

Oklahoma

UNIFORM APPLICATION

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

SUBSTANCE ABUSE PREVENTION AND TREATMENT

and

COMMUNITY MENTAL HEALTH SERVICES

BLOCK GRANT

OMB - Approved 06/15/2023 - Expires 06/30/2026
(generated on 09/03/2024 12.08.58 PM)

Center for Substance Abuse Prevention

Division of Primary Prevention

Center for Substance Abuse Treatment

Division of State and Community Systems (DSCS)

and

Center for Mental Health Services

Division of State and Community Systems Development

State Information

State Information

Plan Year

Start Year 2025
End Year 2026

State SUPTRS BG Unique Entity Identification

Unique Entity ID X5K6JYC467J7

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

First Name Nisha
Last Name Wilson
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 405-397-4595
Fax
Email Address GrantNotifications@odmhsas.ok.gov

State CMHS Unique Entity Identification

Unique Entity ID X5K6JYC467J7

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 Nisha
Last Name Wilson
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 4053974595
Fax
Email Address GrantNotifications@odmhsas.ok.gov

III. Third Party Administrator of Mental Health Services

Do you have a third party administrator? Yes No

First Name

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

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

From
To

V. Date Submitted

Submission Date

Revision Date 9/3/2024 12:08:27 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: 06/15/2023 Expires: 06/30/2026

Footnotes:

State Information

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

Fiscal Year 2025

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

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ASSURANCES - NON-CONSTRUCTION PROGRAMS

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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.
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10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions

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

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

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

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

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

2. Certification Regarding Drug-Free Workplace Requirements

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

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

3. Certifications Regarding Lobbying

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

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

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

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

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

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

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

5. Certification Regarding Environmental Tobacco Smoke

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

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

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

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

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

HHS Assurances of Compliance (HHS 690)

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

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

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

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

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

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

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

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

State: _____

Name of Chief Executive Officer (CEO) or Designee: _____

Signature of CEO or Designee¹: _____

Title: _____

Date Signed: _____

mm/dd/yyyy

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

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

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LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

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

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

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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,"

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

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

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

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

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

5. Certification Regarding Environmental Tobacco Smoke

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

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

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

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

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

HHS Assurances of Compliance (HHS 690)

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

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

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

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

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

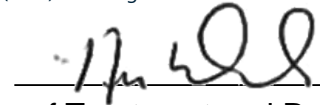
The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.

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

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

State: _____

Name of Chief Executive Officer (CEO) or Designee: Nisha Wilson

Signature of CEO or Designee¹:  _____

Deputy Commissioner of Treatment and Recovery

Title: _____ Date Signed: 8/30/2024

mm/dd/yyyy

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

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

Footnotes:



J. Kevin Stitt
Office of the Governor
State of Oklahoma

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,

A handwritten signature in black ink, appearing to read "Kevin Stitt", written over a faint, larger version of the same signature.

J. Kevin Stitt
Governor



August 9, 2024

To Whom It May Concern,

As the Commissioner of the Oklahoma Department of Mental Health and Substance Abuse Services, as of this date, I am redelegating authority, to Nisha Wilson, LPC, for all transactions required to administer the Substance Abuse and Mental Health Services Administration's (SAMHSA) Mental Health Block Grant and the SAMHSA Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant. 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 time as it is rescinded.

Sincerely,



Allie Friesen, MRC, LPC, CRC, CBIS
Commissioner



ADDRESS

2000 N Classen Blvd, Ste 2-600
Oklahoma City, OK 73106



PHONE

1 (800) 522-9054



WEBSITE

oklahoma.gov/odmhsas

State Information

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

Fiscal Year 2025

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

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

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

ASSURANCES - NON-CONSTRUCTION PROGRAMS

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

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

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

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

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

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

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

5. Certification Regarding Environmental Tobacco Smoke

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

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

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

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

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

HHS Assurances of Compliance (HHS 690)

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

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

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
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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 assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

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

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

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

Name of Chief Executive Officer (CEO) or Designee: _____

Signature of CEO or Designee¹: _____

Title: _____

Date Signed: _____

mm/dd/yyyy

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

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

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

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

Footnotes:

State Information

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

Fiscal Year 2025

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

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

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

ASSURANCES - NON-CONSTRUCTION PROGRAMS

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

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

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

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

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

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

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

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

2. Certification Regarding Drug-Free Workplace Requirements

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

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

3. Certifications Regarding Lobbying

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

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

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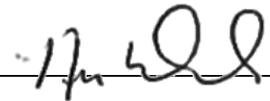
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I also certify that the state or territory will comply with the Assurances Non-Construction Programs and Certifications summarized above.

Name of Chief Executive Officer (CEO) or Designee: Nisha Wilson

Signature of CEO or Designee¹:  _____

Title Deputy Commissioner of Treatment and Recovery Date Signed: 8/30/2024
mm/dd/yyyy

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

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

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

Footnotes:



J. Kevin Stitt
Office of the Governor
State of Oklahoma

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,

A handwritten signature in black ink, appearing to read "Kevin Stitt".

J. Kevin Stitt
Governor



August 9, 2024

To Whom It May Concern,

As the Commissioner of the Oklahoma Department of Mental Health and Substance Abuse Services, as of this date, I am re delegating authority, to Nisha Wilson, LPC, for all transactions required to administer the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Mental Health Block Grant and the SAMHSA Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant. 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 time as it is rescinded.

Sincerely,



Allie Friesen, MRC, LPC, CRC, CBIS
Commissioner



ADDRESS

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Oklahoma Department of Mental Health and Substance Abuse Services

BSCA Funding Plan 2025

Introduction. The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) will utilize the Bipartisan Safer Communities funds to enhance and expand crisis intervention services through support for schools developing crisis protocols, training and technical assistance for staff working in crisis services and implementing a youth council for feedback on crisis services and policies.

Background. The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) collaborates with behavioral health providers, child-serving agencies, and family organization partners across the state in providing services to children, youth, and young adults experiencing serious emotional disturbance. ODMHSAS supports, maintains, and grows Oklahoma Systems of Care (OKSOC) by providing leadership, vision, infrastructure, resources, accountability, workforce development, and technical assistance. All state behavioral health services for children, youth, and young adults are under the Oklahoma Systems of Care umbrella. ODMHSAS and its partners have expanded OKSOC services across the state through: Substance Abuse and Mental Health Services Administration (SAMHSA) grant funding, Medicaid, and ODMHSAS funding to offer comprehensive services and supports to Oklahoma's children and families. Oklahoma has been working toward one of the most dramatic and positive transformations in state history with the culmination of recent Medicaid expansion, the largest ever legislative investment in the youth crisis system infrastructure, federal block grant investments, and the recent launch of 988 as the national behavioral health crisis helpline. All of which have supported the implementation of the Oklahoma Comprehensive Crisis Continuum (OCCC).

The Oklahoma Comprehensive Crisis Continuum (OCCC) is a behavioral health crisis continuum of care, serving individuals in the least restrictive means possible: prioritizing community-based diversion approaches to prevent the need for higher levels of care and to avoid unnecessary law enforcement and criminal justice involvement. The OCCC is comprised of three primary pillars and supporting services that work together to address the individual needs of Oklahomans: a 988 Call Center, Youth Mobile Response and Stabilization, and Urgent Recovery and Crisis Centers.

To support all levels of integrated community-based care, Oklahoma now has Certified Community Behavioral Health Clinics (CCBHCs) in every county in the state. Oklahoma was an original CCBHC demonstration site and has continued to garner national attention for proven success in the model with reductions in emergency room visits, diversion from higher levels of care, and increased rates of integrated care.

Among the current Community Mental Health Centers (CMHCs) that have transitioned to CCBHCs are all four of the state-operated centers. These CCBHCs operate as the state's safety net of behavioral health care across 32 of the state's 77 counties, serving thousands of

Oklahomans in crisis, outpatient, inpatient, and residential settings. The transformation of all 77 counties transitioning to CCBHCs has been a heavy lift to employ many more behavioral health staff, change the way of business – including shifts to team-based care, and changing the culture of services to widen the access for all individuals in a community.

ODMHSAS has long been a leader in prioritizing youth mental health by developing a comprehensive crisis continuum that incorporates evidence-based models of treatment. The state recognizes the critical need for early intervention and effective care to address mental health challenges among its youth population, particularly those experiencing crises. To this end, Oklahoma has implemented a multi-tiered approach that emphasizes immediate crisis intervention, and ongoing support, ensuring that young people receive timely and appropriate care.

Description. ODMHSAS will enhance and expand crisis intervention services through support for schools developing crisis protocols, training and technical assistance for staff working in crisis services and implementing a youth council for feedback on crisis services and policies from those who are receiving the services.

Project Plan. Oklahoma can significantly enhance its youth crisis continuum by strategically investing in workforce training, technical assistance, and the inclusion of youth voices in the development and implementation of crisis protocols. By focusing on these areas, the state can create a more responsive, effective, and youth-centered mental health system.

