



Division of Aging, Adult, & Behavioral  
Health Services  
P.O. Box 1437, Slot W241  
Little Rock, AR 72203-1437  
P: 501.686.9164  
**HUMANSERVICES.ARKANSAS.GOV**

TO: Interested Parties

FROM: Rachael Veregge, Policy & Research Analysis Manager

DATE: August 12, 2024

RE: Public Comment Period

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Attached is the Federal Fiscal Year 2025 Combined Substance Abuse and Mental Health Block Grant Behavioral Health Assessment and Plan application for the Division of Aging, Adult and Behavioral Health Services.

The public comment period for this grant application is August 12, 2024 through August 26, 2024.

Copies of the application can be found on our website:

<https://humanservices.arkansas.gov/divisions-shared-services/shared-services/office-of-substance-abuse-and-mental-health/reports-publications/>

Please forward all comments regarding this application to Rachael Veregge via email to

[Rachael.Veregge@dhs.arkansas.gov](mailto:Rachael.Veregge@dhs.arkansas.gov).

# Arkansas

## UNIFORM APPLICATION

FY 2024/2025 Combined MHBGSUPTRS BG  
Application Behavioral Health Assessment and Plan

SUBSTANCE ABUSE PREVENTION AND TREATMENT

and

COMMUNITY MENTAL HEALTH SERVICES

BLOCK GRANT

OMB - Approved 06/15/2023 - Expires 06/30/2026  
(generated on 07/17/2024 4:06:17 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 2025  
End Year 2026

### State SUPTRS BG Unique Entity Identification

Unique Entity ID LCKYDJ3SJZY7

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

Agency Name Arkansas Department of Human Services  
Organizational Unit Division of Aging, Adult and Behavioral Health Services/Office of Substance Abuse and Mental Health  
Mailing Address Post Office Box 1437 Slot W-241  
City Little Rock  
Zip Code 72203-1437

#### II. Contact Person for the SUPTRS BG Grantee of the Block Grant

First Name Paula  
Last Name Stone  
Agency Name AR DHS, DAABHS, Office of Substance Abuse and Mental Health  
Mailing Address PO Box 1437 Slot W-241  
City Little Rock  
Zip Code 72203-1437  
Telephone (501) 686-9483  
Fax  
Email Address paula.stone@dhs.arkansas.gov

### State CMHS Unique Entity Identification

Unique Entity ID LCKYDJ3SJZY7

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

Agency Name Arkansas Department of Human Services  
Organizational Unit Division of Aging, Adult and Behavioral Health Services  
Mailing Address Post Office Box 1437 Slot W-241  
City Little Rock  
Zip Code 72203-1437

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

First Name Paula  
Last Name Stone  
Agency Name AR DHS/DAABHS/Office of Substance Abuse & Mental Health  
Mailing Address PO Box 1437 Slot W-241  
City Little Rock  
Zip Code 72203-1437  
Telephone 501-686-9489  
Fax  
Email Address Paula.Stone@dhs.arkansas.gov

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

Do you have a third party administrator?  Yes  No

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 7/17/2024 4:05:49 PM

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

First Name Rachael  
Last Name Veregge  
Telephone 501-258-9766  
Fax  
Email Address rachael.veregge@dhs.arkansas.gov

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

**Footnotes:**

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# State Information

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

Fiscal Year 2025

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  
 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		
Section	Title	Chapter
Section 1941	Opportunity for Public Comment on State Plans	<a href="#">42 USC § 300x-51</a>

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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>

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## 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.

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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> [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: 06/15/2023 Expires: 06/30/2026

**Footnotes:**

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# State Information

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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>
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>
Section 1920	Crisis Services	<a href="#">42 USC § 300x-9</a>
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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.

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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> [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.

Please upload your state's Bipartisan Safer Communities Act (BSCA) – 3rd allotment proposal to here in addition to other documents. You may also upload it in the attachments section of this application.

Based on the guidance issued on October 11th, 2022, please submit a proposal that includes a narrative describing how the funds will be used to help individuals with SMI/SED, along with a budget for the total amount of the third allotment. The proposal should also explain any new projects planned with the third allotment and describe ongoing projects that will continue with the third allotment. The performance period for the third allotment is from September 30th, 2024, to September 29th, 2026, and the proposal should be titled "BSCA Funding Plan 2025". The proposed plans are due to SAMHSA by September 1, 2024.

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**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:

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**Footnotes:**

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**Planning Tables**

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

Table 2 addresses funds to be expended during the 12-month period covering SFY 2025 (for most states, July 1, 2024 through June 30, 2025). Table 2 includes columns to capture state expenditures for COVID-19 Relief Supplemental funds, ARP funds, and BSCA funds. Please use these columns to capture how much the state plans to expend over the 12-month period covering SFY 2025 (for most states, July 1, 2024 - June 30, 2025). Please document the use of COVID-19 Relief Supplemental, ARP, and BSCA funds in the footnotes.

Planning Period Start Date: 7/1/2024 Planning Period End Date: 7/16/2024

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 (SUPTRS) <sup>a</sup>	J. ARP Funds (MHBG) <sup>b</sup>	K. BSCA Funds (MHBG) <sup>c</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>d</sup>											
3. Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis (10 percent of total award MHBG) <sup>e</sup>		\$952,913.90					\$19,305.24			\$922,608.00	
4. Tuberculosis Services											
5. Early Intervention Services for HIV											
6. State Hospital			\$2,855,532.00	\$2,313,551.00	\$48,648,151.00	\$1,982,753.00	\$1,240,600.00				
7. Other 24-Hour Care			\$468,288.00	\$3,400,000.00	\$602,000.00						
8. Ambulatory/Community Non-24 Hour Care		\$7,623,311.20		\$22,050,997.00	\$23,371,093.00		\$160,233.00	\$544,912.00		\$3,874,108.00	
9. Crisis Services (5 percent set-aside) <sup>9</sup>		\$476,456.95									
10. Administration (excluding program/provider level) <sup>9</sup> MHBG and SABG must be reported separately <sup>f</sup>		\$476,456.95								\$970,351.00	
<b>11. Total</b>	<b>\$0.00</b>	<b>\$9,529,139.00</b>	<b>\$3,323,820.00</b>	<b>\$27,764,548.00</b>	<b>\$72,621,244.00</b>	<b>\$1,982,753.00</b>	<b>\$1,400,833.00</b>	<b>\$564,217.24</b>	<b>\$0.00</b>	<b>\$5,767,067.00</b>	<b>\$0.00</b>

