Mental Health Block Grant (MHBG)
FFY 2027 Mini Application
State Instructions

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Web Block Grant Application System (WebBGAS)

The federal fiscal year (FYY) 2027 MHBG mini application must be created and submitted in WebBGAS. The following sections provide guidance on how to create the mini application.

Accessing BGAS Help Desk Assistance

If you experience issues that are not covered in the system navigation manual that is available on WebBGAS under the *Support* tab, please contact the WebBGAS Help Desk at BGASHelpDesk@samhsa.hhs.gov or 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 FFY 2026 Block Grant Application, follow the following steps:

1. Log onto WebBGAS (https://bgas.samhsa.gov/) 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 *Create 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 FFY 2026 Block Grant Application, also referred to as the mini application (mini app).
4. Select your state, then click the 2026 Block Grant Application link in the list of WebBGAS modules available for creation. Once this is done a *Do you want to create FFY 2026 Block Grant Application* question will pop up. Respond to this question by clicking *Yes*. The 2026 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 2008 application. Access the current application by clicking on the *2026 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.

Please note, the instructions that follow are meant to clarify what the MHBG is looking for; states should refer to the FFY 2026-2027 Combined Block Grant Application Guide for full requirements.

State Information

State Information

Most of the information in this table will be pre-populated from the *State Profile* in WebBGAS. Please review all pre-populated information to ensure it is accurate and make any necessary updates on the *State Profile* page.

State Profile – as noted above, some of the information in this table is automatically pulled from the *State Profile* in WebBGAS. To update the State Unique Entity Identifier (UEI), the State Agency serving as the MHBG Grantee, and/or contact person for the MHBG Grantee, please navigate to the *State Profile* tab at the top of the screen in WebBGAS and click on the *Edit* button.

Item I: State Agency for the Block Grant

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

Item II: 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 III: Third Party Administrator of Services

If your state does not have a third-party administrator, select "No" and proceed with the rest of the form, and if your state has a third-party administrator, please select "yes" and enter the identifying information.

A third-party administrator could be a Managed Care Organization (MCO) that handles the MHBG funds. If your state is passing funds to another entity to "manage" the funds, then the state has a third-party administrator.

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

Item IV: State Expenditure Period

This item is only active for the FY 2027 MHBG Report and will be greyed out for the mini application.

Item V: Date Submitted

This section will automatically be filled in by WebBGAS when the state submits the FFY 2027 Block Grant Application for review, and when the state submits revisions.

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 FFY 2027 Mini Application.

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. Please upload the signed forms in WebBGAS 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 are available on the SAMHSA website at https://www.samhsa.gov/grants/block-grants/application.

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.

The form must be completed, printed out and signed by the Chief Executive Officer or an authorized designee and uploaded to WebBGAS. There is an additional *Disclosure of Lobbying Activities* form that must be completed and uploaded to WebBGAS if the state participates in such activities.

Designation and Delegation Letters

Current documentation authorizing a designee (designation and/or delegation letter) must be submitted with this form. Any changes in the Chief Executive Officer of the state or the position or person to whom such delegation has been authorized will require new documentation.

- If the Governor designates the signing authority to someone else (e.g., State Health Secretary), you must ***include a Designation Letter signed by the Governor***.
- If that person (e.g., State Health Secretary) delegates that authority to another person (e.g., the State Mental Health Authority Commissioner), you must ***include a Delegation Letter*** as well.
- If that person (e.g., State Mental Health Authority Commissioner) redelegates that authority to another person (e.g., Director of Community Mental Health), you must ***include a Redelegation Letter*** as well.

The following language is recommended for a letter from the Governor designating 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 [title of position, or anyone officially acting in this role in the instance of a vacancy] for all transactions required to administer the Community Mental Health Services Block Grant (MHBG).*"

The letter can combine MHBG and SUPTRS BG to 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 submitted to SAMHSA if the grantee has undertaken any lobbying activities during the most recently completed (prior to the application) state fiscal year (SFY). Once signed, an electronic version must be uploaded to WebBGAS.

