

Washington

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 08/19/2024 2:06:19 PM)

Center for Substance Abuse Prevention
Division of Primary Prevention

Center for Substance Abuse Treatment
Division of State and Community Systems (DSCS)

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 LNHZYKMNB9T5

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

Agency Name Health Care Authority

Organizational Unit Division of Behavioral Health and Recovery

Mailing Address PO Box 42730

City Olympia

Zip Code 98504

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

First Name Teesha

Last Name Kirschbaum

Agency Name Health Care Authority

Mailing Address PO Box 42730

City Olympia

Zip Code 98504

Telephone 360-725-2097

Fax 360-725-2280

Email Address teesha.kirschbaum@hca.wa.gov

State CMHS Unique Entity Identification

Unique Entity ID LNHZYKMNB9T5

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

Agency Name Health Care Authority

Organizational Unit Division of Behavioral Health and Recovery

Mailing Address PO Box 42730

City Olympia

Zip Code 98504

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

First Name Teesha

Last Name Kirschbaum

Agency Name Health Care Authority

Mailing Address PO Box 42730

City Olympia

Zip Code 98504-2730

Telephone 360-725-2097

Fax 360-725-2280

Email Address teesha.kirschbaum@hca.wa.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 7/29/2024 5:55:14 PM

VI. Contact Person Responsible for Application Submission

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

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

Footnotes:

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
Tile 42, Chapter 6A, Subchapter XVII of the United States Code

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

Section 1942	Requirement of Reports and Audits by States	42 USC § 300x-52
Section 1943	Additional Requirements	42 USC § 300x-53
Section 1946	Prohibition Regarding Receipt of Funds	42 USC § 300x-56
Section 1947	Nondiscrimination	42 USC § 300x-57
Section 1953	Continuation of Certain Programs	42 USC § 300x-63
Section 1955	Services Provided by Nongovernmental Organizations	42 USC § 300x-65
Section 1956	Services for Individuals with Co-Occurring Disorders	42 USC § 300x-66

ASSURANCES - NON-CONSTRUCTION PROGRAMS

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

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

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

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

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

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

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

- a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds \$25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
 - a. Checking the Exclusion Extract located on the System for Award Management (SAM) at <http://sam.gov> [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 Designee¹: _____

Title: _____

Date Signed: _____

mm/dd/yyyy

¹If 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:



STATE OF WASHINGTON
HEALTH CARE AUTHORITY

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

July 17, 2024

Wendy Pang
Grants Specialist
Division of Grants Management
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane
Rockville, MD 20857

Dear Ms. Pang:

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

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

This delegation of authority is effective July 1, 2024. This delegation shall apply to any requirements for release of funds and other assistance necessary to implement or manage the grant process.

Your assistance with this matter is appreciated.

Sincerely,

Susan E. Birch, MBA, BSN, RN
Director

cc: Megan Atkinson, Chief Financial Officer, FS, HCA
Teesha Kirschbaum, Division Director, DBHR, HCA
Annette Schuffenhauer, Assistant Director, DLS, HCA
Janet Cornell, Block Grant Administrator, DBHR, HCA
Em Jones, PATH Program Administrator, DBHR, HCA



STATE OF WASHINGTON
Office of the Governor

April 26, 2018

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

Dear Ms. Pang:

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

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

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

Thank you for your attention to this matter.

Very truly yours,



Jay Inslee
Governor

Enclosure

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



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

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

State Information

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

Fiscal Year 2025

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Section 1932	Application for Grant; Approval of State Plan	42 USC § 300x-32
Section 1935	Core Data Set	42 USC § 300x-35
Title XIX, Part B, Subpart III of the Public Health Service Act		
Section	Title	Chapter
Section 1941	Opportunity for Public Comment on State Plans	42 USC § 300x-51

Section 1942	Requirement of Reports and Audits by States	42 USC § 300x-52
Section 1943	Additional Requirements	42 USC § 300x-53
Section 1946	Prohibition Regarding Receipt of Funds	42 USC § 300x-56
Section 1947	Nondiscrimination	42 USC § 300x-57
Section 1953	Continuation of Certain Programs	42 USC § 300x-63
Section 1955	Services Provided by Nongovernmental Organizations	42 USC § 300x-65
Section 1956	Services for Individuals with Co-Occurring Disorders	42 USC § 300x-66

ASSURANCES - NON-CONSTRUCTION PROGRAMS

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

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

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

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

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

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

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

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

2. Certification Regarding Drug-Free Workplace Requirements

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

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

3. Certifications Regarding Lobbying

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

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

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

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

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

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

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

5. Certification Regarding Environmental Tobacco Smoke

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

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

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

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

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

HHS Assurances of Compliance (HHS 690)

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

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

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

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

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

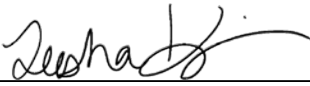
The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.

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

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

State: Washington

Name of Chief Executive Officer (CEO) or Designee: Teesha Kirschbaum

Signature of CEO or Designee¹: 

Title: Division Director, DBHR

Date Signed: 7.31.24

mm/dd/yyyy

¹If 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:



STATE OF WASHINGTON
HEALTH CARE AUTHORITY

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

July 17, 2024

Wendy Pang
Grants Specialist
Division of Grants Management
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane
Rockville, MD 20857

Dear Ms. Pang:

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

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

This delegation of authority is effective July 1, 2024. This delegation shall apply to any requirements for release of funds and other assistance necessary to implement or manage the grant process.

Your assistance with this matter is appreciated.

Sincerely,

Susan E. Birch, MBA, BSN, RN
Director

cc: Megan Atkinson, Chief Financial Officer, FS, HCA
Teesha Kirschbaum, Division Director, DBHR, HCA
Annette Schuffenhauer, Assistant Director, DLS, HCA
Janet Cornell, Block Grant Administrator, DBHR, HCA
Em Jones, PATH Program Administrator, DBHR, HCA



STATE OF WASHINGTON
Office of the Governor

April 26, 2018

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

Dear Ms. Pang:

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

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

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

Thank you for your attention to this matter.

Very truly yours,



Jay Inslee
Governor

Enclosure

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



Division of Behavioral Health and Recovery
Federal Grant Listing

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

State Information

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

Fiscal Year 2025

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

Title XIX, Part B, Subpart II of the Public Health Service Act		
Section	Title	Chapter
Section 1911	Formula Grants to States	42 USC § 300x
Section 1912	State Plan for Comprehensive Community Mental Health Services for Certain Individuals	42 USC § 300x-1
Section 1913	Certain Agreements	42 USC § 300x-2
Section 1914	State Mental Health Planning Council	42 USC § 300x-3
Section 1915	Additional Provisions	42 USC § 300x-4
Section 1916	Restrictions on Use of Payments	42 USC § 300x-5
Section 1917	Application for Grant	42 USC § 300x-6
Section 1920	Early Serious Mental Illness	42 USC § 300x-9
Section 1920	Crisis Services	42 USC § 300x-9
Title XIX, Part B, Subpart III of the Public Health Service Act		
Section	Title	Chapter
Section 1941	Opportunity for Public Comment on State Plans	42 USC § 300x-51
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Section 1953	Continuation of Certain Programs	42 USC § 300x-63
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Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

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

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
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7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to

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

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

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

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

- a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds \$25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
 - a. Checking the Exclusion Extract located on the System for Award Management (SAM) at <http://sam.gov> [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 Designee¹: _____

Title: _____

Date Signed: _____

mm/dd/yyyy

¹If 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.

