

# Michigan

## 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 08/09/2024 10.00.16 AM)

Center for Substance Abuse Prevention  
Division of State Programs

Center for Substance Abuse Treatment  
Division of State and Community Assistance

and

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

## State Information

### State Information

#### Plan Year

Start Year 2024

End Year 2025

#### State SUPTRS BG Unique Entity Identification

Unique Entity ID C2AQVDYYUAS7

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

Agency Name Michigan Department of Health and Human Services

Organizational Unit Federal Reporting

Mailing Address 235 S. Grand Avenue, Suite 800

City Lansing

Zip Code 48933

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

First Name Belinda

Last Name Hawks

Agency Name Michigan Department of Health and Human Services

Mailing Address Behavioral and Physical Health and Aging Services Administration 400 S. Pine, 6th Floor

City Lansing

Zip Code 48913

Telephone (517) 256-7522

Fax (517) 241-2969

Email Address HawksB@michigan.gov

#### State CMHS Unique Entity Identification

Unique Entity ID C2AQVDYYUAS7

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

Agency Name Michigan Department of Health and Human Services

Organizational Unit Federal Reporting

Mailing Address 235 S. Grand Avenue, Suite 800

City Lansing

Zip Code 48933

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

First Name Belinda

Last Name Hawks

Agency Name Michigan Department of Health and Human Services

Mailing Address Behavioral and Physical Health and Aging Services Administration 400 S. Pine, 6th Floor

City Lansing

Zip Code 48913

Telephone (517) 257-7522

Fax (517) 241-2969

Email Address HawksB@michigan.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            8/9/2024 9:59:54 AM

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

First Name                Darrell  
Last Name                Harden  
Telephone                517-335-5934  
Fax                        (517) 241-2969  
Email Address            hardend1@michigan.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	<a href="#">42 USC § 300x-52</a>
Section 1943	Additional Requirements	<a href="#">42 USC § 300x-53</a>
Section 1946	Prohibition Regarding Receipt of Funds	<a href="#">42 USC § 300x-56</a>
Section 1947	Nondiscrimination	<a href="#">42 USC § 300x-57</a>
Section 1953	Continuation of Certain Programs	<a href="#">42 USC § 300x-63</a>
Section 1955	Services Provided by Nongovernmental Organizations	<a href="#">42 USC § 300x-65</a>
Section 1956	Services for Individuals with Co-Occurring Disorders	<a href="#">42 USC § 300x-66</a>

## ASSURANCES - NON-CONSTRUCTION PROGRAMS

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

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

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

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

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

## LIST of CERTIFICATIONS

### 1. Certification Regarding Debarment and Suspension

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

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

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

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

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

### 3. Certifications Regarding Lobbying

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

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

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

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

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

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

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

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

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

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

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

mm/dd/yyyy

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

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

**Footnotes:**

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Title XIX, Part B, Subpart II of the Public Health Service Act		
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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
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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 Designee<sup>1</sup>: \_\_\_\_\_

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

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

mm/dd/yyyy

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

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

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

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

**Footnotes:**

**Michigan Department of Health and Human Services**  
**Bipartisan Safer Community Act Plan Summary**

With the third round of funding from the Bipartisan Safer Communities Act (BSCA), the Michigan Department of Health and Human Services (MDHHS) intends to continue development of a robust statewide mental health emergency preparedness and response plan while also expanding and integrating behavioral health services from various areas of MDHHS into one cohesive strategy. The work includes ongoing engagement with and support of home and community-based services via the public behavioral health system and the development of a crisis continuum to ensure that effective services are available for people of all ages, including children, youth, and young adults with serious emotional disturbance (SED) and adults with serious mental illness (SMI).

Due to the wide array of components to be addressed in this project and number of partners, both inside and outside of MDHHS, MDHHS intends to engage Michigan Public Health Institute (MPHI) for coordination of the project and national emergency preparedness technical expertise to plan, develop, and implement an improved and sustainable, comprehensive, and coordinated public mental health response to address the mental health needs of those experiencing the aftermath of natural disasters, mass shootings, and other traumatic events in communities. The work is being led by a team, Michigan – Mental Health Emergency Preparedness (MI-MHEP), comprising members of the MDHHS Behavioral and Physical Health and Aging Services Administration (BPHASA), Bureau of Children’s Coordinated Health Policy and Supports (BCCHPS), Bureau of Emergency Preparedness, EMS, and Systems of Care (BEPESOC), and MPHI.

**Required Responses**

- 1. 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.**

In conjunction with examining the current crisis system, upcoming developments, and areas for expansion for disaster behavioral health response, a landscape analysis of other disaster-specific behavioral health resources was completed to provide direction for the planning process. The analysis included collection of information on additional disaster behavioral health services, resources, and funding opportunities. The information was organized by purpose, timeline for implementation, and disaster type, as we plan to have a robust response for behavioral health needs stemming from both man-made and natural disasters. Through working with BEPESOC, an Emergency Management Plan for the state of Michigan was discovered to contain a Disaster Behavioral Health (DBH) Annex. The DBH Annex is used to address the psychological, emotional, and behavioral health impacts of disasters, such as high levels of stress, anxiety, depression, feelings of helplessness, and suicidal ideation; and, to foster resilience as a foundation of community health. This document is a key part of our planning as it provides a high-level overview of how the state assists local public and private sector behavioral health care providers during the response and recovery phases of a disaster.

Other research efforts were made to avoid reinventing the wheel. Information was sought from other state disaster behavioral health plans, SAMHSA DTAC bulletins, articles, and the disaster planning resource portal, and the National Mass Violence Center and Office for Victims of Crime National Town Halls to inform how to best approach planning. Requests for technical assistance from national agencies have also been made.

The MI-MHEP team plans to take a four-pronged approach to planning to enhance statewide mental health emergency preparedness and response in the event of a natural or man-made disaster.

*1. Update the Michigan Emergency Management Plan – Disaster Behavioral Health Annex and develop corresponding guidance documents.*

The Disaster Behavioral Health (DBH) Annex is a key addition to the Emergency Management Plan that contains information, processes, and available resources for behavioral health in response to a disaster. The document will identify triggers (by scale/impact) to establish parameters for the appropriate activation and mobilization of behavioral health resources. The MI-MHEP team began updating it with current resources and integrating the state of Michigan crisis system into the annex. Placeholders and expected implementation dates will be utilized as the crisis system continues to develop and expand. Updates will use existing framework outlined in FEMA's Comprehensive Preparedness Guide (CPG) 101. The MI-MHEP team plans to coordinate with federal agencies for technical assistance.

A separate operations document is being developed for internal use by BPHASA and BEPESOC that will detail steps for communication, funding opportunities available in the event of either a man-made or natural disaster and steps for coordination of an application, and templates to support a proactive and more efficient response. Communication steps will detail activation and exchange of disaster related information and behavioral health impacts during local, state, and federal disaster declarations. After recently supporting a Michigan county with submission of a SAMHSA Crisis Counseling Assistance and Training Program application, the MI-MHEP team recognized areas of improvement in the process. The team will focus on developing and vetting a needs assessment form for local CMHSPs that is specific to the identification of disaster impact within a community and the behavioral health needs of survivors and first responders (data collected will inform requests for assistance/support through federal partners, including SAMHSA CCP). We will leverage our partnerships with SMEs in BCCHPS, Regional Healthcare Coalitions, and local, state, and federal organizations and agencies to identify community leaders to respond to the needs assessment form for a more robust and diverse assessment. The MI-MHEP team plans to explore options for utilizing technology to create and distribute the needs assessment in the form of an electronic survey.