<sup>a</sup>The original expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 - March 14, 2023**. But states that have an approved 2nd NCE will have until March 14, 2025 to expend their COVID funds. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

<sup>b</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 standard MHBG expenditures captured in Columns A-G are for the state planned expenditure period of July 1, 2024 - June 30, 2025, for most states. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

<sup>c</sup>The expenditure period for the 2nd and 3rd allotments of the Bipartisan Safer Communities Act (BSCA) funding is **September 30, 2023 - September 29, 2025 (2nd increment) and the September 30, 2024 - September 29, 2026 (3rd increment)**. For most states the planned expenditure period for FY2025 will be July 1, 2024, through June 30, 2025. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

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

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

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

<sup>9</sup>Per statute, administrative expenditures cannot exceed 5% of the fiscal year award.

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**Footnotes:**

AR declines BSCA funding.

# Planning Tables

**Table 4 - SUPTRS BG Planned Expenditures**

States must project how they will use SUPTRS BG funds to provide authorized services as required by the SUPTRS BG regulations, including the supplemental COVID-19 and ARP funds. Plan Table 4 must be completed for the FFY 2025 SUPTRS BG funding. The totals for each Fiscal Year should match the President's Budget Final Enacted Allotment for the state.

Planning Period Start Date: 10/1/2024      Planning Period End Date: 9/30/2025

Expenditure Category	FFY 2024			FFY 2025		
	FFY 2024 SUPTRS BG Award	COVID-19 Award <sup>1</sup>	ARP Award <sup>2</sup>	FFY 2025 SUPTRS BG Award	COVID-19 Award <sup>1</sup>	ARP Award <sup>2</sup>
1 . Substance Use Disorder Prevention and Treatment <sup>5</sup>	\$9,670,465.00			\$8,227,846.83	\$1,409,169.90	\$2,414,928.48
2 . Substance Use Primary Prevention	\$4,041,388.00			\$4,041,749.32	\$692,223.82	\$1,186,280.65
3 . Tuberculosis Services						
4 . Early Intervention Services for HIV <sup>6</sup>						
5 . Recovery Support Services <sup>7</sup>				\$1,443,481.90	\$247,222.79	\$423,671.66
6 . Administration (SSA Level Only)	\$718,686.00			\$721,740.95	\$123,611.40	\$211,835.83
<b>7. Total</b>	<b>\$14,430,539.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$14,434,819.00</b>	<b>\$2,472,227.91</b>	<b>\$4,236,716.62</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" MHBG/SUPTRS BG. If your state or territory has an approved No Cost Extension (NCE) for the FY 21 SABG COVID-19 Supplemental Funding, you have until March 14, 2024 to expend the COVID-19 Relief Supplemental Funds.

<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 FY 2024 "standard" SUPTRS BG, which is October 1, 2023 - September 30, 2024. The SUPTRS BG ARP planned expenditures for the period of October 1, 2023 - September 30, 2024 should be entered here in the first ARP column, and the SUPTRS BG ARP planned expenditures for the period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

<sup>3</sup>The original 24-month expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved second No Cost Extension (NCE) for the FY 21 SABG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds.

<sup>4</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 FY 2024 "standard" SUPTRS BG, which is October 1, 2023 - September 30, 2024. The SUPTRS BG ARP planned expenditures for the FFY 2024 period of October 1, 2023 - September 30, 2024 should be entered in the first ARP column, and the SUPTRS BG ARP planned expenditures for the FFY 2025 period of October 1, 2024, through September 30, 2025, should be entered in the second ARP 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 use disorder Prevention and Treatment Block Grant (SUPTRS BG); Interim Final Rule (45 CFR 96.120-137), SAMHSA relies on the AtlasPlus HIV data report produced by the Centers for Disease Control and Prevention (CDC), National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP). The most recent AtlasPlus HIV data 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 SUPTRS BG 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 SUPTRS BG funds with the flexibility to obligate and expend SUPTRS BG 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 SUPTRS BG 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 will be allowed to obligate and expend SUPTRS BG funds for EIS/HIV if they chose to do so and may elect to do so by providing written notification to the CSAT SPO as a part of the SUPTRS BG Application.

<sup>7</sup>This expenditure category is mandated by Section 1243 of the Consolidated Appropriations Act, 2023

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#### Footnotes:

~ Total FFY 2024 Covid-19 Award allotted = \$4,225,540.33; Amount of FFY 2024 Covid-19 Award utilized = \$1,753,312.42

\* Total FFY2024 ARP Award allotted = \$2,736,997.75; Amount of FFY 2024 ARP Award utilized = \$6,711,274.38

^Amount of FFY 2024 Covid-19 Award remaining in NCE for FFY 2025 = \$2,472,227.91

+Amount of FFY 2024 ARP Award remaining in NCE for FFY 2025 = \$4,236,716.62



\*\* Prevention amount for FFY 2024 SABG Award was decreased by \$2,990 from original amount due to Congressional Revision"

