

# Washington

## UNIFORM APPLICATION

FY 2022/2023 Combined MHBG Application Behavioral Health  
Assessment and Plan

### SUBSTANCE ABUSE PREVENTION AND TREATMENT and COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 03/02/2022 - Expires 03/31/2025  
(generated on 08/17/2022 5.55.12 PM)

Center for Substance Abuse Prevention  
Division of State Programs

Center for Substance Abuse Treatment  
Division of State and Community Assistance

and

Center for Mental Health Services  
Division of State and Community Systems Development

## State Information

### State Information

#### Plan Year

Start Year 2022

End Year 2023

#### State SAPT DUNS Number

Number 7207571

Expiration Date

#### I. State Agency to be the SAPT Grantee for the Block Grant

Agency Name Health Care Authority

Organizational Unit Division of Behavioral Health and Recovery

Mailing Address PO Box 42730

City Olympia

Zip Code 98504

#### II. Contact Person for the SAPT Grantee of the Block Grant

First Name Michael

Last Name Langer

Agency Name Health Care Authority

Mailing Address PO Box 42730

City Olympia

Zip Code 98504

Telephone 360-725-9821

Fax 360-725-2280

Email Address michael.langer@hca.wa.gov

#### State CMHS DUNS Number

Number 7207571

Expiration Date

#### I. State Agency to be the CMHS Grantee for the Block Grant

Agency Name Health Care Authority

Organizational Unit Division of Behavioral Health and Recovery

Mailing Address PO Box 42730

City Olympia

Zip Code 98504

#### II. Contact Person for the CMHS Grantee of the Block Grant

First Name Keri

Last Name Waterland

Agency Name Health Care Authority

Mailing Address PO Box 42730  
City Olympia  
Zip Code 98504-2730  
Telephone 360-725-5252  
Fax 360-725-2280  
Email Address keri.waterland@hca.wa.gov

**III. Third Party Administrator of Mental Health Services**

First Name  
Last Name  
Agency Name  
Mailing Address  
City  
Zip Code  
Telephone  
Fax  
Email Address

**IV. State Expenditure Period (Most recent State expenditure period that is closed out)**

From  
To

**V. Date Submitted**

Submission Date  
Revision Date 8/17/2022 5:54:56 PM

**VI. Contact Person Responsible for Application Submission**

First Name Janet  
Last Name Cornell  
Telephone 360-622-1984  
Fax  
Email Address janet.cornell@hca.wa.gov

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

**Footnotes:**

# State Information

## Chief Executive Officer's Funding Agreement - Certifications and Assurances / Letter Designating Signatory Authority [SA]

Fiscal Year 2023

U.S. Department of Health and Human Services  
 Substance Abuse and Mental Health Services Administrations  
 Funding Agreements  
 as required by  
 Substance Abuse Prevention and Treatment Block Grant Program  
 as authorized by  
 Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act  
 and  
 Tile 42, Chapter 6A, Subchapter XVII of the United States Code

Title XIX, Part B, Subpart II of the Public Health Service Act		
Section	Title	Chapter
Section 1921	Formula Grants to States	<a href="#">42 USC § 300x-21</a>
Section 1922	Certain Allocations	<a href="#">42 USC § 300x-22</a>
Section 1923	Intravenous Substance Abuse	<a href="#">42 USC § 300x-23</a>
Section 1924	Requirements Regarding Tuberculosis and Human Immunodeficiency Virus	<a href="#">42 USC § 300x-24</a>
Section 1925	Group Homes for Recovering Substance Abusers	<a href="#">42 USC § 300x-25</a>
Section 1926	State Law Regarding the Sale of Tobacco Products to Individuals Under Age 18	<a href="#">42 USC § 300x-26</a>
Section 1927	Treatment Services for Pregnant Women	<a href="#">42 USC § 300x-27</a>
Section 1928	Additional Agreements	<a href="#">42 USC § 300x-28</a>
Section 1929	Submission to Secretary of Statewide Assessment of Needs	<a href="#">42 USC § 300x-29</a>
Section 1930	Maintenance of Effort Regarding State Expenditures	<a href="#">42 USC § 300x-30</a>
Section 1931	Restrictions on Expenditure of Grant	<a href="#">42 USC § 300x-31</a>
Section 1932	Application for Grant; Approval of State Plan	<a href="#">42 USC § 300x-32</a>
Section 1935	Core Data Set	<a href="#">42 USC § 300x-35</a>
Title XIX, Part B, Subpart III of the Public Health Service Act		
Section 1941	Opportunity for Public Comment on State Plans	<a href="#">42 USC § 300x-51</a>
Section 1942	Requirement of Reports and Audits by States	<a href="#">42 USC § 300x-52</a>



Section 1943	Additional Requirements	<a href="#">42 USC § 300x-53</a>
Section 1946	Prohibition Regarding Receipt of Funds	<a href="#">42 USC § 300x-56</a>
Section 1947	Nondiscrimination	<a href="#">42 USC § 300x-57</a>
Section 1953	Continuation of Certain Programs	<a href="#">42 USC § 300x-63</a>
Section 1955	Services Provided by Nongovernmental Organizations	<a href="#">42 USC § 300x-65</a>
Section 1956	Services for Individuals with Co-Occurring Disorders	<a href="#">42 USC § 300x-66</a>

## ASSURANCES - NON-CONSTRUCTION PROGRAMS

Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions

to State (Clear Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

## LIST of CERTIFICATIONS

### 1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief that the applicant, defined as the primary participant in accordance with 2 CFR part 180, and its principals:

- a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds \$25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
  - a. Checking the Exclusion Extract located on the System for Award Management (SAM) at <http://sam.gov>
  - b. Collecting a certification statement similar to paragraph (a)
  - c. Inserting a clause or condition in the covered transaction with the lower tier contract

### 2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work place in accordance with 2 CFR Part 182 by:

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
- b. Establishing an ongoing drug-free awareness program to inform employees about--
  1. The dangers of drug abuse in the workplace;
  2. The grantee's policy of maintaining a drug-free workplace;
  3. Any available drug counseling, rehabilitation, and employee assistance programs; and
  4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
  1. Abide by the terms of the statement; and
  2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
  1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

### 3. Certifications Regarding Lobbying

Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions,"

generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs.

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person 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 the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person 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 this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

#### **4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA) (31 U.S.C § 3801- 3812)**

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

#### **5. Certification Regarding Environmental Tobacco Smoke**

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

### **HHS Assurances of Compliance (HHS 690)**

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.

I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

I also certify that the state or territory will comply with the Assurances Non-construction Programs and other Certifications summarized above.

State: \_\_\_\_\_

Name of Chief Executive Officer (CEO) or Designee: \_\_\_\_\_

Signature of CEO or Designee<sup>1</sup>: \_\_\_\_\_

Title: \_\_\_\_\_

Date Signed: \_\_\_\_\_

mm/dd/yyyy

\_\_\_\_\_ <sup>1</sup>If the agreement is signed by an authorized designee, a copy of the designation must be attached.

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

**Footnotes:**



JAY INSLEE  
Governor



STATE OF WASHINGTON  
Office of the Governor

April 26, 2018

Wendy Pang  
Grants Management Specialist  
Division of Grants Management  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road, Room 7-1091  
Rockville, MD 20857

Dear Ms. Pang:

Washington State has a long history of implementing significant and innovative initiatives related to integration and care coordination. As of July 1, 2018, the Division of Behavioral Health and Recovery will transfer from the Department of Social and Health Services (DSHS) to the Health Care Authority (HCA) in order to fully integrate behavioral health and physical health care services.

This change requires the transition of the oversight, both financial and programmatic, of the Substance Abuse and Mental Health Services Administration grants from DSHS to HCA. Therefore, I am designating Susan E. Birch, Director of HCA, as the signature authority related to the Unified Block Grant for the Substance Abuse Block Grant and Mental Health Block Grant, the Projects for Assistance in Transition from Homelessness Grant as well as any other discretionary grants. This authority includes the signing of any standard federal forms such as Assurances, Certifications, and Disclosure of Lobbying Activities. In addition, I am designating HCA Director Susan E. Birch as the Single State Authority for Washington State.

The grants affected by this transition are listed in the enclosed document, which includes the Data Universal Numbering System (DUNS) number, Employer Identification Number and agency mailing address for each grant.

Thank you for your attention to this matter.

Very truly yours,

  
Jay Inslee  
Governor

Enclosure

cc: Cheryl Strange, DSHS Secretary  
Susan E. Birch, MBA, BSN, RN, HCA Director



P.O. Box 40002 • Olympia, Washington 98504-0002 • (360) 902-4111 • [www.governor.wa.gov](http://www.governor.wa.gov)





**Division of Behavioral Health and Recovery  
Federal Grant Listing**

Grant Number	FAIN	CFDA #	Grant Name	DUNS	EIN	Agency Name	Agency Address
5U79SP020155	SP020155	93.243	Strategic Prevention Framework Partnerships for Success	007207571	91-1412780	Health Care Authority	PO Box 45502 Olympia, WA 98504-5502
5H79TI025995	TI025995	93.243	CSAT State Youth Treatment - Implementation	007207571	91-1412780	Health Care Authority	PO Box 45502 Olympia, WA 98504-5502
6H79SM061705	SM061705	93.243	Becoming Employed Start Today	007207571	91-1412780	Health Care Authority	PO Box 45502 Olympia, WA 98504-5502
5H79TI026138	TI026138	93.243	MAT-PDOA Project	007207571	91-1412780	Health Care Authority	PO Box 45502 Olympia, WA 98504-5502
1H79TI025570	TI025570	93.243	Access to Recovery	007207571	91-1412780	Health Care Authority	PO Box 45502 Olympia, WA 98504-5502
5H79SP022135	SP022135	93.243	Prevent Prescription Drug/Opioid Overdose-Related Deaths	007207571	91-1412780	Health Care Authority	PO Box 45502 Olympia, WA 98504-5502
1H79TI080249	TI080249	93.788	WA-STR addresses the Opiate Epidemic by increasing treatment & Prevention	007207571	91-1412780	Health Care Authority	PO Box 45502 Olympia, WA 98504-5502
2B09SM010056	SM010056	93.958	Mental Health Services Block Grant	007207571	91-1412780	Health Care Authority	PO Box 45502 Olympia, WA 98504-5502
2B08TI010056	TI010056	93.959	Substance Abuse Prevention and Treatment Block Grant	007207571	91-1412780	Health Care Authority	PO Box 45502 Olympia, WA 98504-5502
2X06SM016048	SM016048	93.150	Projects for Assistance in Transition from Homelessness	007207571	91-1412780	Health Care Authority	PO Box 45502 Olympia, WA 98504-5502



STATE OF WASHINGTON  
**HEALTH CARE AUTHORITY**

626 8th Avenue, SE • P.O. Box 45502 • Olympia, Washington 98504-5502

May 17, 2019

Ann Piesen  
Senior Grants Policy Advisor  
Division of Grants Management  
SAMHSA  
5600 Fishers Lane  
Rockville, MD 20857

Dear Ms. Piesen:

I hereby delegate to the Assistant Director of the Division of Behavioral Health and Recovery (DBHR) of the Washington State Health Care Authority (HCA), the authority to act on my behalf in making application, reports (including Synar), and certifications related to the Unified Block Grant for the Substance Abuse Block Grant, the Mental Health Block Grant, the Projects for Assistance in Transition from Homelessness Grant, as well as any other discretionary grants administered by the HCA.

This delegation of signatory authority is for the person who holds the office of the Assistant Director of DBHR. The current Assistant Director of DBHR is Keri L. Waterland. This authority shall transfer to any and all individuals who are appointed Assistant Director of DBHR during my tenure as Director of HCA.

This delegation of authority is effective May 1, 2019. This delegation shall apply to any requirements for release of funds and other assistance necessary to implement or manage the grant process.

Your assistance with this matter is appreciated.

Sincerely,

Susan E. Birch, MBA, BSN, RN  
Director

cc: Megan Atkinson, Chief Financial Officer, FS, HCA  
Keri L. Waterland, Assistant Director, DBHR, HCA  
Annette Schuffenhauer, Assistant Director, DLS, HCA  
Janet Cornell, Block Grant Administrator, DBHR, HCA  
Melodie Pazolt, PATH State Contact, DBHR, HCA

# State Information

## Chief Executive Officer's Funding Agreement - Certifications and Assurances / Letter Designating Signatory Authority [SA]

Fiscal Year 2023

U.S. Department of Health and Human Services  
 Substance Abuse and Mental Health Services Administrations  
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 as required by  
 Substance Abuse Prevention and Treatment Block Grant Program  
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 and  
 Title 42, Chapter 6A, Subchapter XVII of the United States Code

Title XIX, Part B, Subpart II of the Public Health Service Act		
Section	Title	Chapter
Section 1921	Formula Grants to States	<a href="#">42 USC § 300x-21</a>
Section 1922	Certain Allocations	<a href="#">42 USC § 300x-22</a>
Section 1923	Intravenous Substance Abuse	<a href="#">42 USC § 300x-23</a>
Section 1924	Requirements Regarding Tuberculosis and Human Immunodeficiency Virus	<a href="#">42 USC § 300x-24</a>
Section 1925	Group Homes for Recovering Substance Abusers	<a href="#">42 USC § 300x-25</a>
Section 1926	State Law Regarding the Sale of Tobacco Products to Individuals Under Age 18	<a href="#">42 USC § 300x-26</a>
Section 1927	Treatment Services for Pregnant Women	<a href="#">42 USC § 300x-27</a>
Section 1928	Additional Agreements	<a href="#">42 USC § 300x-28</a>
Section 1929	Submission to Secretary of Statewide Assessment of Needs	<a href="#">42 USC § 300x-29</a>
Section 1930	Maintenance of Effort Regarding State Expenditures	<a href="#">42 USC § 300x-30</a>
Section 1931	Restrictions on Expenditure of Grant	<a href="#">42 USC § 300x-31</a>
Section 1932	Application for Grant; Approval of State Plan	<a href="#">42 USC § 300x-32</a>
Section 1935	Core Data Set	<a href="#">42 USC § 300x-35</a>
Title XIX, Part B, Subpart III of the Public Health Service Act		
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Section 1955	Services Provided by Nongovernmental Organizations	<a href="#">42 USC § 300x-65</a>
Section 1956	Services for Individuals with Co-Occurring Disorders	<a href="#">42 USC § 300x-66</a>

## ASSURANCES - NON-CONSTRUCTION PROGRAMS

Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
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to State (Clear Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

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## LIST of CERTIFICATIONS

### 1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief that the applicant, defined as the primary participant in accordance with 2 CFR part 180, and its principals:

- a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds \$25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
  - a. Checking the Exclusion Extract located on the System for Award Management (SAM) at <http://sam.gov>
  - b. Collecting a certification statement similar to paragraph (a)
  - c. Inserting a clause or condition in the covered transaction with the lower tier contract

### 2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work place in accordance with 2 CFR Part 182 by:

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
- b. Establishing an ongoing drug-free awareness program to inform employees about--
  1. The dangers of drug abuse in the workplace;
  2. The grantee's policy of maintaining a drug-free workplace;
  3. Any available drug counseling, rehabilitation, and employee assistance programs; and
  4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
  1. Abide by the terms of the statement; and
  2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
  1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

### 3. Certifications Regarding Lobbying

Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions,"



generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs.

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person 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 the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person 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 this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

#### **4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA) (31 U.S.C § 3801- 3812)**

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

#### **5. Certification Regarding Environmental Tobacco Smoke**

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.