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 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.

Planning Tables

Plan Table 2 (*State Agency Planned Budget*). Plan Table 4 (*Planned Block Grant Award Budget*), and Plan Table 6 (*MHBG Other Capacity Building/Systems Development Activities*) are required for the 2027 MHBG mini-app.

The MHBG requests that states use the dollar amount indicated in the FFY 2026 final appropriation allotment to complete Plan Tables 2, 4, and 6. Upon enactment of the FFY 2027 appropriations, a final allotment table for the FFY 2027 MHBG will be uploaded on WebBGAS under Related Documents section, and states will be asked to complete a revision request to the fiscal tables. The FFY 2026 appropriation allotment amounts are available in the Related Documents section of WebBGAS.

Table 2a: MHBG Planned State Agency Budget for SFY 2027– Required

MHBG Table 2a addresses funds to be expended during the 12-month period of SFY 2027. For most states, this is 07/01/2026 through 06/30/2027. This table captures the state's projected 12-month budget for mental health services and supports by sources of funding. This includes funding from the MHBG, Medicaid, other federal funding sources, state funds, local funds, and other funds. Please note that MHBG funds are to supplement and not supplant other funding sources. As such, the planned budget entered on this table cannot be just MHBG.

States must enter start and end of SFY 2027 in the *From* and *To* fields.

MHBG Table 2a.						
Planning Period:		**From:**			**To:**	
State Identifier:						
Activity	A. Mental Health Block Grant	B. Medicaid (Federal, State, and Local)	C. Other Federal Funds (e.g., ACF, TANF, CDC, CMS (Medicare), etc.)	D. State Funds	E. Local Funds (excluding local Medicaid)	F. Other
1. Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis (10 percent of total MHBG award) [b]	$	$	$	$	$	$
2. State Hospital		$	$	$	$	$
3. Other Psychiatric Inpatient Care		$	$	$	$	$
4. Other 24-Hour Care (Residential Care)	$	$	$	$	$	$
5. Ambulatory/Community Non-24 Hour Care	$	$	$	$	$	$
6. Crisis Services (5 percent Set-Aside) [c]	$	$	$	$	$	$
7. Administration [d]	$	$	$	$	$	$
8. Total	**$**	**$**	**$**	**$**	**$**	**$**

Change from FY 2026-2027: the Bipartisan Safer Communities Act (BSCA) column has been removed as it was already reported in the biennial application.

Instructions for Rows 1 to 7

- *Row 1: Evidence-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. The 10 percent set-aside amount is based on the current year's MHBG allocation. Please report any additional dollars planned to support this effort – for example, state funds, Medicaid, or additional MHBG dollars. Please enter all planned dollar amounts in the appropriate columns for the 12-month planning period.
- *Row 2: State Hospital*. Please enter all planned dollar amounts in the appropriate columns for the 12-month planning period. Please note that per statute MHBG funds **cannot** be used for state hospital expenses.
- *Row 3: Other Psychiatric Inpatient Care*. Please enter all planned dollar amounts in the appropriate columns for the 12-month planning period. Please note that per statute MHBG funds **cannot** be used for psychiatric inpatient care expenses.
- *Row 4: Other 24-Hour Care (Residential Care)*. Please enter all planned dollar amounts in the appropriate columns for the 12-month planning period.
- *Row 5: Ambulatory/Community Non-24 Hour Care*: Please enter all planned dollar amounts in the appropriate columns for the 12-month planning period.
- *Row 6: Crisis Services (5 percent set-aside)*. The amount entered should complement the narrative the state submits in the Environmental Factors and Plan portion of the grant application. The 5 percent set-aside amount is based on the current year's MHBG allocation. Please report any additional dollars planned to support this effort – for example, state funds, Medicaid, or additional MHBG dollars. Please enter all planned dollar amounts in the appropriate columns for the 12-month planning period.
- *Row 7: Administration*. Please enter all planned dollar amounts in the appropriate columns for the 12-month planning period. Please note that per statute, planned administrative expenditures for the MHBG funds cannot exceed 5 percent of the fiscal year award.