*2. Strengthen involvement and build relationships among local agencies.*

The MI-MHEP team has started work to support various local agencies as they strengthen their involvement in disaster behavioral health response planning and build relationships with other agencies in their communities. One entry point for the state to support this is the Statewide Disaster Mental Health Workgroup. The workgroup is primarily made up of representatives from the Regional Healthcare Coalitions (RHCCs) and some behavioral health professionals. There are 8 Regional Healthcare Coordination Centers that facilitate standardization and interoperability of health care operations and ensure optimum and efficient use of resources. The MI-MHEP team plans to broaden the workgroup and target various disciplines, as well as include CMHSP emergency coordinators, provider representatives from CCBHCs, and other behavioral health professionals. CMHSPs are required to participate in RHCCs and are the state designated behavioral health crisis

providers, so including them in the workgroup will help to build relationships and align the CMHSPs with RHCCs. Integration of mental health into routine RHCC activities will establish relationships necessary to identify resources when needed during and after exercises and events.

### *3. Maximize use and integration of the Michigan crisis system.*

The existing crisis system in the state of Michigan is robust and work will continue to expand access to services for all Michiganders. Integration of the current system is a key aspect of planning to develop and enhance Michigan's mental health emergency preparedness and response plan.

The MI-MHEP team is supporting the continued development of the crisis continuum to ensure that appropriate services are available to people of all ages in response to traumatic community events. MDHHS has begun meeting with SMEs from the juvenile justice system to ensure the crisis system we are developing maximizes support for children in the juvenile justice system. Led by our experts from BCCHPS, our work will align with Medicaid and Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) to ensure access to comprehensive mental health services for children, youth, and young adults diagnosed with serious emotional disturbances, and their families. The team, together with our identified partners in the public and private sectors, will continue to develop capacity within the behavioral health system to support multidisciplinary mobile response teams that are inclusive of behavioral health first responders and can be deployed anytime and anywhere in the state in response to a mass shooting, mental health emergency, or other traumatic event.

Michigan is continuing to implement and strengthen its statewide crisis line, MiCAL, which answers 988 calls as well as other lines. The MI-MHEP team is evaluating how MiCAL could provide enhanced support during an emergency response through increased staffing for phone, text, and chat support, linkages to emergency specific resources, and follow up support to rapidly reinforce local behavioral health service providers who are often overwhelmed in mass casualty events. We plan to integrate the Frontline Strong Together 24/7 crisis line into our planning and collaborate with the Frontline Strong Together team to provide enhanced support for first responders activated to respond to disasters and maintain a resilient workforce. We have also identified grant opportunities available to support first responders and have included them in our planning process, including Office for Victims of Crime grants such as VOCA and AEAP and SAMHSA RSP grants. A state level workgroup was created to increase collaboration with regional Public Safety Answering Point (PSAP) representatives. The workgroup developed the Emergency Intervention Workflow, a process map outlining the steps of an emergency intervention. Efforts are being made through MiCAL to reach out to each 911 center in Michigan to develop collaborative relationships and share the Emergency Intervention Workflow.

Michigan State Police requested a compiled list of crisis resources available in the state of Michigan that is easily accessible. Work is underway on a crisis resource directory that can be accessed via mobile phone and will contain crisis resources and their hours of operation. The directory will be available for other first responders and emergency coordinators and will be integrated into our planning. Eventually a version of this directory will be shared with the public. These crisis resources are pulled from a customer relationship management platform used by MiCAL. CMHSPs and CCBHCs are contractually mandated to keep the resources up to date.

The MI-MHEP team is exploring technology to enhance telehealth services and increase accessibility to behavioral health crisis services in the aftermath of a disaster. Technology is key for the expansion of mobile crisis teams across Michigan as well as for the development of crisis hubs in each region of the state. MDHHS recently moved the psychiatric bed registry from OpenBeds to the

EMResources platform, which is already utilized by many emergency departments, inpatient psychiatric facilities, and MDHHS BEPESOC in the capacity of public health emergencies. The goal of the psychiatric bed registry is to create a statewide, comprehensive real time directory of psychiatric beds that will provide the capability to link those in need of treatment to appropriate, available care, and is designed for use when the patient is ready or as crisis responders and other professionals identify an acute need. This registry may also expand to include crisis residentials and crisis stabilization units. The MI-MHEP team plans to integrate and maximize use of this registry in the aftermath of disaster.

*4. Identify and offer trainings and exercises to develop DBH workforce.*

The MI-MHEP team plans to identify and make available disaster-specific behavioral health and trauma-informed care trainings for first responders and behavioral health professionals to strengthen relationships among agencies, educate on roles and responsibilities, and take a trauma-informed approach in response to disasters. There is a Michigan police academy requirement called Behavioral Health Emergency Partnership (BHEP) training, which may provide an opportunity for the MI-MHEP team to work with the police in integrating disaster behavioral health-specific trainings into the BHEP training.

The MI-MHEP team will identify and explore the opportunity for including disaster behavioral health and trauma-informed care modules in the Crisis Professional Training Program through Wayne State School of Social Work. The program aims to support the development and expansion of a skilled workforce for Michigan's Behavioral Health Crisis Services through cutting-edge, comprehensive, and cohesive education and training to degree and degree seeking individuals in crisis services roles across the state. The training will meet MDHHS training certification requirements for publicly funded crisis programs, including mobile crisis and crisis stabilization units. In addition, the MI-MHEP team will work with MDHHS CCBHC lead staff to require CCBHCs to have evidenced based disaster behavioral health trainings available for staff.

One of the goals of the Statewide Disaster Mental Health Workgroup (described above) is to integrate a disaster behavioral health piece into a tabletop exercise. This would allow for the implementation of disaster behavioral health preparedness plans and help local agencies identify roles and responsibilities during a disaster. A tabletop exercise would also facilitate relationship building.

**2. 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.**

The MI-MHEP team will lead coordination, provide guidance, and give direction during a crisis. The MI-MHEP team plans to identify and train a primary and alternate disaster behavioral health liaison for its Community Health Emergency Coordination Center (CHECC). This liaison will serve as central point of contact and advisor for DBH services during a disaster. The CHECC coordinates MDHHS public health and medical emergency response activities and resources. It provides a direct link to MDHHS Emergency Management Coordinators located at the State Emergency Operations Center.

Additional partners that will be engaged throughout the planning process include local agencies and behavioral health providers, state and federal agencies, tribal governments, and agencies representing minority and disproportionately impacted populations.

**3. 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.**

The Centers for Medicare and Medicaid Services Certified Community Behavioral Health Clinic (CMS CCBHC) Demonstration requires states and their certified sites to provide a robust set of coordinated, integrated, and comprehensive services to all persons with any mental illness or substance use disorder diagnosis. Moreover, the demonstration requires and emphasizes 24/7/365 crisis response services (e.g., mobile crisis services). Mobile crisis teams must respond to adults, children, youth, and their families.

In Michigan, there is significant variance in mobile crisis and behavioral health first responder services found across the state in terms of populations served, staffing, funding, and availability related to service hours and locations. The goal is to ultimately expand mobile crisis across the state for all Michiganders, taking advantage of federal Medicaid Enhanced Match funds. Each of the 10 Prepaid Inpatient Health Plan (PIHP) regions is required to offer, through CMHSPs, mobile intensive crisis stabilization services as a Medicaid Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) service to children and youth with SED covered by Medicaid. Michigan also has state demonstration Certified Community Behavioral Health Clinics (CCBHCs) who offer some of the most comprehensive mobile crisis services in Michigan that serve anyone, including adults with SMI who have Medicaid, all adults, and/or all children regardless of payor type. In FY 25, MDHHS is instituting new regulations which create alignment between child and adult mobile crisis as well as state demonstration CCBHC requirements. MDHHS is also working with private payers to align the mobile crisis benefit between payer types.

PA 162 and PA 163 of 2021 instituted a Diversion Fund and requires MDHHS to create a community crisis response grant program in accordance with the recommendations of the Governor's Mental Health Diversion Council. A Request for Proposal (RFP) for mobile crisis services through the Diversion Fund is nearing completion. This RFP seeks to prioritize funding for rural areas to build capacity for teams, which do not already have mobile crisis infrastructure, and will allow MDHHS to support in those efforts. MDHHS has met with mobile crisis teams from other states who successfully implement mobile crisis response in rural communities and continues to learn best practices.