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# Planning Tables

**Table 5a SUPTRS BG Primary Prevention Planned Expenditures**

Planning Period Start Date: 10/1/2024    Planning Period End Date: 9/30/2025

Strategy	A	B			B		
	IOM Target	FFY 2024			FFY 2025		
		SUPTRS BG Award	COVID-19 Award <sup>1</sup>	ARP Award <sup>2</sup>	SUPTRS BG Award	COVID-19 Award <sup>4</sup>	ARP Award <sup>5</sup>
1. Information Dissemination	Universal	\$243,198			\$243,241	\$29,221	\$71,713
	Selected				\$0	\$0	\$0
	Indicated				\$0	\$0	\$0
	Unspecified	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Total</b>	<b>\$243,198</b>	<b>\$0</b>	<b>\$0</b>	<b>\$243,241</b>	<b>\$29,221</b>	<b>\$71,713</b>
2. Education	Universal	\$2,375,104			\$2,375,262	\$285,379	\$517,448
	Selected				\$0	\$0	\$0
	Indicated				\$0	\$0	\$0
	Unspecified	\$0			\$0	\$0	\$0
	<b>Total</b>	<b>\$2,375,104</b>	<b>\$0</b>	<b>\$0</b>	<b>\$2,375,262</b>	<b>\$285,379</b>	<b>\$517,448</b>
3. Alternatives	Universal	\$207,653			\$207,667	\$24,950	\$60,680
	Selected				\$0	\$0	\$0
	Indicated				\$0	\$0	\$0
	Unspecified		\$0	\$0	\$0	\$0	\$0
	<b>Total</b>	<b>\$207,653</b>	<b>\$0</b>	<b>\$0</b>	<b>\$207,667</b>	<b>\$24,950</b>	<b>\$60,680</b>
4. Problem Identification and Referral	Universal	\$37,415			\$37,417	\$4,496	\$11,033
	Selected				\$0	\$0	\$0
	Indicated				\$0	\$0	\$0
	Unspecified	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Total</b>	<b>\$37,415</b>	<b>\$0</b>	<b>\$0</b>	<b>\$37,417</b>	<b>\$4,496</b>	<b>\$11,033</b>

5. Community-Based Processes	Universal	\$628,572			\$628,613	\$81,460	\$285,351
	Selected				\$0	\$0	\$0
	Indicated				\$0	\$0	\$0
	Unspecified		\$0	\$0	\$0	\$0	\$0
	<b>Total</b>	<b>\$628,572</b>	<b>\$0</b>	<b>\$0</b>	<b>\$628,613</b>	<b>\$81,460</b>	<b>\$285,351</b>
6. Environmental	Universal	\$200,170			\$200,183	\$24,051	\$157,056
	Selected				\$0	\$0	\$0
	Indicated				\$0	\$0	\$0
	Unspecified		\$0	\$0	\$0	\$0	\$0
	<b>Total</b>	<b>\$200,170</b>	<b>\$0</b>	<b>\$0</b>	<b>\$200,183</b>	<b>\$24,051</b>	<b>\$157,056</b>
7. Section 1926 (Synar)-Tobacco	Universal	\$49,388	\$0	\$0	\$49,391	\$0	\$0
	Selected		\$0	\$0	\$0	\$0	\$0
	Indicated		\$0	\$0	\$0	\$0	\$0
	Unspecified		\$0	\$0	\$0	\$0	\$0
	<b>Total</b>	<b>\$49,388</b>	<b>\$0</b>	<b>\$0</b>	<b>\$49,391</b>	<b>\$0</b>	<b>\$0</b>
8. Other	Universal						
	Selected						
	Indicated						
	Unspecified						
	<b>Total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Total Prevention Expenditures</b>		<b>\$3,741,500</b>			<b>\$3,741,774</b>	<b>\$449,557</b>	<b>\$1,103,281</b>
<b>Total SUPTRS BG Award<sup>3</sup></b>		<b>\$14,430,539</b>			<b>\$14,434,819</b>	<b>\$2,472,228</b>	<b>\$4,236,717</b>
<b>Planned Primary Prevention Percentage</b>		<b>25.93%</b>			<b>25.92%</b>	<b>18.18%</b>	<b>26.04%</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" MHBG/SUPTRS BG. If your state or territory has an approved No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2024 to expend the COVID-19 Relief Supplemental Funds.

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

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

<sup>4</sup>The original 24-month expenditure period for the COVID-19 Relief Supplemental funding was **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved second No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds.

<sup>5</sup>The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 1, 2025**, which is different from the expenditure period for the "standard" SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the planned expenditure period of October 1, 2023 – September 30, 2025. The SUPTRS BG ARP planned expenditures for the FFY 2024 period of October 1, 2023 - September 30, 2024 should be entered in the first ARP column, and the SUPTRS BG ARP planned expenditures for the FFY 2025 period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

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**Footnotes:**

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# Planning Tables

**Table 5b SUPTRS BG Primary Prevention Planned Expenditures by IOM Category**

Planning Period Start Date: 10/1/2024      Planning Period End Date: 9/30/2025

Activity	FFY 2024 SUPTRS BG Award	FFY 2024 COVID-19 Award <sup>1</sup>	FFY 2024 ARP Award <sup>2</sup>	FFY 2025 SUPTRS BG Award	FFY 2025 COVID-19 Award <sup>3</sup>	FFY 2025 ARP Award <sup>4</sup>
Universal Direct	\$2,619,050			\$2,619,225	\$449,557	\$805,395
Universal Indirect	\$1,047,620			\$1,047,690	\$166,978	\$242,722
Selected	\$74,830			\$74,835	\$25,689	\$55,164
Indicated				\$0	\$0	\$0
<b>Column Total</b>	<b>\$3,741,500</b>			<b>\$3,741,750</b>	<b>\$642,224</b>	<b>\$1,103,281</b>
<b>Total SUPTRS BG Award<sup>5</sup></b>	<b>\$14,430,539</b>			<b>\$14,434,819</b>	<b>\$2,472,228</b>	<b>\$4,236,717</b>
<b>Planned Primary Prevention Percentage</b>	<b>25.93%</b>			<b>25.92%</b>	<b>25.98%</b>	<b>26.04%</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 SUPTRS BG Award amount reflects the 12 month planning period for the standard SUPTRS BG expenditures reflecting the President’s FY 2022 enacted budget for the FFY 2022 SUPTRS BG 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 SUPTRS BG Award amount reflects the 12 month planning period for the standard SUPTRS BG expenditures reflecting the President’s FY 2022 enacted budget for the FFY 2022 SUPTRS BG 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 original 24-month expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the “standard” MHBG/SUPTRS BG. If your state or territory has an approved second No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds.