The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

### **HHS Assurances of Compliance (HHS 690)**

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.

I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

I also certify that the state or territory will comply with the Assurances Non-construction Programs and other Certifications summarized above.

State: Washington

Keri Waterland

Name of Chief Executive Officer (CEO) or Designee:

Signature of CEO or Designee<sup>1</sup>: 

Title: Division Director of DBHR, Health Care Authority

Date Signed: 08/17/2022

mm/dd/yyyy

<sup>1</sup>If the agreement is signed by an authorized designee, a copy of the designation must be attached.

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

**Footnotes:**

# State Information

## Chief Executive Officer's Funding Agreement - Certifications and Assurances / Letter Designating Signatory Authority [MH]

### Fiscal Year 2023

U.S. Department of Health and Human Services  
 Substance Abuse and Mental Health Services Administrations  
 Funding Agreements  
 as required by  
 Community Mental Health Services Block Grant Program  
 as authorized by  
 Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act  
 and  
 Title 42, Chapter 6A, Subchapter XVII of the United States Code

Title XIX, Part B, Subpart II of the Public Health Service Act		
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Section 1911	Formula Grants to States	<a href="#">42 USC § 300x</a>
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Section 1913	Certain Agreements	<a href="#">42 USC § 300x-2</a>
Section 1914	State Mental Health Planning Council	<a href="#">42 USC § 300x-3</a>
Section 1915	Additional Provisions	<a href="#">42 USC § 300x-4</a>
Section 1916	Restrictions on Use of Payments	<a href="#">42 USC § 300x-5</a>
Section 1917	Application for Grant	<a href="#">42 USC § 300x-6</a>
Section 1920	Early Serious Mental Illness	<a href="#">42 USC § 300x-9</a>
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The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 2 CFR part 180, and its principals:

- a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds \$25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
  - a. Checking the Exclusion Extract located on the System for Award Management (SAM) at <http://sam.gov>
  - b. Collecting a certification statement similar to paragraph (a)
  - c. Inserting a clause or condition in the covered transaction with the lower tier contract

### 2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work-place in accordance with 2 CFR Part 182by:

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
- b. Establishing an ongoing drug-free awareness program to inform employees about--
  1. The dangers of drug abuse in the workplace;
  2. The grantee's policy of maintaining a drug-free workplace;
  3. Any available drug counseling, rehabilitation, and employee assistance programs; and
  4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
  1. Abide by the terms of the statement; and
  2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
  1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

### 3. Certifications Regarding Lobbying

Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions,"

generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs.

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person 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 the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person 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 this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

#### **4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA) (31 U.S.C § 3801- 3812)**

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

#### **5. Certification Regarding Environmental Tobacco Smoke**

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.



The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

### **HHS Assurances of Compliance (HHS 690)**

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.

I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

I also certify that the state or territory will comply with the Assurances Non-Construction Programs and Certifications summarized above.

Name of Chief Executive Officer (CEO) or Designee: \_\_\_\_\_

Signature of CEO or Designee<sup>1</sup>: \_\_\_\_\_

Title: \_\_\_\_\_

Date Signed: \_\_\_\_\_

mm/dd/yyyy

<sup>1</sup>If the agreement is signed by an authorized designee, a copy of the designation must be attached.

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

**Footnotes:**

JAY INSLEE  
Governor



STATE OF WASHINGTON  
Office of the Governor

April 26, 2018

Wendy Pang  
Grants Management Specialist  
Division of Grants Management  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road, Room 7-1091  
Rockville, MD 20857

Dear Ms. Pang:

Washington State has a long history of implementing significant and innovative initiatives related to integration and care coordination. As of July 1, 2018, the Division of Behavioral Health and Recovery will transfer from the Department of Social and Health Services (DSHS) to the Health Care Authority (HCA) in order to fully integrate behavioral health and physical health care services.

This change requires the transition of the oversight, both financial and programmatic, of the Substance Abuse and Mental Health Services Administration grants from DSHS to HCA. Therefore, I am designating Susan E. Birch, Director of HCA, as the signature authority related to the Unified Block Grant for the Substance Abuse Block Grant and Mental Health Block Grant, the Projects for Assistance in Transition from Homelessness Grant as well as any other discretionary grants. This authority includes the signing of any standard federal forms such as Assurances, Certifications, and Disclosure of Lobbying Activities. In addition, I am designating HCA Director Susan E. Birch as the Single State Authority for Washington State.

The grants affected by this transition are listed in the enclosed document, which includes the Data Universal Numbering System (DUNS) number, Employer Identification Number and agency mailing address for each grant.

Thank you for your attention to this matter.

Very truly yours,

  
Jay Inslee  
Governor

Enclosure

cc: Cheryl Strange, DSHS Secretary  
Susan E. Birch, MBA, BSN, RN, HCA Director



P.O. Box 40002 • Olympia, Washington 98504-0002 • (360) 902-4111 • [www.governor.wa.gov](http://www.governor.wa.gov)



**Division of Behavioral Health and Recovery  
Federal Grant Listing**

Grant Number	FAIN	CFDA #	Grant Name	DUNS	EIN	Agency Name	Agency Address
5U79SP020155	SP020155	93.243	Strategic Prevention Framework Partnerships for Success	007207571	91-1412780	Health Care Authority	PO Box 45502 Olympia, WA 98504-5502
5H79TI025995	TI025995	93.243	CSAT State Youth Treatment - Implementation	007207571	91-1412780	Health Care Authority	PO Box 45502 Olympia, WA 98504-5502
6H79SM061705	SM061705	93.243	Becoming Employed Start Today	007207571	91-1412780	Health Care Authority	PO Box 45502 Olympia, WA 98504-5502
5H79TI026138	TI026138	93.243	MAT-PDOA Project	007207571	91-1412780	Health Care Authority	PO Box 45502 Olympia, WA 98504-5502
1H79TI025570	TI025570	93.243	Access to Recovery	007207571	91-1412780	Health Care Authority	PO Box 45502 Olympia, WA 98504-5502
5H79SP022135	SP022135	93.243	Prevent Prescription Drug/Opioid Overdose-Related Deaths	007207571	91-1412780	Health Care Authority	PO Box 45502 Olympia, WA 98504-5502
1H79TI080249	TI080249	93.788	WA-STR addresses the Opiate Epidemic by increasing treatment & Prevention	007207571	91-1412780	Health Care Authority	PO Box 45502 Olympia, WA 98504-5502
2B09SM010056	SM010056	93.958	Mental Health Services Block Grant	007207571	91-1412780	Health Care Authority	PO Box 45502 Olympia, WA 98504-5502
2B08TI010056	TI010056	93.959	Substance Abuse Prevention and Treatment Block Grant	007207571	91-1412780	Health Care Authority	PO Box 45502 Olympia, WA 98504-5502
2X06SM016048	SM016048	93.150	Projects for Assistance in Transition from Homelessness	007207571	91-1412780	Health Care Authority	PO Box 45502 Olympia, WA 98504-5502



STATE OF WASHINGTON  
**HEALTH CARE AUTHORITY**

626 8th Avenue, SE • P.O. Box 45502 • Olympia, Washington 98504-5502

May 17, 2019

Ann Piesen  
Senior Grants Policy Advisor  
Division of Grants Management  
SAMHSA  
5600 Fishers Lane  
Rockville, MD 20857

Dear Ms. Piesen:

I hereby delegate to the Assistant Director of the Division of Behavioral Health and Recovery (DBHR) of the Washington State Health Care Authority (HCA), the authority to act on my behalf in making application, reports (including Synar), and certifications related to the Unified Block Grant for the Substance Abuse Block Grant, the Mental Health Block Grant, the Projects for Assistance in Transition from Homelessness Grant, as well as any other discretionary grants administered by the HCA.

This delegation of signatory authority is for the person who holds the office of the Assistant Director of DBHR. The current Assistant Director of DBHR is Keri L. Waterland. This authority shall transfer to any and all individuals who are appointed Assistant Director of DBHR during my tenure as Director of HCA.

This delegation of authority is effective May 1, 2019. This delegation shall apply to any requirements for release of funds and other assistance necessary to implement or manage the grant process.

Your assistance with this matter is appreciated.

Sincerely,

Susan E. Birch, MBA, BSN, RN  
Director

cc: Megan Atkinson, Chief Financial Officer, FS, HCA  
Keri L. Waterland, Assistant Director, DBHR, HCA  
Annette Schuffenhauer, Assistant Director, DLS, HCA  
Janet Cornell, Block Grant Administrator, DBHR, HCA  
Melodie Pazolt, PATH State Contact, DBHR, HCA

# State Information

## Chief Executive Officer's Funding Agreement - Certifications and Assurances / Letter Designating Signatory Authority [MH]

Fiscal Year 2023

U.S. Department of Health and Human Services  
 Substance Abuse and Mental Health Services Administrations  
 Funding Agreements  
 as required by  
 Community Mental Health Services Block Grant Program  
 as authorized by  
 Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act  
 and  
 Title 42, Chapter 6A, Subchapter XVII of the United States Code

Title XIX, Part B, Subpart II of the Public Health Service Act		
Section	Title	Chapter
Section 1911	Formula Grants to States	<a href="#">42 USC § 300x</a>
Section 1912	State Plan for Comprehensive Community Mental Health Services for Certain Individuals	<a href="#">42 USC § 300x-1</a>
Section 1913	Certain Agreements	<a href="#">42 USC § 300x-2</a>
Section 1914	State Mental Health Planning Council	<a href="#">42 USC § 300x-3</a>
Section 1915	Additional Provisions	<a href="#">42 USC § 300x-4</a>
Section 1916	Restrictions on Use of Payments	<a href="#">42 USC § 300x-5</a>
Section 1917	Application for Grant	<a href="#">42 USC § 300x-6</a>
Section 1920	Early Serious Mental Illness	<a href="#">42 USC § 300x-9</a>
Title XIX, Part B, Subpart III of the Public Health Service Act		
Section 1941	Opportunity for Public Comment on State Plans	<a href="#">42 USC § 300x-51</a>
Section 1942	Requirement of Reports and Audits by States	<a href="#">42 USC § 300x-52</a>
Section 1943	Additional Requirements	<a href="#">42 USC § 300x-53</a>
Section 1946	Prohibition Regarding Receipt of Funds	<a href="#">42 USC § 300x-56</a>
Section 1947	Nondiscrimination	<a href="#">42 USC § 300x-57</a>
Section 1953	Continuation of Certain Programs	<a href="#">42 USC § 300x-63</a>
Section 1955	Services Provided by Nongovernmental Organizations	<a href="#">42 USC § 300x-65</a>





## ASSURANCES - NON-CONSTRUCTION PROGRAMS

Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to



State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

## LIST of CERTIFICATIONS

### 1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 2 CFR part 180, and its principals:

- a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds \$25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
  - a. Checking the Exclusion Extract located on the System for Award Management (SAM) at <http://sam.gov>
  - b. Collecting a certification statement similar to paragraph (a)
  - c. Inserting a clause or condition in the covered transaction with the lower tier contract

### 2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work-place in accordance with 2 CFR Part 182by:

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
- b. Establishing an ongoing drug-free awareness program to inform employees about--
  1. The dangers of drug abuse in the workplace;
  2. The grantee's policy of maintaining a drug-free workplace;
  3. Any available drug counseling, rehabilitation, and employee assistance programs; and
  4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
  1. Abide by the terms of the statement; and
  2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
  1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

### 3. Certifications Regarding Lobbying

Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions,"

generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs.

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person 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 the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person 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 this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

#### **4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA) (31 U.S.C § 3801- 3812)**

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

#### **5. Certification Regarding Environmental Tobacco Smoke**

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

### **HHS Assurances of Compliance (HHS 690)**

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.

I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

I also certify that the state or territory will comply with the Assurances Non-Construction Programs and Certifications summarized above.

Name of Chief Executive Officer (CEO) or Designee: Keri Waterland

Signature of CEO or Designee<sup>1</sup>: 

Title: Division Director of DBHR, Health Care Authority

Date Signed: 08/17/2022

mm/dd/yyyy

<sup>1</sup>If the agreement is signed by an authorized designee, a copy of the designation must be attached.

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

**Footnotes:**

# State Information

## Disclosure of Lobbying Activities

To View Standard Form LLL, Click the link below (This form is OPTIONAL)

[Standard Form LLL \(click here\)](#)

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Name

Title

Organization

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Signature:

Date:

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

**Footnotes:**

## Planning Tables

**Table 2 State Agency Planned Expenditures [MH]**

States must project how the SMHA will use available funds to provide authorized services for the planning period for state fiscal year 2023. Include public mental health services provided by mental health providers or funded by the state mental health agency by source of funding. Table 2 addresses funds to be expended during the 12-month period of July 1, 2022, through June 30, 2023. Table 2 now includes columns to capture state expenditures for COVID-19 Relief Supplemental and ARP Supplemental funds. Please use these columns to capture how much the state plans to expend over a 12-month period (7/1/22-6/30/23). Please document the use of COVID-19 Relief Supplemental and ARP Supplemental funds in the footnotes.

Planning Period Start Date: 7/1/2022 Planning Period End Date: 6/30/2023

Activity (See instructions for using Row 1.)	Source of Funds									
	A. Substance Abuse Block Grant	B. Mental Health Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other	H. COVID-19 Relief Funds (MHBG) <sup>a</sup>	I. COVID-19 Relief Funds (SABG)	J. ARP Funds (MHBG) <sup>b</sup>
1 Substance Abuse Prevention and Treatment										
a Pregnant Women and Women with Dependent Children										
b All Other										
2 Primary Prevention										
a Substance Abuse Primary Prevention										
b Mental Health Primary Prevention <sup>c</sup>					\$290,000.00			\$0.00		\$0.00
3 Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis (10 percent of total award MHBG) <sup>d</sup>		\$3,007,959.00						\$337,610.00		\$359,773.00
4 Tuberculosis Services										
5 Early Intervention Services for HIV										
6 State Hospital								\$0.00		\$0.00
7 Other 24-Hour Care								\$0.00		\$0.00
8 Ambulatory/Community Non-24 Hour Care		\$15,039,793.00	\$1,414,541,356.00	\$13,253,375.00	\$217,144,327.00			\$2,137,811.00		\$2,044,143.00
9 Administration (excluding program/provider level) <sup>e</sup> MHBG and SABG must be reported separately		\$1,002,653.00	\$17,767,545.00	\$518,291.00	\$7,247,517.00			\$140,634.00		\$149,905.00
10 Crisis Services (5 percent set-aside) <sup>f</sup>		\$1,002,653.00						\$196,976.00		\$299,811.00
<b>11. Total</b>	<b>\$0.00</b>	<b>\$20,053,058.00</b>	<b>\$1,432,308,901.00</b>	<b>\$13,771,666.00</b>	<b>\$224,681,844.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$2,813,031.00</b>	<b>\$0.00</b>	<b>\$2,853,632.00</b>

<sup>a</sup> The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" SABG and MHBG. Per the instructions, the standard SABG expenditures are for the state planned expenditure period of **July 1, 2022 - June 30, 2023**, for most states.

<sup>b</sup> The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**, which is different from expenditure period for the "standard" MHBG. Per the instructions, the standard MHBG expenditures captured in Columns A-G are for the state planned expenditure period of **July 1, 2022 - June 30, 2023**, for most states.

<sup>d</sup> Column 3B should include Early Serious Mental Illness programs funded through MHBG set aside.