Instructions for Columns A to F

- *Column A: Mental Health Block Grant*. Should reflect the total MHBG allocation to be expended on allowable mental health services during SFY 2027.
- *Column B: Medicaid*. Base the entries on an estimated amount of Medicaid funds expected to be expended on mental health services during SFY 2027.
- *Column C: Other Federal Funds*. Base the entries on an estimated amount of Other Federal Funds to expected to be expended on mental health services during SFY 2027.
- *Column D: State Funds*. Base the entries on an estimated amount of State Funds expected to be expended on mental health services during SFY2027.
- *Column E: Local Funds*. Base the entries on an estimated amount of Local Funds expected to be expended on mental health services during SFY 2027.
- *Column F: Other*. Base the entries on an estimated amount of other funds expected to be expended on mental health services during SFY 2027

Plan Table 4a: *MHBG State Agency Planned Budget* – Required

MHBG Table 4a addresses funds to be expended during the 12-month period of SFY 2027. For most states, this is 07/01/2025 through 06/30/2027. This table captures the state's projected 12-month budget for MHBG-funded services and programs over the 12-month period. States should keep in mind all statutory requirements and restrictions on planned amounts budgeted for each category.

States must enter the start and end of SFY 2027 in the *From* and *To* fields.

MHBG Table 4a.				
Planning Period:	**From:**		**To:**	
State Identifier				
MHBG-Funded Services			**MHBG Funds Budgeted for This Item**	
1. Services for Adults				
1a. EBPs for Adults				
1b. Crisis Services for Adults				
1c. CSC/ESMI program for Adults				
1d. Other outpatient/ambulatory services for Adults				
1e. *Other Direct Services for Adults				
2. Subtotal of Services for Adults				
3. Services for Children				
3a. EBPs for Children				
3b. Crisis Services for Children				
3c. CSC/ESMI program for Children				
3d. Other outpatient/ambulatory services for Children				
3e. *Other Direct Services for Children				
4. Subtotal of Services for Children				
5. Other Capacity Building/Systems Development[a]				
6. Administrative Costs[b]				
7. *Any Other Costs				
8. Total MHBG Allocation[c]				

Instructions for Rows 1 to 8

- *Row 1a: EBPs for Adults*. Please enter the 12-month planned dollar amount of MHBG funds budgeted for the provision of evidence-based practices (EBPs) for adults (individuals aged 18 years and over). Note that for a program to be considered an EBP, the service must adhere to a specific model of treatment that has been tested and validated through peer-reviewed research. Please **do not** include EBPs for ESMI, including CSC for FEP in this row (please refer to Row 1c instructions).
- *Row 1b: Crisis Services for Adults*. Please enter the 12-month planned dollar amount of MHBG funds budgeted for the provision of crisis services for adults (individuals aged 18

years and over). This should include the core crisis services—crisis contact centers (988 and/or non-988), 24/7 mobile crisis services, and crisis stabilization programs offering acute or subacute care in a hospital or appropriately licensed facility, as determined by the state, with referrals to inpatient or outpatient care. Please include any portion of the MHBG funds budgeted for this purpose (i.e., it is not limited to the required 5 percent set-aside). Note, however, that the sum of this row and row 3b (Crisis Services for Children) must equal at least 5 percent of the total MHBG award.