<sup>4</sup>The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 – September 1, 2025**, which is different from the expenditure period for the “standard” SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the planned expenditure period of October 1, 2023 – September 30, 2025. The SUPTRS BG ARP planned expenditures for the FFY 2024 period of October 1, 2023 - September 30, 2024 should be entered in the first ARP column, and the SUPTRS BG ARP planned expenditures for the FFY 2025 period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

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

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**Footnotes:**

# Planning Tables

**Table 5c SUPTRS BG 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 2024 and FFY 2025 SUPTRS BG awards.

Planning Period Start Date: 10/1/2024    Planning Period End Date: 9/30/2025

	SUPTRS BG Award	COVID-19 Award <sup>1</sup>	ARP Award <sup>2</sup>
<b>Prioritized Substances</b>			
Alcohol	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tobacco	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Marijuana	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>
Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inhalants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Methamphetamine	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Fentanyl	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Prioritized 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"/>
LGBTQI+	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
American Indians/Alaska Natives	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
Persons Experiencing Homelessness	<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"/>

<sup>1</sup>The original 24-month expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved second No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds.

<sup>2</sup>The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 1, 2025**, which is different from the expenditure period for the "standard" SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the planned expenditure period of October 1, 2023 – September 30, 2025. The SUPTRS BG ARP planned expenditures for the FFY 2024 period of **October 1, 2023 - September 30, 2024** should be entered in the first ARP column, and the SUPTRS BG ARP planned expenditures for the FFY 2025 period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

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**Footnotes:**

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## Planning Tables

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

Please enter the total amount of the SUPTRS BG, COVID-19, or ARP funds expended for each activity. Only complete this table if the state plans to fund subrecipient agency expenditures for non-direct services/system development with SUBG or SUPTRS BG, COVID-19, and/or ARP supplemental dollars. Grantees should not include on Table 6 the SSA expenditures of up to 5% that is allowed for the SSA cost of administering the grant. Non-direct services/system development activities exclude expenditures through funding mechanisms for subrecipients providing treatment "direct service" or primary prevention efforts themselves, that are listed on Table 7. Instead, these Table 6 subrecipient agency expenditures provide support to those activities.

Planning Period Start Date: 10/1/2024 Planning Period End Date: 9/30/2025

Expenditure Category	FFY 2024					FFY 2025				
	A. SUPTRS BG Treatment	B. SUPTRS BG Prevention	C. SUPTRS BG Integrated <sup>1</sup>	D. COVID-19 <sup>2</sup>	E. ARP <sup>3</sup>	A. SUPTRS BG Treatment	B. SUPTRS BG Prevention	C. SUPTRS BG Integrated <sup>1</sup>	D. COVID-19 <sup>4</sup>	E. ARP <sup>5</sup>
1. Information Systems						\$250,000.00	\$0.00	\$250,000.00	\$0.00	\$0.00
2. Infrastructure Support	\$684,668.60					\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3. Partnerships, community outreach, and needs assessment	\$9,547,369.40	\$173,935.00				\$7,000.00	\$174,047.00		\$29,007.80	\$48,152.95
4. Planning Council Activities (MHBG required, SUPTRS BG optional)						\$18,000.00				
5. Quality Assurance and Improvement										
6. Research and Evaluation		\$44,984.00					\$44,984.00		\$7,497.30	\$12,445.22
7. Training and Education	\$160,103.00	\$80,969.00				\$5,606,368.90	\$80,969.00	\$550,000.00	\$13,494.80	\$22,401.37
<b>8. Total</b>	<b>\$10,392,141.00</b>	<b>\$299,888.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$5,881,368.90</b>	<b>\$300,000.00</b>	<b>\$800,000.00</b>	<b>\$49,999.90</b>	<b>\$82,999.54</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**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved No Cost Extension (NCE) for the FY 21 SABG COVID-19 Supplemental Funding, you have until March 14, 2024 to expend the COVID-19 Relief Supplemental Funds.

<sup>3</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" SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the federal planned expenditure period of October 1, 2023 - September 30, 2025. Please list ARP planned expenditures for each standard FFY period.

<sup>4</sup>The original 24-month expenditure period for the COVID-19 Relief Supplemental funding was **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved second No Cost Extension (NCE) for the FY 21 SABG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds.

<sup>5</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" SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the federal planned expenditure period of October 1, 2023 - September 30, 2025. The SUPTRS BG ARP planned expenditures for the FFY 2024 period of October 1, 2023 - September 30, 2024 should be entered in the first ARP column, and the SUPTRS BG ARP planned expenditures for the FFY 2025 period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

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**Footnotes:**

Column C: Recovery Planned Expenditures



Total for Prevention - \$300,000 of the standard Primary Prevention funds are planned to be used for Non-Direct Prevention and are not included in the amounts listed in Tables 5a and 5b.

Total for COVID Prevention - \$50,000 of the standard Primary Prevention funds are planned to be used for Non-Direct Prevention and are not included in the amounts listed in Tables 5a and 5b.

Total for ARP Prevention - \$83,000 of the standard Primary Prevention funds are planned to be used for Non-Direct Prevention and are not included in the amounts listed in Tables 5a and 5b.

