Oklahoma
UNIFORM APPLICATION
FY 2022/2023 Combined MHBG Application
Behavioral Health Assessment and Plan
SUBSTANCE ABUSE PREVENTION AND TREATMENT
and
COMMUNITY MENTAL HEALTH SERVICES
BLOCK GRANT

OMB - Approved 03/02/2022 - Expires 03/31/2025
(generated on 08/30/2022 4.55.55 PM)

Center for Substance Abuse Prevention
Division of State Programs

Center for Substance Abuse Treatment
Division of State and Community Assistance

and

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

Plan Year
Start Year 2023
End Year 2024

State SAPT DUNS Number
Number 933662934
Expiration Date

I. State Agency to be the SAPT Grantee for the Block Grant
Agency Name Oklahoma Department of Mental Health and Substance Abuse Services
Organizational Unit Treatment and Recovery Services
Mailing Address 2000 N. Classen Blvd. Suite 600
City Oklahoma City
Zip Code 73106

II. Contact Person for the SAPT Grantee of the Block Grant
First Name Carrie
Last Name Slatton-Hodges
Agency Name Oklahoma Department of Mental Health and Substance Abuse Services
Mailing Address 2000 N. Classen Blvd. Suite 600
City Oklahoma City
Zip Code 73106
Telephone 405-248-9281
Fax
Email Address CHodges@odmhsas.org

State CMHS DUNS Number
Number 933662934
Expiration Date

I. State Agency to be the CMHS Grantee for the Block Grant
Agency Name Oklahoma Department of Mental Health and Substance Abuse Services
Organizational Unit Treatment and Recovery Services
Mailing Address 2000 N. Classen Blvd. Suite 600
City Oklahoma City
Zip Code 73106

II. Contact Person for the CMHS Grantee of the Block Grant
First Name Carrie
Last Name Slatton-Hodges
Agency Name Oklahoma Department of Mental Health and Substance Abuse Services
Mailing Address   2000 N. Classen Blvd. Suite 600
City   Oklahoma City
Zip Code   73106
Telephone   405-248-9281
Fax
Email Address   CHodges@odmhsas.org

III. Third Party Administrator of Mental Health Services
   First Name
   Last Name
   Agency Name
   Mailing Address
   City
   Zip Code
   Telephone
   Fax
   Email Address

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

V. Date Submitted
   Submission Date   8/30/2022 12:04:40 PM
   Revision Date   8/30/2022 12:04:51 PM

VI. Contact Person Responsible for Application Submission
   First Name   Stephanie
   Last Name   Gay
   Telephone   405-308-8088
   Fax
   Email Address   sgay@odmhsas.org

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

Footnotes:
# State Information

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

### Fiscal Year 2023

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

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ASSURANCES - NON-CONSTRUCTION PROGRAMS

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

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

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM’s Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.

8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.


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


14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

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

1. Certification Regarding Debarment and Suspension

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

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

2. Certification Regarding Drug-Free Workplace Requirements

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

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;

b. Establishing an ongoing drug-free awareness program to inform employees about--
   1. The dangers of drug abuse in the workplace;
   2. The grantee's policy of maintaining a drug-free workplace;
   3. Any available drug counseling, rehabilitation, and employee assistance programs; and
   4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;

d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
   1. Abide by the terms of the statement; and
   2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
   1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
   2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

3. Certifications Regarding Lobbying

Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions,"
generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING $100,000 in total costs.

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

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, “Disclosure of Lobbying Activities,” in accordance with its instructions. (If needed, Standard Form-LLL, “Disclosure of Lobbying Activities,” its instructions, and continuation sheet are included at the end of this application form.)

3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

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

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

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

5. Certification Regarding Environmental Tobacco Smoke

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

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

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

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children’s services and that all subrecipients shall certify accordingly.
The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

HHS Assurances of Compliance (HHS 690)


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: Carrie Slatton-Hodges

Signature of CEO or Designee: ________________________________

Title: Commissioner

Date Signed: ________________________________

mm/dd/yyyy

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

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

Footnotes:
July 12th, 2019

Commissioner - Oklahoma Department of
Mental Health and Substance Abuse Services
2000 N Classen Blvd.
Oklahoma City, OK 73106
Suite E600

RE: Delegation of Authority

Dear Commissioner:

This is to reaffirm that the Oklahoma Department of Mental Health and Substance Abuse Services is by statute, the State authority for mental health and substance abuse services.

I hereby delegate authority to the Commissioner of the Department as the Oklahoma Approving Authority on all grant applications and cooperative agreements developed and submitted on behalf of the Department pending the Department has received approval from the Oklahoma Secretary of Health and Mental Health. This authority includes authorization to sign funding agreements and certifications, to provide assurances of compliance, and to perform similar acts relevant to the administration of grants and cooperative agreements deemed to fulfill the mission of the Oklahoma Department Mental Health and Substance Abuse Services. This delegation of authority is effective until such as time it is rescinded.

I further certify that the responsibility for management of the grants will be vested in the Department of Mental Health and Substance Abuse Services. The Department will be responsible to the Federal government, the Legislature of the State of Oklahoma, and to this office for carrying out grant provisions.

Sincerely,

J. Kevin Stitt
Governor
# State Information

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

**Fiscal Year 2023**

U.S. Department of Health and Human Services  
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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.

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LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

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

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

2. Certification Regarding Drug-Free Workplace Requirements

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

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispersing, possession or use of a controlled substance is prohibited in the grantee's workplace 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;
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   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 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.


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)**


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: **Oklahoma**

Name of Chief Executive Officer (CEO) or Designee: **Carrie Slatton-Hodges**

Signature of CEO or Designee¹: 

Title: **Commissioner**  
Date Signed: **07/22/2022**

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

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

**Footnotes:**
State Information

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

Fiscal Year 2023

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

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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;

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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)**


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.