1. **Workforce Training in the Crisis Prevention Institute (CPI) Model:** The Crisis Prevention Institute (CPI) model emphasizes de-escalation techniques and non-violent crisis intervention, which are essential for professionals working with youth in crisis. Oklahoma can enhance its crisis continuum by offering comprehensive CPI training to mobile response and stabilization responders, those working in Urgent Recovery Centers and Crisis Stabilization units. This training can equip them with the skills to manage and de-escalate crises in a safe, respectful, and effective manner, reducing the need for more restrictive interventions and improving outcomes for youth in distress.
2. **DBT Training for Professionals Working with Suicidal Youth:** Dialectical Behavior Therapy (DBT) is highly effective in treating suicidal people, providing them with tools to manage their emotions and reduce self-harm behaviors. Oklahoma can enhance its continuum by expanding DBT training for clinicians, care coordinators, congregate care setting staff and those working in crisis care settings. By increasing the availability of DBT-trained professionals, the state can ensure that suicidal people receive evidence-based care that is both timely and tailored to their specific needs. This training will also include ongoing supervision and support to help professionals maintain fidelity to the DBT model and ensure its effectiveness in various settings.
3. **Technical Assistance for School Districts under HB 4106:** House Bill 4106 mandates the development of crisis protocols with their local CCBHC and other mental health partners in school districts across Oklahoma. The state can enhance its crisis continuum

by providing targeted technical assistance to school districts as they develop and implement these protocols. This could include offering workshops, resources, and expert consultation to help districts and CCBHCs create comprehensive crisis plans that align with state guidelines and best practices. By ensuring that every school has a robust crisis response plan that includes working with the current crisis continuum services our state has implemented (988, mobile response and stabilization, family model URC's and crisis units), Oklahoma can better prepare educators and staff to identify, intervene, and support students in crisis, ultimately creating safer and more supportive school environments.

4. **Establishing a Youth Council with Lived Experience:** Integrating the voices of youth with lived experience into the development and enhancement of the crisis continuum is crucial. Oklahoma will establish a Youth Council that includes young people who have navigated mental health challenges and crises. This council will provide valuable insights into the effectiveness of current services, identify gaps in care, and suggest improvements based on their experiences. By actively involving youth in the decision-making process, the state can ensure that its crisis continuum is responsive to the actual needs and preferences of the young people it serves. This approach not only empowers youth but also leads to more relevant and effective crisis interventions. The structure of this council will also ensure that youth from our state partner agency systems such as juvenile and child welfare are represented with youth in their system who have experienced mental health crisis. This council will report to Oklahoma Commission on Children and Youth (OCCY) which includes representatives from other state partners including education, juvenile justice, child welfare and mental health. The state plans to sustain this council through proposed legislation, state appropriated funds and/or braided funding from the other state child serving agencies.

We plan to house this youth council through the Oklahoma Commission on Children and Youth. The Oklahoma Commission on Children and Youth (OCCY) is a state agency dedicated to improving the well-being of children and youth across Oklahoma. Established in 1982, OCCY serves as an advocate for children and families, working to ensure that the state's policies, programs, and services effectively meet the needs of its youngest citizens. The commission operates with a focus on collaboration, bringing together various stakeholders, including state agencies, service providers, and community organizations, to develop and implement strategies that promote the health, safety, and overall well-being of children.

OCCY is tasked with several key responsibilities, including the coordination of services for children, monitoring the quality and effectiveness of programs, and conducting research to inform policy decisions. One of its primary functions is to oversee the implementation of the Oklahoma Partnership for School Readiness and the Office of Juvenile System Oversight, which ensures that the state's juvenile justice system operates fairly and effectively. Additionally, OCCY provides training and technical assistance to professionals working with children and youth, helping to ensure that they have the skills and knowledge necessary to support positive outcomes for young people.

The commission also places a strong emphasis on addressing the needs of vulnerable populations, such as children in foster care, those involved in the juvenile justice system, and those at risk of abuse or neglect. Through its various initiatives, OCCY works to identify gaps in services, advocate for necessary reforms, and promote best practices that enhance the quality of care and support available to children and families throughout Oklahoma.

By focusing on these areas, Oklahoma can build a more robust, youth-centered crisis continuum that effectively addresses the mental health needs of its young population, ultimately leading to better outcomes and a healthier future for its youth.

Justification. Oklahoma's Youth Mental Health Crisis Continuum lies in the urgent and growing need to address the mental health challenges faced by the state's youth population. Mental health crises among young people have become increasingly prevalent, with rising rates of depression, anxiety, self-harm, and suicide. The continuum, designed to provide a seamless and coordinated response to these crises, is essential in ensuring that youth receive timely, effective, and evidence-based care that can prevent escalation and promote long-term recovery.

Project	Cost	Cost
Train the Trainer CPI	\$135,142.35	\$135,142.35
Crisis Technical Assistance Team for school districts – 2 positions	\$160,000	\$160,000
Youth Council	Youth participation reimbursement – 20 youth \$120,000 Youth Council Manager \$80,000	\$200,000
DBT training and ongoing consultation for implementation	\$99,051	\$99,051
eSMI (10%)		\$69,905.10
Crisis (5%)		\$34,952.55
	Total	\$699,051.00

State Information

Disclosure of Lobbying Activities

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

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

Name

Nisha Wilson, LPC

Title

Deputy Commissioner of Treatment & Recovery

Organization

Oklahoma Department of Mental Health and Substance Abuse Services

Signature:

Date:

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

Footnotes:

Not Applicable.

Planning Tables

Table 2 State Agency Planned Expenditures [MH]

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

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

Activity (See instructions for using Row 1.)	Source of Funds										
	A. SUPTRS BG	B. Mental Health Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other	H. COVID-19 Relief Funds (MHBG) ^a	I. COVID-19 Relief Funds (SUPTRS) ^a	J. ARP Funds (MHBG) ^b	K. BSCA Funds (MHBG) ^c
1. Substance Use Prevention and Treatment											
a. Pregnant Women and Women with Dependent Children											
b. Recovery Support Services											
c. All Other											
2. Primary Prevention											
a. Substance Use Primary Prevention											
b. Mental Health Prevention ^{dd}									\$0.00	\$0.00	
3. Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis (10 percent of total award MHBG) ^{ee}		\$1,078,453.00								\$718,153.00	\$208,313.00
4. Other Psychiatric Inpatient Care											
5. Tuberculosis Services											
6. Early Intervention Services for HIV											
7. State Hospital											
8. Other 24-Hour Care											
9. Ambulatory/Community Non-24 Hour Care		\$8,627,621.00	\$136,517,416.00	\$17,340,191.00	\$350,853,211.00		\$586,505.00		\$5,745,222.00	\$1,770,661.00	
10. Crisis Services (5 percent set-aside) ^{ff}		\$539,226.00					\$32,584.00		\$359,076.00	\$104,157.00	
11. Administration (excluding program/provider level) MHBG and SUPTRS BG must be reported separately ^{ff}		\$539,226.00					\$32,584.00		\$359,076.00	\$0.00	
12. Total	\$0.00	\$10,784,526.00	\$136,517,416.00	\$17,340,191.00	\$350,853,211.00	\$0.00	\$0.00	\$651,673.00	\$0.00	\$7,181,527.00	\$2,083,131.00

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

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

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

^dWhile the state may use state or other funding for prevention services, the MHBG funds must be directed toward adults with SMI or children with SED.

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

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

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

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Footnotes:

The remaining CRSSA funds will be used for respite units and crisis centers. CRSSA funds, in the amount of \$9,094,136.00 have been received. The planned use for remaining ARP funds are for crisis services, housing subsidy and for treatment and diversion support. ARP funds, in the amount of \$15,708,052.00 have been received. The first BSCA's planned use is for training and staffing respite units. The second BSCA's planned use is for staffing respite units. The third BSCA will be used for trainings, assisting schools with developing crisis protocols and with developing a youth council who will give input on policy and procedures for all levels of treatment. This youth council's input will be received by a multidisciplinary body that can then make needed changes. The total of the three disbursements of BSCA funds, in the amount of \$2,083,131.00 have been received.

Planning Tables

Table 4 - SUPTRS BG Planned Expenditures

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

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

Expenditure Category	FFY 2024			FFY 2025		
	FFY 2024 SUPTRS BG Award	COVID-19 Award ¹	ARP Award ²	FFY 2025 SUPTRS BG Award	COVID-19 Award ¹	ARP Award ²
1 . Substance Use Disorder Prevention and Treatment ⁵	\$13,916,423.00		\$4,046,132.00	\$13,936,778.00	\$0.00	\$4,046,132.00
2 . Substance Use Primary Prevention	\$3,825,968.00		\$1,078,969.00	\$3,825,968.00	\$0.00	\$1,078,969.00
3 . Tuberculosis Services				\$0.00	\$0.00	\$0.00
4 . Early Intervention Services for HIV ⁶				\$0.00	\$0.00	\$0.00
5 . Recovery Support Services ⁷	\$430,955.00			\$410,600.00	\$0.00	\$0.00
6 . Administration (SSA Level Only)	\$956,492.00		\$269,742.00	\$956,492.00	\$0.00	\$269,742.00
7. Total	\$19,129,838.00	\$0.00	\$5,394,843.00	\$19,129,838.00	\$0.00	\$5,394,843.00

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

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

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

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

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

⁵Prevention other than Primary Prevention

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

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

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Footnotes:

OK is not an HIV state. OK Tuberculosis service activities are funded through arrangements with other public or nonprofit private entities.

