Oklahoma

UNIFORM APPLICATION
FY 2026/2027 Combined MHBGSUPTRS BG ApplicationBehavioral Health Assessment and Plan

SUBSTANCE ABUSE PREVENTION AND TREATMENT
and
COMMUNITY MENTAL HEALTH SERVICES
BLOCK GRANT

OMB - Approved 05/28/2025 - Expires 01/31/2028
(generated on 08/27/2026 5.14.48 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	2027
End Year	2028

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	Joshua
Last Name	Anderson, J.D.
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) 496-2674
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	Joshua
Last Name	Anderson, J.D.
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) 496-2674
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 8/27/2026 1:32:48 PM

VI. Contact Person Responsible for Application Submission

First Name Stephanie

Last Name Gay

Telephone (405) 801-7824

Fax

Email Address sgay@odmhsas.org

OMB No. 0930-0168 Approved: 05/28/2025 Expires: 01/31/2028

Footnotes:

State Information

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

Fiscal Year 2027

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

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.

8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

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

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

2. Certification Regarding Drug-Free Workplace Requirements

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

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

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

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

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

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

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

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

3. Certifications Regarding Lobbying

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

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

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

attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)

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

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

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

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

5. Certification Regarding Environmental Tobacco Smoke

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

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

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

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

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

HHS Assurances of Compliance (HHS 690)

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

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

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

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

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

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

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

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

State: _____

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

Signature of CEO or Designee[1]: _____

Title: _____ Date Signed: _____

mm/dd/yyyy

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

OMB No. 0930-0168 Approved: 05/28/2025 Expires: 01/31/2028

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,

J. Kevin Stitt
Governor

STATE CAPITOL BUILDING • 2300 N. LINCOLN BOULEVARD, SUITE 100 • OKLAHOMA CITY, OKLAHOMA 73105 • (405) 521-2342 • (405) 521-3353

State Information

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

Fiscal Year 2027

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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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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.
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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: Oklahoma

Name of Chief Executive Officer (CEO) or Designee: Joshua Anderson

Signature of CEO or Designee[1]:

Title: Interim Commissioner

Date Signed: 08/26/2026
mm/dd/yyyy

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

OMB No. 0930-0168 Approved: 05/28/2025 Expires: 01/31/2028

Footnotes:

State Information

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

Fiscal Year 2027

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 II 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.
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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;
    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;
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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
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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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5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

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

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

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

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

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

Signature of CEO or Designee[1]: _____

Title: _____ Date Signed: _____

mm/dd/yyyy

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

OMB No. 0930-0168 Approved: 05/28/2025 Expires: 01/31/2028

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,

J. Kevin Stitt
Governor

STATE CAPITOL BUILDING • 2300 N. LINCOLN BOULEVARD, SUITE 100 • OKLAHOMA CITY, OKLAHOMA 73105 • (405) 521-2342 • (405) 521-3353

State Information

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

Fiscal Year 2027

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 II 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

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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

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ASSURANCES - NON-CONSTRUCTION PROGRAMS

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

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

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

management program developed under the Costal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

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

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LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

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

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

2. Certification Regarding Drug-Free Workplace Requirements

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

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

3. Certifications Regarding Lobbying

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

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

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

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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: Jocelyn Anderson

Signature of CEO or Designee[1]:

Title: Interim Commissioner Date Signed: 08/25/2026

mm/dd/yyyy

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

OMB No. 0930-0168 Approved: 05/28/2025 Expires: 01/31/2028

Footnotes:

State Information

Disclosure of Lobbying Activities

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

Name

Joshua Anderson, J.D.

Title

Interim Commissioner

Organization

Oklahoma Department of Mental Health and Substance Abuse Services

Signature: Date:

OMB No. 0930-0168 Approved: 05/28/2025 Expires: 01/31/2028

Footnotes:
Not Applicable.

Planning Tables

Table 2: MHBG Planned State Agency Budget for SFY2027

States are asked to present their projected one-year budget at the State Agency level, including all levels of state and applicable federal funds to be expended on mental health and substance use services allowable under each Block Grant. When planning their budgets, states should keep in mind all statutory requirements outlined in the application Funding Agreement/Certifications and Assurances.

Table 2 addresses funds budgeted to be expended during State Fiscal Year (SFY) 2027 (for most states, the 12-month period is July 1, 2026, through June 30, 2027).

