888-301-2427. Alternatively, within BGAS, simply click on the *Support* tab at the top left of the screen, and then click on the *Create Support Ticket* tab on the left side of the screen. Fill out the fields in the window that appears and click *Submit* at the bottom right of the screen.

Application Creation Process

To create the FFY2025 Block Grant Application, follow the following steps:

1. Log onto [WebBGAS](#) using your assigned Username and Password.
2. To create an application within WebBGAS, a designated State Supervisor must click the link located on the **Welcome** page entitled **Crate a New Block Grant Application**. If you have just logged in, you will automatically be directed to the *Welcome* page. If you are in another part of the system, click on the WebBGAS logo in the upper left corner to return to the **Welcome** page.
3. On the **Welcome** page, click the tab labeled **Create a New Block Grant Application** to create the FFY2025 Block Grant Application, also referred to as the mini-application (mini-app).
4. Select your state, then click the 2025 Block Grant Application link in the list of BGAS modules available for creation. Once this is done a **Do you want to create FFY2025 Block Grant Application** question will pop up. Respond to this question by clicking **Yes**. The 2025 Block Grant Application has now been created.

Accessing the Block Grant Application in BGAS

The next screen has several different sections including Urgent Notifications, Related Documents, Recent Activity, Recent News, Related Links, Statutes and Regulations, and a button labeled **View Application**.

Select the **View Application** button to display the state's current and prior MHBG applications going back to the FFY 2007 application. Access the current application by clicking on the **2025 Block Grant Application** link. This will open the **Overview** screen. Forms and tables that have yet to be completed will be listed as **In Progress**. Please select and complete all **In Progress** forms and tables.

These instructions are meant to clarify what the MHBG is looking. Please refer to the [2024/2025 Block Grant Application](#) for full requirements.

If you inadvertently left something out or need to correct an item, please contact your MHBG State Project Officer (SPO) at SAMHSA and ask for a revision request. The SPO will generate a revision for the state to complete.

Section I: State Information

State Information

Most of the information in this table will be pre-populated. Please review all pre-populated information to ensure that it is accurate and make changes to the **State Profile** page, if necessary.

State Profile – some of the information in this table is automatically pulled from the **State Profile** in BGAS. To make changes to the State Unique Entity Identifier (UEI) number, State Agency to be the MHBG Grantee for the Block Grant, and/or Contact Person for the MHBG Grantee of the Block Grant, please go the **State Profile** tab at the top of the screen in BGAS and click on the **Edit** button.

Item I: State Agency for the Block Grant

In the **State Profile**, enter both the name of the responsible agency designated by the Governor as the official grantee and the name of the organizational unit within the agency that administers the block grant.

Item II: Third Part Administrator of Services

In the **State Profile** within BGAS, enter the name of any third party who administers mental health services for the state and who is responsible for complying with the requirements of this grant (i.e., MCO). If there are more than one, please follow the prompts in BGAS to add additional contacts.

Item III: Contact Person for the Block Grant

In the **State Profile**, enter the name and contact information for the person with overall responsibility for the block grant.

Item IV. State Expenditure Period

This item is only active for the 2025 MHBG Report and will be greyed out/disabled for the mini-app.

Item V: Data Submitted

The data will automatically be filled in BGAS when the state submits the 2025 Block Grant Application to SAMHSA for review.

Item VI: Contact Person Responsible for Application Submission

Enter the name of the individual to whom SAMHSA should address comments and/or questions concerning the content of the 2025 Block Grant Application.

BSCA 3rd Allotment: as part of the FFY 2025 Block Grant Application, please upload your proposal (Word or PDF) using the tab in the **State Information** section, **Chief Executive Officer's Funding Agreement – Certifications and Assurances/Letter Designating Signatory Authority**. Please clearly describe the proposed/planned activities utilizing the **BSCA 3rd allotment** including an estimated budget.

Please title this document **BSCA Funding Plan 2025**. Upon submission, SAMHSA will review the proposal to ensure it is complete and responsive. States must upload the proposals into WebBGAS by **September 3, 2024, 11:59 PM East**.

Chief Executive Officer's Funding Agreements/Certifications (MHBG), Assurances Non- Construction Programs, and Certifications

Paper copies are no longer required by the Division of Grants Management. It is required that states upload the document into the FYY 2025 application even if nothing has changed as this is the official grant file.

Please upload the signed forms in BGAS under the **Chief Executive Officer's Funding Agreement - Certifications and Assurances / Letter Designating Signatory Authority [MH]** link; this will serve as the official documentation. All other requirements remain. The forms may be accessed from [Block Grants](#).

SAMHSA has condensed the funding agreements/certifications/construction programs into one document. On this single document, each section of statute that relates to the requirements can be accessed by clicking on the links.