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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: Carrie Slatton-Hodges

Signature of CEO or Designee 1: ________________________________

Title: Commissioner

Date Signed: ________________________________

mm/dd/yyyy

If the agreement is signed by an authorized designee, a copy of the designation must be attached.

Footnotes:

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025
July 12th, 2019

Commissioner - Oklahoma Department of Mental Health and Substance Abuse Services
2000 N Classen Blvd.
Oklahoma City, OK 73106
Suite E600

RE: Delegation of Authority

Dear Commissioner:

This is to reafﬁrm that the Oklahoma Department of Mental Health and Substance Abuse Services is by statute, the State authority for mental health and substance abuse services.

I hereby delegate authority to the Commissioner of the Department as the Oklahoma Approving Authority on all grant applications and cooperative agreements developed and submitted on behalf of the Department pending the Department has received approval from the Oklahoma Secretary of Health and Mental Health. This authority includes authorization to sign funding agreements and certifications, to provide assurances of compliance, and to perform similar acts relevant to the administration of grants and cooperative agreements deemed to fulﬁll the mission of the Oklahoma Department Mental Health and Substance Abuse Services. This delegation of authority is effective until such as time it is rescinded.

I further certify that the responsibility for management of the grants will be vested in the Department of Mental Health and Substance Abuse Services. The Department will be responsible to the Federal government, the Legislature of the State of Oklahoma, and to this office for carrying out grant provisions.

Sincerely,

J. Kevin Stitt
Governor
# State Information

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

**Fiscal Year 2023**

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

## Title XIX, Part B, Subpart II of the Public Health Service Act

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## Title XIX, Part B, Subpart III of the Public Health Service Act

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ASSURANCES - NON-CONSTRUCTION PROGRAMS

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

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

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM’s Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.

8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.


10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Insurance 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 Costal 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).


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 List located on the System for Award Management (SAM) at http://sam.gov
   b. Collecting a certification statement similar to paragraph (a)
   c. Inserting a clause or condition in the covered transaction with the lower tier contract

2. Certification Regarding Drug-Free Workplace Requirements

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

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;

b. Establishing an ongoing drug-free awareness program to inform employees about--
   1. The dangers of drug abuse in the workplace;
   2. The grantee's policy of maintaining a drug-free workplace;
   3. Any available drug counseling, rehabilitation, and employee assistance programs; and
   4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;

d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
   1. Abide by the terms of the statement; and
   2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted?
   1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
   2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

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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 assigns 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: Carrie Slatton-Hodges

Signature of CEO or Designee: [Signature]

Title: Commissioner Date Signed: 07/22/2022

If the agreement is signed by an authorized designee, a copy of the designation must be attached.

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

Footnotes:
# State Information

## Disclosure of Lobbying Activities

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

**Standard Form LLL (click here)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Carrie Slatton-Hodges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Commissioner</td>
</tr>
<tr>
<td>Organization</td>
<td>Oklahoma Department of Mental Health and Substance Abuse Services</td>
</tr>
</tbody>
</table>

**Signature:**

**Date:**

---

**Footnotes:**

Not Applicable.
# Planning Tables

## Table 2 State Agency Planned Expenditures (MH)

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

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

<table>
<thead>
<tr>
<th>Activity (See instructions for using Row 1.)</th>
<th>A. Substance Abuse Block Grant</th>
<th>B. Mental Health Block Grant</th>
<th>C. Medicaid (Federal, State, and Local)</th>
<th>D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)</th>
<th>E. State Funds</th>
<th>F. Local Funds (excluding local Medicaid)</th>
<th>G. Other</th>
<th>H. COVID-19 Relief Funds (MHBG)(^a)</th>
<th>I. COVID-19 Relief Funds (SABG)</th>
<th>J. ARP Funds (MHBG)(^b)</th>
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<tbody>
<tr>
<td>1. Substance Abuse Prevention and Treatment</td>
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<td></td>
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<tr>
<td>a. Pregnant Women and Women with Dependent Children</td>
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<tr>
<td>b. All Other</td>
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<td></td>
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</tr>
<tr>
<td>2. Primary Prevention</td>
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<tr>
<td>b. Mental Health Primary Prevention(^d)</td>
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<tr>
<td>3. Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis (10 percent of total award MHBG)(^c)</td>
<td>$916,372.00</td>
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<td>$909,414.00</td>
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<td>4. Tuberculosis Services</td>
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<tr>
<td>5. Early Intervention Services for HIV</td>
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<tr>
<td>6. State Hospital</td>
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<td>7. Other 24-Hour Care</td>
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<td>8. Ambulatory/Community Non-24 Hour Care</td>
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<td>$22,093,921.00</td>
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<td>$7,275,308.00</td>
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<td>$13,351,843.00</td>
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<td>9. Administration (excluding program/provider level)(^f)</td>
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<td></td>
<td></td>
<td>$454,707.00</td>
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<tr>
<td>10. Crisis Services (5 percent set-aside)(^e)</td>
<td>$458,186.00</td>
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<td>$454,707.00</td>
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<td>$785,403.00</td>
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<td>11. Total</td>
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<td>$9,163,723.00</td>
<td>$77,961,257.00</td>
<td>$22,093,921.00</td>
<td>$294,940,770.00</td>
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<td>$0.00</td>
<td>$9,094,136.00</td>
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\(^a\) The 24-month expenditure period for the COVID-19 Relief supplemental funding is March 15, 2021 - March 14, 2023, which is different from the expenditure period for the "standard" SABG and MHBG. Per the instructions, the standard SABG expenditures are for the state planned expenditure period of July 1, 2022 – June 30, 2023, for most states.