Planning Tables

Table 5a SUPTRS BG Primary Prevention Planned Expenditures

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

Strategy	A		B			B		
	IOM Target	FFY 2024			FFY 2025			
		SUPTRS BG Award	COVID-19 Award ¹	ARP Award ²	SUPTRS BG Award	COVID-19 Award ⁴	ARP Award ⁵	
1. Information Dissemination	Universal	\$890,600		\$165,475	\$890,600		\$165,475	
	Selected							
	Indicated							
	Unspecified							
	Total	\$890,600	\$0	\$165,475	\$890,600	\$0	\$165,475	
2. Education	Universal	\$323,113		\$380,804	\$323,113		\$380,804	
	Selected							
	Indicated							
	Unspecified							
	Total	\$323,113	\$0	\$380,804	\$323,113	\$0	\$380,804	
3. Alternatives	Universal	\$18,823		\$5,508	\$18,823		\$5,508	
	Selected							
	Indicated							
	Unspecified							
	Total	\$18,823	\$0	\$5,508	\$18,823	\$0	\$5,508	
4. Problem Identification and Referral	Universal	\$0			\$0		\$0	
	Selected							
	Indicated							
	Unspecified							
	Total	\$0	\$0	\$0	\$0	\$0	\$0	

5. Community-Based Processes	Universal	\$890,599		\$165,475	\$890,599		\$165,475
	Selected						
	Indicated						
	Unspecified						
	Total	\$890,599	\$0	\$165,475	\$890,599	\$0	\$165,475
6. Environmental	Universal	\$1,355,971		\$361,707	\$1,355,971		\$361,707
	Selected						
	Indicated						
	Unspecified						
	Total	\$1,355,971	\$0	\$361,707	\$1,355,971	\$0	\$361,707
7. Section 1926 (Synar)-Tobacco	Universal	\$130,163		\$0	\$130,163		\$0
	Selected						
	Indicated						
	Unspecified						
	Total	\$130,163	\$0	\$0	\$130,163	\$0	\$0
8. Other	Universal	\$0					
	Selected						
	Indicated						
	Unspecified				\$0		\$0
	Total	\$0	\$0	\$0	\$0	\$0	\$0
Total Prevention Expenditures		\$3,609,269		\$1,078,969	\$3,609,269	\$0	\$1,078,969
Total SUPTRS BG Award³		\$19,129,838		\$5,394,843	\$19,129,838	\$0	\$5,394,843
Planned Primary Prevention Percentage		18.87%		20.00%	18.87%		20.00%

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

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

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

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

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

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Footnotes:

The Prevention total is \$3,825,968.00. However, after subtracting the \$216,699.00 allocated on Table 6 for Prevention, the total is now \$3,609,269.00. The Table 5a instructions state to not add the indirect amount into Table 5a.

Planning Tables

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

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

Activity	FFY 2024 SUPTRS BG Award	FFY 2024 COVID-19 Award ¹	FFY 2024 ARP Award ²	FFY 2025 SUPTRS BG Award	FFY 2025 COVID-19 Award ³	FFY 2025 ARP Award ⁴
Universal Direct						
Universal Indirect						
Selected						
Indicated						
Column Total				\$0	\$0	\$0
Total SUPTRS BG Award⁵	\$19,129,838		\$5,394,843	\$19,129,838	\$0	\$5,394,843
Planned Primary Prevention Percentage	0.00%		0.00%	0.00%		0.00%

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

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

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

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

⁵Total SUPTRS BG Award is populated from Table 4 - SUPTRS BG Planned Expenditures

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Footnotes:

Not applicable. Completed in Table 5a.

Planning Tables

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

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

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

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



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

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

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Footnotes:

Planning Tables

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

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

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

Expenditure Category	FFY 2024					FFY 2025				
	A. SUPTRS BG Treatment	B. SUPTRS BG Prevention	C. SUPTRS BG Integrated ¹	D. COVID-19 ²	E. ARP ³	A. SUPTRS BG Treatment	B. SUPTRS BG Prevention	C. SUPTRS BG Integrated ¹	D. COVID-19 ⁴	E. ARP ⁵
1. Information Systems										
2. Infrastructure Support										
3. Partnerships, community outreach, and needs assessment										
4. Planning Council Activities (MHBG required, SUPTRS BG optional)										
5. Quality Assurance and Improvement										
6. Research and Evaluation										
7. Training and Education	\$199,901.00	\$216,699.00			\$25,000.00	\$238,450.00	\$216,699.00	\$0.00	\$0.00	\$24,950.00
8. Total	\$199,901.00	\$216,699.00	\$0.00	\$0.00	\$25,000.00	\$238,450.00	\$216,699.00	\$0.00	\$0.00	\$24,950.00

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

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

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

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

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

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Footnotes:

The Prevention amount on Table 5a is \$3,825,968.00. However, there are indirect costs (reflected on Table 6) of \$216,699.00. The instructions

on Table 5a state that we are not to add the indirect amount into Table 5a. Because of this, on Table 5a, the indirect amount (\$216,699.00) has been subtracted from what WOULD BE the Prevention amount (\$3,825,968.00). This leaves the Prevention amount (for Table 5a) as \$3,609,269.00. When WebBGAS calculates how much of a percentage this amount (on Table 5a is), it shows that the Prevention set aside is 18.87%. It shows the 18.87% because that number DOES NOT have the indirect costs calculated into it.

Planning Tables

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

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

MHBG Planning Period Start Date: 07/01/2024

MHBG Planning Period End Date: 06/30/2025

Activity	FY 2024 Block Grant	FY 2024 ¹ COVID Funds	FY 2024 ² ARP Funds	FY 2024 ³ BSCA Funds	FY 2025 Block Grant	FY 2025 ¹ COVID Funds	FY 2025 ² ARP Funds	FY 2025 ³ BSCA Funds
1. Information Systems								
2. Infrastructure Support								
3. Partnerships, community outreach, and needs assessment								
4. Planning Council Activities (MHBG required, SUPTRS BG optional)								
5. Quality Assurance and Improvement								
6. Research and Evaluation								
7. Training and Education	\$75,000.00	\$66,750.00	\$20,000.00		\$75,000.00	\$66,750.00	\$20,000.00	\$0.00
8. Total	\$75,000.00	\$66,750.00	\$20,000.00	\$0.00	\$75,000.00	\$66,750.00	\$20,000.00	\$0.00

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

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

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

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Footnotes:

Environmental Factors and Plan

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

Narrative Question

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

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

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

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

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

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

SAMHSA developed [Crisis Services: Meeting Needs, Saving Lives](#), which includes "[National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit](#)" as well as an [Advisory: Peer Support Services in Crisis Care](#) and other related National Association of State Mental Health Programs Directors (NASMHPD) papers on crisis services. SAMHSA also developed "[National Guidelines for Child and Youth Behavioral Health Crisis Care](#)" which offers best practices, implementation strategies, and practical guidance for the design and development of services that meet the needs of children, youth and their families experiencing a behavioral health crisis. Please note that this set aside funding is dedicated for the core set of crisis services as directed by Congress. Nothing precludes states from utilizing more than 5 percent of its MHBG funds for crisis services for individuals with serious mental illness or children with serious emotional disturbances. If states have other investments for crisis services, they are encouraged to coordinate those programs with programs supported by this new 5 percent set aside. This coordination will help ensure services for individuals are swiftly identified and are engaged in the core crisis care elements.

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

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 several years and continues to expand. After an extensive planning process - which included collaboration from SAMHSA, Vibrant, 911 PSAPs, first responders, 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 backup coverage with the goal of 100% of calls, texts, and chats able to be answered in state. As an additional resource, ODMHSAS uses Heartline, one of the in-state back-up centers as a warmline for Solari to warm transfer to when appropriate.

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 they are demonstrating high rates of community stabilization and diversion from higher levels of care. ODMHSAS is consistently reviewing data and expanding statewide mobile crisis team coverage as necessary.

Lastly, the network of urgent recovery clinics (URCs), crisis stabilization units (CSUs), and the combination of the two, called Community Based Structured Crisis Centers (CBSCCs) are expanding because of new state appropriated investments to provide respite and observation in order to divert persons as indicated from inpatient services. For adults, the ODMHSAS funds thirteen CBSCCs and one stand-alone CSU. For youth and adolescents, the ODMHSAS funds 2 stand-alone CSUs, 3 stand-alone URCs and one CBSCC. The ODMHSAS funds eight adult URCs and 2 URCs capable of serving adults and adolescents. ODMHSAS is in the process of expanding URCs, CSUs, and CBSCCs within the next 12 months and beyond. Additionally, ODMHSAS passed new CCBHC state rules which required the establishment of 24/7 outpatient, urgent recovery clinic, or CSU capable of 24/7 assessment in all counties within a catchment area with a population of 20,000, and each adjacent county for every county under the 20,000 population threshold, within three years of initial CCBHC certification or by July 1, 2024, whichever is later.

The launch of the call center, dedicated mobile crisis teams, and expansion of urgent recovery clinics, crisis stabilization units, and community based structured crisis centers will support 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 implemented and agencies begin to put into practice the SAMHSA guidelines.
- d) **Full Implementation** stage: occurs once staffing is complete, services are provided, and funding streams are in place.
- e) **Program Sustainability** stage: occurs when full implementation has been achieved, and quality assurance mechanisms are in place to assess the effectiveness and quality of the crisis services.

Other program implementation data that characterizes crisis services system development.

1. Someone to talk to: Crisis Call Capacity
 - a. Number of locally based crisis call Centers in state
 - i. In the 988 Suicide and Crisis lifeline network
 - ii. Not in the suicide lifeline network
 - b. Number of Crisis Call Centers with follow up protocols in place
 - c. Percent of 911 calls that are coded as BH related
2. Someone to respond: Number of communities that have mobile behavioral health crisis mobile capacity (in comparison to the total number of communities)
 - a. Independent of first responder structures (police, paramedic, fire)
 - b. Integrated with first responder structures (police, paramedic, fire)
 - c. Number that employs peers
3. Safe place to go or to be:
 - a. Number of Emergency Departments
 - b. Number of Emergency Departments that operate a specialized behavioral health component
 - c. Number of Crisis Receiving and Stabilization Centers (short term, 23-hour units that can diagnose and stabilize individuals in crisis)

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

	Exploration Planning	Installation	Early Implementation Less than 25% of counties	Partial Implementation About 50% of counties	Majority Implementation At least 75% of counties	Program Sustainment
Someone to talk to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Someone to respond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Safe place to go or to be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

b. Briefly explain your stages of implementation selections here.

Someone to talk to- The ODMHSAS has in operation, a single statewide 988 call center and two back up centers to answer all incoming 988 calls in state. Regarding the number of locally based crisis call centers in the state-each CCBHC is required to operate a crisis line. Currently there are 13 CCBHC entities. Solari operates the 988 primary contact center and Heartline and Family and Children's Operate the backup. Family and Children's is a CCBHC so we will not count them twice. Currently there are 15 total crisis lines call centers with protocols in place. In the 988 Suicide and Crisis lifeline network, there are 3: Solari (primary,) Heartline (backup), Family and Children's (backup). There are 12 (see above response) that are not in the suicide lifeline network.

