SAMPLE HANDBOOK

Community Mental Health Services Block Grant (MHBG) Policies and Procedures

[Your organization's name]

Written from 42 U.S.C. 300x to 300x-9, 42 U.S.C. 300x-51 to 300x-66 and 45 CFR Part 96, checked November 20, 2026.

How to use this sample

Replace the bracketed name with your organization's. Change the job titles to the ones you use. Have the people who do the work read each section and correct anything that does not match how you operate. Then have your director or board approve it and sign the last page.

This is a sample, not legal advice. It follows the federal regulation. Your grant agreement and your funder's manual can add or tighten requirements, and they control where they differ.

Introduction

This handbook explains the policies and procedures our organization uses to manage money from the Community Mental Health Services Block Grant, which SAMHSA, the federal Substance Abuse and Mental Health Services Administration, shortens to MHBG. SAMHSA awards the grant to each state, and each state names one state agency to run it. We receive our share as a subrecipient under a contract or subaward with the state mental health authority or with a county or other organization acting for it. In this handbook we call that funder the state agency. The statute writes most of its rules as funding agreements, which are promises the state makes in order to receive the grant, and the state passes them to us through our contract. Each section says whether a rule binds the state or binds us. HHS treats the states as primarily responsible for interpreting the block grant statute, so different states may read the same rule differently, and we follow our state's reading. Each section states our policy, lists the steps our staff follow, and names the laws and regulations it rests on. Where the state agency sets a number, a form or a deadline, we follow our contract. If this handbook and our contract ever differ, the contract and the law control. Sections that do not fit our services, such as the community mental health center rules for an organization that is not a center, do not apply to us. The executive director reviews this handbook each year and whenever the rules or our contract change.

What the program expects in writing

- A list of grant-funded services that matches our contract and serves adults with serious mental illness and children with serious emotional disturbance (42 U.S.C. 300x(b); 42 U.S.C. 300x-1(a))
- A list of costs the grant cannot pay for, and accounting records that trace each grant dollar (42 U.S.C. 300x-5(a); 45 CFR 96.30(a))
- For a community mental health center: proof that it offers the five kinds of services the statute lists for its service area (42 U.S.C. 300x-2(b)(2); 42 U.S.C. 300x-2(c)(1))
- For a community mental health center: a fee policy that serves people in the service area regardless of ability to pay (42 U.S.C. 300x-2(c)(2))
- Separate tracking of any funds our contract sets aside for early serious mental illness programs (42 U.S.C. 300x-9(c))
- Separate tracking of any funds our contract sets aside for crisis care (42 U.S.C. 300x-9(d))
- A written confidentiality policy for client records (42 U.S.C. 300x-53(b); 45 CFR 164.530)
- A clause or procedure that gives HHS and the Comptroller General access to our books and records (42 U.S.C. 300x-55(g)(2))
- A nondiscrimination policy that covers sex, including pregnancy, and religion (42 U.S.C. 300x-57(a))
- The written notice of beneficiary protections for faith-based rules, given before a person enrolls (45 CFR 96.18; 45 CFR 87.3(k) and (l))
- A procedure for reporting suspected fraud and for checking invoices before they are signed (42 U.S.C. 300x-56; 2 CFR 200.113)
- A single audit for any year we spend $1,000,000 or more in federal awards (45 CFR 96.31(a); 2 CFR 200.501(a))

1. Who we serve and what the grant pays for

OUR POLICY

The state may spend the grant only on community mental health services for adults with a serious mental illness and children with a serious emotional disturbance, on carrying out and evaluating its approved plan, and on planning, administration and education tied to the plan. HHS sets the definitions of these two groups and gives them to the states. SAMHSA says the definitions it uses come from a 1993 Federal Register notice: in short, an adult 18 or older with a diagnosable mental, behavioral or emotional condition that substantially interferes with or limits one or more major life activities, and a child under 18 with a diagnosable condition that causes functional impairment at home, at school or in the community. The state must provide 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 consumer-directed programs. We provide the services named in our contract to people who meet the state's definitions. Funds for treatment may also serve people with co-occurring mental and substance use disorders, as long as the funds go to the purposes the law allows and can be tracked for accounting.