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

Footnotes:



STATE OF WASHINGTON
Office of the Governor

April 26, 2018

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

Dear Ms. Pang:

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

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

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

Thank you for your attention to this matter.

Very truly yours,



Jay Inslee
Governor

Enclosure

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



Division of Behavioral Health and Recovery
Federal Grant Listing

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



STATE OF WASHINGTON
HEALTH CARE AUTHORITY

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

July 17, 2024

Wendy Pang
Grants Specialist
Division of Grants Management
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane
Rockville, MD 20857

Dear Ms. Pang:

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

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

This delegation of authority is effective July 1, 2024. This delegation shall apply to any requirements for release of funds and other assistance necessary to implement or manage the grant process.

Your assistance with this matter is appreciated.

Sincerely,

Susan E. Birch, MBA, BSN, RN
Director

cc: Megan Atkinson, Chief Financial Officer, FS, HCA
Teesha Kirschbaum, Division Director, DBHR, HCA
Annette Schuffenhauer, Assistant Director, DLS, HCA
Janet Cornell, Block Grant Administrator, DBHR, HCA
Em Jones, PATH Program Administrator, DBHR, HCA

State Information

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

Fiscal Year 2025

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

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

Section 1953	Continuation of Certain Programs	42 USC § 300x-63
Section 1955	Services Provided by Nongovernmental Organizations	42 USC § 300x-65
Section 1956	Services for Individuals with Co-Occurring Disorders	42 USC § 300x-66

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.
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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).

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19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

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

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

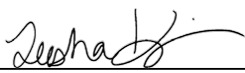
The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or 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: Teesha Kirschbaum

Signature of CEO or Designee¹: 

Title: Division Director, DBHR

Date Signed: 7.31.24

mm/dd/yyyy

¹If 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.

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

Footnotes:



STATE OF WASHINGTON
Office of the Governor

April 26, 2018

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

Dear Ms. Pang:

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

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

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

Thank you for your attention to this matter.

Very truly yours,



Jay Inslee
Governor

Enclosure

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



Division of Behavioral Health and Recovery
Federal Grant Listing

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



STATE OF WASHINGTON
HEALTH CARE AUTHORITY

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

July 17, 2024

Wendy Pang
Grants Specialist
Division of Grants Management
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane
Rockville, MD 20857

Dear Ms. Pang:

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

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

This delegation of authority is effective July 1, 2024. This delegation shall apply to any requirements for release of funds and other assistance necessary to implement or manage the grant process.

Your assistance with this matter is appreciated.

Sincerely,

Susan E. Birch, MBA, BSN, RN
Director

cc: Megan Atkinson, Chief Financial Officer, FS, HCA
Teesha Kirschbaum, Division Director, DBHR, HCA
Annette Schuffenhauer, Assistant Director, DLS, HCA
Janet Cornell, Block Grant Administrator, DBHR, HCA
Em Jones, PATH Program Administrator, DBHR, HCA

Washington

Bipartisan Safer Communities Act Work Plan for FY25

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

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

Mental Health Block Grant Bipartisan Safer Communities Act (BSCA) Work Plan

WA State Summary

The COVID-19 pandemic has had a significant impact on people with Serious Mental Illness (SMI) and Serious Emotional Disturbance (SED) in Washington State. During the first half of 2019, 8.2% of adults over 18 years of age had symptoms of anxiety disorder and 6.6% had symptoms of depressive disorder. By comparison, in the most recent Household Pulse Survey from the Centers for Disease Control examining trends from February 17, 2021, to March 1, 2021, this prevalence quadrupled to 33.4% for anxiety and 27.7% for depression (in Washington state, rates were slightly higher with 34.2% for anxiety, 14th highest of the 50 states, and 27.8% for depression, 23rd highest of the 50 states). The age group with the highest prevalence rates nationally is 18–29-year-olds (47.2% reporting anxiety, and 42.2% reporting depression). The devastating impacts of the COVID-19 pandemic have clearly impacted young adults' mental health and substance use (a population already at high risk).

This is a critical time to address potential harms and to ensure our workforce is equipped to address these worsening mental health symptoms, in both adults and youth. Our mental health providers are working hard to provide treatment services to those populations most in need, diagnosed with SMI and SED.

The Washington Health Care Authority respectfully submits the proposal and budget summary you will find below. Washington is grateful to SAMHSA for the opportunity to extend the Bipartisan Safer Communities Act funds allowing us to continue expansion of mental health crisis services within our state. As you will see below, our plan is a continuation of the expansion and work we began with the original allocation of the Bipartisan Safer Communities Act funding.

Budget Table

MHBG Bipartisan Safer Communities Act Budget			
	FFY25	FFY26	Total Budget
First Episode Psychosis CAPS Expansion	\$ 100,000	\$ 100,000	\$ 200,000
Certified Crisis Intervention Specialist Training	\$ 801,905	\$ 304,833	\$ 1,106,738
Administrative Costs	\$ 34,387	\$ 34,388	\$ 68,775
Total Budget	\$ 936,292	\$ 439,221	\$ 1,375,513

MHBG Bipartisan Safer Communities Act Project Detail

Project #: MBS3-01

Project Title: Central Assessment of Psychosis Service (CAPS) Expansion

Proposed Budget: \$200,000

Scope:

A primary goal of the state's initiative to support treatment of First Episode Psychosis is to accurately identify youth and young adults earlier during diagnosed psychotic illness. Doing so unequivocally supports engagement in Coordinated Specialty Care, reduces the Duration of Untreated Psychosis, and can prevent inpatient hospitalizations.

To aid in this effort, Dr. Sarah Kopelovich at the University of Washington, Department of Psychiatry & Behavioral Sciences, in coordination with New Journeys Implementation Lead Dr. Maria Monroe-DeVita, developed the Central Assessment of Psychosis Service (CAPS). Based at the University of Washington, CAPS extends specialized expertise in screening and assessment of psychosis and psychosis-risk states to the New Journeys Network, enabling teams to refer diagnostically complex referents for comprehensive psychological testing to determine (1) whether New Journeys admission criteria are met, and (2) personalized treatment recommendations.