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

\(^c\) Column 3B should include Early Serious Mental Illness programs funded through MHBG set aside.

\(^d\) While a state may use state or other funding for these services, the MHBG funds must be directed toward adults with SMI or children with SED.

\(^e\) Per statute, Administrative expenditures cannot exceed 5 percent of the fiscal year award

\(^f\) While a state may use state or other funding for these services, the MHBG funds must be directed toward adults with SMI or children with SED.

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## Footnotes:
Planning Tables

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

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

<table>
<thead>
<tr>
<th>Expenditure Category</th>
<th>FFY 2022</th>
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<th></th>
<th>FFY 2023</th>
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<th></th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>COVID-19 Award¹</td>
<td>ARP Award²</td>
<td></td>
<td>COVID-19 Award¹</td>
<td>ARP Award²</td>
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<tr>
<td></td>
<td></td>
<td>FFY 2022 SA Block Grant Award</td>
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<td>FFY 2023 SA Block Grant Award</td>
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<tr>
<td>1. Substance Use Disorder Prevention and Treatment⁵</td>
<td>$13,052,144.00</td>
<td>$12,055,657.00</td>
<td>$11,105,822.00</td>
<td>$13,052,144.00</td>
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<td>$3,480,572.00</td>
<td>$3,214,848.00</td>
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<td>$3,480,572.00</td>
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<td>3. Tuberculosis Services</td>
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<td></td>
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<tr>
<td>4. Early Intervention Services for HIV⁶</td>
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<td>5. Administration (SSA Level Only)</td>
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<td>$870,143.00</td>
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<td>6. Total</td>
<td>$17,402,859.00</td>
<td>$16,074,216.00</td>
<td>$13,882,277.00</td>
<td>$17,402,859.00</td>
<td>$11,893,179.00</td>
<td>$6,035,186.00</td>
</tr>
</tbody>
</table>

¹The 24-month expenditure period for the COVID-19 Relief Supplemental funding is March 15, 2021 - March 14, 2023. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President’s FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned COVID-19 Relief Supplemental
The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025.** Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President’s FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned ARP expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

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

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

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

3 Prevention other than Primary Prevention

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

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**Footnotes:**
### Table 5a SABG Primary Prevention Planned Expenditures

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

<table>
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<tr>
<th>Strategy</th>
<th>IOM Target</th>
<th>FFY 2022 A</th>
<th>FFY 2023 B</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SA Block Grant Award</td>
<td>COVID-19 Award</td>
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<tr>
<td>1. Information Dissemination</td>
<td>Universal</td>
<td>$238,801</td>
<td>$405,000</td>
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<tr>
<td></td>
<td>Indicated</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unspecified</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>$238,801</td>
<td>$405,000</td>
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<td>2. Education</td>
<td>Universal</td>
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<tr>
<td></td>
<td>Unspecified</td>
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</tr>
<tr>
<td></td>
<td>Total</td>
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<tr>
<td>3. Alternatives</td>
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<tr>
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<tr>
<td></td>
<td>Total</td>
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<td>$19,289</td>
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<tr>
<td>4. Problem Identification and Referral</td>
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<tr>
<td></td>
<td>Total</td>
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Printed: 8/30/2022 4:55 PM - Oklahoma - OMB No. 0930-0168  Approved: 03/02/2022  Expires: 03/31/2025
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<td>5. Community-Based Processes</td>
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<td>$1,364,899</td>
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<td>6. Environmental</td>
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<td>7. Section 1926 Tobacco</td>
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<td>$36,934</td>
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<tr>
<td>8. Other</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>Planned Primary Prevention Percentage</td>
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<td>20.00 %</td>
<td>20.00 %</td>
<td>19.15 %</td>
<td>20.00 %</td>
</tr>
</tbody>
</table>

1The 24-month expenditure period for the COVID-19 Relief Supplemental funding is March 15, 2021 - March 14, 2023. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President’s FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.
The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is September 1, 2021 - September 30, 2025. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President’s FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned ARP expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

Total SABG Award is populated from Table 4 - SABG Planned Expenditures

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

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

Footnotes:
8/30/22: Table 5a is short because there is a Planned Expenditure for Non-Direct Services/System Development activities in Table 6 under SABG Prevention in the amount of ($148,700.00). If this amount ($148,700.00) is added to Table 5a’s Total Prevention Expenditures under SA Block Grant Award ($3,331,872.00), it will equal $3,480,572.00 which is 20% of the primary prevention set-aside, which also corresponds to the total in Table 4 for SA Block Grant Award’s Primary Substance Use Disorder Prevention.
Table 5b SABG Primary Prevention Planned Expenditures by IOM Category

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

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<thead>
<tr>
<th>Activity</th>
<th>FFY 2022 SA Block Grant Award</th>
<th>FFY 2022 COVID-19 Award&lt;sup&gt;1&lt;/sup&gt;</th>
<th>FFY 2022 ARP Award&lt;sup&gt;2&lt;/sup&gt;</th>
<th>FFY 2023 SA Block Grant Award</th>
<th>FFY 2023 COVID-19 Award&lt;sup&gt;3&lt;/sup&gt;</th>
<th>FFY 2023 ARP Award&lt;sup&gt;4&lt;/sup&gt;</th>
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</thead>
<tbody>
<tr>
<td>Universal Direct</td>
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<td>Universal Indirect</td>
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<td>$17,402,859</td>
<td>$11,893,179</td>
<td>$6,035,186</td>
</tr>
<tr>
<td>Planned Primary Prevention Percentage</td>
<td>0.00 %</td>
<td>0.00 %</td>
<td>0.00 %</td>
<td>0.00 %</td>
<td>0.00 %</td>
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</tbody>
</table>