Someone to respond – The ODMHSAS has developed a dedicated network of 988 dispatching mobile crisis teams in addition to statewide CCBHC

coverage which provides for additional mobile crisis coverage. ODMHSAS is continually reviewing data to determine any additional mobile crisis coverage needs. Currently we have teams that respond to all communities independent of first responder structures, but have the ability to co-respond if requested or appropriate/needed. All mobile crisis teams, across the state, employ peers.

Place to go – The ODMHSAS continues to invest in additional urgent recovery clinics, crisis stabilization units and community based structured crisis centers. Capacity grew by additional sites during the previous fiscal year, however the ODMHSAS will be continuing to grow capacity to ensure needs are addressed. This sustained growth is supported by a new administrative rule for CCBHCs which requires additional facility-based 24/7 operations. There are 27 crisis receiving and stabilization units (short term, 23 hour units that can diagnose and stabilize individuals in crisis).

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 2 years was 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 clinics, crisis stabilization units and community based structured 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 sessions, 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.

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, urgent recovery clinics and mobile crisis teams. With the expansion of 911 diversion the "someone to respond" and "somewhere to go" will be more and more critical.

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

None needed.

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Footnotes:

Environmental Factors and Plan

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

Narrative Question

Each state is required to establish and maintain a state Mental Health Planning/Advisory Council to carry out the statutory functions as described in 42 U.S. C. 300x-3 for adults with SMI and children with SED. To meet the needs of states that are integrating services supported by MHBG and SUPTRS BG, SAMHSA is recommending that states expand their Mental Health Advisory Council to include substance misuse prevention, SUD treatment, and recovery representation, referred to here as an Advisory/Planning Council (PC). SAMHSA encourages states to expand their required Council's comprehensive approach by designing and implementing regularly scheduled collaborations with an existing substance misuse prevention, SUD treatment, and recovery advisory council to ensure that the council reviews issues and services for persons with, or at risk, for substance misuse and SUDs. To assist with implementing a PC, SAMHSA has created [Best Practices for State Behavioral Health Planning Councils: The Road to Planning Council Integration](#).¹

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

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

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

- How was the Council involved in the development and review of the state plan and report? Attach supporting documentation (e.g. meeting minutes, letters of support, etc.)
 - Prior to the meeting, the performance indicators are sent to them, prior to the meeting, so that they have time to review, think about and formulate any questions. During the meeting, the Council reviews and gives feedback on the block grant's performance indicators during meetings. Examples of this feedback are asking about and getting answers to the following: where these activities are taking place, what programs are involved with the measures, how items are measured. Constructive critique is also offered by the PAC members regarding all of the areas already mentioned as well as suggesting new items to be measured. All of this feedback guides the modification of current indicators and development of new ones. The Council is also sent the application materials and reports prior to the meetings. Then during the meetings, the Council asks questions about and gives feedback on those items.

In addition to the above, the Council is able to access the application materials and block grant reports on the ODMHSAS website, at any time, and give any feedback that they would like. All feedback is taken into consideration with application development as well as block grant reporting.
- What mechanism does the state use to plan and implement community mental health treatment, substance misuse prevention, SUD treatment, and recovery support services?
 - The State Planning and Advisory Council (PAC) to the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) 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. ODMHSAS utilizes data reporting, input from stakeholders, collaboration, and regular monitoring to develop, implement, and carry out services. The Council utilizes similar mechanisms, such as data reporting, input from stakeholders, and collaborations to provide guidance, support, and advocacy related to prevention and substance use disorder treatment. Because the Council is integrated, there is no SMHA advisory body.
- Has the Council successfully integrated substance misuse prevention and SUD treatment and recovery or co-occurring disorder issues, concerns, and activities into its work? Yes No
- 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
- 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 35 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.

The purposes of the Council are to review plans, including the Federal Mental Health and Substance Abuse Services Block Grant Plan(s), provided to the Council and to submit to the State any recommendations of the Council for modification(s) to the plan(s); serve as an advocate in promoting quality of life for all adults with serious mental illness and/or addictions, children with a severe emotional disturbance and their families, and other individuals with mental illness, emotional issues and/or addictions; serve as an advocate for promotion of prevention of these disorders; monitor, review and evaluate not less than once each year, the allocation and adequacy of mental health, substance abuse and prevention services within the State; and, exchange information and develop, evaluate and communicate ideas about mental health, substance abuse and prevention planning and services.

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. We have provided an advocacy training for our PAC members so that they would understand how to effectively advocate with legislators about mental health and substance use issues. All of our PAC members are provided with up to date information (both legislative, current events and programs) that enable them to effectively and accurately advocate either on a personal level or professionally.

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

Technical assistance is not needed at this time.

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Footnotes:

Meeting Minutes
State Planning and Advisory Council to the ODMHSAS
2000 N. Classen Blvd, Suite E600
Thursday, August 17, 2023 10:00 a.m. to 12:00 p.m.
<https://zoom.us/j/95090546802>

Members Present:

Jeff Tallent	Dustin Huckabe	Andrea Michaels
Cindy Hickl	Darlene Steeves	Janelle Bretten
Janyes Esparza	Jeff Dismukes	Josh Cantwell
Kelli Litsch	Kelly Willingham	Leann Polk
Lindsey Roberts	Lyndi Seabolt	Meadow Hazelhoff
Melinda Bunch	Staci Kirby	Young Onuorah

Members Absent:

Eddie Nayfa	Alesha Lily	Janna Morgan
Jeni Dolan	Karen Hall	Kelli Reid
Lisa Webb	Louann Wiseman	Mary Ann Dimery
Nola Harrison	Raymond LeMay	Rose Horsechief
Sara Rachel Smith	Stephanie Morcom	Tyler Ross

Guest/Public:

Stephanie Gay	Jeanette Cosby	Tracy Leeper
Karen Orsi	Rachel LeMay	Penny Sanders

- **Call to Order and Recording of Members Present and Absent** Jeff Tallent
- **Welcome Remarks and Introduction of Attendees** Jeff Tallent
- **Approval of Minutes for the June 15th Regular Council Meeting** Jeff Tallent
 Jeff Tallent asked if there were any that would abstain or would vote to not pass. Staci Kirby and Kelly Willingham abstained from the vote. There were none that voted to not pass. Because of this, Jeff declared this issue passed.
- **Review of Block Grant Application and Feedback** Stephanie Gay
 The Block Grant application was reviewed and PAC members commented on it. There was a hearty discussion in several areas.
- **Vote on letter of support for Block Grant Application** Jeff Tallent
 Jeff Tallent asked if the PAC group would be in favor of a letter written in support of the block grant application. There were none that voted no. Because of this, Jeff declared this issue unanimously passed.
- **PAC Member Vacancies** Stephanie Gay
 There are currently three family vacancies and two persons in recovery vacancies. We are also waiting on a representative from OSDE to be appointed.
- **Next Meeting Agenda Items** Jeff Tallent
 In October, we will hear a presentation about Overview of Harm Reduction Campaign and, in February, we will hear a presentation about Tribal Treatment Services.

- **Legislative Report**

ODMHSAS does not have any legislative news to share at this time.

- **Agency Reports**

Department of Rehabilitation Services (DRS)

October 17, 2023, DRS is celebrating their 30-year anniversary as a stand-alone agency, from 10-3.

State Department of Health (OSDH)

The resource, Oklahoma Warmline, was shared with the PAC Group. Also, OSDH shared information about two conference opportunities: 2023 OPHA Annual Public Health Conference and the Wellness Symposium.

Office of Juvenile Affairs (OJA)

OJA's Executive Director, Rachel Holt, presented at the District Attorney Council's annual summer conference to share about OJA's continuum of care and placements. OJA's General Council, Ben Brown, also presented at the conference on legislative updates and more. OJA has expanded Functional Family Therapy (FFT) to 48 counties for juvenile justice involved youth with the goal of FFT being available in all 77 counties. FFT is a treatment supported by the Office of Juvenile Justice and Delinquency Prevention to address adolescent substance use, adolescent delinquency, and family system challenges.

OJA created a new program called the "HUB", where OJA's staff can make a referral for needed concrete supports and resources for the youth and families they serve. The HUB is providing an additional protective factor to help buffer challenges a youth and their family may be experiencing.

Department of Human Services (DHS)

DHS does not have any new information to share at this time.

Oklahoma Housing Finance Agency (OHFA)

OHFA does not have any new information to share at this time.

Oklahoma Health Care Authority (OHCA)

The only new information is that dealing with staff changes.

- Kevin Corbett the Chief Executive officer left and is now replaced with Ellen Buettner
- Brandon Keppner the Chief Operating Officer is leaving or has left the agency
- Behavioral Health Director- was Nichole Burland and is now replaced with Tanesha Hooks
- Assistant Behavioral Health Director- was Kimrey McGinnis and now Tony Russell

State Department of Education (OSDE)

The PAC group is awaiting appointment of a new OSDE representative.

Department of Corrections (DOC)

DOC does not have any new information to share at this time.

- **Opportunity for Public Comment** Jeff Tallent
There was not any public comment.
- **Adjournment** Jeff Tallent
Meeting adjourned.

