

# **Instructions for the 2017 Mini-Application**

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Substance Abuse Prevention and Treatment  
Block Grant (SABG)

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## **Introduction**

This document provides instructions for completing the screens in the web-based Block Grant Application System (BGAS) that states must complete in order to apply for FFY 2017 Substance Abuse Prevention and Treatment Block Grant (SABG) funds and for submitting the federal fiscal year (FFY) 2017 Mini-application to the Substance Abuse and Mental Health Services Administration (SAMHSA). The application can be completed entirely and submitted on the BGAS website at <https://bgas.samhsa.gov>. However, certain forms must also be signed and submitted to SAMHSA by mail.

The term "state" refers to states, the District of Columbia, territories, jurisdictions, and the one Native American tribe that receives SABG funding.

### **Where to Find a .PDF of the 2016-2017 BH Assessment and Plan**

An Adobe Acrobat version of the OMB-approved application may be downloaded from <http://www.samhsa.gov/grants/block-grants>. The Mini-application is only those forms that are required to apply for FFY 2017 funds.

### **Where to Find All of the Legislation and Regulations Pertaining to the SABG**

The links to all legislation and regulations governing the SABG program may be found at <http://www.samhsa.gov/grants/block-grants/laws-regulations>.

### Planning Periods for Fiscal Tables in the Mini-Application

The SABG planned expenditure tables (4, 5a, 5b, 5c, and 6a) for both Treatment and Prevention are for the expenditure period of the FFY 2017 SABG award, October 1, 2016 through September 30, 2018.

Table 4	10/01/2016-09/30/2018
Table 5a, 5b & 5c	10/01/2016-09/30/2018
Table 6a	10/01/2016-09/30/2018

## **Application Creation Process**

Log onto BGAS using an assigned Username and Password.

On the Welcome screen, click the tab labeled “Create Application” to create the 2017 SABG Mini-application or the Combined Mini-application.

Click the appropriate 2017 BH Assessment and Plan link in the list of BGAS modules available for creation.

Respond to the question by clicking “Yes.” The 2017 Mini-application has now been created and is available for the state to begin entering the information that will be submitted to SAMHSA.

## **Accessing the BH Assessment and Plan 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 SABG applications. Access the application by clicking on the 2017 BH Assessment and Plan link.

The Overview screen will appear. 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: When a state marks a table or narrative as "Complete", the button changes from "In Progress" to "Modify." This button allows the state to go back into the document to make changes prior to submission.

### **Submitting the BH Assessment and Plan**

The FFY 2017 Mini-Application is due Thursday, September 1, 2016 for states that submit MH only or MH and SA combined applications. It is due Monday, October 3, 2016 for states that submit SA only applications.

Once all narratives and tables are marked complete, the following FOUR steps are required to submit the BH Assessment and Plan to SAMHSA:

1. Click the *tab* “State Supervisor Review” on the left side of the screen. (The heading at the top of the screen will read State Supervisor Review after the state name and the year.)
2. Now 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 SAMHSA.
3. Once the internal Single State Agency (SSA) review has been completed, click the *tab* “Submit to SAMHSA” on the left side of the screen. (Submit to SAMHSA will now appear in the heading at the top of the page after the state name and the year.)
4. Finally click the “Submit to SAMHSA” *button* that appears. At this point, the 2017 Mini-Application has been submitted to SAMHSA and will be reviewed by the Project Officers. The state will receive an email confirming that the 2017 BH Assessment and Plan has been submitted. If the state supervisor/Block Grant Coordinator does not receive such an email, it has not officially been submitted.

Once the application has been submitted, the screen will display Submitted in the heading after the state name and the year. The menu at the left of the page will now say “SAMHSA Review” to let you know that the application is now ready for SAMHSA to review and approve it.

Please Note: Certain signature pages must be submitted to SAMHSA by mail. See pages 9-10.

### **Accessing BGAS Help Desk Assistance**

If assistance is needed from the BGAS Help Desk, call 1-888-301-2427; or, when working in BGAS, simply click on the “Support” *tab* at the top 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 appear, and click “Submit.”