<sup>c</sup> While a state may use state or other funding for these services, the MHBG funds must be directed toward adults with SMI or children with SED.

<sup>e</sup> Per statute, Administrative expenditures cannot exceed 5 percent of the fiscal year award.

<sup>f</sup> Row 10 should include Crisis Services programs funded through different funding sources, including the MHBG set aside. States may expend more than 5 percent of their MHBG allocation.

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**Footnotes:**

# Planning Tables

**Table 4 SABG Planned Expenditures**

States must project how they will use SABG funds to provide authorized services as required by the SABG regulations, including the supplemental COVID-19 and ARP funds. Plan Table 4 must be completed for the FFY 2022 and FFY 2023 SABG awards. The totals for each Fiscal Year should match the President’s Budget Allotment for the state.

Planning Period Start Date: 10/1/2022      Planning Period End Date: 9/30/2023

Expenditure Category	FFY 2022			FFY 2023		
	FFY 2022 SA Block Grant Award	COVID-19 Award <sup>1</sup>	ARP Award <sup>2</sup>	FFY 2023 SA Block Grant Award	COVID-19 Award <sup>1</sup>	ARP Award <sup>2</sup>
1 . Substance Use Disorder Prevention and Treatment <sup>5</sup>	\$27,320,937.00	\$22,691,951.00	\$8,809,196.00	\$25,369,441.00	\$3,890,049.00	\$1,498,700.00
2 . Primary Substance Use Disorder Prevention	\$9,757,478.00	\$7,083,872.00	\$0.00	\$11,708,973.00	\$0.00	\$824,831.00
3 . Tuberculosis Services		\$0.00	\$0.00		\$0.00	\$0.00
4 . Early Intervention Services for HIV <sup>6</sup>		\$0.00	\$0.00		\$0.00	\$0.00
5 . Administration (SSA Level Only)	\$1,951,495.00	\$1,493,902.00	\$345,331.00	\$1,951,496.00	\$256,098.00	\$135,868.00
<b>6. Total</b>	<b>\$39,029,910.00</b>	<b>\$31,269,725.00</b>	<b>\$9,154,527.00</b>	<b>\$39,029,910.00</b>	<b>\$4,146,147.00</b>	<b>\$2,459,399.00</b>

<sup>1</sup>The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President’s FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned COVID-19 Relief Supplemental



expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

<sup>2</sup>The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned ARP expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

<sup>3</sup>The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

<sup>4</sup>The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022- September 30, 2023. For purposes of this table, all planned ARP expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

<sup>5</sup>Prevention other than Primary Prevention

<sup>6</sup>For the purpose of determining which states and jurisdictions are considered "designated states" as described in section 1924(b)(2) of Title XIX, Part B, Subpart II of the Public Health Service Act (42 U.S.C. § 300x-24(b)(2)) and section 45 CFR § 96.128(b) of the Substance Abuse Prevention and Treatment Block Grant (SABG); Interim Final Rule (45 CFR 96.120-137), SAMHSA relies on the HIV Surveillance Report produced by the Centers for Disease Control and Prevention (CDC,), National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention. The most recent HIV Surveillance Report published on or before October 1 of the federal fiscal year for which a state is applying for a grant is used to determine the states and jurisdictions that will be required to set-aside 5 percent of their respective SABG allotments to establish one or more projects to provide early intervention services regarding the human immunodeficiency virus (EIS/HIV) at the sites at which individuals are receiving SUD treatment services. In FY 2012, SAMHSA developed and disseminated a policy change applicable to the EIS/HIV which provided any state that was a "designated state" in any of the three years prior to the year for which a state is applying for SABG funds with the flexibility to obligate and expend SABG funds for EIS/HIV even though the state's AIDS case rate does not meet the AIDS case rate threshold for the fiscal year involved for which a state is applying for SABG funds. Therefore, any state with an AIDS case rate below 10 or more such cases per 100,000 that meets the criteria described in the 2012 policy guidance would will be allowed to obligate and expend SABG funds for EIS/HIV if they chose to do so.

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**Footnotes:**

# Planning Tables

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

Planning Period Start Date: 10/1/2022      Planning Period End Date: 9/30/2023

Strategy	A		B			B		
	IOM Target	FFY 2022			FFY 2023			
		SA Block Grant Award	COVID-19 Award <sup>1</sup>	ARP Award <sup>2</sup>	SA Block Grant Award	COVID-19 Award <sup>4</sup>	ARP Award <sup>5</sup>	
1. Information Dissemination	Universal	\$2,262,925	\$1,340,418	\$0	\$2,372,652	\$1,340,418	\$833,699	
	Selected							
	Indicated	\$0	\$0	\$0				
	Unspecified	\$0	\$0	\$0				
	<b>Total</b>	<b>\$2,262,925</b>	<b>\$1,340,418</b>	<b>\$0</b>	<b>\$2,372,652</b>	<b>\$1,340,418</b>	<b>\$833,699</b>	
2. Education	Universal	\$1,036,114	\$799,888	\$0	\$1,036,224	\$799,888	\$779,962	
	Selected				\$34,503	\$16,516	\$19,569	
	Indicated	\$281	\$135	\$0	\$281	\$135	\$159	
	Unspecified	\$0	\$0	\$0				
	<b>Total</b>	<b>\$1,036,395</b>	<b>\$800,023</b>	<b>\$0</b>	<b>\$1,071,007</b>	<b>\$816,538</b>	<b>\$799,691</b>	
3. Alternatives	Universal	\$91,420	\$43,761	\$0	\$450,601	\$143,761	\$151,850	
	Selected							
	Indicated	\$0	\$0	\$0				
	Unspecified	\$0	\$0	\$0				
	<b>Total</b>	<b>\$91,420</b>	<b>\$43,761</b>	<b>\$0</b>	<b>\$450,601</b>	<b>\$143,761</b>	<b>\$151,850</b>	
4. Problem Identification and Referral	Universal	\$43,879	\$21,004	\$0	\$43,879	\$21,004	\$24,887	
	Selected					\$300,000		
	Indicated	\$1,433,413	\$1,290,963	\$0		\$1,290,963	\$1,295,697	
	Unspecified	\$0	\$0	\$0				
	<b>Total</b>	<b>\$1,477,292</b>	<b>\$1,311,967</b>	<b>\$0</b>	<b>\$43,879</b>	<b>\$1,611,967</b>	<b>\$1,320,584</b>	
	Universal				\$5,516,067	\$2,707,889	\$3,142,209	

5. Community-Based Processes	Selected						
	Indicated						
	Unspecified						
	<b>Total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$5,516,067</b>	<b>\$2,707,889</b>	<b>\$3,142,209</b>
6. Environmental	Universal	\$56,106	\$26,857	\$0	\$56,106	\$26,857	\$31,821
	Selected						
	Indicated	\$0	\$0	\$0			
	Unspecified	\$0	\$0	\$0			
	<b>Total</b>	<b>\$56,106</b>	<b>\$26,857</b>	<b>\$0</b>	<b>\$56,106</b>	<b>\$26,857</b>	<b>\$31,821</b>
7. Section 1926 Tobacco	Universal	\$0	\$0	\$0			
	Selected						
	Indicated	\$0	\$0	\$0			
	Unspecified	\$0	\$0	\$0			
	<b>Total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
8. Other	Universal	\$651,108	\$311,674	\$0	\$30,000		
	Selected						
	Indicated	\$0	\$0	\$0			
	Unspecified	\$64,457	\$47,765	\$0			
	<b>Total</b>	<b>\$715,565</b>	<b>\$359,439</b>	<b>\$0</b>	<b>\$30,000</b>	<b>\$0</b>	<b>\$0</b>
<b>Total Prevention Expenditures</b>	<b>\$5,639,703</b>	<b>\$3,882,465</b>		<b>\$9,540,312</b>	<b>\$6,647,431</b>	<b>\$6,279,855</b>	
<b>Total SABG Award<sup>3</sup></b>	<b>\$39,029,910</b>	<b>\$31,269,725</b>	<b>\$9,154,527</b>	<b>\$39,029,910</b>	<b>\$4,146,147</b>	<b>\$2,459,399</b>	
<b>Planned Primary Prevention Percentage</b>	<b>14.45 %</b>	<b>12.42 %</b>	<b>0.00 %</b>	<b>24.44 %</b>	<b>160.33 %</b>	<b>255.34 %</b>	

<sup>1</sup>The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

<sup>2</sup>The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY

2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned ARP expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

<sup>3</sup>Total SABG Award is populated from Table 4 - SABG Planned Expenditures

<sup>4</sup>The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

<sup>5</sup>The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned ARP expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

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**Footnotes:**

NOT FINAL

## Planning Tables

**Table 5b SABG Primary Prevention Planned Expenditures by IOM Category**

Planning Period Start Date: 10/1/2022      Planning Period End Date: 9/30/2023

Activity	FFY 2022 SA Block Grant Award	FFY 2022 COVID-19 Award <sup>1</sup>	FFY 2022 ARP Award <sup>2</sup>	FFY 2023 SA Block Grant Award	FFY 2023 COVID-19 Award <sup>3</sup>	FFY 2023 ARP Award <sup>4</sup>
Universal Direct	\$7,706,730	\$3,231,798	\$0	\$8,425,092	\$3,331,798	\$3,862,961
Universal Indirect	\$1,841,162	\$2,019,694	\$0	\$1,841,162	\$2,019,694	\$1,470,755
Selected				\$34,503	\$316,516	\$19,569
Indicated	\$1,433,694	\$1,291,097	\$0	\$1,433,694	\$1,291,097	\$1,295,857
<b>Column Total</b>	<b>\$10,981,586</b>	<b>\$6,542,589</b>		<b>\$11,734,451</b>	<b>\$6,959,105</b>	<b>\$6,649,142</b>
<b>Total SABG Award<sup>5</sup></b>	<b>\$39,029,910</b>	<b>\$31,269,725</b>	<b>\$9,154,527</b>	<b>\$39,029,910</b>	<b>\$4,146,147</b>	<b>\$2,459,399</b>
<b>Planned Primary Prevention Percentage</b>	<b>28.14 %</b>	<b>20.92 %</b>	<b>0.00 %</b>	<b>30.07 %</b>	<b>167.85 %</b>	<b>270.36 %</b>

<sup>1</sup>The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

<sup>2</sup>The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned ARP expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

<sup>3</sup>The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

<sup>4</sup>The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned ARP expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

<sup>5</sup>Total SABG Award is populated from Table 4 - SABG Planned Expenditures

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**Footnotes:**

# Planning Tables

**Table 5c SABG Planned Primary Prevention Targeted Priorities - Required**

States should identify the categories of substances the state BG plans to target with primary prevention set-aside dollars from the FFY 2022 and FFY 2023 SABG awards.

Planning Period Start Date: 10/1/2022    Planning Period End Date: 9/30/2023

	SABG Award	COVID-19 Award <sup>1</sup>	ARP Award <sup>2</sup>
<b>Targeted Substances</b>			
Alcohol	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Tobacco	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Marijuana	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Prescription Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cocaine	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Heroin	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Inhalants	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Methamphetamine	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Targeted Populations</b>			
Students in College	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Military Families	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LGBTQ+	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
American Indians/Alaska Natives	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
African American	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Hispanic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Homeless	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Native Hawaiian/Other Pacific Islanders	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Asian	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rural	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Underserved Racial and Ethnic Minorities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

<sup>1</sup>The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

<sup>2</sup>The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned ARP expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

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**Footnotes:**

NOT FINAL



## Planning Tables

**Table 6 Non-Direct-Services/System Development [SA]**

Please enter the total amount of the SABG, COVID-19, or ARP funds expended for each activity.

Planning Period Start Date: 10/1/2022 Planning Period End Date: 9/30/2023

Expenditure Category	FFY 2022					FFY 2023				
	A. SABG Treatment	B. SABG Prevention	C. SABG Integrated <sup>1</sup>	D. COVID-19 <sup>2</sup>	E. ARP <sup>3</sup>	A. SABG Treatment	B. SABG Prevention	C. SABG Integrated <sup>1</sup>	D. COVID-19 <sup>4</sup>	E. ARP <sup>5</sup>
1. Information Systems	\$371,100.00	\$613,024.00			\$0.00	\$536,413.00	\$62,249.00	\$0.00	\$291,000.00	\$198,447.00
2. Infrastructure Support	\$437,478.00	\$0.00			\$0.00	\$2,156,604.00	\$0.00	\$0.00	\$459,200.00	\$104,426.00
3. Partnerships, community outreach, and needs assessment	\$0.00	\$1,245,625.00		\$82,002.00	\$0.00	\$2,280,876.00	\$2,172,107.00	\$0.00	\$9,490,000.00	\$778,195.00
4. Planning Council Activities (MHBG required, SABG optional)	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5. Quality Assurance and Improvement	\$340,985.00	\$0.00			\$0.00	\$175,000.00	\$316,680.00	\$0.00	\$0.00	\$0.00
6. Research and Evaluation	\$170,127.00	\$0.00		\$95,000.00	\$0.00	\$658,166.00	\$598,419.00	\$0.00	\$350,000.00	\$0.00
7. Training and Education	\$210,311.00	\$1,759,001.00			\$0.00	\$1,121,500.00	\$280,936.00	\$0.00	\$986,000.00	\$0.00
<b>8. Total</b>	<b>\$1,530,001.00</b>	<b>\$3,617,650.00</b>	<b>\$0.00</b>	<b>\$177,002.00</b>	<b>\$0.00</b>	<b>\$6,928,559.00</b>	<b>\$3,430,391.00</b>	<b>\$0.00</b>	<b>\$11,576,200.00</b>	<b>\$1,081,068.00</b>

<sup>1</sup>Integrated refers to non-direct service/system development expenditures that support both treatment and prevention systems of care.

<sup>2</sup>The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

<sup>3</sup>The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned ARP expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

<sup>4</sup>The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

<sup>5</sup>The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned ARP expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

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**Footnotes:**



## Planning Tables

**Table 6 Non-Direct-Services/System Development [MH]**

Please enter the total amount of the MHBG, COVID-19, or ARP funds expended for each activity

MHBG Planning Period Start Date:

MHBG Planning Period End Date:

Activity	FFY 2022 Block Grant	FFY 2022 <sup>1</sup> COVID Funds	FFY 2022 <sup>2</sup> ARP Funds	FFY 2023 Block Grant	FFY 2023 <sup>1</sup> COVID Funds	FFY 2023 <sup>2</sup> ARP Funds
1. Information Systems	\$580,720.00	\$0.00	\$0.00	\$624,587.00	\$0.00	\$0.00
2. Infrastructure Support		\$158,049.00	\$0.00	\$1,763,955.00	\$111,951.00	\$349,940.00
3. Partnerships, community outreach, and needs assessment		\$222,439.00	\$0.00	\$2,734,336.00	\$157,561.00	\$33,279.00
4. Planning Council Activities (MHBG required, SABG optional)	\$59,945.00	\$0.00	\$0.00	\$50,000.00	\$0.00	\$0.00
5. Quality Assurance and Improvement	\$1,574,128.00	\$0.00	\$0.00	\$1,354,100.00	\$0.00	\$0.00
6. Research and Evaluation		\$0.00	\$0.00	\$849,515.00	\$0.00	\$0.00
7. Training and Education	\$3,023,310.00	\$923,707.00	\$0.00	\$3,643,173.00	\$654,293.00	\$189,728.00
<b>8. Total</b>	<b>\$5,238,103.00</b>	<b>\$1,304,195.00</b>	<b>\$0.00</b>	<b>\$11,019,666.00</b>	<b>\$923,805.00</b>	<b>\$572,947.00</b>

<sup>1</sup> The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" SABG and MHBG. Per the instructions, the standard MHBG expenditures are for the state planned expenditure period of July 1, 2021 - June 30, 2023, for most states.