WHAT WE DO

1. The program director keeps a chart that matches each budget line in our contract to the service it pays for and to the population that service is meant for.
2. The intake worker screens each person against the state agency's definitions of serious mental illness or serious emotional disturbance, using the tools and documentation the state agency requires, and records the result in the client file.
3. The clinical director reviews any case where the intake worker is unsure whether a person meets the definition and writes down the decision and the reason.
4. The clinical director records each service delivered under the grant with the date, the staff member, the service type and the client identifier the state agency uses.
5. The finance manager codes services to people with co-occurring mental and substance use disorders to the correct funding source so that grant funds for treatment can be tracked for accounting, as the statute requires.
6. The program director asks the state agency in writing before starting a service that is not in our contract or serving a group the contract does not name.

Rules this covers: 42 U.S.C. 300x(b); 42 U.S.C. 300x-1(a); 42 U.S.C. 300x-1(c)(1); 42 U.S.C. 300x-2(b)(1); 42 U.S.C. 300x-8; 42 U.S.C. 300x-66

2. Costs the grant cannot pay for and the administrative limit

OUR POLICY

The statute lists what the state may not spend the grant on, and the state passes those limits to us: inpatient services, cash payments to the people who receive services, buying or improving land, buying, building or permanently improving a building or other facility (minor remodeling is allowed), buying major medical equipment, meeting another federal program's requirement to spend non-federal money, and financial assistance to any organization that is not public or nonprofit. Unlike the substance use block grant regulation, the mental health block grant statute does not list an exception for inpatient services. The state may spend no more than 5 percent of the grant on administrative expenses, so the amount we may charge for administration is whatever our contract sets. Congress also limits pay: under the fiscal year 2026 HHS appropriations act, no salary may be charged to an HHS grant at a rate above Level II of the federal Executive Schedule, and that limit is set year by year.

WHAT WE DO

1. The finance manager checks each cost against the restricted list in 42 U.S.C. 300x-5(a) before charging it to the grant and charges anything on the list to other funds.
2. The finance manager does not pay cash to clients from grant funds and pays for client supports that our contract allows straight to the vendor.
3. The executive director asks the state agency in writing before any grant spending on building work or medical equipment, because the statute does not define minor remodeling or major medical equipment.
4. The clinical director does not charge inpatient services to the grant and asks the state agency in writing how it treats any hospital-based crisis stabilization service before charging it.
5. The program director asks the state agency in writing before passing any grant funds to another organization, since the grant cannot give financial assistance to an entity that is not public or nonprofit.
6. The finance manager limits administrative charges to the amount or rate in our contract and keeps the calculation on file.
7. The finance manager compares each salary charged to the grant with the current Executive Schedule Level II rate at the start of each contract year, confirms the limit with the state agency, and charges any pay above it to other funds.

Rules this covers: 42 U.S.C. 300x-5(a); 42 U.S.C. 300x-5(b); 42 U.S.C. 300x-9(d)(2); 45 CFR 96.30(a); Pub. L. 119-75, Division B, section 202

3. Community mental health center standards and access regardless of ability to pay

OUR POLICY

The state may provide services under its plan through a community mental health center only if the center meets the criteria in the statute. If we are a community mental health center, we serve mainly the people who live in a defined service area. We provide outpatient services, including specialized outpatient services for children, older adults, people with a serious mental illness and residents of our service area who have been discharged from inpatient treatment at a mental health facility. We provide 24-hour emergency care, day treatment or other partial hospitalization services or psychosocial rehabilitation services, and screening for people being considered for admission to state mental health facilities to decide whether admission is appropriate. Within the limits of our capacity, we serve anyone who lives or works in our service area regardless of ability to pay. Our services are available and accessible promptly, as appropriate, in a way that preserves human dignity and assures continuity and high quality care. If we are not a community mental health center, these criteria do not apply to us unless our contract adopts them.