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

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

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

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

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

Footnotes:
8/15/2022 Not applicable. Completed Table 5A.
## Table 5c SABG Planned Primary Prevention Targeted Priorities - Required

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

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

<table>
<thead>
<tr>
<th>Targeted Substances</th>
<th>SABG Award</th>
<th>COVID-19 Award</th>
<th>ARP Award</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marijuana</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Prescription Drugs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cocaine</td>
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<td></td>
<td></td>
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<tr>
<td>Heroin</td>
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<td></td>
<td></td>
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<tr>
<td>Inhalants</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Methamphetamine</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Targeted Populations</th>
<th>SABG Award</th>
<th>COVID-19 Award</th>
<th>ARP Award</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students in College</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Military Families</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LGBTQ+</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Indians/Alaska Natives</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homeless</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Native Hawaiian/Other Pacific Islanders</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rural</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Underserved Racial and Ethnic Minorities</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President’s FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

2The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President’s FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned ARP expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.
## Table 6 Non-Direct-Services/System Development [SA]

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

<table>
<thead>
<tr>
<th>Expenditure Category</th>
<th>FFY 2022</th>
<th>FFY 2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. SABG Treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. SABG Prevention</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. SABG Integrated$^1$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. COVID-19$^2$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. ARP$^3$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. SABG Treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. SABG Prevention</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. SABG Integrated$^1$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. COVID-19$^4$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. ARP$^5$</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Information Systems
2. Infrastructure Support
3. Partnerships, community outreach, and needs assessment
4. Planning Council Activities (MHBG required, SABG optional)
5. Quality Assurance and Improvement
6. Research and Evaluation
7. Training and Education

<table>
<thead>
<tr>
<th></th>
<th>FFY 2022</th>
<th>FFY 2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Information Systems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Infrastructure Support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Partnerships, community outreach, and needs assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Planning Council Activities (MHBG required, SABG optional)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Quality Assurance and Improvement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Research and Evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Training and Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Total</td>
<td>$204,400.00</td>
<td>$148,700.00</td>
</tr>
</tbody>
</table>

1 Integrated refers to non-direct service/system development expenditures that support both treatment and prevention systems of care.
2 The 24-month expenditure period for the COVID-19 Relief Supplemental funding is March 15, 2021 - March 14, 2023. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President’s FY 2022 enacted budget for the FY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.
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5 The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is September 1, 2021 - September 30, 2025. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President’s FY 2022 enacted budget for the FY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned ARP expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

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

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

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

<table>
<thead>
<tr>
<th>Activity</th>
<th>FFY 2022 Block Grant</th>
<th>FFY 2022 COVID Funds</th>
<th>FFY 2022 ARP Funds</th>
<th>FFY 2023 Block Grant</th>
<th>FFY 2023 COVID Funds</th>
<th>FFY 2023 ARP Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Information Systems</td>
<td>$100,000.00</td>
<td></td>
<td></td>
<td></td>
<td>$100,000.00</td>
<td></td>
</tr>
<tr>
<td>2. Infrastructure Support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Partnerships, community outreach, and needs assessment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Planning Council Activities (MHBG required, SABG optional)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Quality Assurance and Improvement</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>6. Research and Evaluation</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>7. Training and Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$16,000.00</td>
<td>$62,500.00</td>
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<tr>
<td>8. Total</td>
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<td>$0.00</td>
<td>$0.00</td>
<td>$216,000.00</td>
<td>$62,250.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

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

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

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Footnotes:
Environmental Factors and Plan

15. Crisis Services - Required MHBG, Requested SABG

Narrative Question

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

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

- centrally deployed 24/7 mobile crisis units, short-term residential crisis stabilization beds, evidence-based protocols for delivering services to individuals with suicide risk, and regional or State-wide crisis call centers coordinating in real time.

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

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


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

The ODMHSAS is leading the state’s efforts to develop a comprehensive behavioral health crisis response system. The state’s Comprehensive Crisis Response plan describes the system of responses which ODMHSAS has rolled out over the last year and continues to expand. After an extensive planning process - which included collaboration from SAMHSA, Vibrant, 911 PSAPs, tribes, behavioral health contractors, and others - the ODMHSAS selected Solari Crisis and Human Services as the single statewide 988 call center vendor. Solari began operation in Oklahoma on July 5, 2022 and is serving as the primary answer center through the NSPL. The ODMHSAS has additionally contracted with two in-state NSPL centers to provide back up coverage to ensure that 100% of calls, texts, and chats are able to be answered in state. Additionally, while ODMHSAS has operated statewide Children’s Mobile Crisis Teams for several years, 988 dedicated and dispatchable mobile crisis teams were launched in July 2022 to respond in the community to situations which are not deescalated by the 988 call center. This dedicated network of teams provides statewide coverage 24/7 every day of the year and are demonstrating high rates of community stabilization and diversion from higher levels of care. Lastly, the network of urgent recovery and crisis centers is expanding as a result of new state appropriated investments to provide respite and observation in order to divert persons as indicated from inpatient services. Nine additional crisis and urgent recovery centers were opened in the last fiscal year, with additional community-based crisis facilities planned for this year. The launch of the call center, dedicated mobile crisis teams, and expansion of urgent recovery and crisis centers will ensure Oklahomans in crisis will always have someone to talk to, someone to respond, and somewhere to go to support their immediate 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 in place and agencies begin to put into practice the SAMHSA guidelines.

   d) Full Implementation stage: occurs once staffing is complete, services are provided, and funding streams are in place.
4. Briefly describe the proposed/planned activities utilizing the 5 percent set aside.