Include public mental health services provided by mental health providers or funded by the state mental health agency by source of funding.

Planning Period Start Date: 7/1/2026 Planning Period End Date: 6/30/2027

Activity	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
1. Substance Use Disorder Prevention and Treatment							
a. Pregnant Women and Women with Dependent Children (PWWDC)							
b. All Other							
2. Recovery Support Services							
3. Primary Prevention							
4. Early Intervention Services for HIV							
5. Tuberculosis Services							
6. Evidence-Based Practices For Early Serious Mental Illness including First Episode Psychosis (10 percent of total MHBG award)[a]		$1,109,438.00					
7. State Hospital							
8. Other Psychiatric Inpatient Care							
9. Other 24-Hour Care (Residential Care)							
10. Ambulatory/Community Non-24 Hour Care		$7,022,142.00	$175,520,942.00	$27,208,289.00	$327,617,069.00		
11. Crisis Services (5 percent set-aside) Set Aside[b]		$2,408,077.00					
12. Other Capacity Building/Systems Development							
13. Administration[c]		$554,719.00					
14. Total		**$11,094,376.00**	**$175,520,942.00**	**$27,208,289.00**	**$327,617,069.00**	**$0.00**	**$0.00**

[a] Row 6 in Column B: per statute, states are required to set-aside 10 percent of the total MHBG award for evidence-based practices for Early Serious Mental Illness (ESMI), including Psychotic Disorders.

[b] Row 11 in Column B: per statute, states are required to set-aside 5 percent of the total MHBG award for Behavioral Health Crisis Services (BHCS) programs.

[c] Per statute, administrative expenditures for the MHBG cannot exceed 5 percent of the fiscal year award.

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Footnotes:
The Other Capacity Building Spot, on this table, is greyed out. Other Capacity Building amount, in the amount of $463,025.00 is added into Other Ambulatory.

Planning Tables

Table 4: SUPTRS BG Planned Award Budget by Federal Fiscal Year

In addition to projecting planned expenditures by State Fiscal Year (Table 2), states must project how they will use SUPTRS BG funds to provide authorized services as required by the SUPTRS BG regulations and expenditure categories. Therefore, Plan Table 4 must be completed for the SUPTRS BG awarded for Federal Fiscal Year (FFY) 2026 and FFY 2027. The totals for each Fiscal Year should match the SUPTRS BG Final Allotments for the state.

Planning Period Start Date: 10/1/2026 Planning Period End Date: 9/30/2027

Expenditure Category	FFY 2026 SUPTRS BG Award	FFY 2027 SUPTRS BG Award
1 . Substance Use Disorder Prevention[a] and Treatment	**$13,139,425.00**	**$13,833,907.00**
2 . Recovery Support Services[b]	**$410,600.00**	**$133,920.00**
3 . Substance Use Primary Prevention[c]	**$3,671,001.00**	**$2,984,861.00**
4 . Early Intervention Services for HIV[d]	**$0.00**	**$0.00**
5 . Tuberculosis Services	**$0.00**	**$0.00**
6 . Other Capacity Building/Systems Development[e]	**$1,010,242.00**	**$1,805,524.00**
7 . Administration[f]	**$898,570.00**	**$987,274.00**
8. Total	**$19,129,838.00**	**$19,745,486.00**

[a]Prevention other than primary prevention. The amount in this row should reflect the planned budget for direct services during the planning period. Do not include budgeted funds for other capacity building/systems development, those are required to be presented in Row 6 of this table.

[b]This expenditure category is mandated by Section 1243 of the Consolidated Appropriations Act, 2023 and includes an aggregate of budget allowable under the 2023 guidance, "Allowable Recovery Support Services (RSS) Expenditures through the SUBG and the MHBG." Only present the estimated budget for RSS for those in need of RSS from substance use disorder. Do not include budgeted funds for other capacity building/systems development, those are required to be presented in Row 6 of this table.

[c]This row should reflect the state's planned budget of direct primary prevention activities. Activities include those used for universal, selective, and indicated substance use prevention activities. The budget for direct activities in this row should match the total budget planned in Table(s) 5a and 5b. Do not include budgeted funds for other capacity building/systems development, those are required to be presented in Row 6 of this table.

[d]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.