Meeting Minutes
State Planning and Advisory Council to the ODMHSAS
2000 N. Classen Blvd, Suite E600
Thursday, April 15, 2024 10:00 a.m. to 12:00 p.m.
<https://zoom.us/j/98361440161>

Voting Members/Designees Present:

Jeff Tallent	Edie Nayfa	Andrea Michaels
Darlene Steeves	Janelle Bretten	Jana Morgan
Jeff Dismukes	Josh Cantwell	Kelli Litsch
Kelly Willingham	Lindsey Roberts	Louann Wiseman
Lyndi Seabolt	Mary Ann Dimery	Meadow Hazelhoff
Melinda Bunch	Nola Harrison	Rachael Hernandez
Young Onuorah	Kerry Harlin (designee)	

Attending Members Not Present for Vote:

Cindy Hickl	Lisa Webb	Sara Rachel Smith
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Members Absent:

Dustin Huckabe	Alesha Lily	Janys Esparza
Jeni Dolan	Karen Hall	Kelli Reid
Leann Polk	Raymond LeMay	Rose Horsechief
Staci Kirby	Stephanie Morcom	Tyler Ross

Guest/Public:

Stephanie Gay	Terrence Spain	Emily Morrow
Josh DeBartolo	Alisa West-Cahill	Ray Bottger
Dr. Sheri Fleming	Keitha Wilson	Karen Orsi
Amanda Coldiron		

- **Call to Order and Recording of Members Present and Absent** Jeff Tallent
- **Welcome Remarks and Introduction of Attendees** Jeff Tallent
- **Approval of Minutes for the October 19th, 2023, Regular Council Meeting** Jeff Tallent
 Jeff Tallent asked if there were any that would abstain or would vote to not pass. None of the PAC members voted against this or abstained from the vote. Because of this, Jeff declared this issue passed.
- **Review and Action Regarding Membership Applicants** Jeff Tallent
 The slate of prospective members had been previously sent to the PAC group. Josh Cantwell made a motion to move the slate forward to the Commissioner for her determination of appointment and this was seconded by Janelle Bretten. Roll call was performed and there were none of the quorum present that voted to not move it forward. Because of this, Jeff declared this issue passed.

- **Legislative Report**

No legislative report made during this meeting.

- **Agency Reports**

Department of Rehabilitation Services (DRS)

On February 9th, DRS released 193 clients from the vocational rehabilitation waitlist and released seven from the waitlist for the services for the blind and visually impaired list. DRS had a commission meeting yesterday and reported on a lot of things that are going on. Also, DRS has People with Disability Awareness Day coming up on March 5th. This will be held at the History Center from 12-4. They will have staff members going across and visiting with legislators and talking about DRS and what DRS does to support people with disabilities in finding and retaining employment. Melinda is in the Employment Support Services Unit, and they are in the middle of writing contracts. They update their supported employment contracts between January and March 31st each year and so that is a pretty busy time getting all of those ready. DRS has also had their public policy out for public comment, and they are also working on their state plan.

State Department of Health (OSDH)

Not present.

Office of Juvenile Affairs (OJA)

Recently the Oklahoma Department of Mental Health and Substance Abuse Services came in and led training to OJA staff and residential service providers and that training focused on the dangers of Fentanyl and the proper delivery of Naloxone during an overdose. With the devastation of Fentanyl across the state, that training is highly valued, and they appreciate it. OJA appreciates their work with partners and collaboration to best serve youth and families that are in their population.

OJA is in phase 3 to the completion of their secure care facility in Tecumseh. They are getting closer to their new cottages being completed. Janelle is very proud to work for an agency that focuses on evidence-based programming, what best practices are and trauma informed care. OJA just finished a new cafeteria and they're working on a multipurpose building and expanding the career tech programming. OJA continues their work to be a hope centered and trauma informed agency with the overarching goal of wellbeing and success for the youth and families OJA serves. Janelle also mentioned OJA's valued employees who provide this important work.

Department of Human Services (DHS)

DHS has been working on their state plan. Their 30th Annual Child Abuse Neglect Conference is coming up and will be on April 15th-17th. During that time, they will have their biannual convening. They are also working with tribes on resource development and service array.

Oklahoma Housing Finance Agency (OHFA)

The State legislature decided that there's a housing shortage across Oklahoma and they have created the Oklahoma Housing Stability program which is a \$215 million dollar program that is going to help with rural and urban Oklahoma communities to benefit their housing. \$63

million is going to rental housing development, \$100 million is going to home ownership for sale housing and \$40 million to help consumers with down payment and closing costs. This is the biggest program that Oklahoma has ever done for housing. They've opened up the applications for the developers now and then later it will be homebuyers. The website is [Home - Oklahoma Housing Finance Agency \(ohfa.org\)](http://Home - Oklahoma Housing Finance Agency (ohfa.org)) and information regarding criteria threshold and application scoring criteria is under the Oklahoma Housing Stability Program Section.

Oklahoma Health Care Authority (OHCA)

The SoonerSelect Managed Care is going on full swing right now with OHCA. The dental open enrollment period closed on January 10, 2024, and then the enrollment for the health plans just opened on February 1st. It will run through March the tenth. April 1st is the date that they project that the healthcare plans are going to take over. So right now, SoonerCare members are being asked to review their health plans, whether it be Etna, Oklahoma Complete Health, or Humana, and compare the value, added benefits and choose a plan that best works for them. They can do that by logging into their actual portal where they apply, and they can choose an actual plan. If they need assistance, there is a dedicated phone number that they can call, to speak to somebody. The phone number is 1-800-987-7767, option 5.

There's a lot of additional information on their website (www.okhca.org). There is a SoonerSelect tab that has a lot of different information. There are current town halls going on for the children's specialty program for providers to attend but there may only be two more. Agency wide, it's caused a lot of different shifts and changes. There's a lot of people who left from OHCA to go to the MCO's, so it's causing a delay, for example, PA's are taking longer and contracting is taking longer.

State Department of Education (OSDE)

OSDE is also experiencing a lot of turnover and changes in positions. Right now, OSDE is working on their MTSS Conference that is happening in the summer. They are also building out their school-based Mental Health program. OSDE is working with the National Center for School-based Mental Health to make that more robust. They are also working with ODMHSAS to work with the systems of care coalitions and to try to get schools more involved in those, to have more wraparound services in the state with the schools.

Department of Corrections (DOC)

DOC did not have any updates.

- **Status of Priority 2 Measures** Stephanie Gay
Priority 2 Measures were discussed.
- **Tribal Treatment Services** Lyndi Seabolt
Lyndi presented on programs rendered by and resources offered by the Southern Plains Tribal Health Board to Oklahoma's tribal population.
- **Status of Block Grant Reporting** Stephanie Gay
Stephanie Gay gave a status update on the block grant reporting for SAMHSA. It has been sent out to PAC members as well as being posted on the ODMHSAS website.

- **PAC Member Vacancies** Stephanie Gay

If the two applicants presented at this meeting are appointed to PAC by the Commissioner, there will then be two family vacancies and one person in recovery vacancy.
- **Next Meeting Agenda Items** Jeff Tallent

In April, we will have a training on advocacy.
- **My Mind Matters** Jeff Tallent

My Mind Matters is an event that will take place on Wednesday, May 1st at the State Capitol. This event is a chance for the behavioral health provider agencies and advocates to get together at the Capitol and talk to their legislators about their concerns. There will be presentations and there will also be the identification of people considered legislative heroes that will be given awards. The new Commissioner will be there as well. More information will be coming out in April.
- **Opportunity for Public Comment** Jeff Tallent

Alisa West Cahill reported that March 11th is Aging Advocacy Day at the Capitol, from 8:30-1:00. There will be booths and exhibits and the opportunity to speak with legislators. There will also have speakers. The registration link for this event is on the Oklahoma Alliance on Aging website: [Oklahoma Alliance on Aging – Identifying needs of aging Oklahomans, educating on issues, advocating for solutions \(okallianceonaging.org\)](https://okallianceonaging.org).
- **Adjournment** Jeff Tallent

Meeting adjourned.

Regarding the Advisory Council Member section:

- PAC member reported work address was incorrect. Fixed it.
- PAC member reported that designation was incorrect. Fixed it.
- PAC member reported that name and business was spelled incorrectly. Fixed it.

Regarding Step 1

PAC Member 1: Do we have anything for treatment courts?

Stephanie Gay: Our family treatment courts are taking off. Those are treatment courts for families who have substance abuse issues and through that court they can go through there and get treatment. The judge is filled in on how they're doing and this helps with DHS, who is typically involved, since there is a substance abuse issue. There's been a lot of success with family treatment courts. Drug courts are going really. What I've got here is that I've got the drug courts in Oklahoma. They serve 67 counties. The reason why it's written that way is because some of the counties in Oklahoma are smaller. And so they do combined drug courts. But the data that we have with regards to drug courts, and how well they do is just phenomenal. I mean, it's just fantastic across the board. And I will tell you, I worked in the Drug Court Division for a while. I know what's required of those people and the people that are able to get through drug courts are, in my opinion, rock stars, because there is a lot that is that is expected of them. Peer supports have really taken off with regards to the drug courts. As with every other area, and those are highly utilized with that at a lot of the different treatment providers that serve the drug courts. So those are just growing by leaps and bounds. Something else that's super interesting. When I was in the drug Court division, the Mental health field rep. He had a handful of mental health courts that he went out to. There. Just wasn't that many? People weren't aware of the value of mental health courts. Let me put it that way. So we just had a handful. But, as you can see, with regards to mental health courts, 35 Oklahoma counties were there. And we're growing. So that's about half right. There's 77 counties in Oklahoma. So we're taking off there. Whole bunch of other stuff going on with that population. We've got diversion programs. For when they get out there's also re-entry support like for people when they're coming out of prison when people are going to jail if they are in need of MAT treatment that is taking place. So there's a whole bunch that's going on with that population for both jail and prison, and then also court.

PAC Member 1: Do some of these numbers also come from the homeless alliance?

- **PAC Member 2:** Dangerously close to losing block grant funds related to tobacco sales to minors. The Synar Report that's done every year regarding tobacco sales to minors has hit the threshold for potential loss of what Grant Fund and I'd ask if we had a plan in place to address that, or kind of where we were. If there was a grace period in there, and I wondered where we were with that.