Expanding CAPS is squarely in line with state and federal efforts to support Early and Periodic Screening, Diagnostics, and Treatment for high-risk and high-impact health conditions, a core ambition of the Bipartisan Safer Communities Act (BSCA) (P.L. 117-159) supplemental funding. A stage-wise expansion, executed in collaboration with the Health Care Authority; New Journeys Network; Washington State Center of Excellence for Early Psychosis; New Journeys evaluation partner, Washington State University; and University of Washington Medicine, is outlined below.

The activities outlined below are responsive to best practices in measurement-based care and public health campaigns, all of which are associated with a reduced Duration of Untreated Psychosis, cost savings, and evidence-based coordinated care at the population level.

Continued investments in CAPS using BSCA funds will enable CAPS to continue the activities as stated in the FY22-25 project plan. This includes continued support to adapt and operationalize Dr. Srihari's MindMap (the most successful psychosis awareness campaign in the US to-date) and implementation of platforms that can serve the needs related to the provider referral database and case-level tracking. A tiered screening and Quality Assurance process for CAPS referrals is being operationalized to efficiently identify individuals potentially at risk for psychosis and to support integration of CAPS with New Journeys Network policies and procedures.

Finally, the proposed activities will support an enhanced role of the Central Assessment of Psychosis Service to serve as a centralized "front door" to all individuals referred to the New Journeys Network, thereby furthering the state's mission to enhance equitable access to mental health care by facilitating timely, culturally-sensitive, and psychometrically validated screening and assessment processes.

Describe any plans to utilize the BSCA supplemental funds to develop/enhance components of your state's mental health emergency preparedness and response plan that addresses behavioral health. Please include in your discussion how you plan to coordinate with other state and federal agencies to leverage crisis/mental health emergency related resources.

Expanding CAPS is squarely in line with state and federal efforts to support Early and Periodic Screening, Diagnostics, and Treatment for high-risk and high-impact health conditions, a core ambition of the Bipartisan Safer Communities Act (BSCA) (P.L. 117-159) supplemental funding. It supports crisis intervention work by providing a diagnostic and referral service during the workforce shortage where there is currently pressure on the front door of the system of care and lack of staff to perform this function.

Describe any plans to utilize the BSCA supplemental funds to develop/enhance a state behavioral health team that coordinates, provides guidance, and gives direction in collaboration with state emergency management planners during a crisis.

CAPS supports crisis intervention work by providing a diagnostic and referral service during the workforce shortage where there is currently pressure on the front door of the system of care and lack of staff to perform this function. This service would support front door access decreasing the need for crisis interventions. A stage-wise expansion, executed in collaboration with the Health Care Authority; New Journeys Network; Washington State Center of Excellence for Early Psychosis; New Journeys evaluation partner, Washington State University; and University of Washington Medicine.

Describe any plans to utilize the BSCA supplemental funds to develop/enhance a multidisciplinary mobile crisis team that can be deployed 24/7, anywhere in the state rapidly to address any crisis.

It supports crisis intervention work by providing a diagnostic and referral service during the workforce shortage where there is currently pressure on the front door of the system of care and lack of staff to perform this function. Statewide equitable access is prioritized in Second Substitute Senate Bill (2SSB) 5903 (2019) and coordinates with existing resources such as the PAL line.

Describe any plans to utilize the BSCA supplemental funds to develop/enhance crisis/mental health emergency services specifically for young adults, youth and children, or their families, including those with justice involvement and having SED/serious mental illness (SMI).

Access to appropriate referral and screening diverts youth and young adults from other systems mismatched to their needs of SMI/SED.

Describe any plans to utilize the BSCA supplemental funds to develop/enhance services provided to communities that are affected by trauma and mass shootings/school violence.

A statewide public health campaign to raise awareness of psychosis risk states, the New Journeys Network, and CAPS services will provide educational resources related to psychosis in youth and young adults affected by trauma and mass shootings/school violence. The service can be a referral resource for crisis responders, professionals, families and individuals experiencing symptoms.

Describe any plans to utilize the BSCA supplemental funds to develop/enhance culturally and linguistically tailored messaging to provide information about behavioral health in a crisis/mental health emergency and/or to identify culturally/linguistically appropriate supports for diverse populations.

A public health campaign can help to raise awareness, reduce stigma and provide a path to early intervention for psychosis in youth and young adults throughout the state of Washington addressing the needs of diverse populations. The service can be a referral resource for crisis responders, professionals, families and individuals experiencing symptoms.

What other mental health emergency/crisis behavioral health practices or activities does the state plan to develop or enhance using the BSCA supplemental funds?

See proposal for Certified Crisis Intervention Specialist Collaborative Training.

Clearly describe the proposed/planned activities utilizing the funds for FY25-26. States will be required to report on what activities have been completed using this funding.

FFY25 Proposed Activities

- Continued development of educational, marketing, and promotional material related to early psychosis treatment services in the state;
- Curate resources for appropriate care outside of New Journeys Network
- Consolidate relevant resources in accessible, navigable online location for the general help-seeking public and professionals
- Coordinate with existing University of Washington professional consultation service lines to ensure that practitioners statewide serving individuals diagnosed with SMI/SED can easily refer clients to the New Journeys Network
- Strategic visioning of the Enhanced Central Assessment of Psychosis Service, including but not limited to:
 - SWOT (Strengths, Weakness, Opportunities, and Threats) analysis with relevant stakeholders (e.g., UW Medicine, HCA, New Journeys teams);
 - institutional coordination for enhanced services (e.g., UW Compliance approvals);
 - establishing operational, clinical, and technical infrastructure;
 - aligning with comparable services within the department and/or state;
 - forecasting demand for expanded consultation and clinical services;
 - developing workflows for enhanced services
- Establish CAPS onboarding for new New Journeys sites (e.g., Site of Practice agreements, referral processes)

Proposed FFY25 Budget: \$100,000

FFY26 Proposed Activities

- Contractor will maintain a junior clinical faculty with expertise in early psychosis assessment and treatment who continue the build out of both the assessment service and the statewide resource and referral options along with partners at Seattle Children's Hospital.
- Continued development to the Center of excellence website to be more engaging to families, to make it easier to access CAPS, New Journeys, and other resources (e.g., Psychosis REACH, NAMI), and to feature recovery stories. This would also help facilitate the work we're doing with the media campaign and creating the centralized referral pathway.
- Continue to develop and launch statewide multimedia public health campaign
- CAPS awareness
- New Journeys awareness
- Awareness of other available resources for psychosis education and treatment
- Continue to establish operational, clinical, and technical policies and procedures to manage a centralized process for New Journeys inquiries and intakes
- Continue programmatic data collection and monitoring
- Continue to provide psychodiagnostics support to New Journeys teams at the referral and admissions stages

Proposed FFY26 Budget: \$100,000

Project #: MBS3-02

Project Title: Certified Crisis Intervention Specialist II Collaborative Training

Proposed Budget: \$1,106,738

Scope:

Crisis response is a specialized discipline requiring responders to understand the brain science behind the person in crisis. Trying to de-escalate a person when the sympathetic nervous system is flooding the fight, flight, or freeze response can result in behavior that appears to be non-compliance, resulting in responders leaning more on law enforcement during these times of stress. By providing a training that is based in pathophysiological trauma responses, responders better understand what part of the brain is active and will learn the science and techniques to validate the individual, redirect in safe ways, and get the prefrontal cortex reengaged. By doing this, the person de-escalates rapidly, feels understood and can make a choice that improves the outcome.