BPHASA and MPHI created a grant opportunity to promote the adoption of technology to track crisis services and corresponding metrics for crisis services, specifically mobile crisis. This grant opportunity was limited to state demonstration CCBHCs and CMHSPs who met specific eligibility requirements. Funds are to be used to develop or purchase a technical platform to allow for tracking of crisis services, specifically mobile crisis services, and must be spent by the end of FY24. Funds will also be used to develop 24/7 crisis hubs in each CMHSP region through the utilization of their existing crisis lines to provide air traffic controller type of service for callers. This high level of real time coordination is critical in providing behavioral health response for victims of a disaster.

**4. 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 juvenile justice involvement and having SED/serious mental illness (SMI).**



All of the above crisis services apply to young adults, youth, and children as well as adults. Each of the services provided has special training requirements for these populations. Specific disaster response training for young adults, youth and children, or their families will also be provided for the crisis system.

In addition to those services, MDHHS work on developing a Michigan Child and Family Crisis Stabilization Unit (CSU) model is underway. The proposed model is focused on stabilizing and supporting not only the child, but also their family and their environment. Michigan already has child-only focused crisis services, including crisis residential and respite, so rather than duplicating existing service models, MDHHS is developing a model that can offer stabilization and support for the whole family unit. Children who are living without a supportive family unit are welcome. Services will engage their caregiver, which may include child welfare professionals.

To provide preliminary guidance to entities beginning construction and design of Child and Family CSUs, MDHHS has drafted a concept model with thoughts and input from BCCHPS. MDHHS will start gathering feedback from children's service providers over the next several months.

In addition, trainings will be implemented for crisis staff to support individuals with SMI/SED who experience a disaster event that may exacerbate symptoms. The MI-MHEP team recognize the importance of providing specialized supports to young adults, youth, children, and their families.

**FIRST EPISODE PSYCHOSIS Set aside:** For First Episode Psychosis, MDHHS is using their set aside to create enhance the knowledge base of FEP early identification and intervention for people who care for youth such as primary care and educational staff. Presentation to groups involved with this population can help determine future targets for extending access to specialized/ informed FEP services in the state. A training module for behavioral health crisis staff is also being developed. In addition MDHHS is providing training to specialty behavioral health service providers to enhance their knowledge of working with transition age youth and young adults with SED or SMI.

**5. 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.**

The MI-MHEP team will establish a variety of partnerships and are working through the public behavioral health system for ongoing engagement with and support of home and community-based services. The developed continuum of care will ensure that appropriate services are available to people of all ages in response to traumatic community events. The team, together with our identified partners in the public and private sectors, is continuing to develop capacity within the behavioral health system to specifically support multidisciplinary mobile response teams that are inclusive of behavioral health first responders and can be deployed anytime and anywhere in the state in response to a mass shooting, mental health emergency, or other traumatic event.

As part of the process for updating the Disaster Behavioral Health Annex of the Emergency Management Plan, the team will seek technical assistance and guidance from federal agencies, such as the National Mass Violence Center, to assist in planning efforts related to mass violence response.

The internal operations document for BEPESOC and BPHASA will include resources and needs assessment templates specific to mass shootings/school violence, so when an event occurs, we have a proactive response.

In addition, the crisis system described above can be activated in response to an act of mass violence.

**6. 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.**

The MI-MHEP team continues to work with internal experts and established partners to collectively develop messages and materials in support of diverse populations. Michigan is ethnically and culturally diverse, so throughout planning, the needs of Michigan's diverse population will be at the forefront to promote diversity, equity, and inclusion statewide. Through the Statewide Disaster Mental Health workgroup, our team will support the RHCCs and other behavioral health professionals in the workgroup to be culturally responsive and maximize use of culturally responsive resources. We will support the identification of DBH materials that can be made more culturally and linguistically accessible.

The crisis response team must have the resources needed to support all Michigan residents, and those partnerships will be critical in ensuring that we meet the needs of the entire state. We will include a training for crisis support staff on culturally/linguistically sensitive mental health care to meet the needs of Michigan's diverse population.

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

Michigan will continue to implement and strengthen its statewide 988 crisis line, MiCAL. MDHHS will evaluate how MiCAL could provide enhanced support during an emergency response through increased staffing for phone, text, and chat support, linkages to emergency specific resources, and follow up support to rapidly reinforce local behavioral health service providers who are often overwhelmed in mass casualty events. Trainings specific to disaster behavioral health, trauma-informed care, and culturally/linguistically sensitive mental health care will be offered to first responders and behavioral health professionals to build capacity and maintain a robust crisis response team. We plan to integrate the Frontline Strong Together 24/7 crisis line into our planning and work with the Frontline Strong Together team to support first responders and maintain a resilient workforce. Grants such as VOCA and AEAP consider first responders to be recipients of the funding. Through RSP we were encouraged to include first responders.

Work is underway on a crisis resource directory for Michigan State Police that can be accessed via mobile phone and will contain crisis resources and their hours of operation. The directory will be available for other first responders and emergency coordinators and will be integrated into our planning.

Michigan is in the process of instituting crisis receiving and stabilization units as a formal component of its crisis services system. Michigan PA 402 of 2020 mandates MDHHS to develop and institute a certification process for Crisis Stabilization Units (CSUs) which can provide voluntary or involuntary stabilization services for people suffering a behavioral health crisis for up to 72 hours. CSUs are locked facilities available 24/7 and serve individuals at all acuity levels, who have any diagnosis, and regardless of payor type. A multidisciplinary team is required at CSUs to stabilize mental health, substance use, and co-occurring conditions, and provide minor medical care to minimize ED transfer.

8. **Clearly describe the proposed planning activities utilizing the funds for both FY 2022 and FY 2023 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.**

FY 2024 activities using FY2023 BSCA Funding - \$2,444,441 (estimated)

In the second year (October 1, 2023, through September 30, 2024), the MI-MHEP team expects to be able to further expand the implementation of the crisis services continuum. We will begin strategic planning for the implementation of technology to increase accessibility to the crisis system and disaster behavioral health trainings for first responders and other behavioral health professionals allowing Michigan to build capacity of the state behavioral health workforce. Local and state partners will be identified to begin updating the Disaster Behavioral Health Annex of the Michigan Emergency Management Plan and build out local infrastructure to improve preparedness statewide. Strategic planning on how to best utilize the Statewide Disaster Mental Health workgroup to build out local infrastructure will begin. BPHASA and MPHI created a grant opportunity to promote the adoption of technology to track crisis services and corresponding metrics for crisis services, specifically mobile crisis. This grant opportunity was limited to state demonstration CCBHCs and CMHSPs who met specific eligibility requirements. Funds are to be used to develop or purchase a technical platform to allow for tracking of crisis services, specifically mobile crisis services, and must be spent by the end of FY24. Work will be supported for the psychiatric bed registry transition to the EMResources platform. Michigan is in the process of instituting crisis receiving and stabilization units as a formal component of its crisis services system. The work for implementing the pilot CSUs for adults is underway.

Activity	Cost
Staffing support (via contract employees)	\$400,000
First Episode Psychosis Statewide Coordinator	\$161,098
Development of a process for statewide coordination and materials and screenings targeted for First Episode Psychosis care	\$383,343
Crisis service continuum pilot costs	\$799,997
Communications and outreach	\$200,000
Training materials and training activities	\$500,000

<b>Total</b>	\$2,444,441
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FY 2025 BSCA Funding - \$2,444,441 (estimated)

In the third year (October 1, 2024 to September 30, 2025), the MI-MHEP team will implement the four-pronged plan through tabletop exercises and trainings. Disaster behavioral health, trauma-informed care, and culturally/linguistically sensitive behavioral health care trainings will be identified and implemented through various platforms to develop capacity and enhance the workforce, including crisis response staff and first responders. Technology will be purchased and distributed, as needed, to enhance telehealth services and increase accessibility to behavioral health crisis services in the aftermath of a disaster. Technology is key for the expansion of mobile crisis teams across Michigan as well as for the development of crisis hubs in each region of the state. Strategic plans for updating the Disaster Behavioral Health Annex and integrating the Statewide Disaster Mental Health workgroup into planning will be implemented.