ODMHSAS Prevention 1: I could speak to that. So last year, when we noticed that the percentage was a little bit over our percentage, we put together an action plan and a tobacco task force, basically. And so we've been working with T-set, the State Health Department. And we put this action plan together where we're making sure that violators are getting letters, we're

doing the validate materials. We've been sitting on other boards. We've actually already started Synar checks for this next year, and we're at 16%. It's dramatically lower and we're almost done. We don't have that many I think we have like under 300 checks to go, so we are trending in the right direction. I don't foresee us going over this. This would be our first year out of that 3-year grace period from the T21. So we should be in a really good spot.

ODMHSAS Prevention 2: I can update a lot. Also working with the Attorney General. Apparently they also have a tobacco check section where they send out the agents to every year all year round and to check compliance. So, we came together with them. They were worried, very worried about the rates because if we're over the threshold, that means it's not just the department, but the state will suffer some cuts so, and that means a lot to the state. So the Attorney General was really worried about us. So they are working with us. We disseminate materials through their agents when they go on their own checks. We're also working with the Task Commission because the issue has been that Task Commission is the one that issues the licenses and does renew us. So there are certain things they should check before somebody's licenses renewed. They hit that to. They've not really been checking if the person has been in compliance or not. So we're working with them to see that that is enforced. So if somebody either might come up with a criteria or leave somebody violation for more than once, or (I don't know how they're going to put that into their renewal or license application criteria), but they are going to be taking issue your stand on that, too. So having said all of that. To update on what was said on the rates. We have done about almost 600 checks. They are solely remaining as that. This information is as at Monday. We have only about the 62 remaining 62 checks. And the good thing is that we have actually concluded that checks on the problem. The problem counties of the last time. So on our right now is very, very promising, we have 14.3%, which is dramatic. So the 2 checks that I mean the 62 test that remaining are not will not really adversely affect that number. So we are looking at just being 14.3 or 14.2 at the end of it. So we're doing very good.

Planning Table 3:

Chairperson: Persons experiencing Homelessness Estimated is lower than the actual number of them being treated. Looks like the estimate should at least be equal to the number served, not less than.

ODMHSAS DSS (Member of Public): -That is the number that we could find, obviously we serve more. The homeless count is very undercounted. This table, with regards to estimate, you're pulling information from various sources and trying to get a good answer. This is an area that we have asked for TA from SAMHSA. Most of info came from NSDUH.

PAC Member 3: Environment Factors and Plan-Syringe Services-Question about the safe syringe programs, why are we not providing them now when we have this really high number of people in need. There's a lot of potential for disease transmission and further harm.

ODMHSAS Prevention 2: What I know is that one of the problems that we had even from this fund itself, that they (SAMHSA) actually restrict us from using the money for things like that. So, we don't really unless on the treatment side but on the prevention side. Up to last year, this current last year, we've not been allowed to specifically address those issues unless what it told

us was people that are the kind of harm reduction we can do is the Naloxone distribution but to not get involved with needle exchanges.

PAC Member 3: At SPTHB, we run into the same things. From last October to May, we ran a harm reduction program and were able to disseminate needles. In that 8-month period, we sent like around 15,000 needles to people. We were able to use some Covid funding for it because we're also limited with our funding. New funding they are applying for, we can't even purchase Narcan with it, which really puts the damper in the harm reduction effort.

ODMHSAS Prevention 2: I don't know if you are working with our Harm Reduction person, please let us link up and see how we can leverage each other's resources. You already have some money...

PAC Member 3: We used it, it expired May 31st and the new funding excludes us from purchasing Narcan and syringes.

ODMHSAS Prevention 2: We have a meeting on Harm Reduction with Health Department at end of this month and maybe you can attend and we can come up with a plan for the state of Oklahoma.

Table 4 Planned Expenditures

PAC Member 3: Recovery Support Services-The RSS section-is that for certifying and training, PRSSs, salary?

Stephanie Gay-is it for Treatment services?

PAC Member 2: Range of things-training, certifying, treatment services, recovery housing

Table 5c-

Chairperson: Fentanyl is not listed as a priority substance.

ODMHSAS Prevention 1: They are using the SOS grant to cover opioids and Fentanyl.

Stephanie Gay-I will make a footnote that SOS grant is being used to address opioids and Fentanyl.

PAC Member 1: So what are we doing in order to fund and support collegiate recovery programs in higher edu? What universities are implementing recovery efforts on their campuses? I have spoken with Dr. Kayse Shrum President of OSU who is interested in developing a collegiate recovery program. I think it would be amazing if I could tell her there is funding from this block grant to help with those efforts. I would like to know if we have anyone working with universities to get collegiate recovery programs implemented. These are evidence based programs that help students in recovery. Seems like some of this money can go towards

these efforts. Who would I need to talk to about getting funding for recovery supports? What about suggesting implementing collegiate recovery programs on college campuses, universities?

ODMHSAS Prevention 1: So about 2 and a half years ago we had only 2 colleges that were partnering out with us and prevention it was OU and OSU, and in the last 2 and a half years we have built that up and brought on other college campuses. So now we have 13 campuses that are working with us. So it's super exciting. I will say it's not tied to these Block Grant funds, though it's more tied to another funding source. But basically, what provision is doing is we've asked them to create a campus coalition around prevention and to start working with their agency around policies right? And around, making sure that the campus is a healthy community. So having strong policy around all the different substances, having good in staff trainings, making sure that. You know, professors and faculty and staff and students know what to do if they see something happening on campus. maybe they witness somebody sharing a prescription, or maybe they, you know, are bringing a thermos full of alcohol, you know. What do people do in those circumstances? And then how do you get those people into treatment? Right? And so we do allow our grants to allow them to make materials that. Say, here's where you can go to get treatment. Here's where you can go to get Naloxone and then they also do a lot of tabling events, because campuses are always doing activities like that. And then a lot a lot of our providers are starting to have conversations about how to get a permanent disposal site on campus. So maybe they're working with, like their clinic to put in a site to where students can go and take unused medications and drop them off so that way they don't have them just sitting in there in their homes right? And then another thing that they're really working on is also with their residence. If they have a residential hall, they're working with them to lock up have little lock boxes in each one of the dorms. And so those are some of the things that they're working on. This group has actually organically created a collaborative group to where ODMH isn't even involved. And they meet. And they talk about research that they want to see. They talked about creating tool kits for canvases because they would like, and they open it up to all colleges, not just ODMH Funded colleges, which I think is so organic and just really cool that they're wanting to bring in these other things. But they're talking about creating tool kits around National Prevention week that other campuses can use that aren't Od related. So just really trying to get the word about like what you can do on your campus to help prevent some of this stuff. A lot of them are doing messages, you know. Before finals week around stimulants and opioid prevention. A lot of them do stuff before big breaks around alcohol and just under each thing, drinking stuff. And so there's just a lot that's happening.

ODMHSAS Prevention 2: Yeah, I want to add, I want to add. just for more information. We have a broad range of diverse campuses. and we also have. If anybody says sooner, or your books, they all on board both the big universities. We also have 2 year colleges, campuses. But we have the triple OCCC, yeah, we have those. And then we also in provision service. What we want to always do is to ensure that we address whatever platform we're using. We address the disparity populations in our program delivery. So we actually have Langston University as one of them representing the black community. We also have another system which is recognition area represented drive. So we try to be that you know that you know. Practice diversity in in whatever we do. And the other thing is this. I see your text about colleges recovery programs. That is a good idea. But prevention is not into that. But we do collaborate with recovery and even treatment parts of ODMHSAS. And I remember I did connect you so the person that's in

charge of recovery the last time. I don't know if you were able to anything came out of it, but nothing came out of you. So what we can do is reconnect to again to the person that is in charge of recovery programs for agency. We also tried to reach out to them even when we're trying to abort this compass is, if there are any way they can leverage what we already have going. But we don't want to model up most of the time. We have so many things we want to do that. If we are not careful, we, if we start everything at the same time. You just confuse the people sometimes, and they will not really have focus. But I think the best way that we opportunities to first of all establish. You know them to get into us as then they can, because that laying up introducing new things. So you know, asking them about ideas. What about you know? What are you gonna do? What about recovery? Otherwise. sometimes you are overloading. We might overload people that want to work with so many things at the same time.

PAC Member 1: I'm in my office, but I really appreciate the information that you all have shared, and I would say, too, that, like, you know, I don't wanna add anything to anybody's plate to make it more complicated. I think my biggest concern is that collegiate recovery programs have been around since the 19 eighties, and they are proven to be a sustainable and successful prevention, and ongoing long term recovery support service at the college level. And so in 2,018, I started the student organization students and recovery that helped kind of springboard. A lot of these coalitions that are happening organically. Because of those efforts. And a lot of these students. I still, you know, after I've graduated, you know, several years afterwards, I'm still getting you know, hit up from parents or students that are interested in try to help the university get on board with not just prevention services, because provision services are great. Right? We need those we need lock boxes. We need all of those efforts. But I think we also need to be a little bit innovative in our approach to spring boarding. This you know idea of a collegiate recovery program, and if you don't know what those are, then you can go on the Association of Recovery and Higher Education's website and take a look at them. But there's 150 of them all across the country. And so I think just trying to be a little bit more innovative with our approach, and how we are approaching these universities. So, for example, I spoke with President Casey Shrum at OSU, who's very interested in these programs. And right now, the only thing that she's able to do is to look at private funding because I don't think that she knows that there are specific fundings that could help potentially implement one of these programs from the State. And so I think just getting connected with the people that like you said young that are overlooking this. So that way, maybe we can get in contact with the president of OSU. And kind of looking at, you know, is there funding for this? I just think that we just need to be a little bit innovative in our approach, not saying that we're not. I'm just saying that these programs have been around and they're proven to work. So I appreciate everybody.