## State Information

### State Information

Most of the information in this table will be pre-populated. Please check any pre-populated information to ensure that it is accurate, and make changes, if needed.

**State Profile--** Some of the information in this table now is automatically pulled from the State Profile in BGAS. In order to make changes in a State SABG DUNS Number, State Agency to be the SABG Grantee for the Block Grant and/or Contact Person for the SABG Grantee of the Block Grant, go to the State Profile *tab* at the top of the screen in BGAS. Click on the Edit buttons to make changes.

#### 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 that 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. The State Expenditure Period

There is no need for the state to enter anything here, since the Expenditure Period applies to the SABG Report, not to the BH Assessment and Plan.

Each table in BGAS will have the correct dates of the planning period for that particular table.

#### Item IV. Date Submitted

These items will automatically be filled in by BGAS both when the state submits the 2017 Mini-Application to SAMHSA for review and when the state submits revisions.

#### Item V. 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 2017 Mini-Application.

## Chief Executive Officer's Funding Agreements/Certifications FFY 2017--SA, Assurance NonConstruction Programs, and Certifications

### SEC. 1932. ~~o300x~~-32. APPLICATION FOR GRANT; APPROVAL OF STATE PLAN.

- (a) IN GENERAL.—For purposes of section 1921, an application for a grant under such section for a fiscal year is in accordance with this section if, subject to subsections (c) and (d)(2)—
- (1) the application is received by the Secretary not later than October 1 of the fiscal year for which the State is seeking funds;
  - (2) the application contains each funding agreement that is described in this subpart or subpart III for such a grant (other than any such agreement that is not applicable to the State);
  - (3) the agreements are made through certification from the chief executive officer of the State;
  - (4) with respect to such agreements, the application provides assurances of compliance satisfactory to the Secretary;
  - (5) the application contains the information required in section 1929, the information required in section 1930(c)(2), and the report required in section 1942(a);
  - (6) (A) the application contains a plan in accordance with subsection (b) and the plan is approved by the Secretary; and  
(B) the State provides assurances satisfactory to the Secretary that the State complied with the provisions of the plan under subparagraph (A) that was approved by the Secretary for the most recent fiscal year for which the State received a grant under section 1921; and
  - (7) the application (including the plan under paragraph (6)) is otherwise in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this subpart.

This multi-page form must be completed, printed out, and signed by the Chief Executive Officer (in most cases the Governor of the state) or an authorized designee. It must be uploaded in BGAS for all combined and all SABG plans, and it must be submitted to SAMHSA by mail. (Please note that the CEO Funding Agreements for MH are not identical to the ones for SA. For states submitting a combined BH Assessment and Plan, one of each must be signed, uploaded, and submitted by mail.)

If the Chief Executive Officer does not sign this form, current documentation signed by the Chief Executive Officer delegating signatory authority must be uploaded in BGAS and submitted by mail to SAMHSA. Any change in the Chief Executive Officer of the state will require a new delegation letter, as will any change in the position or person to whom such delegation was made.

This 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 (SAMHSA) Substance Abuse Prevention and Treatment Block Grant (SABG)."

Please submit the original signature copy of the CEO Funding Agreements FFY 2017--SA, Assurance Non-Construction Programs, and Certifications; Letter Delegating Signatory Authority (if applicable); and the Disclosure of Lobbying Activity (if applicable) to:

Grants Management Officer  
Office of Financial Resources, Division of Grants Management  
Substance Abuse and Mental Health Services Administration  
5600 Fisher Lane, Rm. 17E20  
Rockville, MD 20857  
240-276-1400

Forwarding any paperwork relating to the FY 2017 Application to any other addressee results in processing delays; however, in the event the state or jurisdiction forwards the Application via express/overnight mail, an alternate address is required.