<sup>2</sup> The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**, which is different from the expenditure period for the "standard" MHBG. Per the instructions, the standard MHBG expenditures are for the state planned expenditure period of July 1, 2021 - June 30, 2023, for most states.

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**Footnotes:**

## Environmental Factors and Plan

### 15. Crisis Services - Required MHBG, Requested SABG

#### Narrative Question

SAMHSA is directed by Congress through the Consolidated Appropriations Act, 2021 and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 [P.L. 116-260], to set aside 5 percent of the MHBG allocation for each state to support evidence-based crisis systems. The appropriation bill includes the following budget language that outlines the new 5 percent set-aside:

*Furthermore, the Committee directs a new five percent set-aside of the total for evidence-based crisis care programs addressing the needs of individuals with serious mental illnesses and children with serious mental and emotional disturbances. The Committee directs SAMHSA to use the set-aside to fund, at the discretion of eligible States and Territories, some or all of a set of core crisis care elements including: 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 State-wide crisis call centers coordinating in real time.*

A crisis response system will have the capacity to prevent, recognize, respond, de-escalate, and follow-up from crises across a continuum, from crisis planning, to early stages of support and respite, to crisis stabilization and intervention, to post-crisis follow-up and support for the individual and their family. SAMHSA expects that states will build on the emerging and growing body of evidence for effective community-based crisis-intervention and response systems. Given the multi-system involvement of many individuals with M/SUD issues, the crisis system approach provides the infrastructure to improve care coordination and outcomes, manage costs, and better invest resources.

SAMHSA recently developed [Crisis Services: Meeting Needs, Saving Lives](#) which includes "[National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit](#)" as well as other related National Association of State Mental Health Programs Directors (NASMHPD) papers on crisis services. Please note that this set aside funding is dedicated for the core set of crisis services as directed by Congress. Nothing precludes states from utilizing more than 5 percent of its MHBG funds for crisis services for individuals with SMI or children with SED. If states have other investments for crisis services, they are encouraged to coordinate those programs with programs supported by this new 5 percent set aside. This coordination will help ensure services for individuals are swiftly identified and are engaged in the core crisis care elements.

Please refer to the <https://www.samhsa.gov/sites/default/files/grants/fy22-23-block-grant-application.pdf> [samhsa.gov] for additional information.

1. Briefly narrate your state's crisis system. Include a description of access to the crisis call centers, availability of mobile crisis and behavioral health first responder services, utilization of crisis receiving and stabilization centers.  

Washington state is currently in the "Majority Implementation" phase for crisis services. Crisis Services include the evaluation, intervention and treatment of mental health crises. Crisis services are available on a 24-hour, seven day per week basis. Services are intended to stabilize the person in crisis, prevent further deterioration and provide immediate treatment and intervention in a location best suited to meet the needs of the individual and in the least restrictive environment available. Services are provided by or under the supervision of a mental health professional. Crisis Services are available to all people in the State without regard to funding. These services may be provided in-person in the community. Every region has dedicated crisis service providers. Each region also has toll-free access to crisis lines with mental health professionals providing crisis line interventions and dispatching crisis workers on an as needed basis. These lines all coordinate with each other and the 988 line. Washington allows the ten regions to implement programming based on local and regional need and already existing regional resources. The basic package of crisis services is required by contract for all regions: crisis line services and face-to-face crisis response. HCA/DBHR will provide technical support to any region that wants to add to their array of crisis services. Crisis line services and face-to-face crisis services are available to all ages on a statewide basis. Some regions have also invested in teams specializing in treating youth - reflecting local need and available resources from other funding sources. We are in the process of expanding options for crisis services, expanding the number of adult teams, and expanding the number of teams specializing in youth.
2. In accordance with the guidelines below, identify the stages where the existing/proposed system will fit in.
  - a) *The Exploration stage: is the stage when states identify their communities's needs, assess organizational capacity, identify how crisis services meet community needs, and understand program requirements and adaptation.*
  - b) *The Installation stage: occurs once the state comes up with a plan and the state begins making the changes necessary to implement the crisis services based on the SAMHSA guidance. this includes coordination, training and community outreach and education activities.*
  - c) *Initial Implementation stage: occurs when the state has the three-core crisis services in place and agencies begin to put into practice the SAMHSA guidelines.*
  - d) *Full Implementation stage: occurs once staffing is complete, services are provided, and funding streams are in place.*
  - e) *Program Sustainability stage: occurs when full implementation has been achieved, and quality assurance mechanisms are in place to assess the effectiveness*

and quality of the crisis services.

1. Someone to talk to: Crisis Call Capacity

a. Number of locally based crisis call Centers in state

i. In the Suicide lifeline network

ii. Not in the suicide lifeline network

b. Number of Crisis Call Centers with follow up protocols in place

c. Percent of 911 calls that are coded as MH related

2. Someone to respond: Number of communities that have mobile behavioral health crisis capacity

a. Independent of first responder structures (police, paramedic, fire)

b. Integrated with first responder structures (police, paramedic, fire)

c. Number that employ peers

3. Place to go

a. Number of Emergency Departments

b. Number of Emergency Departments that operate a specialized behavior health component

c. Number of Crisis Receiving and Stabilization Centers (short term, 23 hour units that can diagnose and stabilize individuals in crisis)

a. Check one box for each row indicating state's stage of implementation

	Exploration Planning	Installation	Early Implementation Available to less than 25% of people in state	Middle Implementation Available to about 50% of people in state	Majority Implementation Available to at least 75% of people in state	Program Sustainment
Someone to talk to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Someone to respond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Place to go	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Briefly explain your stages of implementation selections here.

Someone to talk to: Every region has access to toll-free crisis lines, available 24 hours a day, seven days a week. Someone to respond: Washington is in the process of expanding mobile crisis teams around the state and ensuring that there is at least 1 adult and 1 youth team in each region of the state. The goal will be to expand teams further in the future with an eventual goal of a response time of less than 1-hour. While WA is currently working to expand crisis resources and response time crisis services are currently available in all of the regions across the state Place to go: Washington is building more crisis stabilization facilities and expanding options for walk-in centers as alternatives to emergency rooms. Our goal is to have enough of these facilities in place to serve 75% of the population in 2 years.

3. Based on SAMHSA's National Guidelines for Behavioral Health Crisis Care, explain how the state will develop the crisis system.

Washington is working to implement SAMHSA's best practices guidelines in our system in a collaborative way. Washington has set up the Crisis Response and Improvement Strategy Committee with 36 members across all domains of behavioral health to develop a crisis system to fulfill the goals of the guidelines. We are implementing an expansion of mobile crisis services and improving coordination of our regional resources at every level to ensure someone who reaches out for help will receive help in a seamless way.

4. Briefly describe the proposed/planned activities utilizing the 5 percent set aside.

These funds will be used to augment the already existing statewide crisis system as described above. Funds will be distributed to the ten Behavioral Health Administrative Service Organization (BH-ASO) regions based on region population. We will also provide \$50,000 of the Crisis set-aside funds to Washington Tribes. The state will use these funds to support the state's work with tribes and other Indian health care providers, which includes: • Support for a tribal crisis coordination hub that will: - Help crisis providers place clients at appropriate inpatient treatment facilities or connect clients with appropriate intensive outpatient treatment; - Compile and submit crisis reports and data to the state's data store; - Provide training and support to crisis providers, with a focus on providing culturally appropriate services and effective coordination of care and discharge planning for American Indian and Alaska Native (AI/AN) clients receiving crisis treatment; • Non-Medicaid crisis treatment services provided by tribal and other Indian health care providers; and • Capacity building efforts to enable tribal and other Indian health care providers to offer effective and culturally appropriate crisis services to AI/AN clients, with support for care coordination and transition planning for clients who have experienced crisis.

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**Footnotes:**

## Environmental Factors and Plan

### 21. State Planning/Advisory Council and Input on the Mental Health/Substance Abuse Block Grant Application- Required for MHBG

#### Narrative Question

Each state is required to establish and maintain a state Mental Health Planning/Advisory Council to carry out the statutory functions as described in 42 U.S.C. 300x-3 for adults with SMI and children with SED. To meet the needs of states that are integrating services supported by MHBG and SABG, SAMHSA is recommending that states expand their Mental Health Advisory Council to include substance misuse prevention, treatment, and recovery representation, referred to here as an Advisory/Planning Council (PC). SAMHSA encourages states to expand their required Council's comprehensive approach by designing and implementing regularly scheduled collaborations with an existing substance misuse prevention, treatment, and recovery advisory council to ensure that the council reviews issues and services for persons with, or at risk, for substance misuse and SUDs. To assist with implementing a PC, SAMHSA has created [Best Practices for State Behavioral Health Planning Councils: The Road to Planning Council Integration](#).<sup>69</sup>

Planning Councils are required by statute to review state plans and implementation reports; and submit any recommended modifications to the state. Planning councils monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the state. They also serve as an advocate for individuals with M/SUD problems. SAMHSA requests that any recommendations for modifications to the application or comments to the implementation report that were received from the Planning Council be submitted to SAMHSA, regardless of whether the state has accepted the recommendations. The documentation, preferably a letter signed by the Chair of the Planning Council, should state that the Planning Council reviewed the application and implementation report and should be transmitted as attachments by the state.

<sup>69</sup> <https://www.samhsa.gov/sites/default/files/manual-planning-council-best-practices-2014.pdf>

#### Please consider the following items as a guide when preparing the description of the state's system:

1. How was the Council involved in the development and review of the state plan and report? Please attach supporting documentation (meeting minutes, letters of support, etc.) using the upload option at the bottom of this page.

a) What mechanism does the state use to plan and implement substance misuse prevention, SUD treatment and recovery services?

COVID-19 has continued to create obstacles for the Behavioral Health Advisory Council, but they were able to have their first hybrid in-person and remote meeting July 2022 since the beginning of the pandemic, prior to this they were meeting remotely only. BHAC has continually been updated and provided input in a wide range of Behavioral Health fields including the Washington State Opioid Response Plan, recovery support services, and workforce shortages/ barriers to name a few. They are in continued direct communication with the Director, Deputy Director and Behavioral Health Policy and Planning Supervisor for DBHR (Division of Behavioral Health and Recovery).

The FY2022-23 Block Grant full application was submitted to BHAC for review prior to the July 2021 meeting, before incorporating commentary from a Tribal roundtable in July. The grant application was discussed at the meeting on July 7, 2021 and the council members were given additional time to review further. Feedback was reviewed and considered following the meeting. Since this year is the mini application no additional reviews were requested as no changes were made to our overall plan or priorities.

b) Has the Council successfully integrated substance misuse prevention and treatment or co-occurring disorder issues, concerns, and activities into its work?  Yes  No

2. Is the membership representative of the service area population (e.g. ethnic, cultural, linguistic, rural, suburban, urban, older adults, families of young children)?  Yes  No

3. Please describe the duties and responsibilities of the Council, including how it gathers meaningful input from people in recovery, families, and other important stakeholders, and how it has advocated for individuals with SMI or SED.

The Behavioral Health Advisory Council (BHAC) was formed in 2012 and meets six times per year. Its membership is comprised of 51% percent consumers and community members, including individuals with lived experience, family members or parents of children with SMI or SED, and Peer supports that represent the geographic and social diversity of the state. The council also includes many partners and stakeholders from other state agencies including the Health Care Authority, Juvenile Rehabilitation, Department of Child Youth and Families, Vocational Rehabilitation, Department of Commerce- Housing, Washington Apple Health Medicaid, Department of Corrections, the Office of the Superintendent of Public Instruction, as well as from regional Behavioral Health Administrative Services Organizations, Tribes, and providers. The Division of Behavioral Health and Recovery has utilized the collected group experience of the council to identify issues affecting service delivery and the impact of integration.

*Please indicate areas of technical assistance needed related to this section.*



None at this time.

*Additionally, please complete the Advisory Council Members and Advisory Council Composition by Member Type forms.<sup>70</sup>*

<sup>70</sup>There are strict state Council membership guidelines. States must demonstrate: (1) the involvement of people in recovery and their family members; (2) the ratio of parents of children with SED to other Council members is sufficient to provide adequate representation of that constituency in deliberations on the Council; and (3) no less than 50 percent of the members of the Council are individuals who are not state employees or providers of mental health services.

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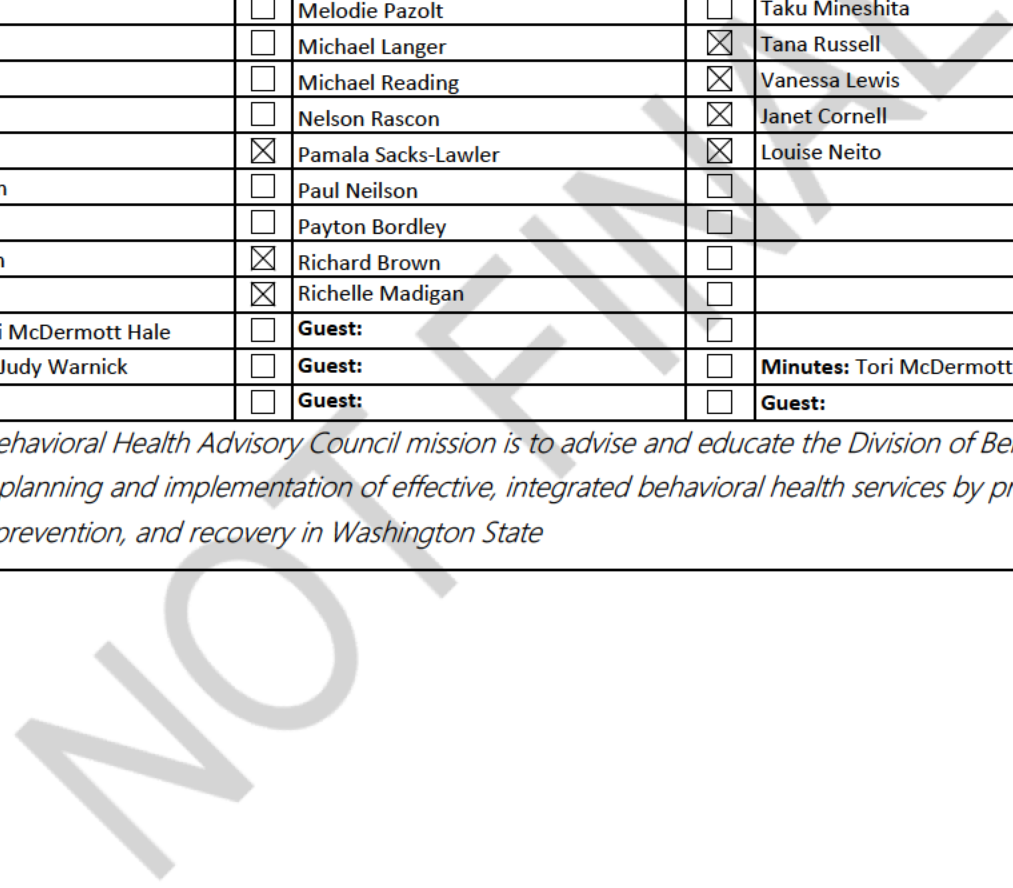
**Footnotes:**