WHAT WE DO

1. The executive director keeps a map or list of the service area named in our contract.
2. The clinical director keeps a current list showing how we deliver each of the five required kinds of services, including the hours and phone number for 24-hour emergency care.
3. The clinical director keeps a written procedure for screening people being considered for admission to a state mental health facility, following any forms or timelines the state agency sets.
4. The finance manager keeps a written sliding fee schedule or fee waiver policy, approved by the board, so that no one who lives or works in the service area is turned away because they cannot pay.
5. The intake worker tells each person about the fee policy at intake and records any fee reduction or waiver in the client file.
6. The program director tracks the time from first request to first appointment each month and reports any delays, and any times we were at capacity, to the executive director.

Rules this covers: 42 U.S.C. 300x-2(b)(2); 42 U.S.C. 300x-2(c)(1); 42 U.S.C. 300x-2(c)(2); 42 U.S.C. 300x-2(c)(3)

4. Early serious mental illness and first episode psychosis programs

OUR POLICY

The state has to spend at least 10 percent of the amount it receives each year on evidence-based programs that address the needs of people with early serious mental illness, including psychotic disorders, whatever the person's age when the illness began. A state may instead choose to spend at least 20 percent of a year's amount by the end of the following fiscal year. This set-aside is in the statute, not only in a yearly appropriations act. The state also has to describe in its plan how it promotes evidence-based practices, including programs for early serious mental illness. The duty to meet the percentage is the state's. If our contract funds an early serious mental illness or first episode psychosis program, our part is to deliver the evidence-based model the state agency approves and to track the spending and the people served separately. The fiscal year 2026 appropriations act separately lets SAMHSA use part of the Children's Mental Health Services program for young people at clinical high risk of a first episode of psychosis; that is a different program from this grant.

WHAT WE DO

1. The program director confirms with the state agency in writing which evidence-based model our early serious mental illness program follows and keeps the model's description on file.
2. The finance manager sets up a separate cost center for set-aside funds and charges only that program's costs to it.
3. The clinical director screens referrals against the eligibility rules the state agency sets for the program and records the date the person first sought help.
4. The program director reports the number of people served, spending and any outcome measures to the state agency in the form and on the schedule it sets.
5. The program director tells the state agency in writing if the program cannot spend its set-aside funds on time, so the state can move funds to meet its own percentage.

Rules this covers: 42 U.S.C. 300x-1(b)(1)(A)(iv); 42 U.S.C. 300x-9(c)(1); 42 U.S.C. 300x-9(c)(2); Pub. L. 119-75, Division B, title II (Substance Abuse and Mental Health Services Administration, mental health)

5. Crisis care services

OUR POLICY

The state has to spend at least 5 percent of the amount it receives each year on evidence-based programs that address the crisis care needs of adults with serious mental illness and children with serious emotional disturbance, which may include people, including children and adolescents, in a mental health crisis. A state may instead choose to spend at least 10 percent over two consecutive fiscal years. This set-aside is in the statute, and the fiscal year 2026 appropriations act also says at least 5 percent of the mental health block grant funds shall be available for evidence-based crisis systems. The single state agency decides which of the core crisis components to fund: crisis call centers, 24/7 mobile crisis services, and crisis stabilization programs offering acute or subacute care in a hospital or appropriately licensed facility, as the state determines, with referrals to inpatient or outpatient care. If our contract funds crisis services, we deliver the components and the model the state agency names and track that funding separately.

WHAT WE DO

1. The program director lists in writing which crisis components our contract funds and the state agency's standards for each one.
2. The finance manager sets up a separate cost center for crisis set-aside funds and charges only crisis program costs to it.
3. The clinical director keeps written protocols for responding to a crisis call or dispatch, assessing risk, and referring a person to inpatient or outpatient care.
4. The clinical director confirms with the state agency in writing, before charging the grant, how it treats any crisis stabilization cost in a hospital setting, because the statute also bars spending the grant on inpatient services.
5. The program director logs each crisis contact with the date, time, response and referral, and sends crisis data to the state agency in the form and on the schedule it sets.