<b>Activity</b>	<b>Cost</b>
Staffing support (via contract employees)	\$400,000
First Episode Psychosis statewide coordinator	\$161,098
Training materials and activities	\$700,000
Communications and outreach	\$200,000
Expansion of crisis service continuum	\$983,343
<b>Total</b>	<b>\$2,444,441</b>

State Information

Disclosure of Lobbying Activities

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

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

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Name

Title

Organization

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

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) <sup>a</sup>	I. COVID-19 Relief Funds (SUPTRS) <sup>a</sup>	J. ARP Funds (MHBG) <sup>b</sup>	K. BSCA Funds (MHBG) <sup>c</sup>
1. Substance Abuse Prevention and Treatment											
a. Pregnant Women and Women with Dependent Children											
b. All Other											
2. Primary Prevention											
a. Substance Abuse Primary Prevention											
b. Mental Health Primary Prevention <sup>d</sup>		\$400,000.00									
3. Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis (10 percent of total award MHBG) <sup>ee</sup>		\$2,823,321.00						\$2,426,582.00		\$4,191,370.00	\$246,896.00
4. Tuberculosis Services											
5. Early Intervention Services for HIV											
6. State Hospital			\$48,824,951.00		\$594,221,194.00	\$33,252,212.00					
7. Other 24-Hour Care											
8. Ambulatory/Community Non-24 Hour Care		\$22,186,564.00			\$182,700.00						
9. Crisis Services (5 percent set-aside) <sup>fg</sup>		\$1,411,661.00						\$1,213,291.00			\$2,222,073.00
10. Administration (excluding program/provider level) <sup>g</sup> MHBG and SABG must be reported separately <sup>f</sup>		\$1,411,661.00						\$1,213,291.00		\$2,095,685.00	
11. Total	\$0.00	\$28,233,207.00	\$48,824,951.00	\$0.00	\$594,403,894.00	\$33,252,212.00	\$0.00	\$4,853,164.00	\$0.00	\$6,287,055.00	\$2,468,969.00

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

<sup>b</sup>The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the standard MHBG expenditures captured in Columns A-G are for the state planned expenditure period of July 1, 2024 - June 30, 2025, for most states. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

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

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

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

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

<sup>g</sup>Per 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 <sup>1</sup>	ARP Award <sup>2</sup>	FFY 2025 SUPTRS BG Award	COVID-19 Award <sup>1</sup>	ARP Award <sup>2</sup>
1 . Substance Use Disorder Prevention and Treatment <sup>5</sup>	\$37,306,876.00	\$15,036,332.00	\$2,472,420.00	\$35,345,164.00		\$13,673,891.00
2 . Substance Use Primary Prevention	\$11,479,405.00	\$9,243,913.00	\$2,814,005.00	\$13,454,050.00		\$4,588,413.00
3 . Tuberculosis Services						
4 . Early Intervention Services for HIV <sup>6</sup>						
5 . Recovery Support Services <sup>7</sup>	\$5,740,891.00	\$2,225,900.00	\$3,195,995.00	\$5,741,084.00		\$2,634,618.00
6 . Administration (SSA Level Only)	\$2,869,851.00			\$2,870,542.00		\$449,266.00
<b>7. Total</b>	<b>\$57,397,023.00</b>	<b>\$26,506,145.00</b>	<b>\$8,482,420.00</b>	<b>\$57,410,840.00</b>	<b>\$0.00</b>	<b>\$21,346,188.00</b>

<sup>1</sup>The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 – March 14, 2023**, which is different from the

expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved No Cost Extension (NCE) for the FY 21 SABG COVID-19 Supplemental Funding, you have until March 14, 2024 to expend the COVID-19 Relief Supplemental Funds.

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

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

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

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

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

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

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#### Footnotes:



## 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 <sup>1</sup>	ARP Award <sup>2</sup>	SUPTRS BG Award	COVID-19 Award <sup>4</sup>	ARP Award <sup>5</sup>
1. Information Dissemination	Universal	\$371,391	\$454,788	\$355,025	\$403,622	\$0	\$596,494
	Selected	\$478,310	\$936	\$8,961	\$538,162	\$0	\$45,884
	Indicated	\$5,055	\$2,491	\$0	\$13,454	\$0	\$0
	Unspecified	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Total</b>	<b>\$854,756</b>	<b>\$458,215</b>	<b>\$363,986</b>	<b>\$955,238</b>	<b>\$0</b>	<b>\$642,378</b>
2. Education	Universal	\$1,003,246	\$57,227	\$275,943	\$1,210,865	\$0	\$596,494
	Selected	\$1,202,294	\$282,796	\$150,659	\$1,479,946	\$0	\$367,073
	Indicated	\$153,157	\$29,401	\$91,238	\$134,541	\$0	\$275,305
	Unspecified	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Total</b>	<b>\$2,358,697</b>	<b>\$369,424</b>	<b>\$517,840</b>	<b>\$2,825,352</b>	<b>\$0</b>	<b>\$1,238,872</b>
3. Alternatives	Universal	\$408,416	\$113,386	\$261,284	\$538,162	\$0	\$458,841
	Selected	\$144,676	\$115	\$179,564	\$134,541	\$0	\$321,189
	Indicated	\$170,343	\$0	\$0	\$134,541	\$0	\$0
	Unspecified	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Total</b>	<b>\$723,435</b>	<b>\$113,501</b>	<b>\$440,848</b>	<b>\$807,244</b>	<b>\$0</b>	<b>\$780,030</b>
4. Problem Identification and Referral	Universal	\$737,989	\$165,031	\$84,725	\$807,243	\$0	\$137,652
	Selected	\$418,678	\$14,111	\$139,650	\$538,162	\$0	\$229,421
	Indicated	\$502,878	\$23,920	\$243,466	\$538,162	\$0	\$412,957
	Unspecified	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Total</b>	<b>\$1,659,545</b>	<b>\$203,062</b>	<b>\$467,841</b>	<b>\$1,883,567</b>	<b>\$0</b>	<b>\$780,030</b>

5. Community-Based Processes	Universal	\$2,159,222	\$109,576	\$312,191	\$2,556,270	\$0	\$504,725
	Selected	\$10,426	\$5,824	\$4,780	\$13,454	\$0	\$45,884
	Indicated	\$1,897	\$1,060	\$870	\$13,454	\$0	\$45,884
	Unspecified	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Total</b>	<b>\$2,171,545</b>	<b>\$116,460</b>	<b>\$317,841</b>	<b>\$2,583,178</b>	<b>\$0</b>	<b>\$596,493</b>
6. Environmental	Universal	\$1,678,272	\$223,978	\$317,841	\$2,018,108	\$0	\$550,610
	Selected	\$2,135	\$0	\$0	\$13,454	\$0	\$0
	Indicated	\$1,670	\$0	\$0	\$13,454	\$0	\$0
	Unspecified	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Total</b>	<b>\$1,682,077</b>	<b>\$223,978</b>	<b>\$317,841</b>	<b>\$2,045,016</b>	<b>\$0</b>	<b>\$550,610</b>
7. Section 1926 (Synar)-Tobacco	Universal	\$1,995,164	\$33,998	\$317,841	\$2,287,189	\$0	\$0
	Selected	\$13,613	\$0	\$0	\$29,599	\$0	\$0
	Indicated	\$20,573	\$0	\$0	\$37,671	\$0	\$0
	Unspecified	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Total</b>	<b>\$2,029,350</b>	<b>\$33,998</b>	<b>\$317,841</b>	<b>\$2,354,459</b>	<b>\$0</b>	<b>\$0</b>
8. Other	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
	<b>Total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Total Prevention Expenditures</b>		<b>\$11,479,405</b>	<b>\$1,518,638</b>	<b>\$2,744,038</b>	<b>\$13,454,054</b>	<b>\$0</b>	<b>\$4,588,413</b>
<b>Total SUPTRS BG Award<sup>3</sup></b>		<b>\$57,397,023</b>	<b>\$26,506,145</b>	<b>\$8,482,420</b>	<b>\$57,410,840</b>	<b>\$0</b>	<b>\$21,346,188</b>
<b>Planned Primary Prevention Percentage</b>		<b>20.00%</b>	<b>5.73%</b>	<b>32.35%</b>	<b>23.43%</b>		<b>21.50%</b>

<sup>1</sup>The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2024 to expend the COVID-19 Relief Supplemental Funds.