[e]Other Capacity Building/System Development include those activities relating to substance use per **45 CFR §96.122 (f)(1)(v)**. The amount presented here should reflect the total found in Planning Table 6 across treatment, recovery, and primary prevention.

[f]Per **45 CFR §96.135** Restrictions on expenditure of grant, the State involved will not expend more than 5 percent of the BG to pay the costs of administering the SUPTRS BG.

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Footnotes:

Table 4, Row 3 + Table 6 SUPTRS BG, Column C=20% Prevention setaside.
On this table, Row 4: Oklahoma is not an HIV state and for Row 5: In Oklahoma, the Tuberculosis services are provided through local Oklahoma State Department of Health Facilities or through other community health care programs, i.e. an FQHC. However, all of our substance use disorder service providers are contractually required to make tuberculosis services available to individuals receiving substance use disorder treatment. They do this via referral to the above entities.

Planning Tables

Table 4: MHBG State Agency Planned Budget

Table 4 addresses the planned SFY 2027 budget for MHBG. Please use this table to capture your estimated budget for MHBG-funded services and programs over a 12-month period (for most states, it is July 1, 2026 - June 30, 2027).

Planning Period Start Date: 7/1/2026 Planning Period End Date: 6/30/2027

MHBG-Funded Services	MHBG Funds Budgeted for This Item
1. Services for Adults	
1a. EBPs for Adults	$0.00
1b. Crisis Services for Adults	$1,387,293.00
1c. CSC/ESMI program for Adults	$0.00
1d. Other outpatient/ambulatory services for Adults	$3,778,703.00
1e. *Other Direct Services for Adults	$0.00
2. Subtotal of Services for Adults	$$5,165,996.00
3. Services for Children	
3a. EBPs for Children	$0.00
3b. Crisis Services for Children	$1,020,784.00
3c. CSC/ESMI program for Children	$1,109,438.00
3d. Other outpatient/ambulatory services for Children	$2,780,414.00
3e. *Other Direct Services for Children	$0.00
4. Subtotal of Services for Children	$$4,910,636.00
5. Other Capacity Building/Systems Development	$463,025.00
6. Administrative Costs	$554,719.00
7. *Any Other Cost	$0.00
8. Total MHBG Allocation[c]	**$$11,094,376.00**

Please provide brief explanation for services with an asterisk* below:

[a]This row for Other Capacity Building/Systems Development should be equal to the total of your planned budget in Table 6 for a 12 month period.

[b]Administrative Costs should not exceed 5 percent of total MHBG allocation.

[c]The total budget should be equal to your MHBG allocation for the FY2027 12 month period.

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Footnotes:

Planning Tables

Table 5a SUPTRS BG Primary Prevention Planned Budget by Strategy and Institutes of Medicine (IOM) Categories

Planning Period Start Date: 10/1/2026 Planning Period End Date: 9/30/2027

Strategy	IOM Classification	FFY 2026 SUPTRS BG Award	FFY 2027 SUPTRS BG Award
1. Information Dissemination	Universal	$890,600	$732,624
	Selective	$0	$0
	Indicated	$0	$0
	Unspecified	$0	$0
	Total	**$890,600**	**$732,624**
2. Education	Universal	$323,113	$262,045
	Selective	$0	$0
	Indicated	$0	$0
	Unspecified	$0	$0
	Total	**$323,113**	**$262,045**
3. Alternatives	Universal	$19,823	$26,119
	Selective	$0	$0
	Indicated	$0	$0
	Unspecified	$0	$0
	Total	**$19,823**	**$26,119**
4. Problem Identification and Referral	Universal	$0	$0
	Selective	$0	$0
	Indicated	$0	$0
	Unspecified	$0	$0
	Total	**$0**	**$0**
	Universal	$890,599	$687,799
	Selective	$0	$0

5. Community-Based Processes	Indicated	$0	$0
	Unspecified	$0	$0
	Total	**$890,599**	**$687,799**
6. Environmental	Universal	$1,416,703	$1,170,641
	Selective	$0	$0
	Indicated	$0	$0
	Unspecified	$0	$0
	Total	**$1,416,703**	**$1,170,641**
7. Section 1926 (Synar)-Tobacco	Universal	$130,163	$105,633
	Selective	$0	$0
	Indicated	$0	$0
	Unspecified	$0	$0
	Total	**$130,163**	**$105,633**
8. Other	Universal	$0	$0
	Selective	$0	$0
	Indicated	$0	$0
	Unspecified	$0	$0
	Total	**$0**	**$0**
Total Prevention Budget		**$3,671,001**	**$2,984,861**
Total Award [a]		**$19,129,838**	**$19,745,486**
Planned Primary Prevention Percentage		**19.19%**	**15.12%**