To ensure express/overnight mail delivery, please use the following address:

Grants Management Officer  
Office of Financial Resources, Division of Grants Management  
Substance Abuse and Mental Health Services Administration  
5600 Fisher Lane, Rm. 17E20  
Rockville, MD 20850  
240-276-1400

### **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 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.

## Planning Tables

Instructions for SABG Plans and SABG Portions of Combined Plans

**Table 4 SABG Planned Expenditures**

**Title 45 Code of Federal Regulations, Part 96 – BLOCK GRANTS**  
**Subpart L—Substance Abuse Prevention and Treatment Block Grant**  
**§96.122 Application content and procedures**  
(g) For each fiscal year, beginning fiscal year 1993, the State Plan shall be submitted to the Secretary and shall include the following:  
... (2) A budget of expenditures which provides an estimate of the use and distribution of Block Grant and other funds to be spent by the agency administering the Block Grant during the period covered by the application, by activity and source of funds;...

FFY 2017 SA Block Grant Column

States may obligate and expend the FFY 2017 SABG award over a period of 24 months (10/01/2016 through 09/30/18).

Enter the amounts of FFY 2017 SABG funds the state plans to expend on each activity. Base the entries on the state's SABG allotment identified in the President's proposed budget for FFY2017. The proposed allotment for each state is available in Appendix A of this document.

Please Note: Upon enactment of the FFY 2017 appropriations for Labor-HHS-ESD and related agencies, a final SABG allotment table for FFY 2017 will be sent to the states and uploaded in BGAS. The state will be instructed to update SABG-planned expenditures for this table (and related tables, if applicable) using the final allotment figure.

Rows 1 through 5 – Activities

Row 1: Substance Abuse Prevention (other than primary prevention) and Treatment

Enter the amount of funds to be expended for substance abuse prevention (other than primary prevention) and treatment services. This includes:

- a. funds used for alcohol and drug abuse prevention (other than primary prevention) and all formal treatment activities, such as medication-assisted treatment, outpatient treatment, and residential treatment including therapeutic community stays;
- b. funds used to provide treatment-related direct services to patients/clients/service recipients, such as the SABG requirements for specialized treatment for pregnant women and women with dependent children (provision or referral to primary medical care for women, including referral for prenatal care and, while the women are receiving such services, child care; child care while the women are receiving

gender specific treatment; sufficient case management and transportation to ensure that women and their children have access to these services, etc.), SABG-required interim services for pregnant women and/or injecting drug users not immediately admitted to treatment, SABG-required outreach to IVDUs, medical- or social-model detoxification, case management, central intake, follow-up and non-state (e.g., intermediary, provider, county) treatment program administration.

- c. Funds used to provide early intervention activities (other than primary prevention), such as Screening, Brief Intervention and Referral to Treatment (SBIRT), and rehabilitation activities should also be included as part of row 1.

Do not include the costs for the state's administration of the SABG in Row 1.

#### Row 2: Primary Prevention

Enter anticipated expenditure information on primary prevention activities. Primary prevention includes activities directed at individuals who do not require treatment for substance abuse. Such activities may include education, mentoring, and other activities designed to reduce the risk of substance abuse by individuals. Note that under the SABG statute, early intervention activities should not be included as part of primary prevention.

#### Row 3: Tuberculosis Services

Enter the amount of funds to be expended on tuberculosis services made available to individuals receiving treatment for substance abuse. Tuberculosis services include counseling, testing, and treatment for the disease. Funds made available to provide such services, either directly or through arrangements with other public or nonprofit private entities, should be recorded in Row 3. Program/provider-level administration expenditures should be accounted for in Row 3, as appropriate.

#### Row 4: HIV Early Intervention Services

Row 4 is applicable only to FFY 2017 designated states (see Appendix A) whose rates of cases of acquired immune deficiency syndrome (AIDS) are equal to or greater than 10 per 100,000, the case rate specified in the statute (See 42 U.S.C. §300x-24(b) and 45 C.F.R. §96.128). The case rate data, as indicated by the number of such cases reported to and confirmed by the Director of the Centers for Disease Control and Prevention for the most recent calendar year for which such data are available (2014) are published in:

Centers for Disease Control and Prevention. *HIV Surveillance Report, 2014*; vol. 26. <http://www.cdc.gov/hiv/library/reports/surveillance>. Published November 2015. Accessed March 4, 2016.