NOT FINAL

**Behavioral Health Advisory Council**

Attendees:					
<input checked="" type="checkbox"/>	Ahney King	<input type="checkbox"/>	Keri Waterland	<input checked="" type="checkbox"/>	Ruth Leonard
<input type="checkbox"/>	Beth Dannhardt	<input type="checkbox"/>	Kimberly Conner	<input type="checkbox"/>	Sandra Mena-Tyree
<input type="checkbox"/>	Brian Briggs	<input type="checkbox"/>	<del>Kristina Sawycky</del>	<input type="checkbox"/>	Sharon McKellery
<input type="checkbox"/>	Carolyn Cox	<input type="checkbox"/>	Lateish De Lay	<input type="checkbox"/>	Shelby M Satko
<input type="checkbox"/>	<del>Dennis Swennumson</del>	<input type="checkbox"/>	Maricia Mongrain-Finkas	<input type="checkbox"/>	Shelli Young
<input type="checkbox"/>	Dixie Grunenfelder	<input type="checkbox"/>	Mari Huesman	<input type="checkbox"/>	Steve Kutz
<input checked="" type="checkbox"/>	Haley Tibbits	<input type="checkbox"/>	Maria Nunez	<input type="checkbox"/>	Stu Parker
<input type="checkbox"/>	Jeff Spring	<input checked="" type="checkbox"/>	Mary O'Brian	<input type="checkbox"/>	Susan Kydd
<input checked="" type="checkbox"/>	Jenni Olmstead	<input type="checkbox"/>	Melodie Pazolt	<input type="checkbox"/>	Taku Mineshita
<input type="checkbox"/>	Jimmy Chorath	<input type="checkbox"/>	Michael Langer	<input checked="" type="checkbox"/>	Tana Russell
<input type="checkbox"/>	John Tuttle	<input type="checkbox"/>	Michael Reading	<input checked="" type="checkbox"/>	Vanessa Lewis
<input type="checkbox"/>	<del>Jorden Rosa</del>	<input type="checkbox"/>	Nelson Rascon	<input checked="" type="checkbox"/>	Janet Cornell
<input checked="" type="checkbox"/>	Josh Wallace	<input checked="" type="checkbox"/>	Pamala Sacks-Lawler	<input checked="" type="checkbox"/>	Louise Neito
<input checked="" type="checkbox"/>	Julirae Castleton	<input type="checkbox"/>	Paul Neilson	<input type="checkbox"/>	
<input type="checkbox"/>	Karen Huber	<input type="checkbox"/>	Payton Bordley	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Katie Murkovich	<input checked="" type="checkbox"/>	Richard Brown	<input type="checkbox"/>	
<input type="checkbox"/>	Kelly Boston	<input checked="" type="checkbox"/>	Richelle Madigan	<input type="checkbox"/>	
<input type="checkbox"/>	<b>Facilitator:</b> Tori McDermott Hale	<input type="checkbox"/>	<b>Guest:</b>	<input type="checkbox"/>	
<input type="checkbox"/>	<b>Guest:</b> Senator Judy Warnick	<input type="checkbox"/>	<b>Guest:</b>	<input type="checkbox"/>	<b>Minutes:</b> Tori McDermott Hale
<input type="checkbox"/>	<b>Guest:</b>	<input type="checkbox"/>	<b>Guest:</b>	<input type="checkbox"/>	<b>Guest:</b>

**Main Outcome:** *The Behavioral Health Advisory Council mission is to advise and educate the Division of Behavioral Health and Recovery, for planning and implementation of effective, integrated behavioral health services by promoting individual choice, prevention, and recovery in Washington State*



## Behavioral Health Advisory Council

No	Agenda Items	Time	Lead	Summary Meeting Notes
1.	<b>CALL TO ORDER</b> - Welcome and attendance - Introduction of new members - Approval of May Minutes	9:30 am	Josh Wallace	
2.	<b>Section Update: Adult SUD</b>	10:00 am	Edward Michael	
3.	<b>FY 22-23 Block Grant Application</b>	11:00 am	Janet Cornell	
4.	<b>Break</b>	12:00 pm	All	
5.	<b>Membership Committee – New Members</b>	12:30 pm	Vanessa Lewis	
6.	<b>Peer Review Team</b>	12:45 pm	Josh Wallace	
7.	<b>Directors Update</b>	1:00 pm	Keri Waterland	
8.	<b>Guest Legislature – Senator Judy Warnick</b>	2:00 pm	Richelle Madigan & Senator Judy Warnick	
9.	<b>Action Item Recap</b> <b>September Agenda Items</b> <b>Ajourn</b>	3:00 pm  3:15 pm	All	

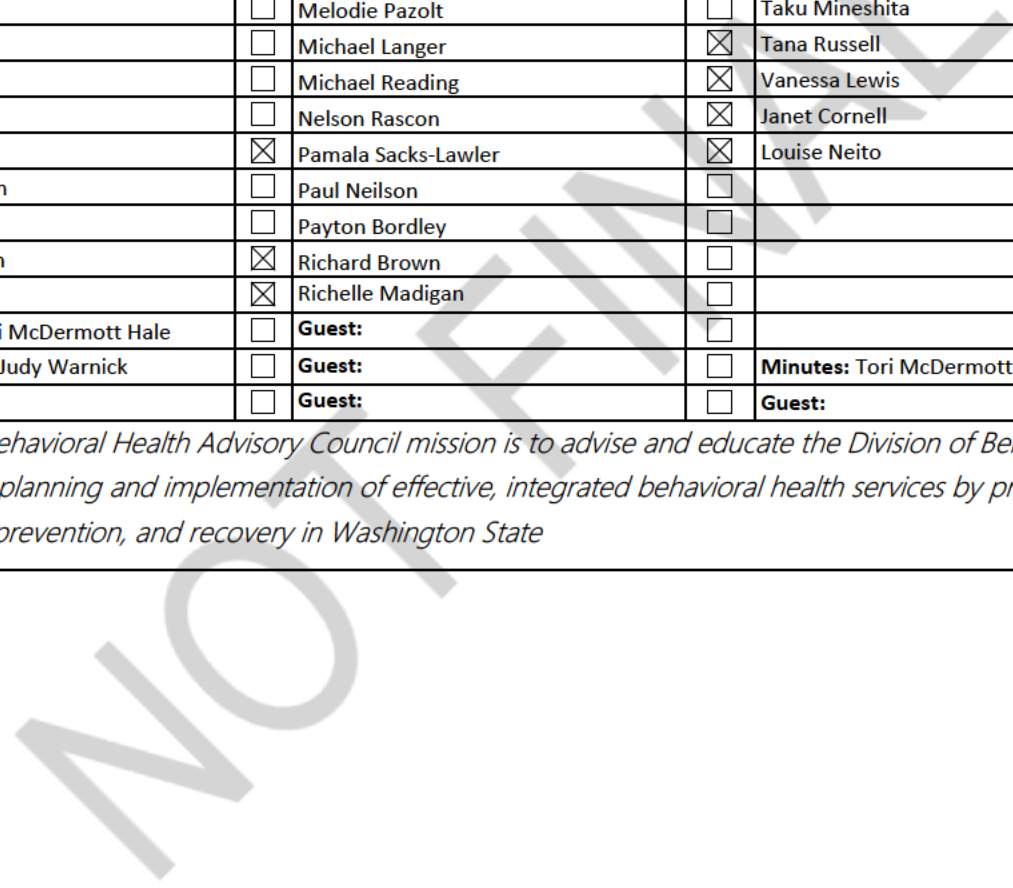




**Behavioral Health Advisory Council**

Attendees:					
<input checked="" type="checkbox"/>	Ahney King	<input type="checkbox"/>	Keri Waterland	<input checked="" type="checkbox"/>	Ruth Leonard
<input type="checkbox"/>	Beth Dannhardt	<input type="checkbox"/>	Kimberly Conner	<input type="checkbox"/>	Sandra Mena-Tyree
<input type="checkbox"/>	Brian Briggs	<input type="checkbox"/>	<del>Kristina Sawycky</del>	<input type="checkbox"/>	Sharon McKellery
<input type="checkbox"/>	Carolyn Cox	<input type="checkbox"/>	Lateish De Lay	<input type="checkbox"/>	Shelby M Satko
<input type="checkbox"/>	<del>Dennis Swennumson</del>	<input type="checkbox"/>	Maricia Mongrain-Finkas	<input type="checkbox"/>	Shelli Young
<input type="checkbox"/>	Dixie Grunenfelder	<input type="checkbox"/>	Mari Huesman	<input type="checkbox"/>	Steve Kutz
<input checked="" type="checkbox"/>	Haley Tibbits	<input type="checkbox"/>	Maria Nunez	<input type="checkbox"/>	Stu Parker
<input type="checkbox"/>	Jeff Spring	<input checked="" type="checkbox"/>	Mary O'Brian	<input type="checkbox"/>	Susan Kydd
<input checked="" type="checkbox"/>	Jenni Olmstead	<input type="checkbox"/>	Melodie Pazolt	<input type="checkbox"/>	Taku Mineshita
<input type="checkbox"/>	Jimmy Chorath	<input type="checkbox"/>	Michael Langer	<input checked="" type="checkbox"/>	Tana Russell
<input type="checkbox"/>	John Tuttle	<input type="checkbox"/>	Michael Reading	<input checked="" type="checkbox"/>	Vanessa Lewis
<input type="checkbox"/>	<del>Jorden Rosa</del>	<input type="checkbox"/>	Nelson Rascon	<input checked="" type="checkbox"/>	Janet Cornell
<input checked="" type="checkbox"/>	Josh Wallace	<input checked="" type="checkbox"/>	Pamala Sacks-Lawler	<input checked="" type="checkbox"/>	Louise Neito
<input checked="" type="checkbox"/>	Julirae Castleton	<input type="checkbox"/>	Paul Neilson	<input type="checkbox"/>	
<input type="checkbox"/>	Karen Huber	<input type="checkbox"/>	Payton Bordley	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Katie Murkovich	<input checked="" type="checkbox"/>	Richard Brown	<input type="checkbox"/>	
<input type="checkbox"/>	Kelly Boston	<input checked="" type="checkbox"/>	Richelle Madigan	<input type="checkbox"/>	
<input type="checkbox"/>	<b>Facilitator:</b> Tori McDermott Hale	<input type="checkbox"/>	<b>Guest:</b>	<input type="checkbox"/>	
<input type="checkbox"/>	<b>Guest:</b> Senator Judy Warnick	<input type="checkbox"/>	<b>Guest:</b>	<input type="checkbox"/>	<b>Minutes:</b> Tori McDermott Hale
<input type="checkbox"/>	<b>Guest:</b>	<input type="checkbox"/>	<b>Guest:</b>	<input type="checkbox"/>	<b>Guest:</b>

**Main Outcome:** *The Behavioral Health Advisory Council mission is to advise and educate the Division of Behavioral Health and Recovery, for planning and implementation of effective, integrated behavioral health services by promoting individual choice, prevention, and recovery in Washington State*



## Behavioral Health Advisory Council

No	Agenda Items	Lead	Summary Meeting Notes
1.	<b>CALL TO ORDER</b> - Welcome and attendance - Introduction of new members - Approval of May Minutes	Josh Wallace	<ul style="list-style-type: none"> <li>Meeting started at 9:35 am.</li> <li>May minutes were approved by Quorum</li> </ul>
2.	<b>Section Update: Adult SUD</b>	Edward Michael	<ul style="list-style-type: none"> <li>Please review the Adult SUD presentation.</li> </ul>
3.	<b>FY 22-23 Block Grant Application</b>	Janet Cornell	<ul style="list-style-type: none"> <li>Priorities below – Janet Cornell reviewed the Block Grant Priorities with BHAC.</li> <li>A member of BHAC, asked clarifying questions about the number of individuals served through the supportive housing work. Janet shared the FCS Admin Reports with the members after the meeting.</li> <li>A request to send additional Application recommendations to Janet Cornell was made at the end of the presentation.</li> </ul> <p><b>Planning Tables - DRAFT</b></p> <p><b>Table 1 Priority Areas and Annual Performance Indicators</b></p> <hr/> <p style="text-align: center;"><i>Priority #: 1</i></p> <hr/> <p><b>Priority Area:</b> Reduce Underage and Young Adult Substance Use/Misuse</p> <p><b>Priority Type:</b> SAP</p> <p><b>Population(s):</b> PP, Other (Adolescents w/SUD and/or MH, Rural, Asian, Tribal communities, Native Hawaiian/Other Pacific Islanders, Underserved Racial and Ethnic Minorities)</p> <p><b>Goal of the priority area:</b> Decrease the use and misuse of alcohol, marijuana, tobacco, opioids or other prescription drugs, and the use of any other drugs in the last 30 days.</p>

**Behavioral Health Advisory Council**

		<p><b>Objective:</b></p> <ul style="list-style-type: none"> <li>• Decrease the percentage of 10th graders who report using alcohol in the last 30 days (HYS 2018: 18.5%; Target 2023: 18%).</li> <li>• Prevent the increase in the percentage of 10th graders who report using marijuana in the last 30 days (HYS 2018: 17.9%, Target 2023: 15.3%).</li> <li>• Decrease the percentage of 10th graders who report using tobacco products in the last 30 days (HYS 2018 Tobacco, any form except vape: 7.6%, Target 2023: 9.2%; HYS 2018 Tobacco – vape: 21.2%, Target 2023: 11.4%).</li> <li>• Decrease the percentage of 10th graders who report misusing/abusing painkillers in the past 30 days (HYS 2018: 6.8%, Target 2023: 4.0%).</li> <li>• Decrease the percentage of young adults who report using marijuana (HYS 2018: 48.5%; Target 2023: 43.7%)</li> <li>• Decrease the percentage of young adults who report using alcohol in the last 30 days (HYS 2018: 61.1%; Target 2023: 55%)</li> </ul> <p><b>Strategies to attain the objective:</b></p> <ul style="list-style-type: none"> <li>• Implement performance-based contracting with each prevention contractor.</li> <li>• Adapt programs to address the unique needs of each tribe.</li> <li>• Deliver Evidenced-based Prevention Programs and Strategies according to approved strategic plans.</li> <li>• Deliver direct prevention services (All CSAP Strategies).</li> <li>• Deliver community-based prevention services (Community-based process, Information Dissemination and Environmental).</li> <li>• Provide statewide Workforce Development Training to build capacity for service delivery.</li> <li>• Develop best practices strategies to target underserved populations such as Black, Indigenous, and People of Color and Tribal groups.</li> </ul> <p><b>Annual Performance Indicators to Measure Goal Success</b></p> <p><b>Indicator #: 1</b></p> <p><b>Indicator:</b> Reduce substance use/misuse</p> <p><b>Baseline Measurement:</b> 13,592 unduplicated direct services provided during SFY 2020 (July 1, 2019 – June 30, 2020)</p> <p><b>First-year target/outcome measurement:</b> Maintain or increase number of prevention programs and participants</p>
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## Behavioral Health Advisory Council