[a] Total SUPTRS BG Award is populated from Plan Table 4 SUPTRS BG Planned Award Budget by Federal Fiscal Year

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Footnotes:

The Prevention total is $3,949,097.00. However, after subtracting the $964,236.00 allocated on Table 6 (SUPTRS BG, Column C), the total is now $2,984,861.00. ($2,984,861.00 (Table 5a total) + $964,236.00 (Table 6 SUPTRS BG, Column C) = $3,949,097.00. The percentage at the bottom is not 100% because it is not factoring in the Prevention amount in Table 6 SUPTRS BG, Column C.

Planning Tables

Table 5b SUPTRS BG Planned Primary Prevention Budget by Institutes of Medicine (IOM) Categories

States should identify the planned budget for primary prevention disaggregated by IOM Categories the state plans to prioritize with primary prevention set-aside dollars from the FFY 2026 and FFY 2027 SUPTRS BG allotments.

Planning Period Start Date: 10/1/2026 Planning Period End Date: 9/30/2027

Strategy	FFY 2026 SUPTRS BG Award	FFY 2027 SUPTRS BG Award
1. Universal Direct		
2. Universal Indirect		
3. Selective		
4. Indicated		
5. Column Total		**$0**
6. Total SUPTRS Award[a]	**$19,129,838**	**$19,745,486**
7. Primary Prevention Percentage	**0.00%**	**0.00%**

[a] Total SUPTRS BG Award is populated from Plan Table 4 SUPTRS BG Planned Award Budget by Federal Fiscal Year

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Footnotes:

Not applicable. Completed in Table 5a.

Planning Tables

Table 5c SUPTRS BG Planned Primary Prevention Priorities

States should identify the categories of substances the state plans to prioritize with primary prevention set-aside dollars from the FFY 2027 SUPTRS BG award.

Planning Period Start Date: 10/1/2026 Planning Period End Date: 9/30/2027

Priority Substances	FFY 2026 SUPTRS BG Award	FFY 2027 SUPTRS BG Award
Alcohol	☑	☑
Tobacco/Nicotine-Containing Products	☑	☑
Cannabis/Cannabinoids	☑	☑
Prescription Medications	☑	☑
Cocaine	☐	☐
Heroin	☐	☐
Inhalants	☐	☐
Methamphetamine	☑	☑
Fentanyl or Other Synthetic Opioids	☑	☑
Other	☐	☐
Priority Populations		
Students in College	☑	☑
Military Families	☑	☑
American Indian/Alaska Native	☑	☑
African American	☑	☑
Hispanic	☑	☑
Persons Experiencing Homelessness	☑	☑
Native Hawaiian/Pacific Islander	☑	☑
Asian	☑	☑
Rural	☑	☑

Footnotes:

Planning Tables

Table 6 SUPTRS BG Other Capacity Building/Systems Development Activities

Please enter the total amount of the SUPTRS BG budgeted for each activity described above, by treatment, recovery support services and primary prevention. In budgeting for each activity, states should break down the row budget by funds planned for SSA activities and those planned to be contracted out under other subrecipient contracts. States should plan their budgets on a single Federal Fiscal Year (FFY), specified in the table below.

Planning Period Start Date: 10/1/2026 Planning Period End Date: 9/30/2027

Activity	FFY 2026			FFY 2027		
	A. SUPTRS Treatment	B. SUPTRS Recovery Support Services	C. SUPTRS Primary Prevention	A. SUPTRS Treatment	B. SUPTRS Recovery Support Services	C. SUPTRS Primary Prevention
1. Information Systems	$0.00	$0.00	$0.00	$0.00	$0.00	$13,500.00
a. Single State Agency (SSA)	$25,000.00	$0.00	$0.00	$0.00	$0.00	$0.00
b. All other subrecipient contracts	$0.00	$0.00	$100,000.00	$0.00	$0.00	$13,500.00
2. Infrastructure Support	$0.00	$0.00	$0.00	$25,101.00	$0.00	$768,385.00
a. Single State Agency (SSA)	$0.00	$0.00	$0.00	$25,101.00	$0.00	$768,385.00
b. All other subrecipient contracts	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
3. Partnerships, community outreach, and needs assessment	$0.00	$0.00	$0.00	$326,830.00	$31,495.00	$43,937.00
a. Single State Agency (SSA)	$0.00	$0.00	$10,000.00	$326,830.00	$31,495.00	$28,793.00
b. All other subrecipient contracts	$360,000.00	$0.00	$0.00	$0.00	$0.00	$15,144.00
4. Planning Council Activities	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
a. Single State Agency (SSA)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
b. All other subrecipient contracts	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
5. Quality Assurance and Improvement	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
a. Single State Agency (SSA)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
b. All other subrecipient contracts	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
6. Research and Evaluation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