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

expenditure period of October 1, 2023 – September 30, 2025.

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

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

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

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**Footnotes:**

The number on table 5a differs slightly from the number on table 5b due to rounding.

## Planning Tables

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

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

Activity	FFY 2024 SUPTRS BG Award	FFY 2024 COVID- 19 Award <sup>1</sup>	FFY 2024 ARP Award <sup>2</sup>	FFY 2025 SUPTRS BG Award	FFY 2025 COVID- 19 Award <sup>3</sup>	FFY 2025 ARP Award <sup>4</sup>
Universal Direct	\$2,923,794	\$752,690	\$1,154,910	\$3,498,053	\$0	\$1,927,133
Universal Indirect	\$5,429,906	\$405,294	\$769,940	\$6,323,404	\$0	\$1,284,756
Selected	\$2,270,132	\$303,782	\$483,614	\$2,690,810	\$0	\$825,914
Indicated	\$855,573	\$55,872	\$335,574	\$941,784	\$0	\$550,610
<b>Column Total</b>	<b>\$11,479,405</b>	<b>\$1,517,638</b>	<b>\$2,744,038</b>	<b>\$13,454,051</b>	<b>\$0</b>	<b>\$4,588,413</b>
<b>Total SUPTRS BG Award<sup>5</sup></b>	<b>\$57,397,023</b>	<b>\$26,506,145</b>	<b>\$8,482,420</b>	<b>\$57,410,840</b>	<b>\$0</b>	<b>\$21,346,188</b>
<b>Planned Primary Prevention Percentage</b>	<b>20.00%</b>	<b>5.73%</b>	<b>32.35%</b>	<b>23.43%</b>		<b>21.50%</b>

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

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

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

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

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

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### Footnotes:

The number on table 5b differs slightly from the number on table 5a due to rounding.

## Planning Tables

**Table 5c SUPTRS BG Planned Primary Prevention Targeted Priorities - Required**

States should identify the categories of substances the state BG plans to target with primary prevention set-aside dollars from the FFY 2024 and FFY 2025 SUPTRS BG awards.

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

	SUPTRS BG Award	COVID-19 Award <sup>1</sup>	ARP Award <sup>2</sup>
<b>Prioritized Substances</b>			
Alcohol	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tobacco	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Marijuana	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Prescription Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Inhalants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Fentanyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Prioritized Populations</b>			
Students in College	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Military Families	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
LGBTQI+	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
American Indians/Alaska Natives	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
African American	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hispanic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Persons Experiencing Homelessness	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Native Hawaiian/Other Pacific Islanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rural	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

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**Footnotes:**

## Planning Tables

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

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

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

Expenditure Category	FFY 2024					FFY 2025				
	A. SUPTRS BG Treatment	B. SUPTRS BG Prevention	C. SUPTRS BG Integrated <sup>1</sup>	D. COVID-19 <sup>2</sup>	E. ARP <sup>3</sup>	A. SUPTRS BG Treatment	B. SUPTRS BG Prevention	C. SUPTRS BG Integrated <sup>1</sup>	D. COVID-19 <sup>4</sup>	E. ARP <sup>5</sup>
1. Information Systems	\$44,000.00			\$6,000.00	\$11,000.00	\$44,000.00				
2. Infrastructure Support	\$650,200.00			\$0.00	\$0.00	\$650,200.00				\$400,000.00
3. Partnerships, community outreach, and needs assessment	\$100,000.00			\$0.00	\$0.00	\$100,000.00				
4. Planning Council Activities (MHBG required, SUPTRS BG optional)				\$0.00	\$0.00					
5. Quality Assurance and Improvement		\$100,000.00		\$60,000.00	\$100,000.00					
6. Research and Evaluation										\$90,000.00
7. Training and Education	\$326,788.00		\$77,000.00	\$7,500.00	\$1,500.00	\$326,788.00	\$177,000.00			\$350,000.00
<b>8. Total</b>	<b>\$1,120,988.00</b>	<b>\$100,000.00</b>	<b>\$77,000.00</b>	<b>\$73,500.00</b>	<b>\$112,500.00</b>	<b>\$1,120,988.00</b>	<b>\$177,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$840,000.00</b>

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

<sup>2</sup>The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved No Cost Extension (NCE) for the FY 21 SABG COVID-19 Supplemental Funding, you have until March 14, 2024 to expend the COVID-19 Relief Supplemental Funds.

<sup>3</sup>The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**, which is different from the expenditure period for the "standard" SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the federal planned expenditure period of October 1, 2023 - September 30, 2025. Please list ARP planned expenditures for each standard FFY period.

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

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

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### Footnotes:

## 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: 10/01/2024

MHBG Planning Period End Date: 09/30/2025

Activity	FY 2024 Block Grant	FY 2024 <sup>1</sup> COVID Funds	FY 2024 <sup>2</sup> ARP Funds	FY 2024 <sup>3</sup> BSCA Funds	FY 2025 Block Grant	FY 2025 <sup>1</sup> COVID Funds	FY 2025 <sup>2</sup> ARP Funds	FY 2025 <sup>3</sup> BSCA Funds
1. Information Systems	\$334,300.00	\$0.00	\$199,500.00	\$0.00	\$344,613.00			
2. Infrastructure Support	\$16,806,643.00	\$24,265,829.00	\$11,279,528.00	\$1,444,441.00	\$17,213,797.00	\$6,221,685.00	\$28,184,019.00	\$2,468,969.00
3. Partnerships, community outreach, and needs assessment	\$1,129,528.00	\$0.00	\$0.00	\$500,000.00	\$562,293.00			
4. Planning Council Activities (MHBG required, SUPTRS BG optional)	\$12,000.00	\$0.00	\$0.00	\$0.00				
5. Quality Assurance and Improvement	\$3,176,817.00	\$0.00	\$450,000.00	\$0.00	\$2,717,340.00			
6. Research and Evaluation	\$921,127.00	\$0.00	\$0.00	\$0.00	\$1,595,012.00			
7. Training and Education	\$5,852,792.00	\$0.00	\$0.00	\$500,000.00	\$5,837,372.00			
8. Total	\$28,233,207.00	\$24,265,829.00	\$11,929,028.00	\$2,444,441.00	\$28,270,427.00	\$6,221,685.00	\$28,184,019.00	\$2,468,969.00

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

<sup>2</sup> The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the standard MHBG expenditures captured in Columns A - G are for the state planned expenditure period of July 1, 2024 - June 30, 2025, for most states. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

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

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### Footnotes:



## 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.

MDHHS in partnership with public and private partners is developing a crisis system for all Michiganders regardless of diagnosis and payer type. In March 2022, as a demonstration of commitment to this work, the Michigan Department of Health and Human Services created a Crisis Services Section to lead the crisis services work with the exception of some crisis services for children which will be housed under a newly created Children's Bureau. Staff from the Crisis Services Section is involved with the development of the children's crisis services to ensure alignment between all crisis services.