Rules this covers: 42 U.S.C. 300x-5(a)(1); 42 U.S.C. 300x-9(d)(1); 42 U.S.C. 300x-9(d)(2); 42 U.S.C. 300x-9(d)(3); Pub. L. 119-75, Division B, title II (Substance Abuse and Mental Health Services Administration, mental health)

6. Services for children, coordination and outreach

OUR POLICY

For children with a serious emotional disturbance, the state plan has to provide for a system of integrated social, educational, child welfare, juvenile justice, law enforcement and substance use disorder services that, together with health and mental health services, meet the children's multiple needs, including services under the Individuals with Disabilities Education Act. Each year the state also has to spend on that system at least as much as it spent in fiscal year 1994, unless HHS waives the rule. The plan also has to describe case management services, how the state engages people and their caregivers in health care decisions, its outreach to people who are homeless, and how it serves people in rural areas. These are state duties. Our part is to carry out the coordination, outreach and family engagement our contract asks of us and to report the spending the state needs to show its children's services level.

WHAT WE DO

1. The clinical director keeps written referral and coordination agreements with the schools, child welfare agency, juvenile justice agency and other partners named in our contract.
2. The case manager, with the family's written consent, coordinates each child's mental health services with the child's school, including any services the school provides under the Individuals with Disabilities Education Act.
3. The clinical director involves each adult client, and a child's parents or caregivers where appropriate, in making treatment decisions and records their participation in the treatment plan.
4. The program director carries out any outreach to people who are homeless or who live in rural areas that our contract funds and logs each outreach contact.
5. The finance manager tracks spending on services for children with a serious emotional disturbance under its own budget line so the state agency can report it.

Rules this covers: 42 U.S.C. 300x-1(b)(1)(A); 42 U.S.C. 300x-1(b)(1)(C); 42 U.S.C. 300x-1(b)(1)(D); 42 U.S.C. 300x-2(a)

7. Confidentiality of client records

OUR POLICY

HHS may make the grant only if the state has a system that protects from inappropriate disclosure the patient records kept by the state and by any entity that receives grant funds. That system reaches us through our contract and state law. If we send health information electronically for transactions HIPAA covers, such as claims to a health plan, we are a HIPAA covered entity and follow the HIPAA privacy, security and breach rules, including written policies, a privacy official, staff training and safeguards. We notify affected clients of a breach of unsecured records without unreasonable delay and no later than 60 calendar days after we discover it. If we also run a federally assisted program that diagnoses, treats or refers people for substance use disorders, the records of that program are also covered by 42 CFR Part 2, and we follow its consent rules for those records.

WHAT WE DO

1. The privacy officer, who is the staff member the executive director names to oversee confidentiality, keeps written policies for protecting paper and electronic records, covering how records are stored, accessed, moved, removed and destroyed.
2. The intake worker gives each client our written notice of privacy practices at the first service and records that it was given.
3. The counselor gets the client's written authorization before any disclosure that the law or our contract says needs one, and limits the disclosure to what the purpose requires.
4. The privacy officer reviews whether any of our programs is covered by 42 CFR Part 2 and, if so, uses Part 2 consent forms and notices for those records.
5. The privacy officer signs a business associate agreement with an outside vendor, such as a billing or electronic records company, before sharing client records with it.
6. The privacy officer investigates every suspected breach, documents the findings, and sends any required notices within 60 calendar days of discovery, and sooner if state law or our contract requires.
7. The privacy officer trains every employee on these rules at hire and at least once a year and keeps the attendance records.

Rules this covers: 42 U.S.C. 300x-53(b); 45 CFR 160.103; 45 CFR 164.404; 45 CFR 164.530; 42 CFR 2.12

8. Nondiscrimination and faith-based organizations

OUR POLICY

Programs funded by this grant are covered by the federal civil rights laws on age, disability, sex, and race, color and national origin, and the statute adds its own rule: no one may be excluded from, denied the benefits of, or discriminated against in a grant-funded program because of sex, including pregnancy, or religion. Block grant funds under 45 CFR Part 96 are run under the HHS equal treatment rule for faith-based organizations at 45 CFR Part 87. The charitable choice rules at 42 CFR Part 54 and 42 U.S.C. 300x-65 cover substance use services, not mental health services funded by this grant. Under Part 87, no organization that receives HHS funds may discriminate against a person receiving services because of religion, a religious belief, a refusal to hold a religious belief, or a refusal to attend or take part in a religious practice. An organization that receives direct funding may not hold explicitly religious activities, such as worship, religious instruction or proselytization, as part of the funded services; it must offer any such activities separately in time or place, and taking part must be voluntary. The state, as the pass-through entity, has to make sure that people receiving services get a written notice of these protections.