a. Single State Agency (SSA)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
b. All other subrecipient contracts	$65,000.00	$0.00	$19,967.00	$0.00	$0.00	$0.00
7. Training and Education	$0.00	$0.00	$0.00	$457,862.00	$0.00	$138,414.00
a. Single State Agency (SSA)	$0.00	$0.00	$25,000.00	$457,862.00	$0.00	$113,331.00
b. All other subrecipient contracts	$396,275.00	$9,000.00	$0.00	$0.00	$0.00	$25,083.00
8. Total	**$846,275.00**	**$9,000.00**	**$154,967.00**	**$809,793.00**	**$31,495.00**	**$964,236.00**

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Footnotes:

Table 6 SUPTRS BG, Column C + Table 4, Row 3= the 20% Prevention setaside. Table 6 SUPTRS BG, Column C + Table 5a= the 20% Prevention setaside.

Planning Tables

Table 6: MHBG Other Capacity Building/Systems Development Activities

MHBG Plan Table 6 address MHBG funds to be expended on other capacity building /systems development activities during State Fiscal Year (SFY) 2027 (for most states, the 12-month period is July 1, 2026, through June 30, 2027). Please use these columns to capture how much the state plans to expend over a 12-month period.

MHBG Planning Period Start Date: 07/01/2026 MHBG Planning Period End Date: 06/30/2027

Activity	FFY 2026 MHBG[1]	FFY 2026 BSCA Funds[2]	FFY 2027 MHBG[3]
1. Information Systems	$20,000.00	$20,000.00	$20,000.00
2. Infrastructure Support	$0.00	$0.00	
3. Partnerships, Community Outreach, and Needs Assessment	$599,720.00	$0.00	$263,132.00
4. Planning Council Activities	$0.00	$0.00	
5. Quality Assurance and Improvement	$0.00	$0.00	
6. Research and Evaluation	$0.00	$0.00	
7. Training and Education	$140,800.00	$0.00	$179,893.00
8. Total	**$760,520.00**	**$20,000.00**	**$463,025.00**

[1] The standard MHBG planned expenditures captured in column A should reflect the state planned budget for this planning period (SFYs 2026 and 2027) [**July 1, 2025 – June 30, 2027**, for most states].

[2] The expenditure period for the 3rd and 4th allocations of the Bipartisan Safer Communities Act (BSCA) funding is **September 30, 2024 – September 29, 2026** (3rd increment) and **September 30, 2025 – September 29, 2027** (4th increment). Column B should reflect the state planned budget for this planning period (SFYs 2026 and 2027) [**July 1, 2025, through June 30, 2027** for most states].

[3] The standard MHBG planned expenditures captured in column A should reflect the state planned budget for this planning period (SFY2027) [**July 1, 2026 – June 30, 2027**, for most states].

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Footnotes:

Environmental Factors and Plan

2. Evidence-Based Practices for Early Interventions to Address Early Serious Mental Illness (ESMI) – 10 percent set aside – Required for MHBG

Narrative Question

Much of the mental health treatment and recovery service efforts are focused on the later stages of illness, intervening only when things have reached the level of a crisis. While this kind of treatment is critical, it is also costly in terms of increased financial burdens for public mental health systems, lost economic productivity, and the toll taken on individuals and families. There are growing concerns among individuals and family members that the mental health system needs to do more when people first experience these conditions to prevent long-term adverse consequences. Early intervention is critical to treating mental illness as soon as possible following initial symptoms and reducing possible lifelong negative impacts such as loss of family and social supports, unemployment, incarceration, and increased hospitalizations *[Note: MHBG funds cannot be used for primary prevention activities. States cannot use MHBG funds for prodromal symptoms (specific group of symptoms that may precede the onset and diagnosis of a mental illness) and/or those who are not diagnosed with SMI or SED].* The duration of untreated mental illness, defined as the time interval between the onset of symptoms and when an individual gets into appropriate treatment, has been a predictor of outcomes across different mental illnesses. Evidence indicates that a prolonged duration of untreated mental illness may be a negative prognostic factor. However, earlier treatment and interventions not only reduce acute symptoms but may also improve long-term outcomes.