This five-page form must be completed, printed out and signed by the Chief Executive Officer or an authorized designee and uploaded to BGAS for all combined and all MHBG plans. Once signed, an electronic version is to be uploaded to BGAS. There is an additional form for disclosure of lobbying activities that must be completed if the state participates in such activities, which should be completed and uploaded to BGAS.

Current documentation authorizing a designee (designation letter) must be uploaded to BGAS. Any change in the Chief Executive Officer of the state or the position or person to whom such delegation has been authorized will require new documentation.

The following language is recommended for a letter from the Governor delegating signatory authority to another position:

"As the Governor of the State of [name of state], for the duration of my tenure, I delegate authority to the current [state the title of the position, or any one officially acting in this role in the instance of a vacancy], for all transactions required to administer the Substance Abuse and Mental Health Services Administration's (SAMHSA), Mental Health Block Grant (MHBG)." The letter can combine the MHBG and SABG delegate authority if the delegate is the same individual.

Disclosure of Lobbying Activities

This form must be completed, printed out and signed by the Chief Executive Officer or an authorized designee and uploaded to BGAS if the grantee has undertaken any lobbying during the most recently completed (prior to submission of this application) state fiscal year. Once signed, an electronic version is to be uploaded to BGAS.

Completion of Form SF-LLL is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate.

Section III: Planning Tables

Section IIIB, Plan Table 2a (State Agency Planned Expenditure) and Plan Table 6 (Non-Direct Services/System Development Activities Planned Expenditures) are required for the 2025 MHBG mini-app.

Table 2a: State Agency Planned Expenditures

States must enter their 12-month planning dates into Table 2a

The MHBG requests states to use the dollar amount indicated in the FY2024 Final budget (it can also be found in the “Related Documents” section of BGAS).

Table 2a addresses funds to be expended during the 12-month period of SFY 2025. For most states, this is 07/01/2024 through 06/30/2025 – date must be entered by the state into the “from” and “to” columns. MHBG Table 2a provides information on Mental Health Expenditures and Sources of Funding. This includes funding from Medicaid, the MHBG and other federal funding sources, state, local and other funds. Please enter all planned expenditures as it relates to mental health (to include Medicaid, Other Federal, State, Local and Other). The purpose for this is to project how the SMHA will use available funds to provide authorized services for the planning period.

Table 2a includes columns to capture state expenditures for COVID relief, ARP funds, and BSCA. Please use these columns to capture how much the state plans to expend over a 12-month period (SFY 2025, 7/1/24 - 6/30/25, for most states). Please explain the planned use of COVID, ARP, and BSCA funds during this period in the footnote section. (Explain the numbers provided in Table 2 for these supplemental funds, e.g., total funds received, or portion of the funds received).

MHBG Table 2a									
Planning Period:		From:				To:			
State Identifier									
State Agency Planned Expenditures									
Activity	A. Mental Health Block Grant	B. Medicaid (Federal, State, and Local)	C. Other Federal Funds (e.g., ACF, TANF, CDC, CMS (Medicare), SAMHSA, etc.	D. State Funds	E. Local Funds (excluding local Medicaid)	F. Other	G. COVID-19 Relief Funds (MHBG) ^a	H. ARP Funds (MHBG) ^b	I. Bipartisan Safer Communities Funds ^c
1. Mental Health Prevention ^d	\$	\$	\$	\$	\$	\$	\$	\$	\$
2. Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis (10 percent of total MHBG award) ^e	\$	\$	\$	\$	\$	\$	\$	\$	\$
3. State Hospital		\$	\$	\$	\$	\$	\$	\$	\$
4. Other Psychiatric Inpatient Care		\$	\$	\$	\$	\$	\$	\$	\$
5. Other 24-Hour Care (Residential Care)	\$	\$	\$	\$	\$	\$	\$	\$	\$
6. Ambulatory/Community Non-24 Hour Care	\$	\$	\$	\$	\$	\$	\$	\$	\$
7. Crisis Services (5 percent Set-Aside) ^f	\$	\$	\$	\$	\$	\$	\$	\$	\$
8. Administration (Excluding Program and Provider Level) ^g	\$	\$	\$	\$	\$	\$	\$	\$	\$
9. Total	\$	\$	\$	\$	\$	\$	\$	\$	\$

Instruction for rows 1 through 8:

- **Row 1:** Mental Health Prevention – While a state may use state or other funding for these services, the MHBG expenditures MUST be on adults with SMI or children with SED.
- **Row 2:** Evidenced-Based Practices for Early Serious Mental Illness including First Episode Psychosis (10 percent of total MHBG award) – The amount entered should complement the narrative the state submits in the Environmental Factors and Plan portion of the grant application. Please report any additional dollars that are used to support this effort (for example state funds, or additional MHBG dollars). The 10% set-aside amount is based on the current year’s MHBG allocation. Please enter any figures in the appropriate columns for the planned 12-month expenditures.
- **Row 3-4:** State Hospital – Please note that per statute, MHBG dollars cannot be used for state hospital expenses.
- **Row 5:** Other 24-Hour Care – Enter the planned 12-month expenditures for this column.
- **Row 6:** Ambulatory/Community Non-24 Hour Care – Enter the planned 12-month expenditures for this column.
- **Row 7:** Crisis Services (5 percent set-aside) – Enter the planned 12-month expenditures for this column.
- **Row 8:** Administration – Enter your administrative costs here, if any. For columns A (MHBG), G (COVID-19), H (ARP) and I (BSCA), it cannot exceed 5% of your allocation.