- *Row 1c: CSC/ESMI Programs for Adults*. Please enter the 12-month planned dollar amount of MHBG funds budgeted for the provision of EBPs to address ESMI, including psychotic disorder for adults (individuals aged 18 years and over). This should include any portion of the MHBG funds budgeted for this purpose (i.e., not limited to the required 10 percent set-aside). Note that, however, the sum of this row and row 3c (ESMI Programs for Children) must equal at least 10 percent of the MHBG award.
- *Row 1d: Other Outpatient/Ambulatory Services for Adults*. Please enter the 12-month planned dollar amount of MHBG funds budgeted for the provision of other outpatient/ambulatory services for adults (individuals aged 18 years and over). This may include standard outpatient therapy (individual, group, and/or family therapy), case management, intensive outpatient programs, and partial hospitalization programs. Outpatient psychiatric medication maintenance should also be included in this row. Please **do not** include planned budget for EBPs or ESMI/CSC services accounted for in rows 1a and 1c in this row.
- *Row 1e: Other Direct Services for Adults*: Please enter the 12-month planned dollar amount of MHBG funds budgeted for the provision of any other services for adults (individuals aged 18 years and over) that have not been accounted for in rows 1a – 1d. Examples of services may include peer support, recovery support, care coordination, transportation, pre-trial and post-trial diversion, and services for individuals who are uninsured or underinsured. Suicide and/or relapse prevention services for individuals with SMI, if not included in row 1a, may be included in this row. **Please add a brief explanation of services included in this row in the textbox at the bottom of table.**
- *Row 2: Subtotal of Services for Adults*. This row will be automatically calculated in BGAS to reflect the sum of rows 1a – 1e.
- *Row 3a: EBPs for Children*. Please enter the 12-month planned dollar amount of MHBG funds budgeted for the provision of EBPs for children (individuals aged 17 years and under). Note that for a program to be considered an EBP, the service must adhere to a specific model of treatment that has been tested and validated through peer-reviewed research. Please **do not** include EBPs for ESMI, including CSC for FEP in this row (please refer to Row 3c instructions).
- *Row 3b: Crisis Services for Children*. Please enter the 12-month planned dollar amount of MHBG funds budgeted for the provision of crisis services for children (individuals aged 17 and under). This should include the core crisis services—crisis contact centers (988 and/or non-988), 24/7 mobile crisis services, and crisis stabilization programs offering acute or subacute care in a hospital or appropriately licensed facility, as determined by the state, with referrals to inpatient or outpatient care. Please include any portion of the MHBG funds budgeted for this purpose (i.e., it is not limited to the required 5 percent set-aside). Note that, however, the sum of this row and row 1b (Crisis Services for Adults) must equal at least 5 percent of the total MHBG award.

- *Row 3c: ESMI Programs for Children*. Please enter the 12-month planned dollar amount of MHBG funds budgeted for the provision of EBPs to address ESMI including psychotic disorders for children (individuals aged 17 years and under). This should include any portion of MHBG funds budgeted for this purpose (i.e., not limited to the required 10 percent set-aside). Note, however, that the sum of this row and row 1c must equal at least 10 percent of the total MHBG award.
- *Row 3d: Other Outpatient/Ambulatory Services for Children*. Please enter the 12-month planned dollar amount of MHBG funds budgeted for the provision of other outpatient/ambulatory services for children (individuals aged 17 years and under). This may include standard outpatient therapy (individual, group, and/or family therapy), case management, intensive outpatient programs, and partial hospitalization programs. Outpatient psychiatric medication maintenance should also be included in this row. Please **do not** include planned budget for EBPs or ESMI/CSC services accounted for in rows 3a and 3c in this row.
- *Row 3e: Other Direct Services for Children*: Please enter the 12-month planned dollar amount of MHBG funds budgeted for the provision of any other services for children (individuals aged 17 years and under) that have not been accounted for in rows 3a – 3d. Examples of services may include peer support, recovery support, care coordination, transportation, pre-trial and post-trial diversion, and services for individuals who are uninsured or underinsured. Suicide and/or relapse prevention services for children with SED, if not included in row 3a, may be included in this row. **Please add a brief explanation of services included in this row in the textbox at the bottom of table.**
- *Row 4: Subtotal of Services for Children*. This row will be automatically calculated in BGAS to reflect the sum of rows 3a – 3e.
- *Row 5: Other Capacity Building/Systems Development*: Please enter the 12-month planned dollar amount of MHBG funds budgeted for the other capacity building/systems development activities—*please refer to MHBG Plan Table 6 for service categories and definitions*. **Please note that the total reported in this row must equal the total reported in Plan Table 6.**
- *Row 6: Administrative Costs*. Please enter the 12-month planned dollar amount of MHBG funds budgeted for grant administration expenses. Per statute, the planned budget for administrative expenses **should not** exceed 5 percent of the total MHBG allocation. **Please note that the total reported in this row must equal the total reported in Plan Table 2, row 7 (Administration).**
- *Row 7: Any Other Costs*. Please enter the 12-month planned dollar amount of MHBG funds budgeted for any other allowable activities that are not covered in any other row and **add a brief explanation of costs included in this row in the textbox at the bottom of table**.
- *Row 8: Total MHBG Allocation*. This row will be automatically calculated in BGAS and **must be equal to the state's total MHBG allocation for the 12-month planning period** (SFY 2027).