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# Planning Tables

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

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

MHBG Planning Period Start Date: 07/01/2024

MHBG Planning Period End Date: 06/30/2025

Activity	FY 2024 Block Grant	FY 2024 <sup>1</sup> COVID Funds	FY 2024 <sup>2</sup> ARP Funds	FY 2024 <sup>3</sup> BSCA Funds	FY 2025 Block Grant	FY 2025 <sup>1</sup> COVID Funds	FY 2025 <sup>2</sup> ARP Funds	FY 2025 <sup>3</sup> BSCA Funds
1. Information Systems					\$0.00	\$0.00	\$905,333.00	\$0.00
2. Infrastructure Support					\$7,438,801.00	\$323,855.00	\$1,849,795.00	\$0.00
3. Partnerships, community outreach, and needs assessment					\$105,000.00	\$0.00	\$477,863.00	\$0.00
4. Planning Council Activities (MHBG required, SUPTRS BG optional)					\$45,000.00	\$0.00	\$0.00	\$0.00
5. Quality Assurance and Improvement					\$0.00	\$0.00	\$0.00	\$0.00
6. Research and Evaluation					\$0.00	\$0.00	\$0.00	\$0.00
7. Training and Education					\$641,117.00	\$0.00	\$0.00	\$0.00
8. Total	\$0.00	\$0.00	\$0.00	\$0.00	\$8,229,918.00	\$323,855.00	\$3,232,991.00	\$0.00

<sup>1</sup> The original expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 - March 14, 2023**. But states that have an approved 2nd NCE will have until **March 14, 2025** to expend their COVID funds. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

<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 standard MHBG expenditures captured in Columns A - G are for the state planned expenditure period of July 1, 2024 - June 30, 2025, for most states. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

<sup>3</sup> The expenditure period for the 2nd and 3rd allotments of the Bipartisan Safer Communities Act (BSCA) funding is **September 30, 2023 - September 29, 2025** (2nd increment) and the **September 30, 2024 - September 29, 2026** (3rd increment). For most states the planned expenditure period for FY2025 will be **July 1, 2024, through June 30, 2025**. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

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**Footnotes:**

MHBG Funds

- 2. Infrastructure Support - CSU's
- 3. Partnerships, Community Outreach, Needs Assessment - NAMI
- 4. Planning Council - ABHPAC
- 7. Training & Education - Goodwill & ARBEST

COVID Funds

- 2. Infrastructure Support - Mobile Crisis Pilot Project

ARP Funds

- 1. Information Systems - IT Projects
- 2. Infrastructure Support - RDS Expansion Pilot Project
- 3. Partnerships, Community Outreach, Needs Assessment - Deaf Mental Health programming/training/staffing

## Environmental Factors and Plan

### 15. Crisis Services – Required for MHBG, Requested for SUPTRS BG

#### Narrative Question

Substance Abuse and Mental Health Services Administration (SAMHSA) is directed by Congress to set aside 5 percent of the Mental Health Block Grant (MHBG) allocation for each state to support evidence-based crisis systems. The statutory language outlines the following for the 5 percent set-aside:

*....to support evidenced-based programs that address the crisis care needs of individuals with serious mental illnesses and children with serious emotional disturbances, which may include individuals (including children and adolescents) experiencing mental health crises demonstrating serious mental illness or serious emotional disturbance, as applicable.*

*CORE ELEMENTS: At the discretion of the single State agency responsible for the administration of the program, the funds may be used to expend some or all of the core crisis care service components, as applicable and appropriate, including the following:*

- *Crisis call centers*
- *24/7 mobile crisis services*
- *Crisis stabilization programs offering acute care or subacute care in a hospital or appropriately licensed facility, as determined by such State, with referrals to inpatient or outpatient care.*

*STATE FLEXIBILITY: In lieu of expanding 5 percent of the amount the State receives pursuant to this section for a fiscal year to support evidence based programs as required a State may elect to expend not less than 10 percent of such amount to support such programs by the end of two consecutive fiscal years.*

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, stabilization service to support reducing distress, promoting skill development and outcomes, manage costs, and better invest resources.

SAMHSA developed [Crisis Services: Meeting Needs, Saving Lives](#), which includes "[National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit](#)" as well as an [Advisory: Peer Support Services in Crisis Care](#) and other related National Association of State Mental Health Programs Directors (NASMHPD) papers on crisis services. SAMHSA also developed "[National Guidelines for Child and Youth Behavioral Health Crisis Care](#)" which offers best practices, implementation strategies, and practical guidance for the design and development of services that meet the needs of children, youth and their families experiencing a behavioral health crisis. 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 serious mental illness or children with serious emotional disturbances. 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.

1. Briefly narrate your state's crisis system. For all regions/areas of your state, 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.

For many years our Community Mental Health Centers (CMHC) were the only behavioral health providers in Arkansas. They were our sole safety net for individuals with SMI/SED needs. In more recent years, our Medicaid provider list expanded significantly and per policy, all Medicaid providers are mandated to ensure crisis services were available for their clients. With the latter expansion, our CMHCs were responsible for their clients, but also for indigent care (defined as those without insurance coverage) for persons without health insurance coverage. In 2014, Arkansas became an expansion state and many Arkansans obtained health care coverage expansion policies, further narrowing the scope of care for our CMHCs. All Medicaid providers are required to provide access to crisis services for their own clients.

At the current time, our CMHC contracts still require crisis screenings for persons without health insurance coverage which has reduced in the last 8 years but increases in the need for crisis services have been observed largely related to the pandemic. SFY2024 reports indicate that our 12 CMHC contractors completed 11,327 crisis screenings on adults and 3,390 crisis screenings on children/youth. (Crisis screenings are required on children/youth served regardless of health insurance coverage in order to decrease unnecessary hospitalizations.) CMHCs are contracted to perform crisis screenings in all local jails. These crisis screenings are to make determinations on the need for acute hospitalization or if there are

other services to which the individual can be safely diverted. If diversion from hospitalization is appropriate for any individual, a written safety plan is developed in conjunction with the individual and caretaker when applicable.