Instructions for Columns A through G:

- **Column A:** Mental Health Block Grant – Base entries on FY 2024 MHBG allocation
- **Column B:** Medicaid – Base the entries on an estimate of Medicaid funds to be expended on mental health services during SFY 2025.
- **Column C:** Other Federal Funds – Base the entries on an estimate of other Federal funds to be expended on mental health services during SFY 2025.
- **Column D:** State Funds – Base the entries on an estimate of state funds to be expended on mental health services during SFY 2025.
- **Column E:** Local Funds – Base the entries on an estimate of local funds to be expended on mental health services during SFY 2025.
- **Column F:** Other – Base the entries on an estimate of other funds to be expended on mental health services during SFY 2025.
- **Column G:** COVID-19 Relief Funds (MHBG) – Column G should reflect the spending for the state budget period for the COVID-19 Relief supplemental funds if you have an approved NCE. The total amount of COVID-19 Relief supplemental funding received should be placed in the footnotes.
- **Column H:** ARP Funds (MHBG) – Column H should reflect the spending for the state budget period for the ARP supplemental funds. The total amount of ARP supplemental funding received should be placed in the footnotes.
- **Column I:** BSCA Funds – Column I should reflect on the spending for the state budget period for the BSCA supplemental funds. The total amount of BSCA supplemental funding received should be placed in the footnotes.

Table 6a Categories for Expenditures for System Development/Non-Direct-Service Activities

Table 6 addresses funds to be expended during the 12-month period of SFY 2025. Please enter the date using the date picker.

Please enter, under each category, any amount of MHBG dollars the state plans to spend on system development and non-direct service categories.

Information systems – This includes collecting and analyzing treatment data as well as prevention data under the BG to monitor performance and outcomes. Costs for EHRs and other health information technology also fall under this category.

Infrastructure Support – This includes activities that provide the infrastructure to support services but for which there are no individual services delivered. Examples include the development and maintenance of a crisis-response capacity, including hotlines, mobile crisis teams, web-based check-in groups (for medication, treatment, and re-entry follow-up), drop-in centers, and respite services.

Partnerships, community outreach, and needs assessment – This includes state, regional, and local personnel salaries prorated for time and materials to support planning meetings, information collection, analysis, and travel. It also includes the support for partnerships across state and local agencies, and tribal governments. Community/network development activities, such as communication, and public education, and including the planning and coordination of services, fall into this category, as do needs-assessment projects to identify the scope and magnitude of the problem, resources available, gaps in services, and strategies to close those gaps.

Planning Council Activities – This includes those supports for the performance of a Mental Health Planning Council under the MHBG, a combined Behavioral Health Planning Council.

Quality assurance and improvement - This includes activities to improve the overall quality of services, including those activities to assure conformity to acceptable professional standards, adaptation and review of implementation of evidence-based practices, identification of areas of technical assistance related to quality outcomes, including feedback. Administrative agency contracts to monitor service-provider quality fall into this category, as do independent peer- review activities.

Research and evaluation - This includes performance measurement, evaluation, and research, such as services research and demonstration projects to test feasibility and effectiveness of a new approach as well as the dissemination of such information.

Training and education - This includes skill development and continuing education for personnel employed in local programs as well as partnering agencies, as long as the training relates to adults with SMI or children with SED for MHBG.

Table 6a includes columns to capture any COVID, ARP, and BSCA dollars spent on non-direct service activities.

- COVID relief funds: Base the entries on an estimate of COVID-19 funds to be expended on non-direct service activities during SFY 2025, if you have an approved NCE. **SAMHSA is only looking for the expenditures the state plans to expend in FY2025.**
- The American Rescue Plan Act of 2021 (ARP) supplemental funding: The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025. SAMHSA is only looking for the expenditures the state plans to expend in FY2025.**
- Bipartisan Safer Communities Act (BSCA) Funds: States have received two allotments of BSCA funds. The 3rd allotment will be released in September 2024. **SAMHSA is only looking for the expenditures the state plans to expend in FY2025.**

Section IV: Environmental Factors and Plan

15. Crisis Services – Required for MHBG

1. Briefly narrate your state’s crisis system. Include a description of access to crisis call centers, availability of mobile crisis and behavioral health first responder services, and utilization of crisis receiving and stabilization centers.
2. In accordance with the guidelines below, identify the stages where the existing/proposed system will fit in.
 - a. Check one box for each row indicating the state’s stage of implementation. Please mark the box for each row indicating what stage the state’s system is in.
 - b. Briefly explain your stages of implementation selections in this text box.
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 utilizing the 5 percent set aside.