See Table 23, "Stage 3 (AIDS), by area of residence, 2014 and cumulative—United States and 6 dependent areas," Adults and Adolescents column.

In addition, a policy change permits states who were previously considered “designated states” as defined in section 1924(b) of Title XIX, Part B, Subpart II of the Public Health Service Act (42 USC 300x-24(b)) allowing such states to continue to obligate and expend SABG funds for EIS/HIV. The change in program policy allows certain HIV-designated states that drop below the AIDS case-rate threshold the flexibility to continue to set aside 5 percent of their SABG for HIV early intervention services. This change in program policy is only applicable to states that have been HIV designated in any of the 3 years preceding the current application year in which their AIDS case rate drops below the AIDS case-rate threshold of 10 per 100,000 individuals.

Enter the amount of funds to be expended on one or more projects established to make available early intervention services for HIV disease at the sites in which individuals are receiving treatment for substance abuse.

Program/provider-level administration expenditures should be accounted for in Row 4, as appropriate.

#### Row 5: Administration

Enter the amount of funds to be expended on state-level administration that includes grants and contracts management, policy and auditing, personnel management, legislative liaison, and other overhead costs. A maximum of 5 percent of each SABG award may be spent on administration at the state level. Do not include administration costs at the program (or service provider) level in this row. Program/provider-level administration expenditures should be accounted for in rows 1 - 4 above, as appropriate.

## **Table 5a and 5b - Primary Prevention Planned Expenditures**

States must spend no less than 20% of their SABG allotment on substance abuse primary prevention strategies. These strategies are directed at individuals not identified to be in need of treatment. To report on their primary prevention planned expenditures, states must complete either Table 5a or Table 5b or may choose to complete both. If Table 5b is completed, the state must also complete Section 1926 –Tobacco on Table 5a.

### **Table 5a SABG Primary Prevention Planned Expenditures**

The state's primary prevention program must include, but is not limited to, the six primary prevention strategies defined below. On Table 5a, states should list their FY 2017 SABG planned expenditures for each of the six primary prevention strategies. Expenditures within each of the six strategies should be directly associated with the cost of completing the activity or task, for example, information dissemination should include the cost of developing pamphlets, the time of participating staff or the cost of public service announcements, etc. If a state plans to use strategies not covered by these six categories, please report them under "Other" in Table 5a.

The total amount should equal the amount reported on plan Table 4, Row 2, Primary Prevention.

If the state chooses to report activities utilizing the IOM Model of Universal, Selective, and Indicated; complete Form 5b. If Form 5b is completed, the state must also complete Section 1926 –Tobacco on Form 5a.

### **Table 5a SABG Primary Prevention Planned Expenditures**

**Information Dissemination**– This strategy provides knowledge and increases awareness of the nature and extent of alcohol and other drug use, abuse, and addiction, as well as their effects on individuals, families, and communities. It also provides knowledge and increases awareness of available prevention and treatment programs and services. It is characterized by one-way communication from the source to the audience, with limited contact between the two.

**Education**– This strategy builds skills through structured learning processes. Critical life and social skills include decision making, peer resistance, coping with stress, problem solving, interpersonal communication, and systematic and judgmental abilities. There is more interaction between facilitators and participants than in the information strategy.

**Alternatives**– This strategy provides participation in activities that exclude alcohol and other drugs. The purpose is to meet the needs filled by alcohol and other drugs with healthy activities and to discourage the use of alcohol and drugs through these activities.

**Problem Identification and Referral**– This strategy aims at identification of those who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs in order to assess if their behavior can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if a person is in need of treatment.

**Community-based Process** – This strategy provides ongoing networking activities and technical assistance to community groups or agencies. It encompasses neighborhood-based, grassroots empowerment models using action planning and collaborative systems planning.