Michigan's crisis system is defined by provisions set forth in the state's Mental Health Code and Medicaid program. The Mental Health Code, codified in 1974, established a framework for community-based behavioral health services, including the assurance of a crisis services safety net for all Michiganders. This includes 24/7/365 crisis stabilization and response services for people experiencing acute emotional, behavioral, or social dysfunctions. Financing of these services was largely a state and/or local requirement. Medicaid has since become the predominant source of crisis services, but state/local and other federal funding plays a critical role in ensuring those without Medicaid are supported by the safety net. It is important to note that except for Medicaid, there is no specific line-item funding or prescribed crisis services supported by state/local funds (aside from the 24/7/365 requirement). Medicaid has become an even stronger payment source with Michigan's participation in the state

demonstration CCBHC pilot. Michigan is working to diversify crisis funding through partnerships with private insurance who offer a crisis benefit, Blue Cross Blue Shield in particular, with the goal of providing a crisis system for all Michiganders with sustainable, diversified funding.

To effectuate crisis services under the Mental Health Code and Medicaid requirements, MDHHS contracts with 10 Medicaid Prepaid Inpatient Health Plans (PIHPs) and 46 Community Mental Health Services Programs (CMHSPs). Because of requirements in the Michigan Mental Health code and the affiliated Administrative rules, CMHSPs are the identified crisis service provider in Michigan. PIHPs are currently responsible for Medicaid funding and oversight of the Medicaid crisis benefit in Michigan. The contracts with both PIHPs and CMHSPs, the Michigan Medicaid Provider Manual, as well as the Mental Health Code and the affiliated Administrative rules, specify standards for the crisis system.

MDHHS, in partnership with stakeholders has spent the last year and a half developing a crisis model and aligning requirements across regulatory authorities. The model aligns with SAMHSA's work and has buy-in from MDHHS' current private payer partner. This new model defines a standardized infrastructure outlining key service components and system characteristics. 988 is a statewide central access point for people who don't know where to turn for help. Local crisis hubs operated by CMHSPs will provide face to face and virtual crisis care when the person needs more support than can be offered through 988 phone text and chat. Each hub will be responsible at a minimum for providing a 24/7 alternative to going to the ER for crisis care. The crisis response will be a combination of mobile care, brick and mortar crisis facilities, and virtual crisis care. This crisis continuum must support all Michiganders regardless of diagnosis. MDHHS is in the process of updating its Medicaid requirements to align with this new model and developing a certification process to ensure provider compliance with the Medicaid requirements.

#### Access to Crisis Call Centers:

Michigan has a two-level Crisis Call Center system: a statewide crisis and access line and local Community Mental Health Crisis Lines. In early 2020 the Michigan Legislature codified PA 12 of 2020 requiring Michigan Department of Health and Human Services to stand up a statewide 24/7 behavioral health crisis and access line called Michigan Crisis and Access Line (MiCAL). The intention of this line is to ensure a clear access point for any Michigander who is in a self-defined crisis or needs help finding behavioral health care regardless of payer type or severity of need. MiCAL is based on SAMHSA's National Crisis System Guidelines and mirrors 988. MiCAL is using the 988 number. In addition to MiCAL, there are two regional centers who provide primary 988 call coverage to a total 6 of Michigan's 86 counties in the state. MiCAL provides back up call coverage in these areas. MiCAL will also provide statewide 988 chat and text instate coverage starting in FY25.

In addition to 988, MiCAL also offers two other lines: Peer Warmline and Frontline Strong. The Peer Warmline, which is operated and staffed by certified Peer Supports from 10 am to 2 am 7 days a week, answers approximately 5,000 calls a month. Frontline Strong is a crisis line specifically for First Responders and their families. It operates 24/7.

In addition to 988 crisis line coverage, each of the 46 Community Mental Health Service Providers is required to offer a 24/7 crisis line which currently minimally offers access to crisis support and preadmission screening for residents in their respective areas. MDHHS is in the process of strengthening the role of the CMHSP crisis line by requiring each CMHSP to transition their 24/7 line into a crisis hub operating with an "air traffic controller" model and dispatching face to face and virtual crisis services when the Michigander needs more support than can be offered through 988 phone text and chat. These lines also play an important role in supporting integrated crisis care for people who receive services through CMHSPs.

#### Availability of Mobile Crisis and Behavioral Health First Responder Services:

Currently there is significant variance in mobile crisis and behavioral health first responder services found across the state in terms of populations served, staffing, funding, and availability related to services hours and locations. Each of the 10 PIHP regions is required to offer through CMHSPs mobile intensive crisis stabilization services as a Medicaid EPSDT service to children and youth who have a severe emotional disturbance. The new crisis model and updated Medicaid benefit will help standardize and expand these services. For example, this benefit will be expanded to adults with Medicaid during FY 25. Michigan is also a state demonstration CCBHC state where more than 80% of Michiganders live in areas with CCBHCs. CCBHCs offer some of the most comprehensive mobile crisis services in Michigan. Although workforce shortages have a significant negative impact on the successful implementation of these services. Some organizations have had to periodically temporarily reduce or suspend some of their mobile crisis services and others have made the decision to offer minimum level required due to workforce issues.

There are currently four Michigan initiatives focused on strengthening mobile crisis services. Alignment between these initiatives is ensured through state staff joint participation on the initiatives. The Children's mobile intensive crisis stabilization services offered as a Medicaid EPSDT service are currently under revision to strengthen and standardize requirements. The MiKIDS Now initiative is offering grants to all CMHSPs to strengthen and expand their mobile crisis stabilization services. A learning community provides best practice information to grantees as well as providing an opportunity for MDHHS and the grantees to co-create a new statewide model. The Michigan Legislature also created a Diversion Fund to fund mobile crisis intervention pilots and other jail diversion work. The Diversion Fund legislation also requires MDHHS to pursue the Medicaid enhanced match for mobile crisis which will occur over the next fiscal year. The fourth initiative is the requirement for state demonstration CCBHCs' to offer mobile crisis. MDHHS is working with all CMHSPs and CCBHCs to better define the mobile crisis model and service expectations.

#### Utilization of Crisis Receiving and Stabilization Units:

Michigan is in the process of instituting crisis receiving and stabilization units as a formal component of its crisis services system. Michigan PA 402 of 2020 mandated Michigan Department of Health and Human Services to develop and institute a certification process for Crisis Stabilization Units (CSUs) which can provide voluntary or involuntary stabilization services for people suffering a behavioral health crisis for up to 72 hours. MDHHS is in the process of developing certification rules and a certification process for adults. The formal Administrative rules process is projected to start sometime in the fall of 2024. There are 12 sites that have helped developed a set of draft certification rules. These 12 sites are part of an implementation pilot where they will help develop a CSU Implementation Handbook to accompany the rules while standing up their local CSU services. Several of the sites of the sites received funding from the Michigan Legislature in FY 23 to support their projects.

Behavioral Health Urgent Cares will become an optional Medicaid benefit in 2025. Currently MDHHS requires CMHSPs to offer crisis walk-in services without a requirement for emergent or urgent prescriber access. MDHHS is hoping to encourage CMHSPs to transition these walk-in services to Behavioral Health Urgent Cares. In the fall of 2026 state demonstration CCBHCs will be required to offer behavioral health urgent cares. Most CCBHCs in Michigan are CMHSPs. All CSUs in Michigan will also offer an "urgent care" level of care as well as CSU services for people with lower acuity needs.

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

b. Briefly explain your stages of implementation selections here.

Someone to Talk to: There is currently statewide coverage for 988 calls by Michigan 988 centers. Michigan has one statewide 988 center and two regional 988 centers. MiCAL provides primary call coverage for most of the state and secondary coverage from the regional centers. Michigan has had an instate answer rate of 90% or more since December for most months. There is currently no instate coverage for 988 texts and chats. MiCAL will provide this coverage through the utilization of its own CRM, which houses key resources and coordination functionality, through an integration with Vibrant's chat and text platform. MDHHS has been working with Vibrant on the technical infrastructure to receive 988 chats and texts for the last several months. The target go live date to start in state answering will be some time in Calendar 2025. The target date is broad as the project is already several months behind due to circumstances beyond MDHHS control.