21. State Planning/Advisory Council and Input on the Mental Health Block Grant Application

Each state is required to establish and maintain a state Mental Health Planning/Advisory Council to carry out the statutory functions as described in 42 U.S. C. 300x-3 for adults with SMI and children with SED.

Please provide responses to all questions.

1. How was the Council involved in the development and review of the state plan and report? **Narrate in the text box.** Also, **upload supporting documentation** (e.g., meeting minutes, letters of support, etc.). **Don’t forget to attach the Council’s comments after reviewing the Application and Report, if any.**
2. What mechanism does the state use to plan and implement community mental health treatment, substance misuse prevention, SUD treatment, and recovery support services?
3. Has the Council successfully integrated substance misuse prevention and SUD treatment and recovery or co-occurring disorder issues, concerns, and activities into its work?
4. Is the membership representative of the service area population (e.g., ethnic, cultural, linguistic, rural, suburban, urban, older adults, families of young children)?
5. 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.

For MHBG, states are required to complete the “Advisory Council Members” and the “Advisory Council Composition by Member Type” forms.

Advisory Council Members

Please complete this form listing the Council members for the state with a description for each member of the council. There are strict state Council membership guidelines. States must demonstrate (1) that the ratio of parents of children with SED to other Council members is sufficient to provide adequate representation of that constituency in deliberations on the Council and (2) that no less than 50 percent of the members of the Council are individuals who are not state employees or providers of mental health services.

****For the MHBG, there are specific agency representation requirements for the State representatives. Please ensure these representatives are identified in this form by completing the Agency or Organization Represented column. States must identify the individuals who are representing the following required state agencies:**

1. State Education Agency
2. State Vocational Rehabilitation Agency
3. State Criminal Justice Agency
4. State Housing Agency
5. State Social Services Agency
6. State Mental Health Agency
7. State Medicaid Agency

Please keep in mind that members of the council can't wear two hats. If they are representing the provider agencies or peer and family run agencies, then they must be identified as such. If they are representing individuals with SMI or SED, then they must be identified as such. Members can't represent both (with the exception of the territories).

SAMHSA strongly encourages the following agency representation: State Marketplace Agency, State Child Welfare Agency, State Agency on Aging, State Health Agency.

Advisory Council Composition by Member Type

Please complete this form with the Council membership by type. States must demonstrate (1) that the ratio of parents of children with SED to other Council members is sufficient to provide adequate representation of that constituency in deliberations on the Council and (2) that no less than 50 percent of the members of the Council are individuals who are not state employees or providers of mental health services. If there are any vacancies the State is requested to identify the vacancies on the form (for both types of memberships: State Agencies and Individuals in Recovery, Family Members, and Others) and note what positions are vacant in the footnotes.

Please keep in mind that members of the council can't wear two hats. If they are representing the provider agencies or peer and family run agencies, then they must be identified as such. If they are representing individuals with SMI or SED, then they can be identified as such. Members can't represent both (with the exception of the territories).

22. Public Comment on the State Plan

Title XIX, Subpart III, section 1941 of the PHS Act (42 USC section 300x-51) requires, states will provide an opportunity for the public to comment on the state block grant plan in such a manner as to facilitate comment from any person both during the development of the plan (including any revisions) and after the submission of the plan to SAMHSA.

1. Did the state take any of the following steps to make the public aware of the plan and allow for public comment? Please answer yes or no as appropriate for questions a – c and provide the URL where the application was posted.

If the steps to make the public aware of the plan were made available on a website, please provide a URL.

Submitting the FY2025 Block Grant Application

The FY2025 Block Grant Application is due on September 3, 2024, 11:59 PM East.

***Once all narratives and tables are marked *Complete*, the following TWO steps are required to submit the FY2025 Block Grant Application to SAMHSA:

- Click the tab “**State Supervisor Review**” and then click the “**State Supervisor Review**” button that appears. This step allows the completed document to be reviewed internally by the state before submission to the Substance Abuse and Mental Health Services Administration (SAMHSA).
- Once the internal State Mental Health Authority (SMHA) review is complete, click the tab “**Submit to SAMHSA**”, Then click the “**Submit to SAMHSA**” button that appears. At this point, the 2025 Block Grant Application has been submitted to SAMHSA and will be reviewed by the Project Officer. When this happens, the state will receive an email confirming that the 2025 Block Grant Application has been submitted and the header of the application will show the Submitted status below the state’s name.