



Community Mental Health Services Block Grant (MHBG)

Program Handbook

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Table of Acronyms

Acronym/Abbreviation	Definition
CFR	Code of Federal Regulations
DCF	Florida Department of Children and Families
FR	Federal Register
HHS	U. S. Department of Health and Human Services
ME	Managing entity
MHBG	Community Mental Health Services Block Grant
NP	Network Provider
NWF	NWF Health Network
OCA	Other cost accumulator
OMB	Office of Management and Budget
PHS	Public Health Service
P.L.	Public Law
SABG	Substance Abuse Prevention and Treatment Block Grant
SAMH	DCF Office of Substance Abuse and Mental Health
SAMHSA	Substance Abuse and Mental Health Services Administration
SED	Serious Emotional Disturbances
SMHA	State Mental Health Authority
SMI	Serious Mental Illness
SUD	Substance Use Disorder
SUPTRS	Substance Use Prevention Treatment and Recovery Services
U.S.C.	United States Code

Chapter 1: Introduction

Purpose

This Community Mental Health Services Block Grant (MHBG) Program Handbook serves as a reference document for NWF Health Network (NWF) staff that provides information critical for the management of MHBG-funded services. It is designed to serve as a supplement to technical assistance and training activities.

Background

The objective of the MHBG program is to provide funds to states and territories to enable them to carry out their respective plans for providing comprehensive community-based mental health services for adults with serious mental illness and children with serious emotional disturbances. To ensure creative and cost-effective delivery of services, states are encouraged to develop solutions to address the specific mental health concerns of their local communities.¹

The Alcohol, Drug Abuse and Mental Health Services Administration (ADAMHA) Reorganization Act of 1992 (P.L. 102-321) which authorized the creation of the MHBG was enacted on July 10, 1992. The MHBG is authorized under Section 1911 of Title XIX, Part B, Subparts I and III of the Public Health Service (PHS) Act. The authorizing legislation was amended by the Children's Health Act of 2000 (PL 106-310) Division B, Youth Drug and Mental Health Services, Provisions Relating to Mental Health and Provisions Relating to Substance Abuse.²

The Substance Abuse and Mental Health Services Administration (SAMHSA), an operating division of the U.S. Department of Health and Human Services (HHS), administers the MHBG program. SAMHSA allocates MHBG funds to recipients according to a formula legislated by Congress. Recipients may then distribute these funds to cities, counties, or service providers within their jurisdictions. MHBG recipients generally subaward funds for the provision of services to public and nonprofit organizations (see Footnote 1).

Each MHBG grantee must:

- Have a designated unit of the Executive Branch, often referred to as the State Mental Health Authority (SMHA) that is responsible for administering the MHBG. The Office of Substance Abuse and Mental Health (SAMH) within the Florida Department of Children and Families (DCF) fulfills this role for the state of Florida.
- Submit a plan explaining how it will use MHBG funds to provide comprehensive, community mental health services to adults with serious mental illnesses and

¹ 2 CFR Part 200, Appendix Xi Compliance Supplement April 2022 Executive Office of The President Office of Management and Budget.

² Substance Abuse and Mental Health Services Administration. Block grants laws and regulations.

children with serious emotional disturbances. SAMHSA also requires recipients to provide annual reports on their plans.

- Distribute funds to local government entities and non-governmental organizations.
- Ensure that community mental health centers provide such services as screening, outpatient treatment, emergency mental health services, and day treatment programs.
- Comply with general federal requirements for managing grants.
- Cooperate in efforts by SAMHSA to monitor use of MHBG funds.
- Form and support a state or territory mental health planning council.³

SAMHSA expects that a mental health planning council will promote collaboration among key state agencies and facilitate consumer input into the state’s mental health services and activities and provide input on the mental health plan submitted to SAMHSA. The majority (51% or more) of a state’s planning council should be comprised of consumers and family members. To facilitate coordination among state agencies in mental health planning, SAMHSA requires the planning council to:

- **Include** representatives from state education, mental health, rehabilitation, criminal justice, housing, and social services agencies
- Include adult members (consumers) who receive mental health services
- Include family members of children with emotional disturbances

SAMHSA encourages states to expand the mental health planning council’s comprehensive approach by designing and implementing regularly scheduled collaborations with an existing substance abuse prevention and treatment advisory council when possible (see Footnote 3).