Michigan' 988 Centers have developed common operational protocols based on Vibrant's standards. They have completed protocols which focus on serving people at imminent risk and include follow up standards. They are now focused on increasing follow ups and referrals in particular for high risk individuals. Michigan is focused on ensuring strong care coordination protocols between all crisis services providers and 988. Publicly funded crisis service providers are required to coordinate care with MiCAL through MiCAL's Customer Relationship Management (CRM) platform. While care coordination protocols are in place with publicly funded crisis service providers in all parts of the state, these protocols are newly implemented and have yet to be utilized in most locations. Protocols were developed with any new CCBHCs during FY 24.

Michigan has a workgroup of 988 centers and regional PSAP representatives which has been meeting the couple of years to develop best practice guidance for coordination between Michigan PSAPs and 988 Centers. Over the last year the group has developed strong coordination protocols around callers at imminent risk. The MiCAL 911/988 Coordinator is meeting with each of Michigan's 136 PSAPs to encourage them to implement the coordination protocols. The group has not yet talked about 911 coding for calls.

Someone to Respond: In Michigan mobile crisis coverage is still in the initial implementation stage. Each of the 46 CMHSPs offers some mobile crisis coverage for children who have a severe emotional disturbance and receive Medicaid. The Medicaid benefit is expanding in January 2025 to including mobile crisis for adults and children regardless of diagnosis. Michigan's state demonstration CCBHCs are still strengthening their mobile crisis services. Workforce issues have been a major barrier.

As mentioned earlier, Michigan has four initiatives focused on strengthening mobile crisis is Michigan in terms of both quality and coverage. All of these initiatives are looking at best practice operations, funding, and staffing requirements. State staff are regularly meeting to ensure that there is alignment within these initiatives. Given the progress of the mobile crisis initiatives, MDHHS staff is now able to identify program requirements that will be used for all mobile crisis services in Michigan. The MiKids NOW initiative just issued a second wave of grants providing funding for CMHSP providers to strengthen and expand their mobile crisis services as part of the current Medicaid benefit. MDHHS has recently hired staff to start the Medicaid mobile crisis enhanced match application. MDHHS staff is also working on issuing an RFP with state funds for a mobile crisis pilot that emphasized strong partnerships with law enforcement. Pilot sites will need to be able to accept all payer types including Medicaid.

Michigan is allocating state General Funds, SAMHSA CCBHC funding, Diversion Fund pilot funding, MHBG funds, and Medicaid funds to fund these mobile crisis initiatives.

Place to go: Crisis Receiving and Stabilization Units are currently not a formal part of the crisis services continuum in Michigan. MDHHS is in the

installation stage of implementing this service. Currently in Michigan there are 130 emergency departments. There are at least 8 of them who offer a specialized behavioral health component. There is state legislation requiring the certification of CSUs by MDHHS. Michigan's CSU model provides voluntary or involuntary care for up to 72 hours. Anyone in crisis will be accepted at a CSU through 24/7 walk-in, referrals, or police drop off. MDHHS in partnership with many state level SMEs and potential CSU provider sites has spent the year developing draft CSU certification standards. These draft standards incorporated guidance from SAMHSA and are based on certification rules from other states. The standards are targeted to the start the Certification process this fall. MDHHS is also operating a pilot with 12 sites who are in various stages of CSU development, including two which are provisionally certified. The goal of the pilot is for all of these sites to be certified within the next 18 months. The pilot will also produce an Implementation Handbook to accompany the Certification rules. Several local regions have been allocated FY 23 CSU funding in the state budget. Over the next year MDHHS will work on developing a diverse funding plan for CSUs including a bundled Medicaid rate. Internal discussions have already begun.

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

Michigan Department of Health and Human Services in its' March 2022 reorganization created a Crisis Services Section which is coordinating the work of developing a crisis system for all Michiganders which is based on SAMHSA's National Crisis Services Guidelines. Staff in this section are responsible to oversee the implementation of the three key components except for mobile crisis for youth which is being implemented by the Children's. Crisis Services Section staff are closely coordinating with other state staff around these initiatives helping to ensure adherence to SAMHSA's guidelines. MDHHS staff have learning communities and workgroups focused on the development of the system overall and each service component. Michigan is participating in SAMHSA's crisis infrastructure academy focusing on developing a sustainable funding structure comprised of both public and private payers.

One of the challenges state staff face is to gather accurate real time information about crisis services currently being offered. Michigan has built in contract requirements for publicly funded crisis services providers to provide service information in its'CRM platform to help better monitor these programs. In the past couple of years MDHHS staff has met with each CMHSP, CCBHC, and PIHP to orient them and onboard them into entering crisis resource information into the CRM. Now MDHHS is refining and redefining the crisis service categories in the CRM to match its' new model and to align with proposed SAMHSA definitions. Once the CRM information is updated by crisis providers according to the new categories, MDHHS will share this crisis system information with law enforcement, the public, and other stakeholders through a website. Staff has been hired to keep both the CRM up to date and to develop the website. Work is under way right now.

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

There are two priorities for the 5% crisis services set aside this year. One priority is to develop and implement crisis training for certified Peers in Michigan so they can develop the necessary skills and competencies to fully participate in the provision of crisis stabilization services through mobile crisis and crisis stabilization units. Michigan plans to require the inclusion of certified peers as part of the staffing infrastructure for these services. Peer specific crisis training has been identified as a need by both providers and the state. Work on a curriculum for adults Peers was completed and is now in the pilot stage. FY 25 dollars will be used to modify the curriculum based on pilot results and to start offering the curriculum on a statewide basis. A contract is now in place to develop crisis specific training for parents, youth, or young adults Peers. FY 24 and FY 25 dollars will be used to develop a curriculum. MDHHS is partnering with Wayne State to develop a crisis training for degreed staff, funded by state general funds. MDHHS staff ensure coordination and identify opportunities to share modules between trainings.

The other priority will be to support CMHSPs in the roll out of Michigan's crisis model as described above. MDHHS is getting ready to issue new proposed Medicaid Provider Manual language which strengthens Michigan's crisis system, including the requirement of a crisis hub phone line staffed 24/7 by a crisis trained behavioral health professional who can provide triage and assessment. Many of Michigan's CMHSPs are state demonstration CCBHCs which provides financial support for them to meet the crisis model requirements. Funding will be distributed to providers to cover costs not covered through CCBHCs and to providers who are not CCBHCs. Priority areas within Michigan's model will be covering crisis service costs for people who are un and underinsured, especially in rural areas.

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

Challenges for Michigan are creation of a funding infrastructure which maximizes both public and private funds and implementation of services in rural areas, particularly due to workforce issues. Michigan appreciates the technical assistance offered on crisis system development through webinars and SAMHSA academies. Michigan is currently receiving TA through the SAMHSA academy.

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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](#).<sup>1</sup>

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

<sup>1</sup><https://www.samhsa.gov/grants/block-grants/resources> [samhsa.gov]

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

1. How was the Council involved in the development and review of the state plan and report? Attach supporting documentation (e.g. meeting minutes, letters of support, etc.)  
  
The Council has been consulted throughout FY24 for their ideas and provided educational briefings at regular council meetings on behavioral health and substance use disorder programs and projects to prepare them for review of the FY25 Application. Copies of the draft application were provided on August 8 for review prior to their August 23rd meeting for discussion and to obtain their approval.
2. What mechanism does the state use to plan and implement community mental health treatment, substance misuse prevention, SUD treatment, and recovery support services?  
  