The ODMHSAS anticipates utilizing the 5% crisis set aside to support the expansion of community based crisis centers and urgent recovery centers. These services provide the “somewhere to go” component of the crisis continuum offering respite and an array of crisis deescalation when mobile crisis teams aren’t able to resolve the situation.

### Footnotes:

[1] Program Sustainability stage: occurs when full implementation has been achieved, and quality assurance mechanisms are in place to assess the effectiveness and quality of the crisis services.

1. **Someone to talk to: Crisis Call Capacity**
   a. Number of locally based crisis call Centers in state
      i. In the Suicide lifeline network
      ii. Not in the suicide lifeline network
   b. Number of Crisis Call Centers with follow up protocols in place
   c. Percent of 911 calls that are coded as MH related

2. **Someone to respond: Number of communities that have mobile behavioral health crisis capacity**
   a. Independent of first responder structures (police, paramedic, fire)
   b. Integrated with first responder structures (police, paramedic, fire)
   c. Number that employ peers

3. **Place to go**
   a. Number of Emergency Departments
   b. Number of Emergency Departments that operate a specialized behavior health component
   c. Number of Crisis Receiving and Stabilization Centers (short term, 23 hour units that can diagnose and stabilize individuals in crisis)

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

<table>
<thead>
<tr>
<th>Exploration Planning</th>
<th>Installation</th>
<th>Early Implementation (Available to less than 25% of people in state)</th>
<th>Middle Implementation (Available to about 50% of people in state)</th>
<th>Majority Implementation (Available to at least 75% of people in state)</th>
<th>Program Sustainment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Someone to talk to</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Someone to respond</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Place to go</td>
<td></td>
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</tr>
</tbody>
</table>

#### b. Briefly explain your stages of implementation selections here.

Someone to talk to: The ODMHSAS has begun operation of a single statewide 988 call center and two back up centers to answer all incoming 988 calls instate. Someone to respond – The ODMHSAS has developed a dedicated network of 988 dispatching mobile crisis teams. This network was started with statewide coverage of regional teams. Additional teams are planned for the first quarter of the current year. However, the ODMHSAS anticipates that there will continue to be a need for additional dedicated mobile crisis teams as the demand for 988 increases. Place to go – The ODMHSAS continues to invest in additional urgent recovery and crisis centers. Capacity grew by nine additional sites during the previous fiscal year, however the ODMHSAS will be continuing to grow capacity to ensure needs are addressed.

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

The ODMHSAS has implemented and continues to expand the entire crisis continuum model as described by the SAMHSA National Guidelines. While portions of the continuum existed previously, a priority for the state during the past year was preparing for the launch of 988 with the establishment of a 988 call center with all of the air traffic control type functions described by SAMHSA, creation of dedicated 988 mobile crisis teams, and the expansion of community-based crisis services such as urgent recovery and crisis centers. Additionally, the ODMHSAS has worked to expand access to telehealth services in the crisis continuum with a special emphasis on providing telehealth devices to all law enforcement officers which have a direct connection with local community based providers. These law enforcement devices provided real time, telehealth service connections to provide mental health consultations, assessments, and debriefing opportunities for officers themselves and the citizens with which they interact. Lastly, through legislation passed during the previous state legislative session, the ODMHSAS established a network of transportation vendors throughout the state to provide mental health transports, in lieu of law enforcement, for some individuals in need of higher levels of care.

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025
Environmental Factors and Plan

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

Narrative Question

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

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.

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

1. How was the Council involved in the development and review of the state plan and report? Please attach supporting documentation (meeting minutes, letters of support, etc.) using the upload option at the bottom of this page.
   a) What mechanism does the state use to plan and implement substance misuse prevention, SUD treatment and recovery services?
      The State Planning and Advisory Council (PAC) to the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHASAS) fully functions as an integrated body that fulfills the Council’s purposes across a broad spectrum of mental health, substance use, and prevention activities in the state. Staffs who support the Council likewise reflect representation from mental health, substance abuse disorder treatment, and prevention. The same mechanisms that have been utilized to plan and monitor mental health services are also used by the Council to provide guidance, support, and advocacy related to prevention and substance use disorder treatment. Because the Council is integrated, there is no separate SMHA advisory body.
   b) Has the Council successfully integrated substance misuse prevention and treatment or co-occurring disorder issues, concerns, and activities into its work? Yes ☑ No

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

3. Please describe the duties and responsibilities of the Council, including how it gathers meaningful input from people in recovery, families, and other important stakeholders, and how it has advocated for individuals with SMI or SED.
   The Council consists of 36 members. The Council is made up of residents of Oklahoma and includes representatives of 1) the principal State agencies involved in mental health, substance abuse and prevention and related support services; 2) public and private entities concerned with the need, planning, operation, funding and use of mental health, substance abuse and prevention services and related support activities; 3) adults with serious mental illnesses and/or addictions who are receiving (or have received) services; 4) the families of such adults; and 5) the families of children with serious emotional disturbances and/or addictions.
   Council membership includes several members who either coordinate or serve on local and statewide advocacy Councils and committees. They keep the PAC informed and engaged regarding state and local advocacy issues and initiatives.
   Please indicate areas of technical assistance needed related to this section.
   There is none needed.

Additionally, please complete the Advisory Council Members and Advisory Council Composition by Member Type forms.

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

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

Footnotes:
August 23, 2022

Formula Grants Branch
Division of Grant Management, OFR, SAMHSA
1 Choke Cherry Road, Room 7-1109
Rockville, MD 20857

To Whom It May Concern,

As Chairperson of the Planning and Advisory Council (PAC) for the Oklahoma Department of Mental Health and Substance Abuse Services, I submit this letter of support for Oklahoma’s Block Grant Mini Application for FFY2022-2023. PAC reviewed and approved the Block Grant Mini-Application at our August 18th, 2022, meeting.