Arkansas began working to implement Crisis Stabilization Units (CSU) in 2017. These units are owned by the individual county who contracts with a local behavioral health provider to staff and manage the unit. Our first CSU opened in Fort Smith (western Arkansas) in March of 2018. The second, in Pulaski County (central Arkansas) opened in August of 2018. The third, in Washington County (far northwest Arkansas) opened in June of 2019. The fourth, in Craighead County (northeast Arkansas) opened in October of 2019. Our Washington County unit has struggled and remained closed through SFY 2022. Unfortunately, it has closed again (April 2024) and we are uncertain if a new behavioral health provider will be secured. At this time one unit is currently under the management of one of our CMHC contractors, while the other two are under the management of a medical hospital. All units are staffed by trained behavioral health professionals, nurses, and paraprofessionals with access to prescribers, as needed. These short-term stay units, all of which are 16 beds, were originally developed for jail diversion, but have expanded their referral networks to include law enforcement, behavioral health providers, medical hospitals, and self/family referrals. In SFY2024, there were 2,847 individuals diverted from emergency rooms, jails, or acute psychiatric hospitals. In order to boost sustainability of these units, they do bill Medicaid and private insurance, but are still largely dependent on State General Revenue. One of the barriers identified by our CSUs was a large number of individuals they are unable to bill on because they are not "in a bed" at midnight which prevents them from billing insurance companies a per diem rate. In October of 2023 a new pilot program was started within all units to have a less than 24-hour bed option for billing. 310 individuals were served across 4 units during the nine-month pilot which led to a decision to allow Medicaid billing for persons at the unit, but not "in a bed" at midnight. It is possible that a new CSU will be designated in south Arkansas in the next year or two.

With the implementation of our CSUs, law enforcement agencies across the state began attending Crisis Intervention Training (CIT). ACT 423 of 2017 required all law enforcement agencies employing more than 10 officers to send at least one officer to CIT training. Classes have continued and include 16 hours for new officers, 8 hours for veteran officers, and a 40- hour class. These classes include training about our CSUs. The 40- hour classes often tour a CSU in the area and the CSU Unit Directors often spend several hours providing additional training and expertise regarding interactions with persons with behavioral health issues. Arkansas designated \$200,000.00 in one time block grant dollars (using COVID 19 Supplemental funding) to support improved technology for these classes, a vital part of our crisis system. Another very exciting update to report is that in April of 2024, the training department made the decision that all new officers will receive 40 hours of CIT training.

The Arkansas Department of Health spearheads 988 efforts and we work to coordinate training and resources upon their request.

Arkansas elected to use COVID Supplemental funding to start two Mobile Crisis pilot projects. These projects are taking place in two of our populated sections of the state, west-central Arkansas (Fort Smith) and northeast Arkansas (Jonesboro). These units are averaging between 40 and 50 calls per month over the last twelve months and averaging 22-39 dispatches per month during the same time period. The teams have been very successful with diverting a significant number of persons from acute care or law enforcement involvement. Teams are often able to de-escalate situations, are expediting referrals for outpatient behavioral health services, and occasionally referring to a Crisis Stabilization Unit. While some referrals for acute hospitalizations are necessary, those type of referrals have been infrequent. Both pilot projects have continued to experience staffing difficulties during the last year. Neither pilot has the staffing to support 24/7 services. The overnight and weekend hours are the hardest to fill by their report. In SFY 2024 the units received 1,010 incoming requests for assistance and teams were dispatched 544 times. As our COVID Supplemental funding is dwindling, we are looking for other ways to sustain mobile crisis services.

Our Provider-led Arkansas Shared Savings Entity (PASSE) groups are required to provide crisis response services to all members. Part of this requirement includes emergent care includes medical, behavioral health and substance abuse related services which must be available 24/7. A second part of that requirement includes behavioral health service and development disability service mobile crisis response, also required to be available 24/7.

Lastly, we have acute hospitals which accept all ages across the state. All are Medicaid providers, and many are in-network providers for all four PASSEs, along with private insurance plans.

Arkansas has been gifted with 9817 American Rescue Plan funding from our Governor to further develop and enhance our crisis system. In a few months, we will be sending out a solicitation to locate a provider interested in assisting the state by developing a hub and spoke model crisis system. This entity will be responsible for ensuring staffing, service delivery is modernized and follows the SAMHSA guidelines (e.g. true mobile crisis services on a state-wide basis) and gathering data. Additionally, this entity will be responsible for communication between stakeholders involved in the crisis continuum, such as law enforcement, 988 call centers, and service providers.

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' 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 implemented 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.

Other program implementation data that characterizes crisis services system development.

1. Someone to talk to: Crisis Call Capacity

a. Number of locally based crisis call Centers in state

i. In the 988 Suicide and Crisis 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 BH related

2. Someone to respond: Number of communities that have mobile behavioral health crisis mobile capacity (in comparison to the total number of communities)

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

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

c. Number that employs peers

3. Safe place to go or to be:

a. Number of Emergency Departments

b. Number of Emergency Departments that operate a specialized behavioral 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 Less than 25% of counties	Partial Implementation About 50% of counties	Majority Implementation At least 75% of counties	Program Sustainment
Someone to talk to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Someone to respond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe place to go or to be	<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.

Persons in all areas/counties of the state have access to 988. Some of our CMHCs have access to warm lines answered by Peer or paraprofessionals. During the pandemic, we allowed for crisis screenings/crisis interventions to be provided by telemedicine. CMHCs have a response time of no more than 15 minutes to directly connect with the individual in crisis. For individuals needing to be evaluated in-person, there is a two-hour time limit to make direct, face-to-face contact. As previously stated, our CMHCs cover all 75 counties across the state. All Behavioral Health Agencies (Medicaid providers) are mandated to have 24/7 emergency response plans.