With the integration of substance abuse and mental health services delivery systems and the consolidation of the state agencies responsible for managing them, many SMHAs are transitioning their required mental health planning councils into behavioral health planning councils. A behavioral health planning council can be responsible for reviewing, monitoring, and evaluating the adequacy of behavioral health services for its state. It can review issues and services for persons with mental disorders and/or substance use disorder (SUD) and complete all of the duties specified in the MHBG statute for a mental health planning council. In addition, it can advise, consult with, and make recommendations to SMHAs and state agencies responsible for SUD services delivery regarding their activities. The **Florida Substance Abuse and Mental Health Planning Council** fulfills the role of a behavioral health planning council in Florida (see Footnote 3).

The MHBG program targets the following populations for service delivery:

- Adults with serious mental illnesses (SMI) which includes persons age 18 and older who have a diagnosable behavioral, mental, or emotional condition—as defined by the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental*

³ Substance Abuse and Mental Health Services Administration. Community mental health services block grant.

Disorders. Their condition substantially interferes with, or limits, one or more major life activities, such as:

- Basic daily living (for example, eating or dressing)
- Instrumental living (for example, taking prescribed medications or getting around the community)
- Participating in a family, school, or workplace
- Children with serious emotional disturbances (SED) which includes persons up to age 18 who have a diagnosable behavioral, mental, or emotional issue. This condition results in a functional impairment that substantially interferes with, or limits, a child’s role or functioning in family, school, or community activities (see Footnote 3).⁴

MHBG-funded activities may include:

- Development and maintenance of a comprehensive, community-based system of mental health care for adults who have SMI and children and youth who have SED, including case management, treatment, rehabilitation, employment, housing, education, medical, dental, and other support services that enable individuals to function in the community and reduce the rate of psychiatric hospitalization
- Outreach for homeless individuals who also suffer from SMI and the development of special services for individuals with serious illness living in rural areas
- Systemic integration of social, educational, juvenile justice, and substance abuse services with health and mental health services for children with SED to ensure that care is appropriate to their multiple needs (including services provided under the Individuals with Disabilities Education Act)
- Collecting and reporting an estimate of the incidence and prevalence in the state of SMI among adults and SED among children
- Staffing and training for mental health services providers necessary to implement the state plan (see Footnote 1)

⁴ 1993 *Federal Register* notice (May 20, 1993; 58 FR 29422).

Chapter 2: Sources of MHBG Guidance

This chapter describes some sources of the guidance that NWF administrators may wish to reference in managing the MHBG program. These sources are in addition to the statutes identified in Chapter 1. For purposes of this Handbook, the term “guidance” is used broadly to include both sources that are legal authorities (e.g., statutes and regulations) and sources that are programmatic guidance included in instructions, notices, and other communications, etc.

DCF Managing Entity (ME) Contract

DCF contracts with the seven (7) MEs, including NWF, for the administration and management of regional behavioral health services and supports, including core MHBG-funded services. A large percentage of Florida’s MHBG funds are allocated to the MEs. As the recipient of MHBG awards, DCF is responsible for ensuring that all of the MEs comply with the terms and conditions of the MHBG and other federal awards which it distributes to them. DCF informs NWF of its responsibilities regarding federal funds either explicitly or by reference to other authorities throughout the DCF/NWF contract document (the Contract). NWF staff must refer initially to the Contract as a source of guidance. In addition, the DCF website includes a [Managing Entity FY22-23 Templates](#) page that contains a standard ME contract template as well as additional exhibits, guidance documents, and reporting requirements that address both the MHBG and other federal awards.

Per paragraphs 5 and 34 of the Contract, NWF verifies that it will become fully aware of and abide by the terms and conditions of all federal funding included in its contract funding. Accordingly, NWF staff must review and understand the terms and conditions of the Contract and abide by its provisions. In particular, DCF requires its MEs to fulfill certain responsibilities on a regional basis that supports the ability of the entire state of Florida to fulfill MHBG program compliance requirements. MEs must comply with designated reporting formats and standards in order for DCF to aggregate results for the purpose of completing statewide reporting requirements for the MHBG. Consequently, NWF through its contract with DCF is responsible for complying with a designated share of many of the requirements that are discussed in the following chapter.

Paragraph 34 of the Contract asserts that NWF, by signing the agreement, “...acknowledges that it is independently responsible for investigating and complying with all State and federal laws, rules and regulations relating to its performance under this contract...”. Paragraph 34 goes on to reference some of the general requirements associated with all federal grants. Both [Exhibit B](#), Scope of Work, and [Exhibit B1](#), Federal Block Grant Requirements, attached to the Contract outline the expectations of DCF for NWF, in relation to the Substance Use Prevention Treatment and Recovery Services (SUPTRS) Block Grant (formerly SABG) and the MHBG. Both identify requirements that NWF must abide by in order to be in compliance with the Contract. Exhibits B and B1 ‘pass through’ responsibility for compliance with many of the requirements of the MHBG to NWF. Although DCF is ultimately responsible for compliance with MHBG terms and conditions, the Contract identifies the role that NWF assumes in achieving state-wide compliance.