Stephanie Gay: and so that you can kinda talk with her, because I know at 1 point DMH, was sharing like PRSS curriculum. I think with, is that right? Okay, the thing with another entity is, I love that OSU is really interested in this. Sometimes there are colleges that are reluctant to move forward with this stuff. So it takes time. I think it would be a great program. It's just how do we get it there? And is DMH, the entity to get it there? Or is that something that the college needs to institute and develop and things like that. And I think DMH would be fantastic partners in helping them, you know, in in any kind of ways like that. But let me go ahead and let me connect you with MJ who is over recovery, and then also I'll connect you with probably Youth/Adolescent and Adult Substance Use Divisions. So we'll just kind of get an email going.

And we'll talk about you know what partnerships could look like what assistance might look like. Because we would love to get people treatment, but sometimes getting it to the place where they need to get it. Those places can be reluctant, you know, and funding is always a factor of man. Funding is always a factor.

ODMHSAS Prevention 2: Yeah, we'll have to like to probably use as a resource, because Stephanie also mentioned that there are people some companies are locked in. So since you know the people that are already ready and Oklahoma DMHSAS: you could access them easily, so we'll walk, find a way to walk kind of how we do at least identify those that I've shown interest and stuff from there. Yeah, I appreciate all of that thing. I think the way that we definitely do that is, is by facilitating meetings.

PAC Member 1: So I appreciate all the help that that, I can get in this efforts been working on for a long time.

Table 4 SUTRS BG Planned Expenditures

PAC Member 1: The Recovery Support Service expenditures on the table, what were those for?

(I did not readily know that answer and so I sent it out in the recap of the August 15th PAC Meeting, which is also attached.)

ODMHSAS Prevention 1: I just want to make a comment because somebody's talked about the mental health block grant, there's no provision but by SAMHSA, that a certain amount should be set aside for prevention. So that is what we are trying to find out. Why are they not really doing that? You know, when we know that prevention is the best thing to do. Going upstream is always the best to do. But there's no provision by SAMHSA to set aside anything for primary prevention from mental health block, grant.

Another thing that I want everybody to know is this. For the amount that is, for primary prevention under this SUPTRS, by some size it is a minimum. It's not fixed. Other states actually do much more than that, like Rhode Island, are actually dedicating 45% of their SUPTRS to primary prevention because of medical savings that they are having because they are one of the Medicare expansion States. So many Medicaid expansion states are actually dedicating some of their money from the substance abuse program to primary prevention. but we are yet to get there yet.

Table 5a SUPTRS Primary Prevention Planned expenditures:

PAC Member 2: I don't have a question but on the information dissemination, we have given out over 350 drop off magnet magnets. They have the drop off locations for medication in Stevens County. We gave what every parent needs to know about fake pills (because we're on a opioid and Fentanyl grant) and all of that we did at Duncan Middle school and high school, I mean every parent. We gave them a handbook with all kinds of stuff stuffed in it. In July we gave away about 2,896 pieces tangible, you know, information right out to people.

23. Syringe Service Program

PAC Member 2: Through DDQ and OKSCOPE, there's a grant that opens on December first and you can, you can write for that, and they will help you with the sharps-disposal, needles, syringes, all that stuff.

Advisory Council Members

Stephanie Gay: This is where I list everybody's addresses and phone number.

PAC Member 3: Yeah, I forgot. I moved.

Stephanie Gay: Oh, wait before we stop. Can you ask for a vote on the letter of support? Any objections? There are no objections, so the letter of support will be written and so that

letter just goes in with the Mini app saying that the PAC group is in support of us submitting the Mini App.

Evolution Foundation
1620 Ridgecrest Road
Edmond, Oklahoma 73013
(405) 203-7898
jeff.tallentz@aol.com

August 17, 2024

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

To Whom It May Concern,

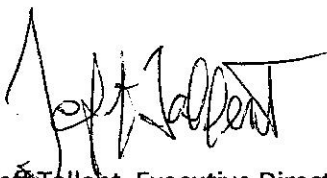
As Chair of the Planning and Advisory Council to the Oklahoma Department of Mental Health and Substance Abuse Services, I have the privilege of submitting this letter supporting the Oklahoma's Block Grant Mini-Application for 2024.

Priority areas have been reviewed at each Council meeting and comments have been solicited and recorded from both the integrated membership and through public comment. At the August 15th meeting, Council members reviewed the updated mini application and unanimously voted to approve the document.

There is much excitement in Oklahoma as the number of Urgent Recovery Centers (URC's) and Crisis Centers continue to increase. These facilities are increasing in number for both adults and children, further fleshing out Oklahoma's crisis continuum of care and enabling consumers in more rural areas to take advantage of these services. An increase in services to older adults as well as trainings for clinical staff treating older adults is also benefitting Oklahomans and will continue to do so. The numbers on harm reduction materials that are distributed via the vending machines and mail outs continues to increase as more Oklahomans learn about how to access these services through the media campaigns. 988 is functioning well, with a texting option being added last year. Additionally, the Tough as a Mother Campaign continues its fantastic work in decreasing stigma and empowering mothers with substance use disorders to get the support that they need.

In April, Managed Care began assisting in Serving Oklahoma Medicaid. There continue to be growing pains with this endeavor. Despite the challenges that are being encountered with this, opportunities will continue to be explored and implemented to ensure that Oklahomans receive the services that they need.

Sincerely,



Jeff Tallent, Executive Director

Recap from August 15th ODMHSAS PAC meeting



Gay, Stephanie

Reply Reply All Forward

To: Alesha Lily; Andrea Michaels; Brian Webb; Cheryl Leann Polk (leann.polk111012@gmail.com); Clayton Tselee-Designee; Cyndi Hick; Darlene Steeves; Edie Nayfa; Edwina Rose Horsechief; Falon Morgan; Gina Olheiser; Jami Ledoux; Janelle Bretten; Janie Fugitt; Janna Morgan; Janys Esparza; Jeff Dismukes; Jeff Tallent; +47 others Tue 8/20/2024 11:10 AM

- Table 4 SUPTRS BG Planned Expenditures.pdf 100 KB
- Table 5a SUPTRS Primary Prevention Planned Expenditures.pdf 123 KB
- Prevention Strategies.docx 23 KB
- PAC Officer Duties.pdf 105 KB
- Combined B&W PAC Flyer.pdf 826 KB
- rev. PAC Potential Member Application.docx 25 KB
- Call For Vendors (1) (1).png

Hi everyone! It was great to "see" everyone at the PAC meeting last week. I wanted to go ahead and send out some information from the meeting.

There was a question about the Recovery Support Service expenditures. This is a new-er section for SAMHSA to be asking about. Last year, was the first time that they have wanted us to break it apart from the other sections. For the miniapp, the planned expenditures of \$410,600.00 will go towards recovery support transitional housing. I do not know if this section will expand in the future to where we will see other items being paid for here. With regards to recovery support services, those services that are rendered by a peer recovery support person, those are captured under treatment. **(Attachment-Table 4 SUPTRS BG Planned Expenditures)**

I wanted to send out some information about the strategies. **(Attachments-Table 5a SUPTRS Primary Prevention Planned Expenditures and Prevention Strategies)**

I am attaching the PAC Officer Duties. Please let me know if you are interested. We **DESPERATELY** need 2 more people. I promise you, it is super easy!

Environmental Factors and Plan

Advisory Council Members

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

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

Start Year: 2025 End Year: 2026

Name	Type of Membership*	Agency or Organization Represented	Address,Phone, and Fax	Email(if available)
Janelle Bretten	State Employees	Oklahoma Office of Juvenile Affairs	3812 N. 36th Street Oklahoma City OK, 73118	Janelle.Bretten@oja.ok.gov
Melinda Bunch	State Employees	Oklahoma Department of Rehabilitation Services	300 NE 18th Street Oklahoma City OK, 73105 PH: 405-521-3877	mbunch@okdrs.gov
Josh Cantwell	Providers	Grand Mental Health	114 W. Delaware Nowata OK, 74048 PH: 918-533-6891	jcantwell@glmhc.net
Mary Ann Dimery	State Employees	Oklahoma Health Care Authority	4345 N. Lincoln Blvd. Oklahoma City OK, 73105 PH: 405-522-7543	Mary.dimery@okhca.org
Jeff Dismukes	Others (Advocates who are not State employees or providers)	Depression and Bipolar Support Alliance of OK	3000 United Founders Bldg, Suite 104 Oklahoma City OK, 73105 PH: 405-413-7778	jeff@dbsaok.org
Jeni Dolan	Youth/adolescent representative (or member from an organization serving young people)	Operation Aware	8990-B S. Sheridan Rd. Tulsa OK, 74133 PH: 918-606-3064	Jdolan@operationaware.org
Janys Esparza	Providers	Latino Community Development Agency	420 SW 10th Street Oklahoma City OK, 73109 PH: 405-236-0701	dirtx@latinoagencyokc.org
Karen Hall	Family Members of Individuals in Recovery (to include family members of adults with SMI)		P.O. Box 180 Savanna OK, 74565 PH: 917-605-7315	karenjrod1415@gmail.com
Nola Harrison	Family Members of Individuals in Recovery (to include family members of adults with SMI)		1000 N. Lee Oklahoma City OK, 73102 PH: 405-650-4615	Nola.Harrison@ssmhealth.com
Meadow Hazelhoff	Providers	Oklahoma Primary Care Association	6501 Broadway Extension 200 Oklahoma City OK, 73116	MHazelhoff@okpca.org