Table 6a: MHBG Other Capacity Building/Systems Development Activities

MHBG Table 6a addresses the planned budget to be expended during the 12-month period of SFY 2027. For most states, this is 07/01/2026 – 06/30/2027. Table 6a captures the state's projected 12-month budget for other capacity building/systems development activities over the 12-month period.

States must enter the start and end of SFY 2027 in the *From* and *To* fields.

MHBG Table 6a.			
State Identifier:			
MHBG Planning Period:	**From:**	**To:**	
Activity	**FFY 2026 MHBG[1]**	**FFY 2026 BSCA Funds[2]**	**FFY 2027 MHBG[3]**
1. Information Systems			
2. Infrastructure Support			
3. Partnerships, Community Outreach, and Needs Assessment			
4. Planning Council Activities			
5. Quality Assurance and Improvement			
6. Research and Evaluation			
7. Training and Education			
8. Total	**$**	**$**	

Change from FY 2026-2027: the Bipartisan Safer Communities Act (BSCA) column has been removed as it was already reported in the biennial application.

Please enter the planned MHBG funds budgeted for each other capacity building/systems development category, as applicable. It is noted that a particular activity may cross categories, but states should try to identify the primary purpose or goal of the activity.

- *Row 1: Information Systems*. This includes collecting and analyzing treatment data under the MHBG to monitor performance and outcomes. Costs for electronic health records (EHRs), telehealth platforms, digital therapeutics, and other health information technology also fall under this category.
- *Row 2: Infrastructure Support*. This includes the activities that provide the infrastructure to support services for individuals with SMI/SED but for which there are **no individual services or direct 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), bed registries, drop-in centers, and respite services.
- *Row 3: Partnerships, Community Outreach, and Needs Assessment*. This includes the SMHA or subrecipient personnel salaries prorated for time and materials to support planning meetings, information collection, analysis, and travel. It also includes support for

partnerships across state and local agencies, and tribal governments. Community/network development activities 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.

- *Row 4: Planning Council Activities*. This includes those supports for the performance of a Mental Health Planning Council under the MHBG or a combined State Planning/Advisory Council.
- *Row 5: 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.
- *Row 6: Research and Evaluation*. This includes performance measurement, evaluation, and research of the SMHA or contracted out to subrecipients, such as services research and demonstration project to test feasibility and effectiveness of a new approach as well as dissemination of such information.
- *Row 7: Training and Education*: This includes the SMHA or contracting with subrecipients to prove skill development and continuing education for personnel employed in local programs as well as partnering agencies, as long as the training relates to services to adults with SMI or children with SED for MHBG. Typical costs include course fees, tuition, and trainer(s) and support staff salaries and expense reimbursements, and certification expenditures.

Please note, Table 6a is a required table. If the state does not have any plans to spend MHBG funds on any of the categories, please indicate so in the Footnotes box provided at the bottom of the table.