**Environmental** – This strategy establishes or changes written and unwritten community standards, codes, and attitudes; thereby, influencing alcohol and other drug use by the general population.

**Other** – The six primary prevention strategies have been designed to encompass nearly all of the prevention activities. However, in the unusual case an activity does not fit one of the six strategies, it may be classified in the “Other” category.

**Section 1926 – Tobacco:** Costs Associated with the Synar Program. Per January 19, 1996, 45 C.F.R. Part 96, Tobacco Regulation for Substance Abuse Prevention and Treatment Block Grants; Final Rule (45 C.F.R. §96.130), States may not use the Block Grant to fund the enforcement of their statute, except that they **may expend funds** from their primary prevention set aside of their Block Grant allotment under 45 C.F.R. §96.124(b)(1) for carrying out the administrative aspects of the requirements such as the development of the sample design and the conducting of the inspections.

In addition, prevention strategies may be classified using the IOM Model of Universal, Selective and Indicated, which classifies preventive interventions by the population targeted. Definitions for these categories appear below:

***Universal:*** Activities targeted to the general public or a whole population group that has not been identified on the basis of individual risk.

***Selective:*** Activities targeted to individuals or a subgroup of the population whose risk of developing a disorder is significantly higher than average.

***Indicated:*** Activities targeted to individuals in high-risk environments, identified as having minimal but detectable signs or symptoms foreshadowing disorder or having biological markers indicating predisposition for disorder but not yet meeting diagnostic levels. (Adapted from The Institute of Medicine)

States that are able to report on both the strategy type and the population served (universal, selective, or indicated) should do so. If planned expenditure information is only available by strategy type, then the state should report planned expenditures in the row titled Unspecified (for example, Information Dissemination Unspecified).

## Table 5b SABG Primary Prevention Planned Expenditures

**Table 5b Instructions:** States that plan their primary prevention expenditures using the IOM model of universal, selective, and indicated should use Table 5b to list their FY 2017 SABG planned expenditures in each of these categories. The total amount should equal the amount reported on plan Table 4, row 2, Primary Prevention. Note that if Form 5b is completed instead of Form 5a, the state must also complete Section 1926 –Tobacco on Form 5a.

### **Institute of Medicine Classification: Universal, Selective, and Indicated:**

**Universal:** Activities targeted to the general public or a whole population group that have not been identified on the basis of individual risk.

**Universal Direct. Row 1**—Interventions directly serve an identifiable group of participants but who have not been identified on the basis of individual risk (e.g., school curriculum, after-school program, parenting class). This also could include interventions involving interpersonal and ongoing/repeated contact (e.g., coalitions).

**Universal Indirect. Row 2**—Interventions support population-based programs and environmental strategies (e.g., establishing ATOD policies, modifying ATOD advertising practices). This also could include interventions involving programs and policies implemented by coalitions.

**Selective:** Activities targeted to individuals or a subgroup of the population whose risk of developing a disorder is significantly higher than average.

**Indicated:** Activities targeted to individuals in high-risk environments, identified as having minimal but detectable signs or symptoms foreshadowing disorder or having biological markers indicating predisposition for disorder but not yet meeting diagnostic levels. (Adapted from The Institute of Medicine).

### **Table 5c SABG Planned Primary Prevention Targeted Priorities**

**Table 5c Instructions:** States are to use Table 5c to identify by checking (√) the category(ies) of substances the state plans to target with primary prevention set aside dollars from the FY 2017 block grant. Also, states are to use Table 5c to identify by checking (√) the special population category(ies) the state plans to target with substance abuse primary prevention set aside dollars from the FY 2017 block grant.

## Table 6a SABG Resource Development Activities Planned Expenditures

Only complete this table if the state plans to fund resource development activities with FFY 2017 SABG funds.

Expenditures for resource development activities may be direct expenditures (involving the time of state or sub-state personnel, or other state or sub-state resources) or be through funding mechanisms with independent organizations. These include state, regional, and local personnel salaries prorated for time spent and operating costs such as travel, printing, advertising, and conducting meetings related to the categories below.