There are three flaws with program sustainment. Some counties are still very rural in certain areas. Though broadband access is better than it's ever been before, there are still some remote areas without good connections. Secondly, there are persons without access to technology, and perhaps even a phone in some cases. Lastly, literacy issues, whether related to computer/technology or for written word are problematic with some areas/some populations.

Arkansas is doing pretty well with responding to crisis needs, though we have plans to update and expand our crisis system, including the aspect of someone to respond. Our CMHC contracts require rapid responses to requests for crisis screenings for their own clients, as well as persons without insurance. As previously stated, these may be via telemedicine, or in-person. Our two Mobile Crisis Pilots are dispatching teams to respond to persons in crisis over 50% of the time, but they are only covering three counties. Our other group of responders includes our PASSE crisis response programs – though this is limited to Medicaid beneficiaries.

Arkansas has partial implementation on somewhere safe to go in time of crisis. Our 3 CSUs, (hopefully soon to increase by one or two), along with current acute hospitals, and emergency rooms have fairly good coverage across our state, even in some of the more rural areas. While we agree that emergency rooms are not idea places for behavioral health crises, many emergency departments employ social workers, and some are starting to employ Peers. All emergency rooms have access to contact CMHCs for crisis screenings or PASSE crisis response teams for PASSE members. While we are developing and implementing a more effective crisis system, we must rely on this resource in the meantime.

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

Arkansas will be relying heavily on the National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit as we develop our state-wide crisis system. Also as previously mentioned, we have contracted with a consulting firm to assist with evaluating our current behavioral health system as a whole, and to provide some guidance to updating our system.

Arkansas plans to use Centers for Medicaid and Medicare Services (CMS) Home and Community Based Services American Rescue Plan (ARP) funding to develop a statewide mobile crisis response system proposal. Our request has been granted for 9817 ARP funding to provide startup funding to build out a state hub as well one year of operational funding to stand up the new system. The state will use this to integrate this system with the existing 988 system being administered by the AR Department of Health and the Community Mental Health System supported crisis system and the AR Medicaid funded crisis services through community ambulance and new Triage/Treat/Transport services for ambulance.

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

Funding is being used to partially support our Crisis Stabilization Units at this time. However, the 5% set aside utilization may be revised as we develop our new system.

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

None at this time.

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**Footnotes:**

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## Environmental Factors and Plan

### 21. State Planning/Advisory Council and Input on the Mental Health/Substance use disorder 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 SUPTRS BG, SAMHSA is recommending that states expand their Mental Health Advisory Council to include substance misuse prevention, SUD 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, SUD 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>1</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>1</sup><https://www.samhsa.gov/grants/block-grants/resources> [samhsa.gov]

#### 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? Attach supporting documentation (e.g. meeting minutes, letters of support, etc.)
2. What mechanism does the state use to plan and implement community mental health treatment, substance misuse prevention, SUD treatment, and recovery support services?
3. Has the Council successfully integrated substance misuse prevention and SUD treatment and recovery or co-occurring disorder issues, concerns, and activities into its work?  Yes  No
4. 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
5. 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.

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

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#### Footnotes:

## 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: 2025 End Year: 2026

Name	Type of Membership*	Agency or Organization Represented	Address,Phone, and Fax	Email(if available)
Bridget Atkins	State Employees	Office Of Substance Abuse and Mental Health	P.O.Box 1437 Little Rock AR, 72203 PH: 501-686-9515	bridget.atkins@dhs.arkansas.gov
Patricia Brannin	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		7 Lawrence Drive Little Rock AR, 72205 PH: 501-859-5633	pat_huckeby@yahoo.com
Deborah Crawford	Providers		610 East Emma Springdale AR, 72764 PH: 479-530-6160	deb.crawford@communityclinicnwa.org
Lester Cupp	Persons in recovery from or providing treatment for or advocating for SUD services		617 South Elm Street Beeeeebe AR, 72012 PH: 479-719-5207	lcupp300@gmail.com
Rodney Farley	Family Members of Individuals in Recovery (to include family members of adults with SMI)	AR DHS Division of Children and Family Services	3105 Oak Grove Road North Little Rock AR, 72118 PH: 501-940-7859	refarley59@yahoo.com
Sheena Garrard	State Employees	Division of Children and Family Services	P.O. Box 1437 Little Rock AR, 72203-1437 PH: 870-352-7006	sheena.garrard2@dhs.arkansas.gov
Brandy Hall	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		961 Highway 21 South Berryville AR, 72616 PH: 479-337-9192	empowermentahall@gmail.com
Carla Harper	Parents of children with SED		7215 Azalea Drive Little Rock AR, 72209 PH: 501-563-9281	carla.harper31@ahoo.com
Stephanie Marie Harper	Providers		790 Roberts Drive Monticello AR, 71671 PH: 870-370-1099	s.harper@deltacounseling.org