Environmental Factors and Plan

2. *Evidence-Based Practices for Early Intervention to Address Early Serious Mental Illness (ESMI)* – 10 Percent Set-Aside—Required

Please provide responses to all questions ensuring sufficient details are included to fully address all elements of each question. **Do not leave any questions unanswered.**

1. Please name the evidence-based model(s) for ESMI, including psychotic disorders, that the state implemented using MHBG funds, including the number of programs for each.
2. Please provide the total budget/planned expenditure for ESMI for FY2027 –**include only MHBG funds**.
3. Please describe the status of billing Medicaid or other insurances for ESMI services. How are components of the model currently being billed?
4. Please provide a description of the programs that the state funds to implement evidence-based practices for those with ESMI.
5. Does the state monitor fidelity of the chosen EBP(s)?

6. Does the state or another entity provide trainings to increase capacity of providers to deliver interventions related to ESMI?
7. Explain how programs increase access to essential services and improve client outcomes for those with an ESMI.
8. Please describe the planned activities in FY2027 for your state's ESMI programs.
9. Please list the diagnostic categories identified for each of your state's ESMI programs.
10. What is the estimated incidence of individuals experiencing first episode psychosis in the state?
11. What is the state's plan to outreach and engage those experiencing ESMI who need support from the public mental health system?
12. Please indicate areas of technical assistance needs related to this section.

9. *Crisis Services* – Required

Please provide responses to all questions ensuring sufficient details are included to fully address all elements of each question. **Do not leave any questions unanswered.**

1. Briefly describe your state's crisis system. For all regions/areas of your state, include a description of access to crisis contact centers, availability of mobile crisis and behavioral health first responder services, utilization of crisis receiving and stabilization centers.
2. In accordance with the guidelines provided, identify the stages where the existing/proposed system will fit in. Please check the appropriate box for each row to indicate the state's stage of implementation.
3. Briefly explain your stages of implementation.
4. Based on the National Guidelines for Behavioral Health Crisis Care and the National Guidelines for Child and Youth Behavioral Health Crisis Care, explain how the state will develop the crisis system.
5. Other program implementation data that characterizes crisis services system development. Please provide the following data

Someone to Contact: Crisis Contact Capacity

   a. Number of locally based crisis call centers in state
      i. In the 988 Suicide and Crisis Lifeline network
      ii. Not in the suicide lifeline network
   b. Number of crisis call centers with follow up protocols in place
      i. In the 988 Suicide and Crisis Lifeline network
      ii. Not in the suicide lifeline network
   c. Estimated percent of 911 calls that are coded out as behavioral health related

Someone to Respond: Number of communities that have mobile behavioral health crisis mobile capacity (in comparison to the total number of communities)

   a. Independent pf public safety first responder structure (police, paramedic, fire)
   b. Integrated with public safety first responder structures (police, paramedic, fire)
   c. Number that utilizes peer recovery services as a core component of the model

Safe Place to Be

   a. Number of Emergency Departments

b. Number of Emergency Departments that operate a specialized behavioral health component
c. Number of Crisis Receiving and Stabilization Centers (short-term, 23-hour units that can diagnose and stabilize individuals in crisis)

6. Briefly describe the proposed/planned activities utilizing the 5% set-aside. If applicable, please describe how the state is leveraging the CCBHC model as a part of crisis response systems, including any role in mobile crisis response and crisis follow-up. As part of this response, please describe any state-led coordination between the 988 system and CCBHCs.
7. Please indicate areas of technical assistance needs related to this section.

14. 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.

Please provide responses to all questions ensuring sufficient details are included to fully address all elements of each question. **Do not leave any questions unanswered.**

