**Substance Abuse And Mental Health Block Grants**

Mandated by Congress, SAMHSA's block grants are noncompetitive grants that provide funding for substance abuse and mental health services.

What is a Block Grant?

A block grant is a noncompetitive, formula grant mandated by the U.S. Congress. Eligible entities must submit an annual application to demonstrate statutory and regulatory compliance in order to receive the formula-based funding.

SAMHSA is responsible for two block grant programs:

1. Substance Abuse Prevention and Treatment Block Grant (SAPTBG)
2. The Mental Health Block Grant (MHBG)

The [SAPTBG](http://beta.samhsa.gov/grants/block-grants/sabg) program provides funds and technical assistance to all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, 6 Pacific jurisdictions, and 1 tribal entity. Grantees use the funds to plan, implement, and evaluate activities that prevent and treat substance abuse and promote public health.

## What are the Purposes of a Block Grant?

Grantees use the block grant programs for prevention, treatment, recovery support, and other services to supplement Medicaid, Medicare, and private insurance services. Specifically, block grant recipients use the awards for the following purposes:

* Fund priority treatment and support services for individuals without insurance or for whom coverage is terminated for short periods of time.
* Fund those priority treatment and support services that demonstrate success in improving outcomes and/or supporting recovery that are not covered by Medicaid, Medicare, or private insurance.
* Fund primary prevention by providing universal, selective, and indicated prevention activities and services for persons not identified as needing treatment.
* Collect performance and outcome data to determine the ongoing effectiveness of behavioral health promotion, treatment, and recovery support services.

**Block Grant reporting requirements:**

Reports are submitted annually on December 1st for the previous fiscal year

Primary Prevention specific:

**Table 5a and 5b - Primary prevention expenditures checklists**

**Table 9- Prevention Strategy Report- identify risk category- sub population at risk toward which primary prevention programming is directed**

**Table 33- The number of persons served by Individual-Based and Population-Based Programs and Strategies by intervention type.**

**Table 34 – The number of Evidence-Based Programs and strategies by type of intervention. The State must describe the process of implementation and data source used to obtain the number of programs.**

**Table 35- The number of Evidence- Based Programs and total spent on Evidence- Based Programs/Strategies by IOM Category.**