WHAT WE DO

1. The executive director posts our nondiscrimination statement, puts it in the client handbook, and applies it to admission, services and discharge.
2. The intake worker gives each person the written notice of beneficiary protections, using the language in Appendix A to 45 CFR Part 87 or the state agency's version, before the person enrolls or receives services.
3. The clinical director, when a crisis or the nature of the service makes advance notice impractical, has staff explain the protections and give the written notice at the earliest available opportunity.
4. The program director at a faith-based organization schedules any worship, religious instruction or similar activity at a separate time or place from grant-funded services and makes sure clients know taking part is voluntary.
5. The finance manager at a faith-based organization charges no explicitly religious activity to the grant.
6. The executive director trains staff that no client is treated differently because of religion, a religious belief, a refusal to hold a religious belief, or a refusal to attend or take part in a religious practice.

Rules this covers: 42 U.S.C. 300x-57; 45 CFR 96.18; 45 CFR 87.2; 45 CFR 87.3(d); 45 CFR 87.3(f); 45 CFR 87.3(k); 45 CFR 87.3(l); 42 CFR 54.1

9. Financial management, period of availability and maintenance of effort

OUR POLICY

The federal block grant rule says a state spends and accounts for block grant funds under the laws and procedures it uses for its own money, and that its fiscal controls have to trace the funds well enough to show they were not spent on anything the statute forbids. Grant funds paid to a state for a fiscal year are available for obligation and spending until the end of the following fiscal year, so our contract period and invoice deadlines are set inside that window. The state also has to keep its own spending on community mental health services at least at the average of the two fiscal years before the year it applies for, which is called maintenance of effort. That duty is the state's, but the state may ask us to report our state-funded spending and to show that block grant funds were not used to replace it. HHS follows the Uniform Guidance at 2 CFR Part 200, which it adopted at 2 CFR Part 300. The Uniform Guidance says most of its administrative and cost rules (subparts C, D and E) do not apply to the block grants authorized by the 1981 budget law, while its rules for pass-through entities and its audit rules still apply. The state agency decides how that exception applies to this grant, so the fiscal rules that bind us are mainly the ones in our contract. Where our contract is silent, we use the Uniform Guidance cost and timekeeping standards as our working standard.

WHAT WE DO

1. The finance manager sets up a separate fund or cost center for each MHBG contract, with accounts that match the budget lines in the contract and separate lines for any set-aside funds.
2. The finance manager reads the fiscal terms of each new contract, writes down which cost, timekeeping, indirect cost and procurement rules it applies, and asks the state agency in writing about anything the contract leaves unclear.
3. The finance manager confirms before charging a cost to the grant that it is necessary, reasonable, documented, and treated the same way we treat similar costs paid from other funds.
4. The supervisor approves a timesheet for each employee paid in part with grant funds that shows all hours worked, split by program and activity, and the finance manager charges salaries from those records.
5. The finance manager charges indirect costs only as our contract allows and at the rate it names, noting that the Uniform Guidance rate for organizations with no negotiated rate is up to 15 percent of modified total direct costs where the contract applies it.
6. The finance manager records the obligation and spending deadlines in our contract and submits the final invoice in time for the state agency to meet its own deadline.
7. The finance manager reports state-funded mental health spending to the state agency when it asks for maintenance of effort data and does not move costs from state funds to the grant without the state agency's written approval.