1. How was the Council involved in the development and review of the state plan and report. Utilizing the textbox provided, please clearly describe the Council's involvement. Please **upload supporting documentation** such as meeting minutes, letters of support, letter from the council chair, etc. In addition, **please upload comments received from the Council after reviewing the Application/State Plan and Report, if any.**
2. Has your state received any recommendations on the State Plan or comments on the previous year's State Report? Please select the appropriate "yes" or "no" checkbox. In addition, if the state response is 'yes', **please upload the recommendations and/or comments received from the Council without regard to whether the state has made the recommended modifications**.
3. What mechanism does the state use to plan and implement community mental health treatment, substance use prevention, SUD treatment, and recovery support services? Utilizing the textbox provided, please clearly articulate the mechanism used.
4. Has your Council successfully integrated substance use prevention and SUD treatment recovery or co-occurring disorder issues, concerns, and activities into its work? Please select the appropriate "yes" or "no" checkbox.
5. Is the membership representative of the service area population (e.g., rural, suburban, urban, older adults, families of young children)? Please select the appropriate "yes" or "no" checkbox
6. Utilizing the textbox provided, 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 advocated for individuals with SMI or SED.
7. Please indicate areas of technical assistance needs related to this section.

*States **must** complete the "**Advisory Council Members**" and the "**Advisory Council Composition by Member Type**" forms.*

There are strict Council membership requirements. 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 consistency in deliberation on the Council and (2) that not less than 50 percent of the Council members are individuals who are not state employees or providers of mental health services.

In addition, note that **there are specific agency representation requirements** for state representatives. Please ensure these representatives are identified in the ***Advisory Council Members*** form by completing the Agency or Organization Represented field. The Council **must** include representation from the following state agencies, and the state **must** identify the individuals representing these agencies on the Council in the form provided.

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

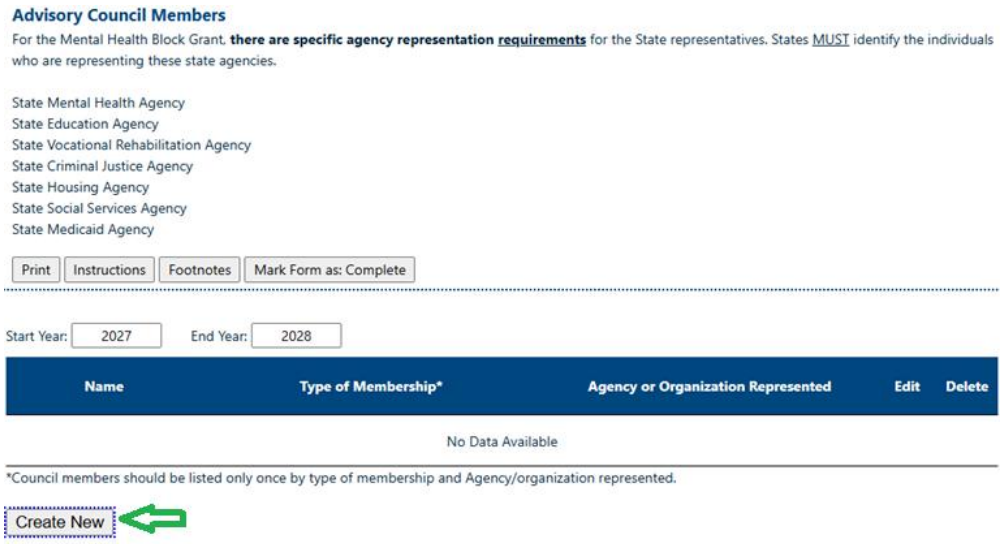
Although not a requirement, states are encouraged to include representation for the following agencies: State Market Place, State Child Welfare Agency, State Agency on Aging, and State Health Agency.

Please note that each Council member may represent only one category. For example, members representing provider agencies or state employees must be identified in that category, while members representing individuals in recovery, including adults with SMI who are receiving or have received mental health services, must be identified accordingly. A single member may not represent multiple categories (with the exception of the territories).