The working definition of an Early Serious Mental Illness is "An early serious mental illness or ESMI is a condition that affects an individual regardless of their age and that is a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-5TR (APA, 2022). For a significant portion of the time since the onset of the disturbance, the individual has not achieved or is at risk for not achieving the expected level of interpersonal, academic, or occupational functioning. This definition is not intended to include conditions that are attributable to the physiologic effects of a substance use disorder, are attributable to an intellectual/developmental disorder or are attributable to another medical condition. The term ESMI is intended for the initial period of onset."

States may implement models that have demonstrated efficacy, including the range of services and principles identified by the Recovery After an Initial Schizophrenia Episode **(RAISE)** initiative. Utilizing these principles, regardless of the amount of investment, and by leveraging funds through inclusion of services reimbursed by Medicaid or private insurance, states should move their system to address the needs of individuals experiencing first episode of psychosis (FEP). RAISE was a set of federal government- sponsored studies beginning in 2008, focusing on the early identification and provision of evidence-based treatments to persons experiencing FEP. The RAISE studies, as well as similar early intervention programs tested worldwide, consist of multiple evidence-based treatment components used in tandem as part of a Coordinated Specialty Care (CSC) model, and have been shown to improve symptoms, reduce relapse, and lead to better outcomes.

States shall expend not less than 10 percent of the MHBG amount the State receives for carrying out this section for each fiscal year to support evidence-based programs that address the needs of individuals experiencing early serious mental illness, including psychotic disorders, regardless of the age of the individual at onset. In lieu of expending 10 percent of the amount, the state receives under this section for a fiscal year as required, a state may elect to expend not less than 20 percent of such amount by the end of such succeeding fiscal year.

Please respond to the following items:

1. Please name the evidence-based model(s) for ESMI, including psychotic disorders, that the state implemented using MHBG funds including the number of programs for each.

Model(s)/EBP(s) for ESMI	Number of programs
NAVIGATE	2.00
eSMI Outreach	13.00
	0.00
	0.00
	0.00

	0.00

2. Please provide the total budget/planned expenditure for ESMI for FY 26 and FY 27 (only include MHBG funds).

FY2026	FY2027
	1,109,438.00

3. Please describe the status of billing Medicaid or other insurances for ESMI services. How are components of the model currently being billed? Please explain.

NAVIGATE Treatment services are billed fee for service. If the client has private insurance, then insurance is the payor. If the client has Medicaid, then Medicaid pays. If the client does not have Medicaid or the service is not covered by Medicaid and it is a service that we have approval for, then ODMHSAS pays.

eSMI Outreach is paid on a fixed 1/12 monthly amount through the CCBHC.

4. Please provide a description of the programs that the state funds to implement evidence-based practices for those with ESMI.

NAVIGATE is a Coordinated Specialty Care model that is a collaborative, recovery-oriented approach involving clients, treatment team members, and when appropriate, family, as active participants. This comprehensive early treatment model is focused on helping young people aged 16-30 who have experienced their first episode of psychosis within the last two years to help them be more successful in their homes and in their communities. The teams of providers consist of: Individual Therapist/IRT Specialist, Family Clinician, Individual Placement and Support staff/Supported Education and Employment staff (who assist with employment/education and housing), Case Manager, PRSS, and a Psychiatrist. In addition to this, because the NAVIGATE teams are located at Certified Community Behavioral Health Clinics (CCBHCs), NAVIGATE consumers have access to all of the other services that the CCBHCs have to offer, such as Wellness services, medication clinic services, and crisis services.

EBP: NAVIGATE
We currently have one NAVIGATE program at Family and Children's Services and it has two teams. We are bringing in NAVIGATE trainers to train a NAVIGATE team at Hope Community Services.