[Exhibit F1](#), ME Schedule of Funds, attached to the Contract, provides a schedule of monies allocated to NWF from all sources for all funded programs for an entire budget year. DCF identifies the amounts of all MHBG funds allocated to NWF. The Other Cost Accumulator (OCA) code assigned to every MHBG allocation amount identifies the valid covered services that the funds may be used for. The OCA also identifies any projects and programs that are associated with a particular allocation.

Chapter 65E-14 of the Florida Administrative Code Chapter (Chapter 65E-14)

[Chapter-65E-14](#), Community Substance Abuse and Mental Health Services – Financial Rules of the Florida Administrative Code provides guidelines and requirements applicable to MEs under direct contract with DCF and service providers under subcontracts with MEs. It applies to all SAMH-funded entities when providing services using community substance abuse and mental health funds appropriated by the Florida Legislature to the DCF.

45 CFR 96, Block Grant Regulations (45 CFR 96)

The MHBG grant program is authorized under Section 1911 of Title XIX, Part B, Subparts I and III of the Public Health Service (PHS) Act (42 U.S.C. § 300x-21-67). The implementing regulations are published at [45 CFR 96](#). Those regulations include general administrative requirements in 45 CFR 96.46 through 96.120.

MHBG Application, State Plan, and Reports

Florida's MHBG application identifies the State's objectives, priorities, strategies and budgets for the use of MHBG funds. It also indicates the planned allocation of resources by program for each of the MEs. SAMHSA requires States to submit an application for funds every year and a State Plan every two years. In addition, States must submit an annual report of their activities and accomplishments. SAMHSA requires as a condition of the funding agreement for the grant, that states provide an opportunity for the public to comment on the state block grant plan. States must make the plan public in such a manner as to facilitate comment from any person both during the development of the plan and after the submission of the plan to SAMHSA. Guidance and instructions for applications, state plans, and reports are included on the [SAMHSA website](#). Completed Florida MHBG applications and Florida state plans are published on the [DCF website](#) publications page.

45 CFR 75: Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards (45 CFR 75)

[45 CFR 75](#) establishes uniform administrative requirements, cost principles, and audit requirements for federal awards to non-federal entities and prescribes the manner in which

federal agencies that administer federal financial assistance programs are to carry out their statutory responsibilities under the Federal Program Information Act (31 U.S.C. § 6101 et seq.).

45 CFR 75, Subparts B through D (administrative requirements) set forth the uniform administrative requirements for grant and cooperative agreements, including the requirements for HHS awarding agency management of federal grant programs before the federal award has been made, and the requirements HHS awarding agencies may impose on non-federal entities in the federal award.

45 CFR 75, Subpart E (cost principles) establishes principles for determining the allowable costs incurred by non-federal entities under federal awards. The principles are for the purpose of cost determination and are not intended to identify the circumstances or dictate the extent of federal government participation in the financing of a particular program or project. The principles are designed to provide that federal awards bear their fair share of cost recognized under these principles except where restricted or prohibited by statute.

45 CFR 75, Subpart F (single audit requirements and audit follow-up) is issued pursuant to the Single Audit Act Amendments of 1996 (31 U.S.C. § 7501 et seq.). It sets forth standards for obtaining consistency and uniformity among federal agencies for the audit of non-federal entities expending federal awards. These provisions also provide the policies and procedures for HHS awarding agencies and passthrough entities when using the results of these audits.

45 CFR 75.202 and 45 CFR 75.351 through 75.353 of Subpart D, and Subpart F of 45 CFR 75 are applicable to the MHBG. With the exceptions noted above, 45 CFR 75.101(d) exempts MHBG from the general administrative requirements of 45 CFR 75.

DCF Website

DCF provides additional information regarding the utilization of MHBG funds including block grant applications, plans, guidance, reporting templates, and publications on its website located at [SAMH Other-Directories-and-Links](#).

Chapter 3: MHBG Programmatic Requirements

This chapter summarizes some of the major requirements that NWF staff must be aware of in managing MHBG funded activities and programs. It discusses MHBG specific requirements as identified in the MHBG statutes and regulations as well as the monitoring and oversight responsibilities associated with the management of all federal grant awards as presented in the Uniform Guidance 45 CFR 75. Most of the expenditure-related earmarks and maintenance of effort requirements are applicable on a statewide level but DCF has, in some instances, made the MEs responsible for achieving a share of Florida's expenditure goals through the allocation process. Other service requirements are applicable throughout the entire mental health services delivery system. As discussed in the previous chapter, DCF has incorporated many of these requirements into Exhibits B and B1 of the Contract.