These programs are part and parcel of what the BHAC discusses and provides input on. See Duties of the advisory council in answer to question #5.
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.
  1. The purpose of the Behavioral Health Advisory Council (Council) shall be to: (a) advise the Michigan Department of Health and Human Services (MDHHS) concerning proposed and adopted plans affecting both mental health and substance use disorder services provided or coordinated by the State of Michigan and the implementation thereof; and (b) engage in advocacy external to MDHHS regarding mental health and substance use disorder issues.
  2. The Council's responsibilities as defined in the applicable federal law include, but are not limited to:
    - a. Improve the behavioral health outcomes (addressing both mental health and substance use disorders) of the people of the State of Michigan receiving behavioral health services.
    - b. Assist the MDHHS in planning for community-based programs targeted to persons with behavioral health issues.
    - c. Advocate for improved services to persons with behavioral health problems.
    - d. Monitor and evaluate the implementation of the applicable federal law.
    - e. Advise the Director of MDHHS, other elements of the executive branch, the Legislature, and the general public as to service system needs for persons with behavioral health problems.

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

Technical assistance is needed to develop a handbook for advisory council members and continued help in recruiting youth.

**Footnotes:**



## Environmental Factors and Plan

### Advisory Council Members

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

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

Start Year: 2025 End Year: 2026

Name	Type of Membership*	Agency or Organization Represented	Address,Phone, and Fax	Email(if available)
Johanna Adkins	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		29175 Rosslyn Ave Garden City MI, 48135	j.adkins@arepeerservices.org
Crystal Baily	Family Members of Individuals in Recovery (to include family members of adults with SMI)		8646 Kenberton Drive Oak Park MI, 48237	crystalbailey25@gmail.com
Nicole Beagle	State Employees	State Housing Agency	735 E. Michigan, PO BOX 30044 Lansing , 48912 PH: 517-335-1852	beaglen1@michigan.gov
Mary Chaliman	State Employees	Social Servces Agency/Childrens's Services Agency	235 S. Grand Ave, Grand Tower, Suite3 514 Lansing MI, 48933 PH: 517-898-0707	chaliman2@michigan.gov
Bieda Daun	Providers		58620 Sink Rd. Dowagiac MI, 49047 PH: 269-783-6055	daun.bieda@yahoo.com
Lindsay DeCamp	State Employees	State Public Health Agency	109 W. Michigan Ave, PO BOX 30195 Lansing MI, 48913 PH: 517-304-8001	decampl@michigan.gov
Crystal Dowling	State Employees	State Vocational Rehabilitation Agency	320 S Walnut St. Lansing MI, 48933 PH: 517-449-1365	dowlingc4@michigan.gov
Kevin Fischer	Others (Advocates who are not State employees or providers)		401 S, Washington, Suite 104 Lansing MI, 48933	
Darrell Harden	State Employees	State Mental Health Agency	400 S. Pine St Lansing MI, 48933	HardenD1@michigan.gov
Marianne Huff	Others (Advocates who are not State employees or providers)		1100 W. Saginaw Hwy., suite 111-B Lansing MI, 48901 PH: 313-641-1109	mhuffmham@gmail.com
			608 W. Allegan St.,	



Michelle Hutchinson	State Employees	State Education Agency	2nd Floor Hannah Building Lansing MI, 48933 PH: 517-335-4009	hutchinsonm1@michigan.gov
Greg Johnson	State Employees	State Criminal Justice Agency	Huron Valley Correctional Facility Ypsilanti MI, 48197 PH: 734-740-9246	johnsong16@michigan.gov
Benjamin Jones	Persons in recovery from or providing treatment for or advocating for SUD services		30760 Campbell Warren MI, 40893 PH: 313-854-0054	president@ncadd-detroit.org
Leah Julian	State Employees	State Medicaid Agency	400 South Pine St. Lansing MI, 48933 PH: 517-575-8128	julianl1@michigan.gov
Arlene Kashata	Representatives from Federally Recognized Tribes		3623 Kchi Wiikwedoong Miiikan 102 Traverse City MI, 49695 PH: 231-735-0491	a_kashata@hotmail.com
Sue Manser	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		5407 Fairview Dr. Grand Blanc MI, 48439	susiemanser13@gmail.com
Maggio Mark	Persons in recovery from or providing treatment for or advocating for SUD services		1106 Ethel Ave Hancock MI, 49930 PH: 906-281-1909	markmaggio88@yahoo.com
Janelle Murray	Others (Advocates who are not State employees or providers)		1268 Gentian Dr. Grand Rapids MI, 49508 PH: 989-245-5798	jmurray@mpca.net
Ashley Nederveld	Providers		4474 2nd Street Caledonia MI, 48062 PH: 616-915-4243	ashleynederveld@yahoo.com
Paula Nelson	Persons in recovery from or providing treatment for or advocating for SUD services		400 Stoddard Rd Richmond MI, 48062 PH: 810-392-2167	pnelson@sacredheartcenter.com
Malkia Newman	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		279 Summit Drive Waterford MI, 48328 PH: 248-871-1482	mnewman@cnshealthcare.org
Jamie Pennell	Family Members of Individuals in Recovery (to include family members of adults with SMI)		4660 Cooper Rd. Leslie , 49251 PH: 517-262-2636	littlemama4772@yahoo.com
Michelle Roberts	Others (Advocates who are not State employees or providers)		4905 Legacy Parkway Lansing MI, 48911 PH: 517-487-1755	mroberts@drmich.org
Salvatore Russo	Providers		59 Mapleton Grosse Pointe Farms MI, 48236	salvatore.russo@ascension.org
Amit Sachdev	Providers		804 Service Rd., Room A-217 East Lansing MI, 48824 PH: 734-276-7727	sachcdeva@msu.edu
Kristie Schmiede	Family Members of Individuals in Recovery (to include family members of adults with SMI)		2424 Clawson Ave Royal Oak MI, 48073 PH: 810-965-2675	kristieschmeige@gmail.com

Lois Shulman	Others (Advocates who are not State employees or providers)		5532 Abington Rd. West Bloomfield MI, 48322 PH: 248-361-0219	loisshulman@comcast.net
Sally Steiner	State Employees	State Aging Agency	400 S. Pine St., 6th Floor PO BOX 30076 Lansing MI, 48933	steiners@michigan.gov
Monica Trevino	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		547 Bailey St. East Lansing MI, 48823	monica.trevino@gmail.com
Jeff Van Treese	Persons in recovery from or providing treatment for or advocating for SUD services		370 Country Club Rd, Suite 20 Holland MI, 49423 PH: 616-312-2100	jvtlaw@gmail.com
Brian Wellwood	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		520 Cherry St. Lansing MI, 48933 PH: 517-371-2221	brwellwood@ahoo.com

\*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: 2024 End Year: 2025

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)	5	
Family Members of Individuals in Recovery (to include family members of adults with SMI)	3	
Parents of children with SED	0	
Vacancies (individual & family members)	0	
Others (Advocates who are not State employees or providers)	5	
<b>Total Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services), Family Members and Others</b>	<b>13</b>	<b>50.00%</b>
State Employees	9	
Providers	4	
Vacancies	0	
<b>Total State Employees &amp; Providers</b>	<b>13</b>	<b>50.00%</b>
Individuals/Family Members from Diverse Racial and Ethnic Populations	0	
Individuals/Family Members from LGBTQI+ Populations	0	
Persons in recovery from or providing treatment for or advocating for SUD services	4	
Representatives from Federally Recognized Tribes	1	
Youth/adolescent representative (or member from an organization serving young people)	0	
<b>Total Membership (Should count all members of the council)</b>	<b>31</b>	

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#### Footnotes:

Environmental Factors and Plan

22. Public Comment on the State Plan - Required

Narrative Question

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

Please respond to the following items:

1.

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

a)

Public meetings or hearings?

☐

Yes

☒

No

b)

Posting of the plan on the web for public comment?

☒

Yes

☐

No

If yes, provide URL:

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

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

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

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

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

1. **Department of Health and Human Services Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016** 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

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

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

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

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

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

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

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

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

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

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

and HBV vaccination, substance use disorder treatment, recovery support services and medical and mental health services;

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

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**Footnotes:**

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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:**