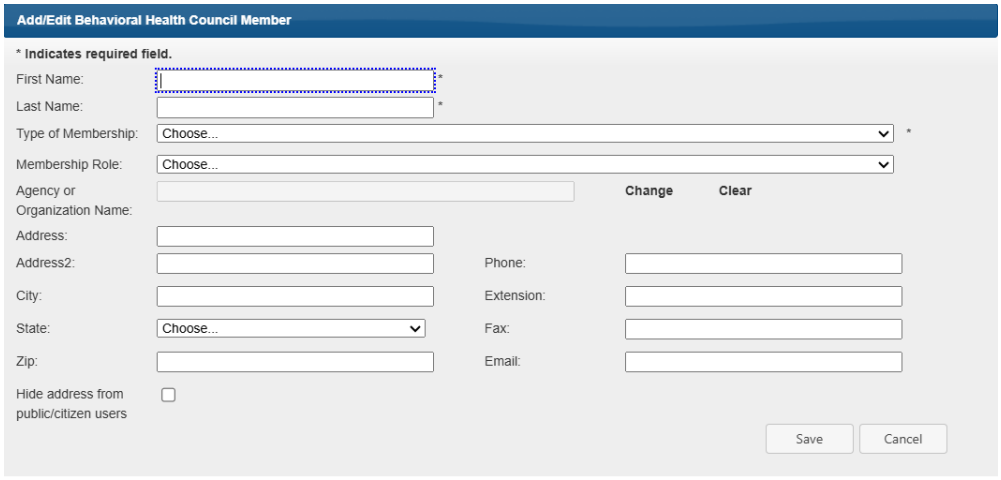
Advisory Council Members – Required

To complete this form in WebBGAS:

1. Click on the "Create New" button



2. Complete the form that pops up ensuring all required fields are completed



3. Once you have fully completed the form, click on the "Save" button
4. Repeat steps 1 – 3 until you have entered the required information for all members of the Council.

Advisory Council Composition by Member Type – Required

The information provided in the **Advisory Council Members** form will be used to populate the **Advisory Council Composition by Member Type** form. As such it is very important that you complete the **Advisory Council Members** form fully and accurately. Review the information on the **Advisory Council Composition by Member Type** form to ensure it is accurate. If the membership information displayed on this form is incorrect, please make the necessary corrections in the **Advisory Council Members** form. If there are any vacancies on the Council, please **specify the number of vacancies in the appropriate row. Utilizing the *footnote* textbox, please clearly describe what the state is doing to fill the vacancies, including a timeline of when the state anticipates filling the vacancies.**

15. Public Comment on the State Plan

Title XIX, Subpart III, section 1941 of the PHS Act (42 USC §300x-51) requires, as a condition of the funding agreement for the grant, that states will provide an opportunity for the public to comment on the state Block Grant plan. States should make the plan public in such a manner as to facilitate comment from any person (including federal, tribal, or other public agencies) both during the development of the plan (including any revisions) and after the submission of the plan to the federal government.

Please provide responses to all questions ensuring sufficient details are included to fully address all elements of each question. Do not leave any questions unanswered.

1. Did the state take any of the following steps to make the public aware of the plan and allow for public comment? Please select the appropriate "yes" or "no" checkbox for questions a – c, and if your response to question b is "yes", please provide the URLs where the application was posted using the textboxes provided.
2. Indicate area of technical assistance needs related to this section.

Submitting the FY 2027 Block Grant Application

The FY 2027 Block Grant Mini Application is due no later than September 1, 2026 for states that submit the MHBG only or a combined MHBG and SUPOTRS BG applications.

Once all narratives and tables are marked as *Complete*, the following *two* steps are required to submit the application:

1. Click the *State Supervisor Review* tab on the left side of the screen, then click the *State Supervisor Review* button that appears. This step allows the completed document to be reviewed internally by the state before submission.
2. Once the internal State Mental Health Authority (SMHA) review is complete, select the *Submit to SAMHSA* tab on the left side of the screen, then click the *Submit to SAMHSA* button. After these steps are completed, the FY 2027 MHBG or Combined MHBG and SUPTRS BG application will be submitted. The state will receive a confirmation email, and the application header in WebBGAS will display a *Submitted* status below the state's name.

Once the application is submitted, it will be locked and no further edits can be made by the state. If you need to make changes, please contact your Government Project Officer (GPO) to send a revision request.