Activities Allowed

MHBG recipients may use grant funds to deliver services only through appropriate, qualified community programs (which may include community mental health centers, child mental health programs, psychosocial rehabilitation programs, mental health peer support programs and mental health primary consumer directed programs). Services may be provided through community mental health centers only if the services are provided as follows:

- Services principally to individuals residing in a defined geographic area (service area),
- Outpatient services, including specialized outpatient services for children, the elderly, individuals with serious mental illness, and residents of the centers who have been discharged from inpatient treatment at a mental health facility,
- Twenty-four-hours-a-day emergency care services,
- Day treatment and other partial hospitalization services or psychosocial rehabilitation services, and
- Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission (42 U.S.C. §§ 300x-2(b) and (c)). (see Footnote 1)
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Activities Unallowed

MHBG recipients may not use grant funds to:

- Provide inpatient hospital services. An inpatient is a person who is formally admitted to the inpatient service of a hospital for observation, care, diagnosis, or treatment.
- Make cash payments to intended recipients of health services (42 U.S.C. § 300x-31(a)).
- Purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or any other facility, or purchase major medical equipment. The Secretary of HHS (the Secretary) may provide a waiver of the restriction

for the construction of a new facility or rehabilitation of an existing facility, but not for land acquisition (42 U.S.C. § 300x-31(a)).

- Satisfy any requirement for the expenditure of nonfederal funds as a condition for the receipt of federal funding (42 U.S.C. § 300x-31(a)).
- Provide financial assistance (i.e., a subgrant) to any entity other than a public or nonprofit entity. A state is not precluded from entering into a procurement contract for services since payments under such a contract are not financial assistance to the contractor (42 U.S.C. § 300x-31(a)).
- Pay salaries in excess of Level I of the Federal Senior Executive Service pay scale (\$235,600 in 2023). (see Footnote 1)

Allowable Costs/Cost Principles

MHBG recipients are exempt from the provisions of the Office of Management and Budget (OMB) cost principles as published in 45 CFR 75. Per 45 CFR 96.30, “except where otherwise required by Federal law or regulation, a State shall obligate and expend block grant funds in accordance with the laws and procedures applicable to the obligation and expenditure of its own funds. Fiscal control and accounting procedures must be sufficient to (a) permit preparation of reports required by the statute authorizing the block grant and (b) permit the tracing of funds to a level of expenditure adequate to establish that such funds have not been used in violation of the restrictions and prohibitions of the statute authorizing the block grant.” This provision is only applicable to DCF. The MEs and the Network Providers (NPs) are subject to the cost principles of 45 CFR 75. (see Footnote 1)

Maintenance of Effort

For each fiscal year, States are required to:

- Maintain aggregate state expenditures for community mental health services at a level that is not less than the average level of such expenditures maintained by the state for the two state fiscal years preceding the fiscal year of the grant. Expenditures for the two previous fiscal years are reported in the state plan. The Secretary may exclude from the aggregate state expenditures funds appropriated to the principal agency for authorized activities which are of a nonrecurring nature and for a specific purpose (42 U.S.C. § 300x-4(b); Federal Register, July 6, 2001 (66 FR 35658), and November 23, 2001 (66 FR 58746-58747), as specified in II, "Program Procedures - Availability of Other Program Information").
- Expend an amount not less than an amount equal to the amount expended in fiscal year 1994 for systems of integrated services for children with SED (42 U.S.C. §300x-2(a)(l)(C)) (42 U.S.C. § 300x-2(a)(l)(C)). FY 1994 expenditures are reported in the state plan. (see Footnote 1)

Earmarks

States are required to abide by the following requirements:

- Allocate 10 percent of grant funds to implement programs showing strong evidence of effectiveness for individuals with a diagnosis of Early SMI or a first episode psychosis only (P. L. 114-113 (129 Stat. 2609) and MHBG 10 Percent Set-Aside Guidance February 8, 2016, (<http://www.samhsa.gov/grants/block-grants/resources>)).
- Expend at least 5 percent of the amount the State receives for each fiscal year to support evidenced-based programs that address the crisis care needs of individuals with SMIs and children with SEDs, which may include individuals (including children and adolescents) experiencing mental health crises demonstrating SMI or SED, as applicable. Expenditures must be for core crisis care elements, such as:
 - Centrally deployed 24/7 mobile crisis units,
 - Short-term residential crisis stabilization beds,
 - Evidence-based protocols for delivering services to individuals with suicide risk, and
 - Regional or statewide crisis call centers coordinating in real time (Consolidated Appropriations Act, 2021 and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 [P.L. 116-260])
- Expend no more than 5 percent of the grant to pay the costs of administering the grant (42 U.S.C. § 300x-31; 45 CFR 96.135 (b)(l)). (see Footnote 1)

Subrecipient Monitoring

All MHBG recipients and subrecipients including NWF are required to conduct monitoring and oversight activities as identified below in relation to their role as pass-through entities that provide financial assistance to sub-awardees for the provision of federally-funded services. NWF subcontracts with NPs for the delivery of MHBG and other federally-funded services.