We would like to continue to provide a statewide crisis intervention training for practitioners from several programs who regularly interact with people diagnosed with SMI and SED while in crisis. The training will be shared across domains so that people performing crisis intervention will begin to share a common understanding of the pathophysiology of a person in crisis. This partnership will span several programs in the state for high acuity clients in crisis. Previous funding is supporting training for all existing and new mobile rapid response crisis teams (MRRC) and community-based crisis teams, including endorsed teams, youth Mobile Response and Stabilization Services (MRSS) teams, PACT teams, HOST, Designated Crisis Responders, WISe teams, New Journeys, and others identified by the Health Care Authority, all of which treat/interact with individuals diagnosed with SMI or SED. Additional funding will support adding Recovery Navigators Program (RNP) staff, Intensive Residential Treatment (IRT) staff,

23-hour Crisis Relief Center (CRC) staff, Certified Community Behavioral Health Clinic (CCBHC) staff and fire and EMS based co-responders.

Currently, training in crisis response lies with the behavioral health agencies, and there is not a consistent approach. The behavioral health workforce experienced high turnover during the Covid-19 pandemic, leaving newer staff with less training and mentorship in crisis de-escalation. By increasing the competency of behavioral health professionals in crisis response de-escalation techniques, there is less dependence on enlisting the help of law enforcement for staff safety.

A person in crisis can have behaviors that mimic noncompliance. Due to this, people in crisis are often engaging with law enforcement. This can result in higher incarceration rates and legal troubles. By training crisis responders and behavioral health agencies delivering targeted outreach, we can lessen the use of law enforcement and impacts of this on marginalized communities, including BIPOC and LGBTQ+ persons.

Describe any plans to utilize the BSCA supplemental funds to develop/enhance components of your state's mental health emergency preparedness and response plan that addresses behavioral health. Please include in your discussion how you plan to coordinate with other state and federal agencies to leverage crisis/mental health emergency related resources.

These funds will ensure coordination among programs already doing crisis response in the state Recovery Navigators, Intensive Residential Treatment staff, 23-hour Crisis Relief Center staff, Certified Community Behavioral Health Clinic staff and fire and EMS based co-responders will use the same language and techniques as other crisis and behavioral health treatment partners. We continue to provide this training across agencies doing crisis response and plan to extend this to additional providers. This training has been provided to agencies in Washington and will ensure greater partnerships in the behavioral health crisis response system.

Washington State passed engrossed second substitute house bill E2SHB 1477 in 2021 to enhance the crisis system for all as 988 went live on July 16, 2022. As part of that bill, mobile rapid response crisis teams should be ready to respond to people in crisis without law enforcement. Washington passed E2SHB 1134 in 2023, which creates a voluntary endorsement for MRRCT, endorsed teams may not include law enforcement. Washington is participating in a quality learning collaborative to expand Mobile Response and Stabilization Services (MRSS) to youth in coordination with a system of care grant with SAMHSA. This model understands the developmental needs of youth and that an in-person response without law enforcement is key.

Describe any plans to utilize the BSCA supplemental funds to develop/enhance a state behavioral health team that coordinates, provides guidance, and gives direction in collaboration with state emergency management planners during a crisis.

Current mobile rapid response crisis teams coordinate with statewide emergency management during a crisis event. We are currently training behavioral health crisis provider agencies in a nationally accredited model of de-escalation. This will ensure collaboration among agencies, programs, and 911, 988 dispatchers by starting to use common language and understanding about how people can react during a crisis event or disaster.

Describe any plans to utilize the BSCA supplemental funds to develop/enhance a multidisciplinary mobile crisis team that can be deployed 24/7, anywhere in the state rapidly to address any crisis.

These funds will ensure that mobile response teams are trained in a common trauma informed approach to respond in person and de-escalate during a crisis. The mobile crisis teams are located all over the state and are staffed to respond 24/7/365 to anyone, anywhere and anytime. WISE teams and PACT teams are responsive 24/7/365 to enrolled individuals across the state.

Describe any plans to utilize the BSCA supplemental funds to develop/enhance crisis/mental health emergency services specifically for young adults, youth and children, or their families, including those with justice involvement and having SED/serious mental illness (SMI).

By implementing nationally recognized standardized de-escalation trainings across the state, providers responding can provide developmentally appropriate de-escalation. Practitioners can coach parents during historically high stress times in their family such as transitions in foster care, getting ready for school, transitions home and bedtimes, supporting justice system diversion by giving behavioral health responders and parents a tool to de-escalate before calling law enforcement. Youth with SED and SMI can present with behaviors that indicate a need, which appear as disruptive or non-compliant, causing law enforcement involvement. With effective training, parents can rely on mobile response teams and WISE teams to de-escalate. By teaching parents to understand the brain science behind escalations, MRSS teams and WISE staff can provide psycho-education to the family to ensure trauma informed, compassionate de-escalation occurs in all settings.

Describe any plans to utilize the BSCA supplemental funds to develop/enhance services provided to communities that are affected by trauma and mass shootings/school violence.

HCA has invested in nationally recognized standardized de-escalation training, which has been provided to behavioral health providers in the state and if a mass shooting or school violence event were to occur, the programs we have identified to be trained would all be deployed in their respective regions to support those in need. The interagency response would enable emergency responders, mobile rapid response crisis teams, community-based crisis teams, mobile response and stabilization (MRSS) teams, PACT teams, WISE, FEP New Journey's providers, RNP staff, IRT staff, CCBHC staff and others to provide similar proven de-escalation techniques that are compassionate, trauma informed and effective.

Describe any plans to utilize the BSCA supplemental funds to develop/enhance culturally and linguistically tailored messaging to provide information about behavioral health in a crisis/mental health emergency and/or to identify culturally/linguistically appropriate supports for diverse populations.

HCA is partnering with local tribal leadership and the Native and Strong Lifeline here in Washington in the roll out of the enhanced crisis system. As part of E2SHB 1477, the Crisis Response Improvement Strategy (CRIS) committee was formed, and they formed a steering committee and subcommittees including the Tribal subcommittee and Lived Experience subcommittee in order to embed equity in crisis delivery statewide. E2SHB 1134 allows tribal nation crisis responders to apply to become endorsed. The CRIS vision embeds equity into the crisis system, to include developmentally, culturally/linguistically and equitable responses to people in crisis. By investing in a common curriculum for crisis de-escalation, it

serves to ensure that de-escalation is based upon understanding the sympathetic fight, flight, and freeze response during a crisis event rather than any unconscious bias the responder has.