			PH: 405-219-2271	
Rachael Hernandez	State Employees	Oklahoma State Department of Education	2500 N. Lincoln Blvd. Oklahoma City OK, 73105 PH: 405-522-0031	Rachael.hernandez@sde.ok.gov
Cindy Hickl	Providers	OU Impact	4444 E. 41st Ste. 2900 Tulsa OK, 74135 PH: 918-660-3150	Cynthia-Hickl@ouhsc.edu
Edwina Horsechief	Persons in recovery from or providing treatment for or advocating for SUD services		301 W. Broadway Anadarko OK, 73005 PH: 405-247-2425	edwina.horsechief@wichitatribe.com
Staci Kirby	Persons in recovery from or providing treatment for or advocating for SUD services		218 W. Cypress Street Altus OK, 73521 PH: 580-481-8760	staci.kirby@ahrecovery.net
Alesha Lily	State Employees	Oklahoma State Department of Health	1000 NE 10th St. Oklahoma City , PH: 405-271-4477	alesham@health.ok.gov
Kelli Litsch	State Employees	Oklahoma Department of Human Services	2400 N. Lincoln Blvd. Oklahoma City OK, 73105 PH: 405-203-8287	Kelli.Litscho@okdhs.org
Andrea Michaels	Others (Advocates who are not State employees or providers)	NAMI of Oklahoma	P.O. Box 1306 El Reno OK, 73036 PH: 405-456-0312	andrea@namioklahoma.org
Stephanie Morcom	Persons in recovery from or providing treatment for or advocating for SUD services		4475 W. Beech Duncan OK, 73533 PH: 940-597-0955	stephanie@2cr-oklahoma.org
Janna Morgan	State Employees	Oklahoma Department of Corrections	2901 N. Classen Ste. 200 Oklahoma City OK, 73106 PH: 405-761-3028	janna.morgan@doc.state.ok.us
Falon Morgan	State Employees	OK Dept. of Mental Health & Substance Abuse Svcs	2000 N. Classen Blvd., Suite 600 Oklahoma City OK, PH: 405-248-9200	Falon.Morgan@odmhsas.org
Eddie Nayfa	Persons in recovery from or providing treatment for or advocating for SUD services	Catalyst Behavioral Services	3033 N. Walnut Avenue Oklahoma City OK, 73105 PH: 405-826-0105	enayfa@catalystok.org
Gina Olheiser	Persons in recovery from or providing treatment for or advocating for SUD services		22 SW D Avenue, Ste 2 Lawton OK, 73501	golheiser@wmpn.org
Young Onuorah	State Employees	OK Dept. of Mental Health & Substance Abuse Svcs	2000 N. Classen Blvd., Suite 600 Oklahoma City , PH: 405-626-0411	YOnuorah@odmhsas.org
Cheryl Polk	Family Members of Individuals in Recovery (to include family members of adults with SMI)		910 West Oak Duncan OK, 73533 PH: 940-839-6902	leann.polk1110112@gmail.com
Kelli Reid	State Employees	OK Dept. of Mental Health & Substance Abuse Svcs	2000 N. Classen Blvd., Suite 600 Oklahoma City OK, 73106	kreid@odmhsas.org

			PH: 405-248-9241	
Lindsey Roberts	Youth/adolescent representative (or member from an organization serving young people)	Neighbors Serving Neighborhoods	207 N. 2nd St. Muskogee OK, 74401 PH: 918-683-4600	lroberts@nbn-nrc.org
Tyler Ross	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		2701 W I-44 Service Road Oklahoma City OK, 73112 PH: 405-436-7366	tyler@ocarta.org
Lyndi Seabolt	Persons in recovery from or providing treatment for or advocating for SUD services		9705 Broadway Extension Suite 200 Oklahoma City OK, 73114 PH: 405-620-0500	LSeabolt@spthb.org
Sarah Rachel Smith	Family Members of Individuals in Recovery (to include family members of adults with SMI)		9777 N Council Road Apt. 1026 Oklahoma City OK, 73162 PH: 405-642-8270	savingcourtney14@gmail.com
Darlene Steeves	State Employees	Oklahoma Housing Finance Agency	100 NW 63rd Street Oklahoma City OK, 73116 PH: 405-419-8211	darlene.steeves@ohfa.org
Jeff Tallent	Family Members of Individuals in Recovery (to include family members of adults with SMI)		1620 Ridgecrest Edmond OK, 73013 PH: 405-203-7898	jefftallent@aol.com
Lisa Webb	Family Members of Individuals in Recovery (to include family members of adults with SMI)		1728 CR 1260 Tuttle OK, 73089 PH: 405-417-0581	llwebb@hopecsi.org
Brian Webb	Persons in recovery from or providing treatment for or advocating for SUD services		22 SW D Avenue, Ste 2 Lawton OK, 73501 PH: 580-251-0992	bwebb@wmpn.org
Kelly Willingham	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		4000 N Lincoln Blvd. Oklahoma City OK, 73105 PH: 405-249-7828	kelly.willingham@gmail.com
Louann Wiseman	Persons in recovery from or providing treatment for or advocating for SUD services		1111 West Spruce Duncan OK, 73533 PH: 580-606-2419	llwiseman@yahoo.com

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

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Footnotes:

Kelli Litsch is a PAC member and represents the Oklahoma Department of Human Services which functions as both a social services agency and also as a child welfare agency.

Environmental Factors and Plan

Advisory Council Composition by Member Type

Start Year: 2025 End Year: 2026

Type of Membership	Number	Percentage of Total Membership
Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)	2	
Family Members of Individuals in Recovery (to include family members of adults with SMI)	6	
Parents of children with SED	0	
Vacancies (individual & family members)	5	
Others (Advocates who are not State employees or providers)	2	
Total Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services), Family Members and Others	15	50.00%
State Employees	11	
Providers	4	
Vacancies	0	
Total State Employees & Providers	15	50.00%
Individuals/Family Members from Diverse Racial and Ethnic Populations	2	
Individuals/Family Members from LGBTQI+ Populations	2	
Persons in recovery from or providing treatment for or advocating for SUD services	8	
Representatives from Federally Recognized Tribes	0	
Youth/adolescent representative (or member from an organization serving young people)	2	
Total Membership (Should count all members of the council)	44	

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Footnotes:

With the above table, vacancies are added into the actual numbers of PAC members. Additionally, people in recovery from SUD, family members of people who have SUD issues, SUD treatment providers, and members from organizations that serve young people are NOT added into the top two sections of the grid, since they are not statutorily mandated. Here are the approximate numbers: There is a total of 35 PAC members. 11 of those members are state agencies, 3 are individuals in recovery from SMI, 5 are family members of people with SMI, 2 are advocates who are not state agencies or providers, 4 are MH providers, 1 is an SUD provider, 5 are individuals in recovery from SUD, 2 are family members of a person with SUD and 2 are agencies serving youth.

The ODMHSA PAC does not have any members of parents of minor children with SUD or parents of children with SED. (Four of our family members are parents of adult children whose mental health and substance use issues began when they were minors.) In order to fill this slot

-of family members with minors having SED or SUD- we have engaged with parent advocacy agencies, such as Parents Helping Parents, which is an organization that helps advocate for and support parents whose children struggle with substance use disorder. We have also engaged with the Systems of Care programs, at treatment agencies, that work with families, children, youth and young adults in an attempt to garner referrals. These referrals have produced parents with adult children with SMI/SUD whose issues began when they were minors but we have not yet acquired a referral of a parent with a child with SED/SUD. We will continue to pursue acquiring referrals through these avenues as well as others like these.

Because there was a significant amount of PAC members that were from the urban areas and their closely surrounding communities, it has been 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 area. 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.

We have individuals in recovery and family members, providers and state agency PAC members who are representatives of diverse racial/ethnic and LGBTQ+ groups (7) as well as those belonging to Federally Recognized Tribes (3). We also have one veteran and representation from rural areas. To suggest that the feedback that they share at the PAC meetings is based only on their singular designation is factually inaccurate and honestly, a disservice to them. Each comment that they utter at our PAC meetings is based on their entire life experience which is a commingling of life experience as well as work experience. I continue to hope that the federal government will someday allow states to spotlight the wealth of experience that is on PAC member councils.

Environmental Factors and Plan

22. Public Comment on the State Plan - Required

Narrative Question

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

Please respond to the following items:

1. Did the state take any of the following steps to make the public aware of the plan and allow for public comment?
- a) Public meetings or hearings? Yes No
- b) Posting of the plan on the web for public comment? Yes No
- If yes, provide URL:
<https://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 No

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

There are none at this time.

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Footnotes:

This miniapplication and preceding years application materials have been placed on the ODMHSAS website for public comment prior to grant submission and they remain on the website to allow for public comment. Comments are recorded via web link response. Other than what has been made during the PAC meeting, there have not been any comments made on the miniapplication. In addition to posting on the ODMHSAS website, the block grant coordinator has a statement on her signature line, in her work email, directing people to the ODMHSAS website and inviting a review and feedback to the materials posted there. As she corresponds with a wide range of people throughout Oklahoma, this is seen by a large number of people.

Environmental Factors and Plan

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

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

Narrative Question:

The Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) restriction^{1,2} on the use of federal funds for programs distributing sterile needles or syringes (referred to as syringe services programs (SSP)) was modified by the [Consolidated Appropriations Act, 2018](#) (P.L. 115-141) signed by President Trump on March 23, 2018³.

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

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

States may consider making SUPTRS BG funds available to either one or more entities to establish elements of a SSP or to establish a relationship with an existing SSP. States should keep in mind the related PWID SUPTRS BG authorizing legislation and implementing regulation requirements when developing its Plan, specifically, requirements to provide outreach to PWID, SUD treatment and recovery services for PWID, and to routinely collaborate with other healthcare providers, which may include HIV/STD clinics, public health providers, emergency departments, and mental health centers⁴. SAMHSA funds cannot be supplanted, in other words, used to fund an existing SSP so that state or other non-federal funds can then be used for another program.

In the first half of calendar year 2016, the federal government released three guidance documents regarding SSPs⁵: These documents can be found on the Hiv.gov website: <https://www.hiv.gov/federal-response/policies-issues/syringe-services-programs>

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

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

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

Future years are subject to authorizing language in appropriations bills.

End Notes

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

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

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

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

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

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

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

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

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

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

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

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

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Footnotes:

ODMHSAS is not pursuing this, at this time.

Environmental Factors and Plan

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

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

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

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Footnotes:

ODMHSAS is not pursuing this, at this time.