Rules this covers: 45 CFR 96.14(a); 45 CFR 96.30(a); 42 U.S.C. 300x-4(b); 42 U.S.C. 300x-62; 2 CFR 200.101(e); 2 CFR 200.302; 2 CFR 200.303; 2 CFR 200.403; 2 CFR 200.414(f); 2 CFR 200.430(g); 2 CFR 300.106

10. Procurement, conflicts of interest and fraud reporting

OUR POLICY

We buy goods and services with grant funds through fair, documented steps and follow the procurement terms in our contract. Where the contract applies the Uniform Guidance procurement standards, or is silent, we use those standards: written procedures, competition that fits the size of the purchase, and a record of each purchase. No employee, officer, board member or agent takes part in choosing or managing a contract when they have a real or apparent conflict of interest. The Uniform Guidance rules on conflicts of interest and mandatory disclosures sit in a subpart that still applies to the 1981 block grants, so we disclose potential conflicts of interest to the state agency in writing and disclose credible evidence of fraud, bribery, gratuity or conflict of interest crimes or of false claims involving the grant. The statute makes it a federal crime, punishable by up to 5 years in prison, to knowingly and willfully make a false statement of a material fact in connection with services paid for from the grant, or to hide an event that affects the right to payment in order to get paid more than is due.

WHAT WE DO

1. The finance manager follows our written procurement procedures, which set the method for each purchase size: micro-purchases, small purchases with price quotes, and sealed bids or proposals for large purchases.
2. The finance manager uses the dollar thresholds in our procurement policy, which we set no higher than our contract and the Uniform Guidance allow, and documents any micro-purchase threshold we self-certify.
3. The finance manager keeps a file for each purchase that shows why the method was chosen, why the vendor was selected, and the basis for the price.
4. The finance manager confirms before a contract is signed that the vendor is not suspended or debarred from federal work, for example by checking SAM.gov.
5. The executive director has each employee and board member sign our conflict of interest policy and report any possible conflict in writing as soon as it comes up, and discloses any potential conflict that involves the grant to the state agency in writing.
6. The program director confirms that the services billed on each invoice match the service records before the executive director signs it.
7. The executive director promptly reports in writing to the state agency, SAMHSA and the HHS Office of Inspector General any credible evidence of fraud, bribery, gratuity or conflict of interest crimes or of false claims connected to the grant.

Rules this covers: 42 U.S.C. 300x-56; 45 CFR 96.33; 2 CFR 200.112; 2 CFR 200.113; 2 CFR 200.214; 2 CFR 200.318; 2 CFR 200.320

11. Planning council, peer review, reports, records and audits

OUR POLICY

Several planning, quality and reporting rules bind the state and reach us through our contract. The state has to keep a mental health planning council that reviews the state plan and the state's annual report, advocates for people with mental illness, and at least once a year monitors and evaluates how mental health services are allocated in the state. At least half of the council's members must be people who are not state employees or providers of mental health services. The state makes its plan public for comment and each year reports to HHS on how it spent the grant, which organizations received funds and how much each received. The state also arranges independent peer review of the quality, appropriateness and efficacy of treatment services each year, covering at least 5 percent of the entities that provide services under the grant, so our program may be chosen. Each entity that receives grant funds has to make its books, documents, papers and records available to HHS or the Comptroller General on reasonable request. The block grant regulation makes subgrantees responsible for audits under the Single Audit Act, and we get a single audit for any fiscal year in which we spend $1,000,000 or more in federal awards. The block grant rules do not set a retention period for provider records. The Uniform Guidance period is three years from the final financial report, but that rule sits in a subpart that does not apply on its own to the 1981 block grants, so we keep records for the period in our contract.

WHAT WE DO

1. The executive director reviews the draft state plan when the state agency publishes it and sends any comments by its deadline.
2. The executive director does not count our staff or board toward the half of the planning council that must be neither state employees nor providers, and tells the state agency if a council member works for us.
3. The clinical director cooperates with independent peer reviewers by giving them the sample of client records they ask for, within the confidentiality rules in this handbook.
4. The clinical director writes a plan to act on any peer review or monitoring finding and sends it to the state agency by its deadline.
5. The finance manager keeps a retention schedule that holds grant records for the period in our contract and holds anything tied to an open audit, claim or lawsuit until it is resolved.
6. The executive director gives the state agency, HHS, the Comptroller General and independent auditors access to our books, documents, papers and records on reasonable request, with client records shared only as the confidentiality rules allow.
7. The finance manager arranges a single audit for any fiscal year in which we spend $1,000,000 or more in federal awards from all sources, sends the report to the state agency as our contract requires, and corrects any finding of noncompliance on the schedule the state agency sets, since the state has to see that corrective action is taken within six months of receiving the audit report.