- Detail a plan for monitoring and overseeing the delivery of prevention, treatment and recovery services by NPs. (45 CFR 75.352)
- Ensure that every subaward is clearly identified to NPs as a subaward and includes the required information at the time of the subaward. If any of these data elements change, include the changes in subsequent subaward modification. When some of this information is not available (i.e., pass-through entity), NWF must provide the best information available to describe the federal award and subaward. As noted in 45 CFR 75.352, the required information includes:
 - Federal Award Identification:
 - NP name (which must match the name associated with its unique entity identifier)
 - NP's unique entity identifier
 - Federal Award Identification Number (FAIN)
 - Federal award date (see 45 CFR 75.2 federal award date) of award to the recipient by the HHS awarding agency

- Subaward period of performance start and end date
- Amount of federal funds obligated by this action by NWF to the NP
- Total amount of federal funds obligated to the NP by the recipient including the current obligation
- Total amount of the federal award committed to the NP by NWF
- Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act
- Name of HHS awarding agency, recipient, and contract information for awarding official of the recipient
- Catalog of Federal Domestic Assistance (CFDA) number and name; NWF must identify the dollar amount made available under each federal award and the CFDA number at time of disbursement
- Identification of whether the award is for research and development
- All requirements imposed by NWF on the NP so that the federal award is used in accordance with federal statutes, regulations, and the terms and conditions of the federal award
- Any additional requirements that the NWF imposes on the NP in order for the recipient to meet its own responsibility to the HHS awarding agency including identification of any required financial and performance reports
- An approved federally recognized indirect cost rate negotiated between the NP and the federal government or, if no such rate exists, either a rate negotiated between the NWF and the NP (in compliance with 45 CFR 75), or a de minimis indirect cost rate as defined in 45 CFR 75.414(f)
- A requirement that the NP permit the recipient and auditors to have access to the NP's records and financial statements as necessary for the recipient to meet the requirements of 45 CFR 75
- Appropriate terms and conditions concerning closeout of the subaward
- Evaluate each NP's risk of noncompliance with federal statutes, regulations, and the terms and conditions of the subaward for purposes of determining the appropriate subrecipient monitoring in accordance with 45 CFR 75.352(d) and (e). (45 CFR 75.352(b)).
- Consider imposing specific subaward conditions upon a NP if appropriate as described in 45 CFR 75.207. (45 CFR 75.352(c)).
- In accordance with 45 CFR 75.352(d), monitor the activities of the NP as necessary to ensure that the subaward is used for authorized purposes, in compliance with federal statutes, regulations, and the terms and conditions of the subaward; and, that subaward performance goals are achieved. Recipient monitoring of the NP must include:
 - Reviewing financial and performance reports required by the recipient
 - Following-up and ensuring that the NP takes timely and appropriate action on all

deficiencies pertaining to the federal award provided to the NP from NWF detected through audits, on-site reviews, and other means

- Issuing a management decision for audit findings pertaining to the federal award provided to the NP from the NWF as required by 45 CFR 75.521
- Depending upon the NWF's assessment of risk posed by the NP, employ the following monitoring tools that may be useful for the recipient to ensure proper accountability and compliance with program requirements and achievement of performance goals:
 - Provide NPs with training and technical assistance on program-related matters
 - Perform on-site reviews of the NP's program operations
 - Arrange for agreed-upon procedures engagements as described in 45 CFR 75.425. ((45 CFR 75.352(e)).
- Verify that every NP is audited as required by Subpart F of 45 CFR 75 when it is expected that the subrecipient's federal awards expended during the respective fiscal year equaled or exceeded the threshold set forth in 45 CFR 75.501. (\$750,000 in 2023) ((45 CFR 75.352(f)).
- Consider whether the results of the NP's audits, on-site reviews, or other monitoring indicate conditions that necessitate adjustments to the recipient's own records. (45 CFR 75.352(g)).
- Consider taking enforcement action against noncompliant NPs as described in 45 CFR 75.371 and in program regulations. (45 CFR 75.352(h)).

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