Frank Hellmer	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		1320 Chenal Parkway Little Rock AR, 72211 PH: 501-831-9199	phrankdatank@gmail.com
Megan Larissa Holden	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		1602 Juniper Circe Springdale AR, 72764 PH: 479-305-3537	holdenmegan712@gmail.com
Gaye Jones-Washington	State Employees	Arkansas Rehabilitation Services	1115 Ferguson Drive Bention AR, 72015 PH: 501-944-0188	gaye.jones-washington@arkansas.gov
Buster Lackey	Others (Advocates who are not State employees or providers)		1012 Autumn Road Little Rock AR, 72211 PH: 501-626-5199	buster.lackey@namiarkansas.org
Angie Lassiter	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		200 West K North Little Rock AR, 72116 PH: 501-428-2218	angie.lassiter@ymail.com
Stephanie Martin	Providers		650 South Shackleford Little Rock AR, 72211 PH: 501-680-5530	stephmartin1@yahoo.com
Scott Mashburn	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		935 North Highland Fayetteville AR, 72071 PH: 479-601-6014	s.mashburn@sbcglobal.net
Lindsay McGhee	State Employees	Arkansas Department of Education	4Capital Mall Little Rock AR, 72201 PH: 501-672-9346	Lindsay.mcghee@ade.arkansas.gov
Rosemarie Moyster	Parents of children with SED		10712 Mt. Pleasant Cutoff Cabot AR, 72023 PH: 501-414-9231	rosemariemoyster@yahoo.com
Monty Payne	Persons in recovery from or providing treatment for or advocating for SUD services		901 South Maple Little Rock AR, 72204 PH: 501-744-1131	monte@wolfstreet.org
Dena Perry	State Employees	AR DHS Division of Medical Services	AR DHS Division of Medical Services Little Rock AR, 72201-1437 PH: 501-320-6006	dena.perry@dhs.arkansas.gov
Abram Izaiah Portillo	Youth/adolescent representative (or member from an organization serving young people)		P.O. Box 650 Springdale AR, 72765 PH: 479-318-5850	portillozaiah1@gmail.com
Kim Shuler	Providers		8455 Edgemont Road Higdon AR, 72067 PH: 479-871-3611	kim.shuler@abhinetwork.org

Michelle Siemiller	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		471 Sorrell Street Harrison AR, 72601 PH: 870-754-0339	michellesiemiller@gmail.com
Joyce Soularie	Family Members of Individuals in Recovery (to include family members of adults with SMI)		40 Colliners Road Jacksonville AR, 72076 PH: 501-773-0040	jlsularie2017@outlook.com
Rebecca Sparks	Providers		5603 South 14th Street Fort Smith AR, 72901 PH: 479-719-4505	bbass1772@gmail.com
Gail Stith	State Employees	AR Department of Corrections	6814 Princeton Pike Pine Bluff AR, 71602 PH: 870-267-6999	gail.stith@doc.arkansas.gov
Kellie VanCuren	Family Members of Individuals in Recovery (to include family members of adults with SMI)		P.O. box 650 Springdale AR, 72765 PH: 479-530-9254	kellievancuren@gmail.com
Elaine Williams	Family Members of Individuals in Recovery (to include family members of adults with SMI)		425 East Walnut Street Prescott AR, 71857 PH: 870-299-3325	ewrecyc@outlook.com
Marcovous Williams	State Employees	AR DHS Division of Children and Family Services	P.O. Box 1437 Little Rock AR, 72203-1437 PH: 501-240-2795	marcovous.williams@dhs.arkansas.gov
Janette Williams-Smith	Family Members of Individuals in Recovery (to include family members of adults with SMI)		140 Staton Road Cabot AR, 72023 PH: 501-920-6958	janette.williamsmith@yahoo.com

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

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**Footnotes:**

The State Housing Authority position was recently vacated, and AR is working to fill this position on the ABHPAC board.

# Environmental Factors and Plan

## Advisory Council Composition by Member Type

Start Year: 2025      End Year: 2026

Type of Membership	Number	Percentage of Total Membership
Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)	7	
Family Members of Individuals in Recovery (to include family members of adults with SMI)	5	
Parents of children with SED	2	
Vacancies (individual & family members)	0	
Others (Advocates who are not State employees or providers)	1	
<b>Total Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services), Family Members and Others</b>	<b>15</b>	<b>53.57%</b>
State Employees	7	
Providers	5	
Vacancies	1	
<b>Total State Employees &amp; Providers</b>	<b>13</b>	<b>46.43%</b>
Individuals/Family Members from Diverse Racial and Ethnic Populations	4	
Individuals/Family Members from LGBTQI+ Populations	5	
Persons in recovery from or providing treatment for or advocating for SUD services	2	
Representatives from Federally Recognized Tribes	0	
Youth/adolescent representative (or member from an organization serving young people)	1	
<b>Total Membership (Should count all members of the council)</b>	<b>40</b>	

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**Footnotes:**

# 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:  
<https://humanservices.arkansas.gov/divisions-shared-services/shared-services/office-of-substance-abuse-and-mental-health/reports-publications/>
- If yes for the previous plan year, was the final version posted for the previous year? Please provide that URL:  
<https://humanservices.arkansas.gov/divisions-shared-services/shared-services/office-of-substance-abuse-and-mental-health/reports-publications/>
- c) Other (e.g. public service announcements, print media)  Yes  No
- Please indicate areas of technical assistance needed related to this section.  
None at this time.

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**Footnotes:**



## Environmental Factors and Plan

### 23. Syringe Services Program (SSP) - Required if planning for approved use of SUBG Funding for SSP in FY 25

Planning Period Start Date: 7/1/2024 Planning Period End Date: 6/30/2025

Narrative Question:

The Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) 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 SUPTRS BG to fund elements of an SSP other than to purchase sterile needles or syringes. States interested in directing SUPTRS BG 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 SUPTRS BG 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 SUPTRS BG 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 SUPTRS BG 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.samhsa.gov/sites/default/files/grants/ssp-guidance-for-hiv-grants.pdf) from The US Department of Health and Human Services, Office of HIV/AIDS and Infectious Disease Policy <https://www.samhsa.gov/sites/default/files/grants/ssp-guidance-for-hiv-grants.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.

## End Notes

<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 SUPTRS BG 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 SUPTRS BG 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 SUPTRS BG 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 SUPTRS BG 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 SUPTRS BG 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 SUPTRS BG 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:**

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## Environmental Factors and Plan

### Syringe Services Program (SSP) Information – Table A - Required if planning for approved use of SUBG Funding for SSP in FY 25

Planning Period Start Date: 7/1/2024 Planning Period End Date: 6/30/2025

Syringe Services Program (SSP) Agency Name	Main Address of SSP	Planned Dollar Amount of SUBG Funds to be Expended for SSP	SUD Treatment Provider (Yes or No)	# of locations (include any mobile location)	Naloxone Provider (Yes or No)
No Data Available					

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**Footnotes:**

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