• Family and Children's Services is a Certified Community Behavioral Health Clinic (CCBHC) with a full array of services available. They are located in Tulsa and serve all of Tulsa County. Tulsa is one of the two urban areas in Oklahoma.

• Hope Community Services is a Certified Community Behavioral Health Clinic (CCBHC) with a full array of services available. They are located in Oklahoma City and serve all of Oklahoma County. Oklahoma City is one of the two urban areas in Oklahoma.

EBP: (EBP)- Individualized Placement and Support (IPS)/ (Promising Practice)-Supported Education and Employment (SEE)
The NAVIGATE teams are able to choose to render either IPS or SEE, within their NAVIGATE program. They have experience with both and will be using the model that fits best within their program.

EBP: Trainings for Cognitive Behavioral Therapy (CBT), Recovery Oriented Cognitive Therapy (CT-R), and Cognitive Behavioral Therapy for Psychosis (CBTp) are being offered throughout Oklahoma. They are offered free of charge to all clinicians and CEU's are provided. This is to done to increase competence in rendering this modality for all clinicians as this population may not always seek or be able to seek services at a CCBHC. Additionally, the Beck Institute recently provided training on CT-R for Paraprofessionals. This training provided instruction, to paraprofessionals, on how to differentiate between disconnected and adaptive modes, activating adaptive modes and enriching aspirations. The training was very well received.

Family and Children's Services is also implementing the STRIDE program, which will serve consumers with are experiencing Bipolar Disorder, along with First Episode Psychosis. Family and Children's Services received training on the STRIDE program from our NAVIGATE consultant.

Statewide, eSMI outreach programs are provided through 13 CCBHC service areas to develop and maintain collaborative relationships with local higher education institutions (colleges and vo-techs) and local hospitals to connect with the age range that is most at risk for eSMI. This outreach allows for intervention at the earliest juncture (prior to significant consequences such as homelessness, multiple hospitalizations, etc.) The outreach staff develop relationships with personnel located at these facilities and these maintained connections result in rapid referrals as well as the outreach staff being available for any trainings or technical assistance, associated with eSMI, that the facilities may need.

5. Does the state monitor fidelity of the chosen EBP(s)? (●) Yes ( ) No

6. Does the state or another entity provide trainings to increase capacity of providers to deliver interventions related to ESMI? (●) Yes ( ) No

7. Explain how programs increase access to essential services and improve client outcomes for those with an ESMI.

The NAVIGATE teams have experience with rendering either SEE or IPS services, which will assist their consumers with education and employment. NAVIGATE client have access to the state wide Youth Subsidy housing program that provides rental assistance and utility assistance for up to 12 months. If the NAVIGATE consumer has additional conditions that need to be addressed, i.e. suicidal or homicidal ideations, they are added to a specific clinical pathway with increased, detailed monitoring and a focus on engagement. In order to be removed from those pathways, special criteria have to be met which include (but are not limited to) no recent crisis episodes and two low risk completed Columbia assessments.

In addition to the NAVIGATE program itself, because the program is located within a CCBHC, the individual has access to all of the services that the CCBHC offers, including crisis services, wellness services, medication clinic services. CCBHC's also are responsible for outpatient clinic primary care screening and monitoring of key health indicators and health risk. Required primary care screening and monitoring of key health indications and health risks, for this population, include: adult body mass index screening and follow up, blood pressure, tobacco use/screening and cessation intervention, screening for clinical depression and follow up plan, unhealthy alcohol use, diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotic medications, diabetes care for people with serious mental illness, metabolic monitoring adolescents on antipsychotics, cardiovascular health screening for people with diabetes, adherence to mood stabilizers for individuals with bipolar disorder, adherence to antipsychotic medications for individuals with schizophrenia and antidepressant medication management.

8. Please describe the planned activities in FY2027 for your state's ESMI programs.

ODMHSAS is continuing to work on the Clinical High Risk for Psychosis (CHR-P) grant. Screening and assessments have been designated. Assistance in the form of bilingual screeners and information on the implementation of those screeners has been delivered. Additionally, information on obtaining training to render the assessment has also been disseminated. Providers have been instructed to refer those who are screened for CHR-P services and are in need of a higher level of care, to the NAVIGATE program.