		<p>compared to the SFY20 baseline (July 1, 2019 – June 30, 2020) of 13,592 unduplicated direct services</p> <p><b>Second-year target/outcome measurement:</b> Maintain or increased number of prevention programs and participants compared to the SFY20 baseline (July 1, 2019 – June 30, 2020) of 13,592 unduplicated direct services</p> <p><b>Data Source:</b> Washington’s Management Information Service (SUD Prevention and MH Promotion Online Reporting System): used to report SABG performance indicators. Washington State Healthy Youth Survey (HYS): used to report 30 day use biannually. Washington State Young Adult Health Survey (YAHS): used to report young adult (Ages 18-25) substance use/misuse. Minerva</p> <p><b>Description of Data:</b> SABG performance indicators are used to measure Center for Substance Abuse Prevention Strategies and Institute of Medicine Categories for services provided annually. From HYS, 10th grade Substance Use Among Washington Youth is used to measure intermediate outcomes.</p> <p><b>Data issues/caveats that affect outcome measures:</b> Data integrity is negatively affected by staff turnover and contractor capacity to report accurately and in a timely manner. DBHR continues to provide on-going training and technical assistance to support grantees as they use the Management Information System.</p> <hr/> <p style="text-align: center;"><i>Priority #: 2</i></p> <hr/> <p><b>Priority Area:</b> Increase the number of youth receiving outpatient substance use disorder treatment</p> <p><b>Priority Type:</b> SAT</p> <p><b>Population(s):</b> PWWDC, PWID, Other (Adolescents w/SA and/or MH, LGBTQ, Rural, Criminal/Juvenile Justice, Children/Youth at Risk for BH Disorder, Youth Experiencing</p>
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## Behavioral Health Advisory Council

		<p>Homeless, Asian, tribal communities, Native Hawaiian/Other Pacific Islanders, Underserved Racial and Ethnic Minorities)</p> <p><b>Goal of the priority area:</b> Increase the treatment initiation and engagement rates among the number of youth accessing substance use disorder outpatient services.</p> <p><b>Objective:</b></p> <ul style="list-style-type: none"> <li>• Require Behavioral Health Organizations (BHOs) and Managed Care Organizations (MCOs) to continue to maintain behavioral health provider network adequacy for adolescents.</li> <li>• Re-examine current adolescent network and capacity</li> <li>• Improve access and increase available SUD outpatient services for youth.</li> </ul> <p><b>Strategies to attain the objective:</b></p> <ul style="list-style-type: none"> <li>• Conduct behavioral health provider mapping efforts to identify current adolescent network. Identify access challenges and strategies to remove system barriers.</li> <li>• Continue using performance based contracts with BHOs and MCOs to ensure focus and oversight of provider network.</li> </ul> <p><b>Annual Performance Indicators to Measure Goal Success</b></p> <p><b>Indicator #: 1</b></p> <p><b>Indicator:</b> Increase youth outpatient SUD treatment services</p> <p><b>Baseline Measurement:</b> SFY20 (July 1, 2019 – June 30, 2020): 1,695 youth received SUD outpatient treatment services</p> <p><b>First-year target/outcome measurement:</b> Increase the number of youth receiving SUD outpatient treatment services in SFY22 to??</p> <p><b>Second-year target/outcome measurement:</b> Increase the number of youth receiving SUD outpatient treatment services in SFY23 to??</p> <p><b>NOTE: Our ability to improve our baseline was significantly impacted by COVID-19, we may continue to use the same targets for the SFY 2022-2023.</b></p> <table border="1" data-bbox="740 1822 1404 1921"> <thead> <tr> <th></th> <th>SFY 2020</th> </tr> </thead> <tbody> <tr> <td>Target/Outcome Measure</td> <td>3,584</td> </tr> <tr> <td>Results</td> <td>1,695</td> </tr> </tbody> </table>		SFY 2020	Target/Outcome Measure	3,584	Results	1,695
	SFY 2020							
Target/Outcome Measure	3,584							
Results	1,695							

## Behavioral Health Advisory Council

			<p><b>Data Source:</b> The number of youth receiving SUD outpatient services is tracked using the Behavioral Health Administration (BHA) Behavioral Health Data System (BHDS). Note- add narrative about telehealth. Is it realistic to meet this target with the continuation of telehealth (younger)?</p> <p><b>Description of Data:</b> The calendar year 2016 data is an unduplicated count of youth (persons under 18 years of age) served in publicly funded SUD outpatient treatment between January 1, 2017, and December 31, 2018.</p> <p><b>Data issues/caveats that affect outcome measures:</b> DBHR has integrated behavioral health services with physical healthcare coverage, which has caused data reporting challenges. The entities submitting encounter data and how data is being submitted has changed. Indian Health Care Providers have to enter data into multiple systems which can be burdensome.</p> <hr/> <p style="text-align: center;"><i>Priority #: 3</i></p> <hr/> <p><b>Priority Area:</b> Increase the number of SUD Certified Peers <b>Priority Type:</b> SAT <b>Population(s):</b> PWWDC, PWID, TB, Other (Adolescents w/SA and/or MH, Students in College, LGBTQ, Children/Youth at Risk for BH Disorder, Homeless, Asian, Tribal communities, Native Hawaiian/Other Pacific Islanders, Underserved Racial and Ethnic Minorities) <b>Goal of the priority area:</b> Increase the number of SUD peers working in the field, create a strategic plan to incorporate SUD peer services into the behavioral health system</p> <p><b>Objective:</b></p> <ul style="list-style-type: none"><li>• Pilot SUD peers</li><li>• Develop a strategic plan to review curriculum, funding strategies and rule changes</li></ul> <p><b>Strategies to attain the objective:</b></p>
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## Behavioral Health Advisory Council

		<ul style="list-style-type: none"> <li>• BHA/DBHR will seek input from key stakeholders and certified peers to guide the development of a strategic plan incorporating peer services within the substance use treatment service delivery system</li> <li>• Identify any curriculum adjustments needed to integrate SUD peer services</li> <li>• Strategic planning to incorporate SUD peer services into the system of care, exploring funding strategies and rule changes</li> </ul> <p><b>Annual Performance Indicators to measure goal success</b></p> <p><b>Indicator #: 1</b></p> <p><b>Indicator:</b> SUD peer support program</p> <p><b>Baseline Measurement:</b> From July 1, 2019 – June 30, 2020 total number of SUD trained peers was 802</p> <p><b>First-year target/outcome measurement:</b> Peer support program in SFY22 that would train 280 peers <b>Second-year target/outcome measurement:</b> Peer support program in SFY23 that would train 350 peers</p> <p><b>The number of individuals trained through the SUD Peer Support Program increased during the SFY 2020 due to virtual training options available.</b></p> <table border="1" data-bbox="740 1226 1404 1327"> <thead> <tr> <th></th> <th>SFY 2019</th> </tr> </thead> <tbody> <tr> <td><b>Target/Outcome Measure</b></td> <td>200</td> </tr> <tr> <td><b>Results</b></td> <td>219</td> </tr> </tbody> </table> <p><b>Data Source:</b> Monthly reports submitted to DBHR through the STR Peer Pathfinder project</p> <p><b>Description of Data:</b> Excel reports indicating the number of individuals served by SUD Peers on the Pathfinder project</p> <p><b>Data issues/caveats that affect outcome measures:</b> No issues are currently foreseen that will affect the outcome measures.</p>		SFY 2019	<b>Target/Outcome Measure</b>	200	<b>Results</b>	219
	SFY 2019							
<b>Target/Outcome Measure</b>	200							
<b>Results</b>	219							



## Behavioral Health Advisory Council

			<hr/> <p style="text-align: center;"><i>Priority #: 4</i></p> <hr/> <p><b>Priority Area:</b> Increase outpatient mental health services for youth with SED</p> <p><b>Priority Type:</b> MHS</p> <p><b>Population(s):</b> SED</p> <p><b>Goal of the priority area:</b> The primary goal is to increase community based behavioral health services to youth who are diagnosed with SED.</p> <p><b>Objective:</b></p> <ul style="list-style-type: none"><li>• Require the Behavioral Health Organizations (BHOs) and I/T/U to improve and enhance available behavioral health services to youth.</li></ul> <p><b>Strategies to attain the objective:</b></p> <ul style="list-style-type: none"><li>• Require BHOs to maintain behavioral health provider network adequacy.</li><li>• Increase available MH community-based behavioral health services for youth diagnosed with SED.</li></ul> <p><b>Annual Performance Indicators to measure goal success</b></p> <p><b>Indicator #: 1</b></p> <p><b>Indicator:</b> Increase outpatient MH services to youth with SED</p> <p><b>Baseline Measurement:</b> SFY20: 68,113 youth with SED received services</p> <p><b>First-year target/outcome measurement:</b> Maintain the number of youth with SED receiving outpatient services to at least 40,820 in SFY22 (we anticipate a decrease in numbers, bringing us closer to our normal baseline as Covid decreases)</p> <p><b>Second-year target/outcome measurement:</b> Maintain the number of youth with SED receiving outpatient services to at least 41,320 in SFY23 SFY22 (we anticipate a decrease in</p>
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**Behavioral Health Advisory Council**

		<p>numbers, bringing us closer to our normal baseline as Covid decreases)</p> <table border="1" data-bbox="740 401 1406 501"> <tr> <td></td> <td><b>SFY 2020</b></td> </tr> <tr> <td><b>Target/Outcome Measure</b></td> <td>40,820</td> </tr> <tr> <td><b>Results</b></td> <td>68,113</td> </tr> </table> <p><b>Data Source:</b>                  The number of youth with SED receiving MH outpatient services is reported in the Behavioral Health Administration (BHA) Behavioral Health Data System (BHDS).</p> <p><b>Description of Data:</b>                  Fiscal Year 2018 is an unduplicated count of youth with SED who under the age of 18 served in publicly funded outpatient mental health programs from July 1, 2017 through June 30, 2018.</p> <p><b>Data issues/caveats that affect outcome measures:</b>                  No issues are currently foreseen that will affect the outcome measure.</p> <hr/> <p style="text-align: center;"><i>Priority #: 5</i></p> <hr/> <p><b>Priority Area:</b> Increase capacity for early identification and intervention for individuals experiencing First Episode Psychosis.</p> <p><b>Priority Type:</b> MHS</p> <p><b>Population(s):</b> SED/SMI</p> <p><b>Goal of the priority area:</b>                  The primary goal is to increase community based behavioral health services to transition age youth who are diagnosed with First Episode Psychosis (FEP).</p> <p><b>Objective:</b></p> <ul style="list-style-type: none"> <li>• Increase capacity in the community to serve youth experiencing FEP</li> </ul> <p><b>Strategies to attain the objective:</b></p> <ul style="list-style-type: none"> <li>• Provide funding to increase the number of agencies who serve youth with FEP.</li> </ul>		<b>SFY 2020</b>	<b>Target/Outcome Measure</b>	40,820	<b>Results</b>	68,113
	<b>SFY 2020</b>							
<b>Target/Outcome Measure</b>	40,820							
<b>Results</b>	68,113							

**Behavioral Health Advisory Council**

		<p>• Increase available MH community based behavioral health services for youth diagnosed with FEP.</p> <p><b>Annual Performance Indicators to measure goal success</b></p> <p><b>Indicator #: 1</b></p> <p><b>Indicator:</b> Increase outpatient MH capacity for youth with FEP.</p> <p><b>Baseline Measurement:</b> SFY20: 11 FEP Programs, serving a total of 325 youth</p> <p><b>First-year target/outcome measurement:</b> FY22 (July 1, 2021 – June 30, 2022) Increase the number of coordinated specialty care sites from 11 to 12 serving an additional 25 youth statewide (total of 350 youth served).</p> <p><b>Second-year target/outcome measurement:</b> FY23 (July 1, 2022 – June 30, 2023) Maintain the 12 coordinated specialty care sites, serving an additional 75 youth statewide (total of 425 youth served).</p> <p>Results:</p> <table border="1" data-bbox="740 1094 1412 1199"> <thead> <tr> <th></th> <th>SFY 2020</th> </tr> </thead> <tbody> <tr> <td><b>Target/Outcome Measure</b></td> <td>5-9 Sites, 100 addition</td> </tr> <tr> <td><b>Results</b></td> <td>11 sites, 325 youth ser</td> </tr> </tbody> </table> <p><b>Data Source:</b> DBHR, via reporting from WSU. Extracted from the URS reports.</p> <hr/> <p style="text-align: center;"><i>Priority #: 6</i></p> <hr/> <p><b>Priority Area:</b> Increase the number of adults with SMI receiving mental health outpatient treatment services</p> <p><b>Priority Type:</b> MHS</p> <p><b>Population(s):</b> SMI, Other (LGBTQ, Homeless, Asian, Tribal communities, Native Hawaiian/Other Pacific Islanders, Underserved Racial and Ethnic Minorities)</p>		SFY 2020	<b>Target/Outcome Measure</b>	5-9 Sites, 100 addition	<b>Results</b>	11 sites, 325 youth ser
	SFY 2020							
<b>Target/Outcome Measure</b>	5-9 Sites, 100 addition							
<b>Results</b>	11 sites, 325 youth ser							

## Behavioral Health Advisory Council

		<p><b>Goal of the priority area:</b>                  Increase the number of adults with SMI accessing mental health outpatient services.</p> <p><b>Objective:</b></p> <ul style="list-style-type: none"> <li>• Require MCOs, BHASOs, and BHOs to maintain and enhance behavioral health provider network adequacy.</li> <li>• Increase available mental health behavioral health services for adults.</li> </ul> <p><b>Strategies to attain the objective:</b></p> <ul style="list-style-type: none"> <li>• Gather data and resources regarding how potential individuals are identified.</li> </ul> <p><b>Annual Performance Indicators to Measure Goal Success</b>  <b>Indicator #: 1</b></p> <p><b>Indicator:</b> Increase mental health outpatient services for adults with SMI</p> <p><b>Baseline Measurement:</b> SFY20: 192,662 adults with SMI received mental health outpatient services</p> <p><b>First-year target/outcome measurement:</b> Maintain a minimum of 104,128 adults with SMI receiving mental health outpatient services in SFY22 (we anticipate a decrease in numbers, bringing us closer to our normal baseline as Covid decreases)</p> <p><b>Second-year target/outcome measurement:</b> Maintain a minimum of 104,128 adults with SMI receiving mental health outpatient services in SFY22 (we anticipate a decrease in numbers, bringing us closer to our normal baseline as Covid decreases)</p> <table border="1" data-bbox="740 1516 1406 1619"> <thead> <tr> <th></th> <th>SFY 2020</th> </tr> </thead> <tbody> <tr> <td><b>Target/Outcome Measure</b></td> <td>103,668</td> </tr> <tr> <td><b>Results</b></td> <td>192,662</td> </tr> </tbody> </table> <p><b>Data Source:</b>                  The number of adults with SMI receiving MH outpatient treatment services is tracked using the Behavioral Health Administration (BHA) Behavioral Health Data System (BHDS).</p>		SFY 2020	<b>Target/Outcome Measure</b>	103,668	<b>Results</b>	192,662
	SFY 2020							
<b>Target/Outcome Measure</b>	103,668							
<b>Results</b>	192,662							