What other mental health emergency/crisis behavioral health practices or activities does the state plan to develop or enhance using the BSCA supplemental funds?

See proposal for Central Assessment of Psychosis Service expansion.

Clearly describe the proposed/planned activities utilizing the funds for both FY24 and FY25 as two separate sections, including an estimated budget for each year. States will be required to report on what activities have been completed using this funding.

HCA will procure a crisis de-escalation trainer, who is nationally recognized with a significant certification (ex. National Anger Management Association), with experience in Washington state, to provide the Certified Crisis Intervention Specialist (CCIS), Level II training, or equivalent, for up to at least 1,080 crisis staff over the course for two years. Priority will be provided to Recovery Navigators Program (RNP) staff, Intensive Residential Treatment (IRT) staff, 23-hour Crisis Relief Center (CRC) staff, Certified Community Behavioral Health Clinic (CCBHC) staff and fire and EMS based co-responders. HCA is also exploring the opportunity to develop a train the trainer model for sustainability.

Total funding requested: \$1,106,738

FFY25 Proposed Activities

The contractor will implement the training plan to provide the CCIS Level II training to individuals from Recovery Navigators Program (RNP) staff, Intensive Residential Treatment (IRT) staff, 23-hour Crisis Relief Center (CRC) staff, Certified Community Behavioral Health Clinic (CCBHC) staff and fire and EMS based co-responders. and others identified by HCA.

Proposed FFY25 Budget: \$ 801,905

FFY26 Proposed Activities

The contractor will continue to implement the training plan to provide the CCIS Level II training to individuals from Recovery Navigators Program (RNP) staff, Intensive Residential Treatment (IRT) staff, 23-hour Crisis Relief Center (CRC) staff, Certified Community Behavioral Health Clinic (CCBHC) staff and fire and EMS based co-responders and others identified by HCA.

Proposed FFY26 Budget: \$304,833

SAMHSA Recommendations Utilized in Proposed MHBG BSCA Workplan Include:

Identify multidisciplinary mobile crisis team(s) that can be deployed rapidly, 24/7, throughout the state to address the mental health components during an emergency/crisis.

Provide behavioral health crisis response trainings (for e.g., therapeutic crisis intervention and de-escalation) to agencies and providers identified in the statewide plan.

Develop and provide specific, evidence-based services for those affected by mental health emergency/crisis-related trauma, including mass shootings/school violence.

State Information

Disclosure of Lobbying Activities

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

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

Name

Title

Organization

Signature:

Date:

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Footnotes:

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: 6/30/2025

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) ^a	I. COVID-19 Relief Funds (SUPTRS) ^a	J. ARP Funds (MHBG) ^b	K. BSCA Funds (MHBG) ^c
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 ^d		\$0.00	\$0.00	\$0.00	\$300,000.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00
3. Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis (10 percent of total award MHBG) ^{ee}		\$3,480,849.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$2,826,789.00	\$300,000.00
4. Tuberculosis Services											
5. Early Intervention Services for HIV											
6. State Hospital			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00
7. Other 24-Hour Care		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00
8. Ambulatory/Community Non-24 Hour Care		\$17,404,243.00	\$1,605,542,500.00	\$8,339,500.00	\$224,324,500.00	\$0.00	\$0.00	\$1,714,044.00		\$16,061,122.00	\$0.00
9. Crisis Services (5 percent set-aside) ^{fg}		\$1,160,283.00	\$16,537,000.00	\$0.00	\$34,466,500.00	\$0.00	\$0.00	\$0.00		\$2,355,657.00	\$1,423,299.00
10. Administration (excluding program/provider level) ^g MHBG and SABG must be reported separately ^f		\$1,160,282.00	\$18,021,000.00	\$417,000.00	\$4,033,000.00	\$0.00	\$0.00	\$141,101.00		\$1,177,829.00	\$136,180.00
11. Total	\$0.00	\$23,205,657.00	\$1,640,100,500.00	\$8,756,500.00	\$263,124,000.00	\$0.00	\$0.00	\$1,855,145.00	\$0.00	\$22,421,397.00	\$1,859,479.00

^aThe 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.

^bThe 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.

^cThe 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.

^dWhile 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.

^eColumn 3 should include Early Serious Mental Illness programs funded through MHBG set aside.

^fRow 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.

^gPer statute, administrative expenditures cannot exceed 5% of the fiscal year award.

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Footnotes:

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 ¹	ARP Award ²	FFY 2025 SUPTRS BG Award	COVID-19 Award ¹	ARP Award ²
1 . Substance Use Disorder Prevention and Treatment ⁵	\$19,658,408.00	\$7,343,751.00	\$13,258,391.00	\$20,115,872.00	\$0.00	\$6,259,917.00
2 . Substance Use Primary Prevention	\$13,877,979.00	\$2,474,841.00	\$7,602,795.00	\$13,930,115.00	\$239,005.00	\$6,480,815.00
3 . Tuberculosis Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4 . Early Intervention Services for HIV ⁶	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5 . Recovery Support Services ⁷	\$6,344,155.00	\$2,751,961.00	\$6,581,287.00	\$5,844,155.00	\$0.00	\$5,515,587.00
6 . Administration (SSA Level Only)	\$2,098,976.00	\$502,258.00	\$1,529,321.00	\$2,099,481.00	\$0.00	\$1,067,532.00
7. Total	\$41,979,518.00	\$13,072,811.00	\$28,971,794.00	\$41,989,623.00	\$239,005.00	\$19,323,851.00

¹The 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.

²The 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.

³The 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.

⁴The 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.

⁵Prevention other than Primary Prevention

⁶For 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.

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

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Footnotes:

Covid-19 planned expenditures based on remaining unspent balance as of 8/1/24.