As with other states, COVID-19 rendered severe consequences in many areas of Oklahoma, as well as Oklahoman lives. Despite these consequences, 57% of Oklahomans are fully vaccinated against COVID-19, leaving Oklahoma ranking 37th nationally, in persons protected from COVID-19.

Despite COVID-19 obstacles, there have been significant strides made in Oklahoma, particularly in Crisis Management and Urgent Recovery Centers. Beginning July 2022, the 988 rollouts began in our state. 988 established a call center with capabilities to de-escalate situations, provide a next day treatment appointment, or dispatch a mobile crisis team for higher risk situations. Further, the number of Urgent Recovery Centers continues to grow, increasing treatment availability for those experiencing psychiatric emergencies. ODMHSAS recently entered into third party contractual agreements to provide transportation for those who travel to an urgent recovery center or crisis unit over thirty miles away. For individuals in crisis under thirty miles, law enforcement will continue to assist with transportation. Law enforcement officers are now equipped with iPads to provide real time, telehealth service connections with mental health professionals who provide mental health consultations, assessments, as well as debriefing opportunities for officers.

Additionally, Oklahoma has intensified, strengthened and added services in the following areas: Certified Community Mental Health Centers (CCBHS’s), Medication Assisted Treatment (MAT), and Peer Recovery Support Services (PRSS). Former Oklahoma community mental health centers have adopted a newer model of treatment and are now CCBHC’s. This new model utilizes a more inclusive, integrated, and comprehensive approach to treatment, addressing the following: crisis services; screening, assessment, diagnosis; physical healthcare screening and monitoring; comprehensive integrated care planning; mental health and substance use outpatient services; targeted case management; psychiatric rehabilitation; peer and family support services; and veteran services. MAT is being introduced into county jails. The ODMHSAS PRSS program continues to grow, adding specialty trainings tracts, such crisis intervention, and services for LatinX individuals and older adults.

Despite hardships, ODMHSAS continues to progress towards the Block Grant goals and objectives, which in turn, betters Oklahoman lives.

Sincerely,

Catherine Roberson
Chair
Planning and Advisory Council to the
Oklahoma Department of Mental Health
And Substance Abuse Services
## 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

<table>
<thead>
<tr>
<th>Name</th>
<th>Type of Membership*</th>
<th>Agency or Organization Represented</th>
<th>Address,Phone, and Fax</th>
<th>Email(if available)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Janelle Bretten</td>
<td>State Employees</td>
<td>Oklahoma Office of Juvenile Affairs</td>
<td>3812 N. 36th Street Oklahoma City OK, 73118</td>
<td><a href="mailto:Janelle.Bretten@oja.ok.gov">Janelle.Bretten@oja.ok.gov</a></td>
</tr>
<tr>
<td>John Brewer</td>
<td>Family Members of Individuals in Recovery (to include family members of adults with SMI)</td>
<td>Oklahoma City OK, 73118</td>
<td></td>
<td><a href="mailto:johnb@jnbrewer.com">johnb@jnbrewer.com</a></td>
</tr>
<tr>
<td>Melinda Bunch</td>
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<td><a href="mailto:mbunch@okdrs.gov">mbunch@okdrs.gov</a></td>
</tr>
<tr>
<td>Cathy Costello</td>
<td>Family Members of Individuals in Recovery (to include family members of adults with SMI)</td>
<td>Edmond OK, 73003</td>
<td></td>
<td><a href="mailto:Momcostello@yahoo.com">Momcostello@yahoo.com</a></td>
</tr>
<tr>
<td>George Crooks</td>
<td>Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)</td>
<td>Oklahoma City OK, 73112</td>
<td></td>
<td><a href="mailto:geoman47@hotmail.com">geoman47@hotmail.com</a></td>
</tr>
<tr>
<td>Bryan Day</td>
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<td>12 &amp; 12 Inc.</td>
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<td><a href="mailto:BDay@glmhc.net">BDay@glmhc.net</a></td>
</tr>
<tr>
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</tr>
<tr>
<td>Janys Esparza</td>
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<td>Latino Community Development Agency</td>
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<td><a href="mailto:dirtx@latinoagencyokc.org">dirtx@latinoagencyokc.org</a></td>
</tr>
<tr>
<td>Bill Guy</td>
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<td></td>
<td><a href="mailto:okguyphp@gmail.com">okguyphp@gmail.com</a></td>
</tr>
<tr>
<td>Nola Harrison</td>
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<td>Oklahoma City OK, 73102</td>
<td></td>
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</tbody>
</table>