**Behavioral Health Advisory Council**

		<p><b>Description of Data:</b>                  Fiscal Year 2020 clients served is an unduplicated count of adults with SMI (persons 18 years of age and older) served in publicly funded mental health outpatient programs between July 1, 2019 and June 30, 2020.</p> <p><b>Data issues/caveats that affect outcome measures:</b>                  With the combination of behavioral health services coverage, we are experiencing data reporting challenges due to the way data was collected previously.</p> <hr/> <p style="text-align: center;"><i>Priority #: 7</i></p> <hr/> <p><b>Priority Area:</b> Increase the number of individuals receiving recovery support services, including increasing supported employment and supported housing services for individuals with SMI, SED, and SUD</p> <p><b>Priority Type:</b> SAT, MHS</p> <p><b>Population(s):</b> SMI, SED, PWWDC, PWID, TB, Other (Homeless, Asian, Tribal communities, Native Hawaiian/Other Pacific Islanders, Underserved Racial and Ethnic Minorities)</p> <p><b>Goal of the priority area:</b>                  Measurements for this goal will include increasing the employment rate, decreasing the homelessness rate and providing stable housing in the community.</p> <p><b>Objective:</b></p> <ul style="list-style-type: none"> <li>• Increase awareness, implementation and adherence to the evidence-based practices of permanent supportive housing and supported employment models by implementing fidelity reviews at five agencies</li> </ul> <p><b>Strategies to attain the objective:</b></p> <ul style="list-style-type: none"> <li>• Train 500 staff working in behavioral health, housing and health care, through webinars or in-person training events</li> <li>• Support 1,000 individuals in obtaining and maintaining housing</li> <li>• Support 1,000 individuals in obtaining and maintaining competitive employment</li> <li>• Assist 25 behavioral health agencies in implementing evidence-based practices of permanent supportive housing and supported employment models</li> </ul>
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**Behavioral Health Advisory Council**

			<p><b>Annual Performance Indicators to measure goal success</b></p> <p><b>Indicator #: 1</b></p> <p><b>Indicator:</b> Increase number of people receiving supported employment services (<i>formerly increase employment services</i>)</p> <p><b>Baseline Measurement:</b> FY2020 – need data</p> <p><b>First-year target/outcome measurement:</b> Increase average number of people receiving supported employment services per month (over 12-month period) by 5% in FY22 (additional ??)</p> <p><b>Second-year target/outcome measurement:</b> Increase number of people receiving supported employment services per month (over 12-month period) by 5% in FY23 (additional ??)</p> <table border="1" data-bbox="740 951 1409 1052"> <tr> <td></td> <td><b>SFY 2020</b></td> </tr> <tr> <td><b>Target/Outcome Measure</b></td> <td>Increase 5% (additional ??)</td> </tr> <tr> <td><b>Results</b></td> <td>No Data available yet</td> </tr> </table> <p><b>Data Source:</b> Department of Social and Human Services (DSHS), RDA</p> <p><b>Description of Data:</b> Includes all people who have received supported employment services.</p> <p><b>Data issues/caveats that affect outcome measures:</b> No issues are currently foreseen that will impact the outcome of this measure.</p> <p><b>Indicator #: 2</b></p> <p><b>Indicator:</b> Increase number of people receiving supportive housing services (<i>formerly decrease homelessness</i>)</p> <p><b>Baseline Measurement:</b> FY2020 – need data</p> <p><b>First-year target/outcome measurement:</b> Decrease by 5% (?? fewer)</p> <p><b>Second-year target/outcome measurement:</b> Decrease by 5% (?? fewer)</p> <table border="1" data-bbox="740 1864 1409 1927"> <tr> <td></td> <td><b>SFY 2020</b></td> </tr> <tr> <td><b>Target/Outcome Measure</b></td> <td>Decrease by 5% (808 fewer)</td> </tr> </table>		<b>SFY 2020</b>	<b>Target/Outcome Measure</b>	Increase 5% (additional ??)	<b>Results</b>	No Data available yet		<b>SFY 2020</b>	<b>Target/Outcome Measure</b>	Decrease by 5% (808 fewer)
	<b>SFY 2020</b>												
<b>Target/Outcome Measure</b>	Increase 5% (additional ??)												
<b>Results</b>	No Data available yet												
	<b>SFY 2020</b>												
<b>Target/Outcome Measure</b>	Decrease by 5% (808 fewer)												

**Behavioral Health Advisory Council**

			<p><b>Results</b></p>	<p>67,604</p>
<p><b>Notes:</b> The way this was previously worded, it was not necessarily a BG priority – a lot of problems with obtaining data and the definition</p> <p><b>Recommendation to take out # of individuals employed – ESD data – we need number of individuals who received BH services that were recorded as homeless.</b></p> <p>Department of Social and Human Services (DSHS), RDA</p> <p><b>Description of Data:</b>                  Includes all people who have received supported housing services.</p> <p><b>Data issues/caveats that affect outcome measures:</b>                  No issues are currently foreseen the will impact this outcome measure.</p> <hr/> <p style="text-align: center;"><i>Priority #: 8</i></p> <hr/> <p><b>Priority Area:</b> Increase the number of adults receiving outpatient substance use disorder treatment</p> <p><b>Priority Type:</b> SAT</p> <p><b>Population(s):</b> PWWDC, PWID, TB, Other (LGBTQ, Criminal/Juvenile Justice, Homeless, Asian, Tribal communities, Native Hawaiian/Other Pacific Islanders, Underserved Racial and Ethnic Minorities)</p> <p><b>Goal of the priority area:</b>                  Increase the number of adults receiving outpatient SUD treatment including adults who are using opioids and other prescription drugs.</p> <p><b>Objective:</b></p> <ul style="list-style-type: none"> <li>• Require the Behavioral Health Organizations (BHOs) to improve and enhance available SUD outpatient services to adults.</li> </ul> <p><b>Strategies to attain the objective:</b></p>				

## Behavioral Health Advisory Council

		<p>• Explore new mechanisms and protocols for case management and continue using Performance Based Contracts to increase the number of adults receiving outpatient SUD services.</p> <p><b>Annual Performance Indicators to Measure Goal Success</b></p> <p><b>Indicator #: 1</b></p> <p><b>Indicator:</b> Increase outpatient SUD for adults in need of SUD treatment</p> <p><b>Baseline Measurement:</b> SFY20: 40,293</p> <p><b>First-year target/outcome measurement:</b> Increase the number of adults in SFY22 to 47,875</p> <p><b>Second-year target/outcome measurement:</b> Increase the number of adults in SFY23 to 48,888.</p> <table border="1" data-bbox="740 869 1412 1003"> <thead> <tr> <th></th> <th>SFY 2020 (General Ad Population)</th> </tr> </thead> <tbody> <tr> <td><b>Target/Outcome Measure</b></td> <td>47,875</td> </tr> <tr> <td><b>Results</b></td> <td>40,293</td> </tr> </tbody> </table> <p><b>Results:</b> We did not reach out target outcomes, do we want to adjust the target measurement outcomes?</p> <p><b>Data Source:</b> The number of adults receiving SUD outpatient services is tracked using the Behavioral Health Administration (BHA) Behavioral Health Data System (BHDS).</p> <p><b>Description of Data:</b> Fiscal Year 2020 is an unduplicated count of adults (persons 18 years of age and older) served in publicly funded SUD outpatient treatment between July 1, 2019 and June 30, 2020.</p> <p><b>Data issues/caveats that affect outcome measures:</b> With the combination of behavioral health services coverage, we are experiencing data reporting challenges due to the way data was collected previously. Indian Health Care Providers have to enter into multiple systems which can be burdensome.</p>		SFY 2020 (General Ad Population)	<b>Target/Outcome Measure</b>	47,875	<b>Results</b>	40,293
	SFY 2020 (General Ad Population)							
<b>Target/Outcome Measure</b>	47,875							
<b>Results</b>	40,293							



## Behavioral Health Advisory Council

			<hr/> <p style="text-align: center;"><i>Priority #: 9</i></p> <hr/> <p><b>Priority Area:</b> Pregnant and Parenting Women <b>Priority Type:</b> SAT <b>Population(s):</b> Pregnant and Parenting Women (PPW)</p> <p><b>Goal of the priority area:</b> Increase the number of PPW clients receiving case management services</p> <p><b>Objective:</b> Improve the health of pregnant and parenting women and their children and help them maintain their recovery.</p> <p><b>Strategies to attain the objective:</b></p> <ul style="list-style-type: none"><li>• Increase access to case management services</li></ul> <p><b>Annual Performance Indicators to measure goal success</b></p> <p><b>Indicator #: 1</b></p> <p><b>Indicator:</b> Expand capacity for women and their children to have access to case management services.</p> <p><b>Baseline Measurement:</b> As of June 2021, the total contracted number of PPW clients receiving PCAP case management services is 1409.</p> <p><b>First-year target/outcome measurement:</b> Increase the number of PPW clients receiving PCAP case management services (an estimated increase of anywhere from 82-92 client slots, depending on the per client rate determined per county)</p> <p><b>Second-year target/outcome measurement:</b> Maintain the number of PPW clients receiving PCAP case management services.</p> <p><b>Data Source:</b> Contracts with PCAP providers.</p> <p><b>Description of Data:</b> The contracts mandate that PCAP providers must submit the number of clients being served: 1) on their monthly invoices</p>
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## Behavioral Health Advisory Council

		<p>in order to be reimbursed, 2) to the University of Washing ADAI for monthly reporting.</p> <p><b>Data issues/caveats that affect outcome measures:</b></p> <ul style="list-style-type: none"><li>- Impacts of the current/ongoing COVID pandemic.</li><li>- If funding is reduced for any reason, the number of sites/clients served may decrease.</li></ul> <hr/> <p style="text-align: center;"><i>Priority #: 10</i></p> <hr/> <p><b>Priority Area:</b> Maintain Government to Government relationships with Tribal Governments</p> <p><b>Priority Type:</b> SAP, SAT</p> <p><b>Population(s):</b> PWWDC, PP, PWID, TB, Other (Underserved Racial and Ethnic Minorities)</p> <p><b>Goal of the priority area:</b> Adhere to the Washington State Centennial Accord and DSHS Administrative Policy 7.01 which directs DSHS Administrations to communicate, collaborate, and formally consult with the 29 Federally Recognized Tribes when funding and policy changes will have an impact on Tribal Governments, Urban Indian Health Programs, Recognized American Indian Organizations, and individual American Indians/Alaska Natives. By extension of the Accord and Policy, DBHR gives all 29 Tribes the opportunity to apply for block grant funding to help bolster prevention and treatment services within their tribal communities.</p> <p><b>Objective:</b></p> <ul style="list-style-type: none"><li>• Support the Tribes to use block grant funding for the following services for youth and adults who are non-Medicaid and low income: assessments, case management, drug screening tests including urinary analysis, outpatient and intensive outpatient, and individual and group therapy;</li><li>• Support the Tribes to use block grant funding to begin and/or maintain tribal substance use disorder prevention programs and projects for youth within tribal communities.</li></ul> <p><b>Strategies to attain the objective:</b></p> <ul style="list-style-type: none"><li>• Each tribe is required to complete a Tribal Plan and budget that indicates how the funding will be expended on approved SUD prevention or treatment activities, and DBHR must approve each plan and each update to a Tribal Plan.</li></ul>
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## Behavioral Health Advisory Council

		<ul style="list-style-type: none"><li>• Each tribe must submit quarterly expenditure reports to DBHR.</li><li>• Each tribe must input data into each appropriate data system (i.e. TARGET Data System, and Substance Use Disorder (SUD) Prevention and MH Promotion Online Data System) on a quarterly basis.</li><li>• DBHR will work in good faith with the Tribes and Urban Indian Health Programs to streamline the data reporting process in the future.</li><li>• Each tribe must submit an Annual Narrative Report to reflect on the prevention and treatment services provided with the funding, successes within the program, challenges within the program, etc.</li></ul> <p><b>Annual Performance Indicators to measure goal success</b></p> <p><b>Indicator #: 1</b></p> <p><b>Indicator:</b> Maintain treatment and prevention to American Indian/Alaska Natives</p> <p><b>Baseline Measurement:</b> Treatment 4,872</p> <p><b>First-year target/outcome measurement:</b> Treatment 4,872</p> <p><b>Second-year target/outcome measurement:</b> Treatment 4,872</p> <p><b>Results:</b></p> <p><b>AI/AN Clients Served*:</b> All tribal agencies reported into BHDS: 4,499 in SFY 2020 (3,401 in SFY 2021)</p> <p><b>SUD Prevention + MH Promotion AI/AN Clients Served:</b></p> <p>a) SUD Prevention: 11,505 in SFY 2020</p> <p>b) MH Promotion: 4,753 in SFY 2020 (no data available yet for SFY 2021)</p> <p><b>Do these targets make sense? Do we want to adjust them for the 22-23 app? We did not quite meet it, do we want to acknowledge the challenge of COVID?</b></p> <p><b>Data Source:</b> The Substance Use Disorder Prevention and Mental Health Promotion MIS and TARGET, or its successor, for treatment counts.</p> <p><b>Description of Data:</b> As reported into TARGET by Tribes, total number of AI/AN clients served between July 1, 2019 and June 30, 2020.</p> <p><b>Data issues/caveats that affect outcome measures:</b></p>
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## Behavioral Health Advisory Council

			Indian Health Care Providers have to enter into multiple systems which is burdensome.
4.	<b>Break</b>	All	
5.	<b>Membership Committee – New Members</b>	Vanessa Lewis	<ul style="list-style-type: none"> <li>• Only 1 membership member currently (Vanessa Lewis). Tori will send a follow up email looking for members for the committee.</li> <li>• Katie Mirkovick will join the membership committee.</li> </ul>
6.	<b>Peer Review Team</b>	Josh Wallace	<ul style="list-style-type: none"> <li>• Difficult to pull together but will need a couple of people to review.</li> <li>• Vanessa Lewis, Josh, Katie, Mary</li> <li>• Tori to send follow up to committee to look for additional members.</li> </ul>
7.	<b>Directors Update</b>	Keri Waterland	<ul style="list-style-type: none"> <li>• Not a lot of change between now and May</li> <li>• DBHR is still working on the 74-line items that the legislature gave the division. Not all are new investments, but most are. It takes time to strategically think through all of the different projects that DBHR now has responsibility for.</li> <li>• Blake piece has work group and steering committee and is currently under way - Tony Walton is the project manager.</li> <li>• 988 bill – strategic outreach to various agencies and entities. Currently working on collecting applications from BH-ASO's, Peer's, individual with lived experience – for the workgroups.</li> <li>• DBHR is doing a lot of work around the ARPA funds – working on getting them through contracts to get the funds out the door. They are limited in nature, so DBHR is working on making sure they are getting the contracts up and running.</li> <li>• Having concerns around the interplay with individuals who have needs for support around BH and crisis system and the role with local law enforcement; DBHR is collecting that information.</li> <li>• DBHR is working on decision packages internally and working with leadership.</li> <li>• A DP is a ask to Office of Financial Management around funding to expand program</li> <li>• Working on agency request legislature – an opportunity to look at projects that we need to ask for legislative changes on. Gives DBHR an opportunity to be creative or to fix problems that may have been overlooked at the last session.</li> <li>• A significant improvement for the HCA had over 85% of contracts got out on time. The remaining</li> </ul>