Planning Tables

Table 5a SUPTRS BG Primary Prevention Planned Expenditures

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

A		B			B		
Strategy	IOM Target	FFY 2024			FFY 2025		
		SUPTRS BG Award	COVID-19 Award ¹	ARP Award ²	SUPTRS BG Award	COVID-19 Award ⁴	ARP Award ⁵
1. Information Dissemination	Universal	\$2,459,136	\$7,825	\$416,237	\$1,105,109	\$23,469	\$584,597
	Selected	\$0	\$0	\$0	\$0	\$0	\$0
	Indicated	\$0	\$0	\$0	\$0	\$22	\$0
	Unspecified	\$0	\$0	\$0	\$0	\$0	\$0
	Total	\$2,459,136	\$7,825	\$416,237	\$1,105,109	\$23,491	\$584,597
2. Education	Universal	\$1,036,928	\$14,330	\$245,928	\$1,172,058	\$18,975	\$620,013
	Selected	\$361,856	\$1,634	\$87,583	\$205,626	\$2,927	\$108,775
	Indicated	\$1,207	\$0	\$256	\$3,112	\$0	\$1,646
	Unspecified	\$0	\$0	\$0	\$0	\$0	\$0
	Total	\$1,399,991	\$15,964	\$333,767	\$1,380,796	\$21,902	\$730,434
3. Alternatives	Universal	\$85,061	\$100,000	\$118,044	\$152,996	\$364	\$80,934
	Selected	\$7,953	\$0	\$1,687	\$11,185	\$1,254	\$5,917
	Indicated	\$0	\$0	\$0	\$0	\$0	\$0
	Unspecified	\$0	\$0	\$0	\$0	\$0	\$0
	Total	\$93,014	\$100,000	\$119,731	\$164,181	\$1,618	\$86,851
4. Problem Identification and Referral	Universal	\$7,612	\$0	\$1,878	\$0	\$0	\$0
	Selected	\$2,200,325	\$0	\$542,896	\$2,312,977	\$65,002	\$1,223,553
	Indicated	\$169,393	\$0	\$141,795	\$224,387	\$9,014	\$118,700
	Unspecified	\$0	\$0	\$0	\$0	\$0	\$0
	Total	\$2,377,330	\$0	\$686,569	\$2,537,364	\$74,016	\$1,342,253
	Universal	\$5,412,311	\$732,864	\$1,166,207	\$6,489,494	\$106,989	\$3,432,911

5. Community-Based Processes	Selected	\$0	\$0	\$0	\$0	\$0	\$0
	Indicated	\$55,677	\$0	\$13,738	\$0	\$0	\$0
	Unspecified	\$0	\$0	\$0	\$0	\$0	\$0
	Total	\$5,467,988	\$732,864	\$1,179,945	\$6,489,494	\$106,989	\$3,432,911
6. Environmental	Universal	\$21,964	\$4,570	\$4,659	\$29,906	\$2,759	\$15,820
	Selected	\$0	\$0	\$0	\$0	\$0	\$0
	Indicated	\$0	\$0	\$0	\$0	\$0	\$0
	Unspecified	\$0	\$0	\$0	\$0	\$0	\$0
	Total	\$21,964	\$4,570	\$4,659	\$29,906	\$2,759	\$15,820
7. Section 1926 (Synar)-Tobacco	Universal	\$0	\$0	\$0	\$0	\$0	\$0
	Selected	\$0	\$0	\$0	\$0	\$0	\$0
	Indicated	\$0	\$0	\$0	\$0	\$0	\$0
	Unspecified	\$0	\$0	\$0	\$0	\$0	\$0
	Total	\$0	\$0	\$0	\$0	\$0	\$0
8. Other	Universal	\$451,102	\$18,776	\$101,945	\$541,941	\$8,230	\$286,685
	Selected	\$656	\$0	\$139	\$2,390	\$0	\$1,264
	Indicated	\$0	\$0	\$0	\$0	\$0	\$0
	Unspecified	\$0	\$0	\$0	\$0	\$0	\$0
	Total	\$451,758	\$18,776	\$102,084	\$544,331	\$8,230	\$287,949
Total Prevention Expenditures		\$12,271,181	\$879,999	\$2,842,992	\$12,251,181	\$239,005	\$6,480,815
Total SUPTRS BG Award³		\$41,979,518	\$13,072,811	\$28,971,794	\$41,989,623	\$239,005	\$19,323,851
Planned Primary Prevention Percentage		29.23%	6.73%	9.81%	29.18%	100.00%	33.54%

¹The 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.

²The 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.

³Total SUPTRS BG Award is populated from Table 4 - SUPTRS BG Planned Expenditures

⁴The 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.

⁵The 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:

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 ¹	FFY 2024 ARP Award ²	FFY 2025 SUPTRS BG Award	FFY 2025 COVID- 19 Award ³	FFY 2025 ARP Award ⁴
Universal Direct	\$7,384,087	\$865,882	\$1,729,310	\$8,535,865	\$148,501	\$4,515,431
Universal Indirect	\$2,090,026	\$12,484	\$325,588	\$955,641	\$12,299	\$505,529
Selected	\$2,570,790	\$1,634	\$632,306	\$2,532,177	\$69,171	\$1,339,509
Indicated	\$226,278	\$0	\$155,789	\$227,499	\$9,034	\$120,346
Column Total	\$12,271,181	\$880,000	\$2,842,993	\$12,251,181	\$239,005	\$6,480,815
Total SUPTRS BG Award⁵	\$41,979,518	\$13,072,811	\$28,971,794	\$41,989,623	\$239,005	\$19,323,851
Planned Primary Prevention Percentage	29.23%	6.73%	9.81%	29.18%	100.00%	33.54%

¹The 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.

²The 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.

³The 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.

⁴The 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.

⁵Total 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 ¹	ARP Award ²
Prioritized Substances			
Alcohol	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Tobacco	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Marijuana	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Prescription Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cocaine	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Heroin	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Inhalants	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Methamphetamine	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Fentanyl	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Prioritized Populations			
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
African American	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Hispanic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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"/>

Underserved Racial and Ethnic Minorities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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¹The 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.

²The 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:

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 ¹	D. COVID-19 ²	E. ARP ³	A. SUPTRS BG Treatment	B. SUPTRS BG Prevention	C. SUPTRS BG Integrated ¹	D. COVID-19 ⁴	E. ARP ⁵
1. Information Systems	\$536,413.00	\$432,071.00	\$0.00	\$151,350.00	\$200,000.00	\$188,413.00	\$372,071.00	\$0.00	\$0.00	\$78,689.00
2. Infrastructure Support	\$1,656,604.00	\$0.00	\$0.00	\$92,363.00	\$10,000.00	\$1,216,604.00	\$0.00	\$0.00	\$0.00	\$3,934.00
3. Partnerships, community outreach, and needs assessment	\$2,780,876.00	\$322,392.00	\$0.00	\$2,293,562.00	\$6,881,412.00	\$1,586,069.00	\$274,669.00	\$0.00	\$0.00	\$2,707,441.00
4. Planning Council Activities (MHBG required, SUPTRS BG optional)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5. Quality Assurance and Improvement	\$175,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$175,000.00	\$397,694.00	\$0.00	\$0.00	\$0.00
6. Research and Evaluation	\$658,166.00	\$518,419.00	\$0.00	\$343,750.00	\$0.00	\$659,389.00	\$251,500.00	\$0.00	\$0.00	\$0.00
7. Training and Education	\$1,216,500.00	\$333,916.00	\$0.00	\$468,157.00	\$0.00	\$2,012,654.00	\$383,000.00	\$0.00	\$0.00	\$0.00
8. Total	\$7,023,559.00	\$1,606,798.00	\$0.00	\$3,349,182.00	\$7,091,412.00	\$5,838,129.00	\$1,678,934.00	\$0.00	\$0.00	\$2,790,064.00

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

²The 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.