Resource development activities *exclude* expenditures through funding mechanisms for providing treatment “direct service” and primary prevention efforts themselves. Resource development expenditures provide support to those activities.

The state may use different terminology or a different classification system to describe these kinds of activities.

The following are descriptions of the categories for resource development:

**Planning, coordination, and needs assessment** – Any funding mechanism with community-based organizations or local governments for planning and coordination 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. Also included are expenditures for activities such as planning meetings, data collection, analysis, and writing.

**Quality Assurance** – This includes activities at any level (state, region, provider) to assure conformity to acceptable professional standards and to identify problems that need to be remedied. Sub-state administrative agency funding mechanisms to monitor service providers fall in this category, as do expenditures for independent peer-review activities.

**Training (post-employment)** – This includes expenditures for staff development and continuing education for personnel employed in local programs as well as support and coordination agencies, as long as the training relates to substance abuse services delivery. Typical costs include course fees, tuition, and expense reimbursements to employees, trainer(s) and to support staff salaries and certification expenditures.

**Education (pre-employment)** – This includes support for students and fellows in vocational, undergraduate, graduate, or postgraduate programs who have not yet begun working in substance abuse programs. Costs might include scholarship and fellowship stipends, instructor(s) and support staff salaries, and operating expenses.

**Program development** – This includes consultation, technical assistance, and material support to local providers and planning groups. Generally these activities are carried out by state and sub-state level agencies.

**Research and evaluation** – This includes program performance measurement, evaluation, and research, such as clinical trials and demonstration projects to test feasibility and effectiveness of a new approach. These activities may have been carried out by the principal agency of the state or an independent organization.

**Information systems** – This includes collecting and analyzing treatment and prevention data to monitor performance and outcomes. These activities might be carried out by the principal agency of the state or an independent organization.

In describing resource development expenditures, you are not limited to Table 4, line 5 (Administration) funds alone. Resource development expenditures may be part of the SABG funds shown in Table 4 under rows 1 through 5: (1) Substance Abuse Prevention (other than primary prevention) and Treatment, (2) Primary Prevention, (3) Tuberculosis Services, (4) HIV Early Intervention Services, and (5) Administration (state level only).

For the FFY 2017 SABG Award section, list the expenditures in the following three columns:

Prevention, showing amounts spent for primary prevention resource development;  
Treatment, showing amounts spent for treatment resource development; and  
Combined, showing amounts for resource development in situations where you cannot separate out the amounts devoted specifically to treatment or prevention. For the combined column, do not include any amounts listed in the prevention and treatment columns.

Row 8, Total, shows the sum of each column and is automatically calculated by BGAS.

## **Environmental Factors and Plan**

### ***22. State Behavioral Health Planning/Advisory Council and Input on the Mental Health/Substance Abuse Block Grant Application***

Public Health Service Act, Title XIX Block Grants, PART B—BLOCK GRANTS REGARDING MENTAL HEALTH AND SUBSTANCE ABUSE, Subpart III—General Provisions SEC. 1941. o300x-51. OPPORTUNITY FOR PUBLIC COMMENT ON STATE PLANS.
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A funding agreement for a grant under section 1911 or 1921 is that the State involved will make the plan required in section 1912, and the plan required in section 1932, respectively, public within the State in such manner as to facilitate comment from any person (including any Federal or other public agency) during the development of the plan (including any revisions) and after the submission of the plan to the Secretary.

**Title 45 Code of Federal Regulations, Part 96 – BLOCK GRANTS**  
**Subpart L—Substance Abuse Prevention and Treatment Block Grant**  
**§96.122 Application content and procedures**

(g) For each fiscal year, beginning fiscal year 1993, the State Plan shall be submitted to the Secretary and shall include the following:

...(3) A description of ... what process the State uses to facilitate public comment on the plan...