Printed: 8/30/2022 4:55 PM - Oklahoma - OMB No. 0930-0168  Approved: 03/02/2022  Expires: 03/31/2025  Page 54 of 63
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Young Onuorah  
State Employees  
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YOnuorah@odmhsas.org
<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Description</th>
<th>Address</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Karen Orsi</td>
<td>Family Members of Individuals in Recovery (to include family members of adults with SMI)</td>
<td>Edmond OK, 73103</td>
<td><a href="mailto:kareno@northcare.com">kareno@northcare.com</a></td>
</tr>
<tr>
<td>Cheryl Leann Polk</td>
<td>Family Members of Individuals in Recovery (to include family members of adults with SMI)</td>
<td>Duncan OK, 73533</td>
<td><a href="mailto:leann.polk1110112@gmail.com">leann.polk1110112@gmail.com</a></td>
</tr>
<tr>
<td>Kelli Reid</td>
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<td><a href="mailto:kreid@odmhsas.org">kreid@odmhsas.org</a></td>
</tr>
<tr>
<td>Catherine Roberson</td>
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<td>Ada OK, 74820</td>
<td><a href="mailto:Catherine.Roberson@chickasaw.net">Catherine.Roberson@chickasaw.net</a></td>
</tr>
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<td><a href="mailto:lroberts@nbn-nrc.org">lroberts@nbn-nrc.org</a></td>
</tr>
<tr>
<td>Tyler Ross</td>
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<td>Oklahoma City OK, 73112</td>
<td><a href="mailto:tyler@ocarta.org">tyler@ocarta.org</a></td>
</tr>
<tr>
<td>Lyndi Seabolt</td>
<td>Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)</td>
<td>Oklahoma City OK, 73114</td>
<td><a href="mailto:LSeabolt@spthb.org">LSeabolt@spthb.org</a></td>
</tr>
<tr>
<td>Darlene Steeves</td>
<td>State Employees</td>
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</tr>
<tr>
<td>Jeff Tallent</td>
<td>Family Members of Individuals in Recovery (to include family members of adults with SMI)</td>
<td>Edmond OK, 73013</td>
<td><a href="mailto:jefftallentz@aol.com">jefftallentz@aol.com</a></td>
</tr>
<tr>
<td>Lisa Webb</td>
<td>Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)</td>
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<td><a href="mailto:llwebb@hopecsi.org">llwebb@hopecsi.org</a></td>
</tr>
<tr>
<td>Sheamekah Williams</td>
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<td>Oklahoma Department of Mental Health and Substance Abuse Services</td>
<td><a href="mailto:sxwilliams@odmhsas.org">sxwilliams@odmhsas.org</a></td>
</tr>
</tbody>
</table>

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

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

Footnotes:
## Environmental Factors and Plan

### Advisory Council Composition by Member Type

**Start Year:** 2023  
**End Year:** 2024

<table>
<thead>
<tr>
<th>Type of Membership</th>
<th>Number</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td><strong>Total Membership</strong></td>
<td>40</td>
<td></td>
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<tr>
<td>Individuals in Recovery* (to include adults with SMI who are receiving, or have received, mental health services)</td>
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<tr>
<td>Family Members of Individuals in Recovery* (to include family members of adults with SMI)</td>
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<tr>
<td>Parents of children with SED/SUD*</td>
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<tr>
<td>Vacancies (Individuals and Family Members)</td>
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<td>Others (Advocates who are not State employees or providers)</td>
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<td></td>
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<tr>
<td><strong>Total Individuals in Recovery, Family Members &amp; Others</strong></td>
<td>22</td>
<td>55.00%</td>
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<tr>
<td>State Employees</td>
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</tr>
<tr>
<td>Providers</td>
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<td></td>
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<tr>
<td>Vacancies</td>
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<tr>
<td><strong>Total State Employees &amp; Providers</strong></td>
<td>18</td>
<td>45.00%</td>
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<td>Individuals/Family Members from Diverse Racial, Ethnic, and LGBTQ+ Populations</td>
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<tr>
<td>Providers from Diverse Racial, Ethnic, and LGBTQ+ Populations</td>
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<td></td>
</tr>
<tr>
<td><strong>Total Individuals and Providers from Diverse Racial, Ethnic, and LGBTQ+ Populations</strong></td>
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<tr>
<td>Persons in recovery from or providing treatment for or advocating for SUD services</td>
<td>0</td>
<td></td>
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<tr>
<td>Representatives from Federally Recognized Tribes</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Youth/adolescent representative (or member from an organization serving young people)</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

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

---

**Footnotes:**

The following is an email conversation between ODMHSAS and SAMHSA regarding the grid.

Hey Stephanie,
I have the answers for you. I hope this helps.

1) I noticed that the person that filled out the application last year had written in total membership as 40. 40 is the cap for our Council;
however, it is not the number of people that were in the PAC council. Should total membership reflect our cap so that you can see how many
we should have TOTAL in our PAC or should it be reflective of the actual number of people in our PAC? It should be the actual number. If
they have vacancies, it should be entered in the row for vacancies and noted in the footnote section with an estimated date of filling that
position.
2) The top two grids have a space for vacancies. They also have a space for “total”. I noticed that last time around, the person had added in
vacancies and parents into the total, even though the total only asks about individual, family and others) and had also added in vacancies to
state employees and providers. For those top two grids, should I be adding all of the categories (i.e. for top grid-individuals, family, parents,
vacancies, and others) into the grids’ corresponding total box? Vacancies shouldn’t be added.
3) In the third grid, it asks about Individuals/Family from Diverse Racial, Ethnic & LGBTQ Populations. For here, are we also asking about
these types of people (individuals) from state agencies? No. State employees shouldn’t be included in “Individuals/Families”. It refers to
Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services) and Family Members of
Individuals in Recovery (to include family members of adults with SMI).

4) Okay, last grid. ?
a. For the persons in recovery from or providing tx for or advocating for SUD services, does THIS include state agencies? No, it cannot include
state agencies, it should only include persons in recovery from SUD, treatment providers for SUD and advocates for persons in recovery from
SUD. Some of these people working for the state agencies are in recovery.
b. Also, I’m assuming that we do go ahead and add in the Individuals in recovery from the first grid and the providers from the second grid
into this section for Persons in recovery from or providing tx for or advocating for SUD services. I just want to be fully certain because the
instructions say not to use people more than once for a designation. (But, I’m thinking that the last two sections, we would use people in
more than one spot, right?) One person can only represent one category. But since SUD representation is not statutorily mandated, this is
fine. But please clarify it in footnotes.
c. Representative from a Federally Recognized Tribe-we actually have one but her designation is as a person in recovery. I’m thinking I can go
ahead and put her here. Fine. But please clarify it in footnotes.