³The 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.

⁴The 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.

⁵The 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:

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 ¹ COVID Funds	FY 2024 ² ARP Funds	FY 2024 ³ BSCA Funds	FY 2025 Block Grant	FY 2025 ¹ COVID Funds	FY 2025 ² ARP Funds	FY 2025 ³ BSCA Funds
1. Information Systems	\$375,149.00	\$0.00	\$0.00	\$0.00	\$375,149.00	\$0.00	\$0.00	\$0.00
2. Infrastructure Support	\$1,328,955.00	\$112,363.00	\$5,082.00	\$0.00	\$1,039,955.00	\$0.00	\$9,016.00	\$0.00
3. Partnerships, community outreach, and needs assessment	\$2,858,926.00	\$175,161.00	\$147,377.00	\$0.00	\$3,858,858.00	\$0.00	\$261,475.00	\$0.00
4. Planning Council Activities (MHBG required, SUPTRS BG optional)	\$50,000.00	\$0.00	\$0.00	\$0.00	\$50,000.00	\$0.00	\$0.00	\$0.00
5. Quality Assurance and Improvement	\$1,405,000.00	\$0.00	\$0.00	\$0.00	\$705,000.00	\$0.00	\$0.00	\$0.00
6. Research and Evaluation	\$798,337.00	\$0.00	\$0.00	\$0.00	\$873,239.00	\$0.00	\$0.00	\$0.00
7. Training and Education	\$3,250,205.00	\$359,128.00	\$1,303,310.00	\$1,093,721.00	\$4,573,635.00	\$0.00	\$2,312,324.00	\$1,093,721.00
8. Total	\$10,066,572.00	\$646,652.00	\$1,455,769.00	\$1,093,721.00	\$11,475,836.00	\$0.00	\$2,582,815.00	\$1,093,721.00

¹ 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.

² 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.

³ 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:

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 expending 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.

Washington's crisis system is operated at the regional level based on a framework overseen by HCA. HCA contracts with 10 regional Behavioral Health Administrative Services Organizations (BH-ASO). The BH-ASOs in each region contract with behavioral health agencies to operate mobile rapid response crisis teams, regional crisis lines, and crisis stabilization units. Washington passed legislation in 2021 establishing a 988-line tax and set out a plan to implement the 988 Suicide & Crisis Lifeline and SAMHSA's National Guidelines for Behavioral Health Crisis Care. With the passage of this legislation planning work has been ongoing to implement a technology solution to coordinate the crisis system. The legislation also created the Crisis Response Improvement Strategy (CRIS) committee that has 36 members, representing diverse communities and viewpoints, to guide implementation of the crisis system improvements.

The 988 Suicide & Crisis Lifeline is available statewide covered by 3 contact centers in the state. Each region has a regional crisis line that is separate from 988 currently and is the primary contact center in a region for access to the crisis system. Work is underway to bring these regional lines in alignment with 988.

There are currently youth and adult mobile crisis teams in each region of the state. Work to expand mobile crisis teams continues, with the goal to improve access and response times across the state. Washington continues to support standardization of mobile crisis services through rule making, publication of written standards, contract changes and sponsoring training for all crisis system staff.

Washington has a crisis stabilization unit in 8 out of 10 regions in the state with plans to add more facilities in the state. A recent round of capital funds has allocated funding for 6 more facilities in the state. Rulemaking for the licensure of 23-hour Crisis Relief Centers was recently completed by the Department of Health, paving the way for establishing new facilities across the state.

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Someone to respond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Safe place to go or to be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

b. Briefly explain your stages of implementation selections here.

Washington has fully implemented and staffed its 988 contact centers. We are still implementing new standards and expanding the someone to respond category with plans to add more teams in the next few years as funding and workforce allow. The "safe place to go or to be" is still under development. We are expanding facilities and implementing crisis relief centers with the completion of licensure rulemaking in July 2024.

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

Washington State has passed comprehensive legislation in the past few years to implement SAMHSA's best practices in the state. Starting with HB 1477 passed in 2021 that implemented critical planning processes and infrastructure for future crisis contact hubs. Key components of this legislation include the creation of the Crisis Response Improvement Strategy committee that brings diverse views to make recommendations on how to implement changes to the crisis system. It also laid out criteria for a technology system to be used by 988 hubs and other components of the crisis care continuum. It also created the first in the country requirements for fully funded commercial plans to make next day appointments available to their enrollees.

Washington has invested heavily in the crisis system. The state has worked to expand and standardize crisis response and facilities in the state, adding 17 new teams in 2022 to ensure there is one team per region and expanding specialized children and youth teams from 3 counties to 18

counties. New program standards have been implemented and data collection mechanisms are being implemented.

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

Washington will be substantially expanding mobile crisis outreach services including child/youth teams statewide. Recently passed legislation will improve availability of crisis relief centers, mobile crisis, and community-based crisis intervention services in the state with a goal of response times almost on par with other first responders. Block grant 5% set aside crisis funding will be used to augment the statewide crisis system, primarily distributed through our Behavioral Health Administrative Service Organizations (BH-ASOs) for use within their regions. Additionally, HCA will use some of the funding to provide state sponsored training for Designated Crisis Responders and other crisis system staff.

We will also provide funding to Tribes for crisis treatment services and the tribal crisis coordination hub:

- Support for a tribal crisis coordination hub:
 - o Help crisis providers place clients at appropriate inpatient treatment facilities or connect clients with appropriate intensive outpatient treatment;
 - o Compile and submit crisis reports and data to the state's data store;
 - o Provide training and support to crisis providers, with a focus on providing culturally appropriate services and effective coordination of care and discharge planning for American Indian and Alaska Native (AI/AN) clients receiving crisis treatment;
- Non-Medicaid crisis treatment services provided by tribal and other Indian health care providers; and
- Capacity building efforts to enable tribal and other Indian health care providers to offer effective and culturally appropriate crisis services to AI/AN clients, with support for care coordination and transition planning for clients who have experienced crisis.

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

We have provided an introductory training to mobile crisis providers across the state on harm reduction. We request technical assistance with identifying any available harm reduction trainings and materials, with a focus on behavioral health crisis intervention, that can be utilized to deepen the knowledge and skill set of our crisis system providers.

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

No technical assistance requested at this time.

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Footnotes:

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](#).¹

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.

¹<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.)

The Behavioral Health Advisory Council (BHAC) was involved in the development and review of the state plan and report throughout the past year. To ensure ample time for thoughtful review and input, a copy of the Block Grant Progress Report and priorities was submitted to BHAC for review in early December. The Block Grant Administrator then presented at the January meeting, reviewing in detail the Block Grant priorities and most recently reported outcomes submitted in the December 1st Block Grant Progress Report. Since this is a mini application cycle, we determined we did not need to amend any priorities for the coming year and would be using the following year to review and plan for updated priorities for SFY26.