Additionally, Title XIX, Subpart III, section 1941 of the PHS Act (42 U.S.C. 300x-51) applicable to the SABG and the MHBG, requires that, as a condition of the funding agreement for the grant, 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 SAMHSA.

The state or jurisdiction must provide a narrative addressing the requirements identified below.

SAMHSA requires each state and jurisdiction to describe how it has complied and is complying with Title XIX, Subpart III, section 1941 of the PHS Act (42 U.S.C. 300x-51). It requires that, as a condition of the funding agreement for the grant, states:

- 1) will provide an opportunity for the public to comment on the State BG Plan
- 2) will make the plan public in such a manner as to facilitate comment from any person (including federal, tribal, or other public agencies), both
  - a) during the development of the plan (including any revisions) and
  - b) after the submission of the plan to the Secretary of HHS.

# Appendix A

FY 2017 Prospective Allocation Table  
for SAPT Block Grant Uniform Application

**FY 2017 Prospective Allocation Table  
for SAPT Block Grant Uniform Application**

<b>State<sup>2</sup></b>	<b>Rate<sup>3</sup></b>	<b>Prospective FY 2017<sup>4</sup> SABG allocation</b>	<b>FY 1991 ADMSBG<sup>5</sup> SAME</b>	<b>% Change 1991-2016 Change</b>	<b>Designated States<sup>1</sup> 5% HIV Set-Aside MULTIPLY</b>
Alabama	8.8	\$23,089,486	\$12,409,695	86%	
Alaska	2.5	\$5,889,074	\$2,449,664	140%	
Arizona	5.8	\$40,187,732	\$13,840,593	190%	

Arkansas	6.1	\$13,524,497	\$4,807,518	181%	
California	6.9	\$254,414,759	\$130,425,411	925	
Colorado	4.3	\$28,777,345	\$13,956,718	106%	
Connecticut	6.2	\$18,212,225	\$13,882,960	31%	
<b>Delaware</b>	<b>10.5</b>	\$6,967,796	\$3,148,031	121%	<b>\$348,390</b>
<b>District of Columbia</b>	<b>38.5</b>	\$6,967,796	\$4,790,552	45%	<b>\$348,390</b>
<b>Florida</b>	<b>15.1</b>	\$111,379,297	\$47,792,540	133%	<b>\$5,568,965</b>
<b>Georgia</b>	<b>13.6</b>	\$57,152,217	\$17,701,223	223%	<b>\$2,857,611</b>
Hawaii	3.9	\$8,469,866	\$4,590,998	84%	
Idaho	1.4	\$8,535,838	\$2,173,396	293%	
Illinois	7.2	\$67,645,777	\$48,009,708	41%	
Indiana	4.9	\$32,246,086	\$14,663,226	120%	
Iowa	2.5	\$13,093,348	\$8,582,512	53%	
Kansas	3.1	\$11,899,663	\$5,948,610	100%	
Kentucky	4.9	\$20,378,373	\$11,290,513	80%	
<b>Louisiana</b>	<b>16.5</b>	\$25,026,431	\$17,671,416	42%	<b>\$1,251,322</b>
Maine	2.2	\$6,967,796	\$2,860,348	144%	
<b>Maryland</b>	<b>13.7</b>	\$34,079,985	\$22,705,061	50%	<b>\$1,703,999</b>
Massachusetts	3.5	\$39,845,084	\$26,059,220	53%	
Michigan	4.7				