Rules this covers: 42 U.S.C. 300x-3; 42 U.S.C. 300x-4(a); 42 U.S.C. 300x-51; 42 U.S.C. 300x-52; 42 U.S.C. 300x-53(a); 42 U.S.C. 300x-55(g); 45 CFR 96.17; 45 CFR 96.31; 2 CFR 200.101(e); 2 CFR 200.332; 2 CFR 200.334; 2 CFR 200.501(a)

Adoption

This handbook was reviewed and adopted by our organization on the date below. We review it once a year and whenever the grant agreement or the regulation changes.

Adopted by: _____ Title: _____

Signature: _____ Date: _____

Sources

- 42 U.S.C. 300x to 300x-9: The statute for the grant, titled Block Grants for Community Mental Health Services (Public Health Service Act, Title XIX, Part B, Subpart I, sections 1911 to 1920), including the purpose (300x), state plan (300x-1), community mental health center criteria (300x-2), planning council (300x-3), maintenance of effort (300x-4), spending limits (300x-5) and the early serious mental illness and crisis care set-asides (300x-9). https://www.law.cornell.edu/uscode/text/42/chapter-6A/subchapter-XVII/part-B/subpart-i
- 42 U.S.C. 300x-51 to 300x-66: The general provisions that apply to both block grants (Subpart III), including public plans, reports and audits, peer review and patient records, investigations and access to records, false statements, nondiscrimination, period of availability and co-occurring disorders. https://www.law.cornell.edu/uscode/text/42/chapter-6A/subchapter-XVII/part-B/subpart-iii
- 45 CFR Part 96: The HHS block grant regulation. Subparts A to F apply to this grant, including the period for obligation (96.14), faith-based organizations (96.18), fiscal rules (96.30), audits (96.31) and complaints (96.50). Subpart L covers only the substance use block grant. https://www.ecfr.gov/current/title-45/part-96
- 45 CFR Part 87: The HHS equal treatment rule for faith-based organizations, which 45 CFR 96.18 applies to block grant funds. Appendix A holds the written notice of beneficiary protections. https://www.ecfr.gov/current/title-45/part-87
- 42 CFR Part 54: The SAMHSA charitable choice rules. Section 54.1 limits them to substance use services under the substance use block grant and the PATH program, so they do not govern mental health services funded by this grant. https://www.ecfr.gov/current/title-42/part-54
- 45 CFR Parts 160 and 164: The HIPAA rules, including who is a covered entity (160.103), breach notification (164.404) and written privacy policies and training (164.530). https://www.ecfr.gov/current/title-45/part-164
- 42 CFR Part 2: The federal rules on confidentiality of substance use disorder patient records, which apply to a provider's records only if it also runs a federally assisted substance use disorder program (2.12). https://www.ecfr.gov/current/title-42/part-2
- 2 CFR Part 200: The federal Uniform Guidance. Section 200.101(e) lists the parts that do not apply to the 1981 block grants, and Subpart F sets the single audit rules. https://www.ecfr.gov/current/title-2/part-200

- 2 CFR Part 300: The HHS rule that adopts 2 CFR Part 200 (section 300.106). https://www.ecfr.gov/current/title-2/part-300
- Consolidated Appropriations Act, 2026 (Pub. L. 119-75): The fiscal year 2026 HHS appropriations act. Division B, title II funds the grant under the SAMHSA mental health heading, where a proviso makes at least 5 percent available for evidence-based crisis systems, and section 202 holds the Executive Level II salary limit. https://www.govinfo.gov/content/pkg/PLAW-119publ75/html/PLAW-119publ75.htm
- SAMHSA: Community Mental Health Services Block Grant: SAMHSA's page for the grant, with the program's purpose, the definitions of adults with serious mental illness and children with serious emotional disturbance, and the planning council. https://www.samhsa.gov/grants/block-grants/mhbg
- SAMHSA: Block Grants Laws and Regulations: SAMHSA's list of the laws and regulations that govern the block grants and affect subrecipients. https://www.samhsa.gov/grants/block-grants/laws-regulations