**Behavioral Health Advisory Council**

			<p>contracts and getting worked on and will be out soon.</p> <ul style="list-style-type: none"> <li>• Trying to get block grant enhancement funds out in contracts.</li> <li>• Keeping momentum in the projects of BG Enhancement, by continuing them with the ARPA funds.</li> <li>• SUD funds did not come in as high as normal.</li> <li>• DBHR has a multitude of different trainings coming up this summer, they will keep BHAC updated.</li> <li>• DBHR is heavily recruiting, one of the roles in the navigator administrator, we have the month of July to establish the standards to Keri to detail what the navigator program will look like. Administrators are already being hired. Anticipate this happening late summer and early fall.</li> <li>• Updates on Workforce development and the campaign – Campaign is under development, we need to go live by September to be able to spend down the funds.</li> <li>• DBHR questions to BHAC – we have sunset our all-provider calls related to COVID – what are some of the successes and challenges of COVID related impacts?</li> <li>• One of the biggest concerns from Josh is that concern for safety and the heightened mental health.</li> <li>• Mary O’Brian – have a heightened amount of request of services in their area. Correlates with schools opening in person again. Lots of individuals are having a hard time adjusting to the new “normal”. All people need support in this time.</li> </ul>
8.	<p><b>Guest Legislature – Senator Judy Warnick</b></p>	<p>Richelle Madigan &amp; Senator Judy Warnick</p>	<ul style="list-style-type: none"> <li>• Richelle Madigan has played a role in Senator Warnicks role in BH.</li> <li>• Has been apart of workgroups to be able to bring awareness to this.</li> <li>• Bill 5412 – Redefining what a parent and family look like, someone who may have a strong family relationship with a child.</li> <li>• Part of the definition needed to be clarified – what is the age of consent of children?</li> <li>• Bill did not go through, Senator Dingra asked that Warnick go back and work on the bill a little bit before the next session. Currently there is interest in the bill and continuing the conversation.</li> <li>• Meet with committee Staff and Caucus staff attended a webinar about CBT – Warnick now wants to include this to the bill. Finding therapy, finding facilities</li> </ul>

## Behavioral Health Advisory Council

			<ul style="list-style-type: none"> <li>• We do not have facilities for children, we do not have the appropriate staff for the facilities as well. The state and legislature has a work to do.</li> <li>• Starting with State Hospitals, then go in for early interventions (age 16-24).</li> <li>• Very interested in bringing in school districts. What can they supply as far as health for these students?</li> <li>• What can BHAC do? Take a look at bill 5412, what suggestions do you have as a council?</li> <li>• Equine therapy, Senator Warnick has seen the effects of therapy for the children.</li> <li>• Senator Warnick wants to use a wholistic approach, therapy should be more than just sitting in an office and talking with a professional.</li> <li>• New outside of the box type of treatment, not sure if it will be apart of 5412 but it could potentially be apart of the bill.</li> <li>• Richelle – Working with Senator Warnick with getting her Sons treatment plan worked out.</li> </ul>
9.	<p><b>Action Item Recap</b>  <b>September Agenda Items</b>  <b>Ajourn</b></p>	All	<p>Section update: workforce Steve Perry                  Continue to invite legislatures. Senator Dingra, Tom Dan, look on the east side of the mt as well                  Director’s update                  Block grant update – final application.</p>

NOT FINAL



# Environmental Factors and Plan

## Advisory Council Members

For the Mental Health Block Grant, **there are specific agency representation requirements** for the State representatives. States **MUST** identify the individuals who are representing these state agencies.

- State Education Agency
- State Vocational Rehabilitation Agency
- State Criminal Justice Agency
- State Housing Agency
- State Social Services Agency
- State Health (MH) Agency.
- State Medicaid Agency

Start Year: 2022      End Year: 2023

Name	Type of Membership*	Agency or Organization Represented	Address,Phone, and Fax	Email(if available)
Michelle Burchett	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			[REDACTED]
Cheryl Jones	State Employees			[REDACTED]
Ahney King	Providers			[REDACTED]
Susan Kydd	Persons in recovery from or providing treatment for or advocating for SUD services			[REDACTED]
Michael Langer	State Employees			[REDACTED]
Ruth Leonard	State Employees			[REDACTED]
Vanessa Lewis	Family Members of Individuals in Recovery (to include family members of adults with SMI)			[REDACTED]
Kielan Lynch	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			[REDACTED]
Richelle Madigan	Parents of children with SED/SUD			[REDACTED]
Katie Mirkovich	State Employees			[REDACTED]
Marcia Mongrain - Finkas	Family Members of Individuals in Recovery (to include family members of adults with SMI)			[REDACTED]
David Musser	State Employees			[REDACTED]
Mary O'Brien	Providers			[REDACTED]
Jenni Olmstead	State Employees			[REDACTED]



Nelson Rascon	Parents of children with SED/SUD			[REDACTED]
Tana Russell	Providers			[REDACTED]
Jeff Spring	State Employees			[REDACTED]
Michelle Tinkler	Family Members of Individuals in Recovery (to include family members of adults with SMI)			[REDACTED]
Bridget Underdahl	State Employees			[REDACTED]
Josh Wallace	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			[REDACTED]
Keri Waterland	State Employees			[REDACTED]

\*Council members should be listed only once by type of membership and Agency/organization represented.

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**Footnotes:**

NOT FINAL

# Environmental Factors and Plan

## Advisory Council Composition by Member Type

Start Year: 2022 End Year: 2023

Type of Membership	Number	Percentage
<b>Total Membership</b>	<b>25</b>	
Individuals in Recovery* (to include adults with SMI who are receiving, or have received, mental health services)	3	
Family Members of Individuals in Recovery* (to include family members of adults with SMI)	3	
Parents of children with SED/SUD*	2	
Vacancies (Individuals and Family Members)	5	
Others (Advocates who are not State employees or providers)	0	
<b>Total Individuals in Recovery, Family Members &amp; Others</b>	<b>13</b>	<b>52.00%</b>
State Employees	9	
Providers	3	
Vacancies	0	
<b>Total State Employees &amp; Providers</b>	<b>12</b>	<b>48.00%</b>
Individuals/Family Members from Diverse Racial, Ethnic, and LGBTQ+ Populations	6	
Providers from Diverse Racial, Ethnic, and LGBTQ+ Populations	1	
<b>Total Individuals and Providers from Diverse Racial, Ethnic, and LGBTQ+ Populations</b>	<b>7</b>	
Persons in recovery from or providing treatment for or advocating for SUD services	1	
Representatives from Federally Recognized Tribes	0	
Youth/adolescent representative (or member from an organization serving young people)	0	

\* States are encouraged to select these representatives from state Family/Consumer organizations or include individuals with substance misuse prevention, SUD treatment, and recovery expertise in their Councils.

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### Footnotes:

COVID-19 has continued to create obstacles for the Behavioral Health Advisory Council including membership and participation. There are active recruitment campaigns underway to fill vacancies specifically related to individuals in recovery and family members regarding mental health. We are also reaching out to find representatives who can give voice to both Youth and Federally Recognized Tribes.

NOT FINAL

## Environmental Factors and Plan

### 22. Public Comment on the State Plan - Required

Narrative Question

[Title XIX, Subpart III, section 1941 of the PHS Act \(42 U.S.C. § 300x-51\)](#) requires, 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.

#### Please respond to the following items:

1. Did the state take any of the following steps to make the public aware of the plan and allow for public comment?
  - a) Public meetings or hearings?  Yes  No
  - b) Posting of the plan on the web for public comment?  Yes  No  
If yes, provide URL:  
  
If yes for the previous plan year, was the final version posted for the previous year? Please provide that URL:
  - c) Other (e.g. public service announcements, print media)  Yes  No

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Footnotes:

NOT FINAL

# Environmental Factors and Plan

## 23. Syringe Services (SSP)

### Narrative Question:

The Substance Abuse Prevention and Treatment Block Grant (SABG) restriction<sup>1,2</sup> on the use of federal funds for programs distributing sterile needles or syringes (referred to as syringe services programs (SSP)) was modified by the [Consolidated Appropriations Act, 2018](#) (P.L. 115-141) signed by President Trump on March 23, 2018<sup>3</sup>.

Section 520. *Notwithstanding any other provisions of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug: Provided, that such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with State and local law.*

A state experiencing, or at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, (as determined by CDC), may propose to use SABG to fund elements of an SSP other than to purchase sterile needles or syringes. States interested in directing SABG funds to SSPs must provide the information requested below and receive approval from the State Project Officer. Please note that the term used in the SABG statute and regulation, *intravenous drug user* (IVDU) is being replaced for the purposes of this discussion by the term now used by the federal government, *persons who inject drugs* (PWID).

States may consider making SABG funds available to either one or more entities to establish elements of a SSP or to establish a relationship with an existing SSP. States should keep in mind the related PWID SABG authorizing legislation and implementing regulation requirements when developing its Plan, specifically, requirements to provide outreach to PWID, SUD treatment and recovery services for PWID, and to routinely collaborate with other healthcare providers, which may include HIV/STD clinics, public health providers, emergency departments, and mental health centers<sup>4</sup>. SAMHSA funds cannot be supplanted, in other words, used to fund an existing SSP so that state or other non-federal funds can then be used for another program.

In the first half of calendar year 2016, the federal government released three guidance documents regarding SSPs<sup>5</sup>: These documents can be found on the Hiv.gov website: <https://www.hiv.gov/federal-response/policies-issues/syringe-services-programs>,

1. [Department of Health and Human Services Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016](https://www.hiv.gov/sites/default/files/hhs-ssp-guidance.pdf) from The US Department of Health and Human Services, Office of HIV/AIDS and Infectious Disease Policy <https://www.hiv.gov/sites/default/files/hhs-ssp-guidance.pdf>,
2. [Centers for Disease Control and Prevention \(CDC\) Program Guidance for Implementing Certain Components of Syringe Services Programs, 2016](http://www.cdc.gov/hiv/pdf/risk/cdc-hiv-syringe-exchange-services.pdf) The Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, Division of Hepatitis Prevention <http://www.cdc.gov/hiv/pdf/risk/cdc-hiv-syringe-exchange-services.pdf>,
3. [The Substance Abuse and Mental Health Services Administration \(SAMHSA\)-specific Guidance for States Requesting Use of Substance Abuse Prevention and Treatment Block Grant Funds to Implement SSPs](http://www.samhsa.gov/sites/default/files/grants/ssp-guidance-state-block-grants.pdf) <http://www.samhsa.gov/sites/default/files/grants/ssp-guidance-state-block-grants.pdf>,

Please refer to the guidance documents above and follow the steps below when requesting to direct FY 2021 funds to SSPs.

- **Step 1** - Request a Determination of Need from the CDC
- **Step 2** - Include request in the FFY 2021 Mini-Application to expend FFY 2020 - 2021 funds and support an existing SSP or establish a new SSP
  - Include proposed protocols, timeline for implementation, and overall budget
  - Submit planned expenditures and agency information on Table A listed below
- **Step 3** - Obtain State Project Officer Approval

Future years are subject to authorizing language in appropriations bills.

<sup>1</sup> Section 1923 (b) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-23(b)) and 45 CFR § 96.126(e) requires entities that receive SABG funds to provide substance use disorder (SUD) treatment services to PWID to also conduct outreach activities to encourage such persons to undergo SUD treatment. Any state or jurisdiction that plans to re-obligate FY 2020-2021 SABG funds previously made available such entities for the purposes of providing substance use disorder treatment services to PWID and outreach to such persons may submit a request via its plan to SAMHSA for the purpose of incorporating elements of a SSP in one or more such entities insofar as the plan request is applicable to the FY 2020-2021 SABG funds **only** and is consistent with guidance issued by SAMHSA.

<sup>2</sup> Section 1931(a)(1)(F) of Title XIX, Part B, Subpart II of the Public Health Service (PHS) Act (42 U.S.C. § 300x-31(a)(1)(F)) and 45 CFR § 96.135(a) (6) explicitly prohibits the use of SABG funds to provide PWID with hypodermic needles or syringes so that such persons may inject illegal drugs unless the Surgeon General of the United States determines that a demonstration needle exchange program would be effective in reducing injection drug use and the risk of HIV transmission to others. On February 23, 2011, the Secretary of the U.S. Department of Health and Human Services published a notice in the Federal Register (76 FR 10038) indicating that the Surgeon General of the United States had made a determination that syringe services programs, when part of a comprehensive HIV prevention strategy, play a critical role in preventing HIV among PWID, facilitate entry into SUD treatment and primary care, and do not increase the illicit use of drugs.

<sup>3</sup> Division H Departments of Labor, Health and Human Services and Education and Related Agencies, Title V General Provisions, Section 520 of the Consolidated Appropriations Act, 2018 (P.L. 115-141)

<sup>4</sup> Section 1924(a) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-24(a)) and 45 CFR § 96.127 requires entities that receives SABG funds to routinely make available, directly or through other public or nonprofit private entities, tuberculosis services as described in section 1924(b)(2) of the PHS Act to each person receiving SUD treatment and recovery services.

Section 1924(b) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-24(b)) and 45 CFR 96.128 requires "designated states" as defined in Section 1924(b)(2) of the PHS Act to set-aside SABG funds to carry out 1 or more projects to make available early intervention services for HIV as defined in section 1924(b)(7)(B) at the sites at which persons are receiving SUD treatment and recovery services.

Section 1928(a) of Title XXI, Part B, Subpart II of the PHS Act (42 U.S.C. 300x-28(c)) and 45 CFR 96.132(c) requires states to ensure that substance abuse prevention and SUD treatment and recovery services providers coordinate such services with the provision of other services including, but not limited to, health services.

<sup>5</sup> ***Department of Health and Human Services Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016*** describes an SSP as a comprehensive prevention program for PWID that includes the provision of sterile needles, syringes and other drug preparation equipment and disposal services, and some or all the following services:

- Comprehensive HIV risk reduction counseling related to sexual and injection and/or prescription drug misuse;
- HIV, viral hepatitis, sexually transmitted diseases (STD), and tuberculosis (TB) screening;
- Provision of naloxone (Narcan?) to reverse opiate overdoses;
- Referral and linkage to HIV, viral hepatitis, STD, and TB prevention care and treatment services;
- Referral and linkage to hepatitis A virus and hepatitis B virus vaccinations; and
- Referral to SUD treatment and recovery services, primary medical care and mental health services.

Centers for Disease Control and Prevention (CDC) Program Guidance for Implementing Certain Components of Syringe Services Programs, 2016 includes a [description of the elements of an SSP](#) that can be supported with federal funds.

- Personnel (e.g., program staff, as well as staff for planning, monitoring, evaluation, and quality assurance);
- Supplies, exclusive of needles/syringes and devices solely used in the preparation of substances for illicit drug injection, e.g., cookers;
- Testing kits for HCV and HIV;
- Syringe disposal services (e.g., contract or other arrangement for disposal of bio- hazardous material);
- Navigation services to ensure linkage to HIV and viral hepatitis prevention, treatment and care services, including antiretroviral therapy for HCV and HIV, pre-exposure prophylaxis, post-exposure prophylaxis, prevention of mother to child transmission and partner services; HAV and HBV vaccination, substance use disorder treatment, recovery support services and medical and mental health services;

- Provision of naloxone to reverse opioid overdoses
- Educational materials, including information about safer injection practices, overdose prevention and reversing an opioid overdose with naloxone, HIV and viral hepatitis prevention, treatment and care services, and mental health and substance use disorder treatment including medication-assisted treatment and recovery support services;
- Condoms to reduce sexual risk of sexual transmission of HIV, viral hepatitis, and other STDs;
- Communication and outreach activities; and
- Planning and non-research evaluation activities.

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**Footnotes:**

At this time we are not requesting to direct funds to SSPs.

NOT FINAL



## Environmental Factors and Plan

### Syringe Services (SSP) Program Information-Table A

Syringe Services Program SSP Agency Name	Main Address of SSP	Planned Dollar Amount of SABG Funds Expended for SSP	SUD Treatment Provider (Yes or No)	# Of Locations (include mobile if any)	Narcan Provider (Yes or No)
No Data Available					

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**Footnotes:**

NOT FINAL