		\$56,052,853	\$40,890,802	37%	
Minnesota	3.5	\$24,102,039	\$14,843,236	62%	
Red Lake-Chippewa (MN)	0	\$594,027	\$390,000	52%	
<b>Mississippi</b>	<b>12.8</b>	\$13,803,562	\$4,749,463	191%	<b>\$690,178</b>
Missouri	5.1	\$26,548,475	\$16,984,801	56%	
Montana	.8	\$6,967,796	\$1,940,827	259%	
Nebraska	2.8	\$7,641,241	\$4,662,147	64%	
Nevada	9.3	\$16,890,047	\$4,317,190	291%	
New Hampshire	1.4	\$6,967,796	\$1,980,819	252%	
New Jersey	9.6	\$48,064,193	\$35,398,346	36%	
New Mexico	3.7	\$9,565,114	\$4,209,623	127%	
<b>New York</b>	<b>11.4</b>	\$111,830,061	\$93,451,518	20%	<b>\$5,591,503</b>
			\$16,092,236	180%	
North Carolina	9.0	\$44,991,909			
North Dakota	1.9	\$6,533,547	\$1,708,762	282%	
Ohio	4.5	\$64,535,736	\$38,367,574	68%	
Oklahoma	5.3	\$17,149,341	\$8,250,691	108%	
Oregon	4.2	\$20,578,348	\$10,323,828	99%	
Pennsylvania	6.2	\$59,100,201	\$46,860,078	26%	
Rhode Island	3.7	\$7,598,476	\$4,952,253	53%	

South Carolina	9.6	\$23,717,773	\$9,718,124	144%	
South Dakota	1.5	\$6,041,710	\$1,893,408	219%	
Tennessee	8.2	\$31,978,247	\$14,221,946	125%	
<b>Texas</b>	<b>10.3</b>	\$144,708,674	\$62,406,552	132%	<b>\$7,235,434</b>
Utah	1.8	\$16,588,581	\$7,325,996	126%	
Vermont	1.8	\$6,459,874	\$1,907,282	239%	
Virginia	7.2	\$41,979,903	\$21,505,683	95%	
Washington	3.7	\$37,784,663	\$17,928,552	111%	
West Virginia	3.5	\$8,432,680	\$3,501,025	141%	
Wisconsin	2.3	\$27,197,983	\$18,849,237	43%	
Wyoming	0.9	\$4,197,559	\$972,873	331%	
<b>State Subtotal</b>		<b>\$1,733,342,878</b>	<b>\$ 940,364,785</b>		<b>\$25,595,791</b>
American Samoa	0	\$343,454			
Guam	0	\$1,014,293			
Marshall Islands	0	\$447,189			
Micronesia	0	\$665,784			
Northern Marianas	0	\$324,340			
Palau	0	\$133,471			

<b>Puerto Rico</b>	<b>13.4</b>	\$22,811,437	\$12,608,307	81%	<b>\$1,140,572</b>
<b>Virgin Islands</b>	<b>19.8</b>	\$656,265	\$520,633	23%	<b>\$32,813</b>
<b>Territory Subtotal</b>		<b>\$26,396,237</b>	<b>\$13,128,940</b>		<b>\$1,173,385</b>
SAMHSA Set-Aside					
<b>GRAND TOTAL</b>		<b>\$1,759,739,115</b>	<b>\$953,493,725</b>		<b>\$26,769,176</b>

1. The term "designated State" means any state whose rate of cases of acquired immune deficiency syndrome (AIDS) is 10 or more such cases per 100,000 individuals (as indicated by the number of such cases reported to and confirmed by the Centers for Disease Control and Prevention (CDC) for the most recent calendar year for which the data are available (See 45 CFR 96.128(b)).
2. Total of 11 "designated States" (including District of Columbia, Puerto Rico, and the Virgin Islands).
3. Centers for Disease Control and Prevention (CDC), National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention *HIV Surveillance Report, Vol. 26, Table 23. Stage 3 (AIDS), by area of residence, 2014 and cumulative-- United States and 6 dependent areas (Adults and Adolescents)* Single copies of the report are available through the CDC National Prevention Information Network, 1-800-458-5231 or 301-562-1098 or <http://www.cdc.gov/hiv/library/reports/surveillance/>
4. Source: FY 2017 Justification of Estimates for Appropriations Committees <http://www.samhsa.gov/budget>, pp. 264-265.  
<http://www.samhsa.gov/sites/default/files/samhsa-fy-2017-congressional-justification.pdf>
5. FY 1991 is the base year to determine amount of set-aside (Source: Section 1924 (b)(4) of the Public Health Service Act).