Based on the above, for the final portion of the grid, ODMHSAS PAC has the following numbers:
Persons in recovery from SUD (6), or providing treatment for SUD (5) and advocating for SUD services (2), for a total of 13.
ODMHSAS PAC has (4) people that are from Federally Recognized Tribes. Two of the four are people in recovery, one is a provider and one is
from a state agency.

Regarding youth/adolescent representative (or member from an organization serving young people), ODMHSAS PAC has (6) organizations
that serve young people.

Two last things to clarify; for SAMHSA review, as ODMHSAS had asked these questions in the SAMHSA email referenced above. The current
total for the ODMHSAS PAC is 36. The number 40 was carried over from the application that was filled out last year. Also, the WebBGAS
system automatically adds in vacancies to the totals. ODMHSAS had asked SAMHSA, in the above referenced email, if ODMHSAS should add
vacancies in, as had been done last year. SAMHSA said to not do this so ODMHSAS is just making SAMHSA aware that the system does that.
ODMHSAS has also made WebBGAS aware, via a helpdesk ticket.

Prior to January of 2022, ODMHSAS PAC had several vacancies (18) on the PAC. Many Council members termed out in 2019 and COVID made
recruiting new members difficult. Since January of 2022, there have been fourteen PAC members added. ODMHSAS PAC is actively pursuing
potential members to fill the last four spots. There are 2 member applications pending. Because there was a significant amount of PAC
members that were from the urban areas and their closely surrounding communities, it was a focus to gather PAC members from rural and
more rural type settings, so as to ensure input was obtained from these areas of Oklahoma, as some of the difficulties that they encounter
(i.e. no public transportation) are different from those in urban areas. This area is not asked for in the grid above. However, there is
representation from rural areas as well as veteran representation, which is also not asked about. Work has been done in the area of
recruiting younger adults (18-25) as well as those from diverse racial, ethnic and LGBTQ populations. Work will continue to be done to recruit
in these areas.

Another area that was assessed as causing a barrier to having a broad range of input from the PAC members is that the ODMHSAS PAC
meetings, following the end of Oklahoma’s Governor’s state of emergency, were conducted in person. This is because the PAC meetings
were designated as “open meetings” in the PAC bylaws and, as such, had to comport with Oklahoma’s open meetings rules. (Although there
is an option for virtual meetings in Oklahoma’s open meetings regulations, the requirements for conducting virtual meetings carried with
them extensive burdens that would have been experienced by the PAC members.) Having mandatory open meetings resulted in PAC members
not feeling comfortable attending in person because of COVID, as well as people not being able to fit the meetings, along with the drive,
into their schedule. The price of gasoline also hampered PAC member’s ability to attend. Because of this, after ensuring that block grant
regulations do not require an open meeting (just an opportunity for the public to be able to give feedback), ODMHSAS is proposing a
revision to bylaws which will need to be approved by the PAC. This revision would change the designation from “public” to “open”. This
change in designation would allow the PAC to conduct virtual meetings while still allowing public comment. Initial feedback from the PAC is
favorable of this change. This matter was discussed at the August 18th PAC meeting, and it was decided that the bylaw revisions would be
voted on at the subsequent meeting in October.
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](1) ![No](0)
   b) Posting of the plan on the web for public comment?  
      ![Yes](1) ![No](0)
      If yes, provide URL:
      https://oklahoma.gov/odmhsas/about/public-information/grant-and-solicitations.html
      If yes for the previous plan year, was the final version posted for the previous year? Please provide that URL:
      https://oklahoma.gov/odmhsas/about/public-information/grant-and-solicitations.html
   c) Other (e.g. public service announcements, print media)  
      ![Yes](0) ![No](1)

Footnotes:

The application was posted on the ODMHSAS website for public comment prior to grant submission and it remains on the website to allow for public comment. Comments are recorded via web link response. There have not been any comments made on the application.
Environmental Factors and Plan

23. Syringe Services (SSP)

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

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

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

States may consider making SABG funds available to either one or more entities to establish elements of a SSP or to establish a relationship with an existing SSP. States should keep in mind the related PWID SABG authorizing legislation and implementing regulation requirements when developing its Plan, specifically, requirements to provide outreach to PWID, SUD treatment and recovery services for PWID, and to routinely collaborate with other healthcare providers, which may include HIV/STD clinics, public health providers, emergency departments, and mental health centers. 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: These documents can be found on the Hiv.gov website: https://www.hiv.gov/federal-response/policies-issues/syringe-services-programs.


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

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

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 receive SABG funds to routinely make available, directly or through other public or nonprofit private entities, tuberculosis services as described in section 1924(b)(2) of the PHS Act to each person receiving SUD treatment and recovery services.

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

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

1 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.

Footnotes:
The ODMHSAS does not have any SSP’s; however, ODMHSAS will partner with SSP’s to assist them in their harm reduction efforts by purchasing naloxone and fentanyl test strips for distribution by the SSPs to people who inject drugs (PWID). ODMHSAS will apply for Harm Reduction NFO’s as they become available to enable the purchase of naloxone and fentanyl strips.
## Environmental Factors and Plan

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

<table>
<thead>
<tr>
<th>Syringe Services Program SSP Agency Name</th>
<th>Main Address of SSP</th>
<th>Planned Dollar Amount of SABG Funds Expended for SSP</th>
<th>SUD Treatment Provider (Yes or No)</th>
<th># Of Locations (include mobile if any)</th>
<th>Narcan Provider (Yes or No)</th>
</tr>
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<tbody>
<tr>
<td>No Data Available</td>
<td></td>
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</tbody>
</table>

**Footnotes:**
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