2. What mechanism does the state use to plan and implement community mental health treatment, substance misuse prevention, SUD treatment, and recovery support services?

Washington States planning council is integrated to address both mental health and substance misuse prevention, SUD treatment, and recovery services. The Behavioral Health Advisory Council sets aside multiple times on their yearly calendar to review and send recommendations to DBHR on the Block Grant application and its priorities. A Federal Block Grant Progress Report is presented at the January meeting. The Council then meets to identify needs and gaps in service and then sends written recommendations on the Federal Block Grant to DBHR at their March meeting.

Recommendations from the council, along with recommendations received by the Tribes during Tribal Listening Sessions, Roundtables and Tribal Councils, and recommendations received during the public comment period are taken into consideration for identifying needs and gaps in service for substance misuse prevention, treatment and recovery 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.

The Behavioral Health Advisory Council (BHAC) was formed in 2012 and meets six times per year. Its membership is comprised of consumers and community members, including individuals with lived experience, family members or parents of children with SMI or SED, and Peer supports that represent the geographic and social diversity of the state with continued thoughtful recruitment efforts remaining under way to ensure representatives of tribal governments and other underrepresented communities are council seats reflective of the population served. The council also includes many partners and stakeholders from other state agencies including the Health Care Authority, Department of Corrections, Developmental Disabilities, Juvenile Rehabilitation, Department

of Commerce-Housing, Department of Social and Health Services, the Office of the Superintendent of Public Instruction, as well as from regional Behavioral Health Organizations, Tribes, and providers. The Division of Behavioral Health and Recovery has utilized the collected group experience of the council to identify issues affecting service delivery and the impact of integration.

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

No technical assistance is requested at this time.

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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)
Paulette Brooks	Ir [REDACTED]		[REDACTED]	[REDACTED]
Tessa Clements	S [REDACTED]		[REDACTED]	[REDACTED]
Victor De Los Santos	[REDACTED]		[REDACTED]	[REDACTED]
Christal Eshelman	[REDACTED]		[REDACTED]	[REDACTED]
Hailey Faiola	[REDACTED]		[REDACTED]	[REDACTED]
Yavonnie Griggs-Brown	[REDACTED]		[REDACTED]	[REDACTED]
Robert Hopkins	[REDACTED]		[REDACTED]	[REDACTED]
Linda Huguen	[REDACTED]		[REDACTED]	[REDACTED]
Thomas Jackson	[REDACTED]		[REDACTED]	[REDACTED]

Shundra King	[REDACTED]		[REDACTED]	[REDACTED]
Teesha Kirschbaum	[REDACTED]		[REDACTED]	[REDACTED]
Kailey Lawless	[REDACTED]		[REDACTED]	[REDACTED]
Ruth Leonard	[REDACTED]		[REDACTED]	[REDACTED]
Vanessa Lewis	[REDACTED]		[REDACTED]	[REDACTED]
Kristie Lund	[REDACTED]		[REDACTED]	[REDACTED]
Richelle Madigan	[REDACTED]		[REDACTED]	[REDACTED]
Miranda Meier	[REDACTED]		[REDACTED]	[REDACTED]
Katie Mirkovich	[REDACTED]		[REDACTED]	[REDACTED]
David Musser	[REDACTED]		[REDACTED]	[REDACTED]
Jolie Ramsey	[REDACTED]		[REDACTED]	[REDACTED]
Nelson Rascon	[REDACTED]		[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]		[REDACTED]	[REDACTED]
Erika Rodriguez	[REDACTED]		[REDACTED]	[REDACTED]
Megyn Ross	[REDACTED]		[REDACTED]	[REDACTED]
Suzanne Sailto	[REDACTED]		[REDACTED]	[REDACTED]
	[REDACTED]		[REDACTED]	

Shefali Saxena	[REDACTED]		[REDACTED]	[REDACTED]
Roxanne Scheltema	[REDACTED]		[REDACTED]	[REDACTED]
Huda Swelam	[REDACTED]		[REDACTED]	[REDACTED]
Michelle Tinkler	[REDACTED]		[REDACTED]	[REDACTED]
Heather Williamson	[REDACTED]		[REDACTED]	[REDACTED]
Jazmine Wong	[REDACTED]		[REDACTED]	[REDACTED]
Paulina Zyskowski	[REDACTED]		[REDACTED]	[REDACTED]

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

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Footnotes:

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)	9	
Family Members of Individuals in Recovery (to include family members of adults with SMI)	3	
Parents of children with SED	4	
Vacancies (individual & family members)	0	
Others (Advocates who are not State employees or providers)	0	
Total Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services), Family Members and Others	16	59.26%
State Employees	10	
Providers	1	
Vacancies	0	
Total State Employees & Providers	11	40.74%
Individuals/Family Members from Diverse Racial and Ethnic Populations	15	
Individuals/Family Members from LGBTQI+ Populations	6	
Persons in recovery from or providing treatment for or advocating for SUD services	5	
Representatives from Federally Recognized Tribes	0	
Youth/adolescent representative (or member from an organization serving young people)	0	
Total Membership (Should count all members of the council)	53	

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Footnotes:

Form shows a total of 53 members, but the total is actually 32 members. Form is adding in the breakout of individuals/family members from diverse racial and ethnic populations and individuals from LGBTQI+ populations. Those numbers are included in the totals under types of memberships for individuals in recovery/family members and state employees/providers, but provide additional DEI breakouts.

Environmental Factors and Plan

22. Public Comment on the State Plan - Required

Narrative Question

[Title XIX, Subpart III, section 1941 of the PHS Act \(42 U.S.C. § 300x-51\)](#) requires, as a condition of the funding agreement for the grant, states will provide an opportunity for the public to comment on the state block grant plan. States should make the plan public in such a manner as to facilitate comment from any person (including federal, tribal, or other public agencies) both during the development of the plan (including any revisions) and after the submission of the plan to SAMHSA.

Please respond to the following items:

1.

Did the state take any of the following steps to make the public aware of the plan and allow for public comment?

a)

Public meetings or hearings?

☐

Yes

☒

No

b)

Posting of the plan on the web for public comment?

☒

Yes

☐

No

If yes, provide URL:

If yes for the previous plan year, was the final version posted for the previous year? Please provide that URL:

c)

Other (e.g. public service announcements, print media)

☐

Yes

☒

No

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

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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^{1,2} 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, 2018³.

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 centers⁴. 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 SSPs⁵: 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** 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** 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> ,

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

¹ 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.

² 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.

³ 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)

⁴ 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.

⁵ ***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:

Washington State does not expend SUPTRS dollars on Syringe Services Program.

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:

Washington State does not expend SUPTRS dollars on Syringe Services Program.