In addition to the trainings already discussed above, a whole NAVIGATE training will soon be occurring for Hope Community Services. This training will offer information to newly hired NAVIGATE staff, increasing their competence and will serve as a refresher for those NAVIGATE staff that would benefit from attending. NAVIGATE staff receive monthly consulting from our NAVIGATE consultants. There are also ongoing discussions on instituting fidelity monitoring for the NAVIGATE model.

Family and Children's Services underwent training for the STRIDE program in the early part of 2026. This has allowed them to begin consumers with Bipolar Disorder with FEP. This is further expanding their reach.

A provider, that services primarily rural areas, has recently expressed interest in providing coordinated specialty care services in Oklahoma. ODMHSAS will be adding their staff into the NAVIGATE training and consultation as well.

Continued work will also be done with those sites conducting eSMI outreach. eSMI outreach staff is already rendering outreach to hospitals, vo-techs and colleges and they are beginning to reach out to other settings in which this population's age range and possible symptomology may be encountered, such as vocational schools (cosmetology, welding, horseshoeing) as well as urgent cares.

9. Please list the diagnostic categories identified for each of your state's ESMI programs.

The NAVIGATE programs are serving those individuals aged 16 – 30 who are newly diagnosed (in the past two years) with a Schizophrenia Spectrum Disorder (Schizophreniform Disorder, Schizophrenia, or Schizoaffective Disorder). Through the STRIDE program, they are also treating those with Bipolar Disorder with FEP.

Our eSMI outreach serving programs are serving those individuals aged 16-30 who are newly diagnosed with a mental illness and meet criteria for Serious Mental Illness. This outreach includes FEP.

10. What is the estimated incidence of individuals experiencing first episode psychosis in the state?

2,507

11. What is the state's plan to outreach and engage those experiencing ESMI who need support from the public mental health system?

Continued outreach will be done with colleges, vo-techs and hospitals. In addition to this, ODMHSAS also has a Healthy Transitions Grant and, through this, has established a streamlined referral process and services for colleges in their counties that this grant is serviced through. CCBHCs perform outreach with the homeless population, going into homeless shelters and drop-in centers, to assist with services and referrals to treatment. Also, the CHR-P grant will continue through 2027, which will enable those clients who are experiencing chronic high risk of psychosis to be served, as well as identifying and referring those in higher need of services to Navigate treatment. Additionally, the CCBHCs have access to a most in need list which gives them contact information for those who have had multiple crisis episodes or hospitalizations. This will also be a resource so that the CCBHCs can reach out and make contact with these high need individuals to see if they would be appropriate for and benefit from NAVIGATE.

12. Please indicate area of technical assistance needs related to this section.

Not applicable.

Footnotes:

Environmental Factors and Plan

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

Narrative Question

There is a mandatory 5 percent set-aside within 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 evidence-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 fund 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.The expectation is that states will build on the emerging and growing body of evidence, including guidance developed by the federal government, 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 services to support reducing distress, and the promotion of skill development and outcomes, all towards managing costs and better investment of resources.

Several resources exist to help states. These include **Crisis Services: Meeting Needs, Saving Lives**, which consists of the "**National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit**" as well as an Advisory: **Advisory: Peer Support Services in Crisis Care** There is also the **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 the 5 percent set aside. This coordination will help ensure services for individuals are swiftly identified and are engaged in the core crisis care elements.

When individuals experience a crisis related to mental health, substance use, and/or homelessness (due to mental illness or a co-occurring disorder), a no-wrong door comprehensive crisis system should be put in place. Based on the National Guidelines, there are three major components to a comprehensive crisis system, and each must be in place in order for the system to be optimally effective. These three-core structural or programmatic elements are: Crisis Call Center, Mobile Crisis Response Team, and Crisis Receiving and Stabilization Facilities.

Crisis Contact Center. In times of mental health or substance use crisis, 911 is typically called, which results in police or emergency medical services (EMS) dispatch. A crisis call center (which may provide text and chat services as well) provides an alternative. Crisis call centers should be made available statewide, provide real-time access to a live crisis counselor on a 24/7 basis, meet National Suicide Prevention Lifeline operational guidelines, and serve as "Air Traffic Control" to assess, coordinate, and determine the appropriate response to a crisis. In doing so, these centers should integrate and collaborate with existing 911 and 211 centers, as well as other applicable call centers, to ensure access to the appropriate level of crisis response. 211 centers serve as an entry point to crisis services in many states and provide information and referral to callers on where to obtain assistance from local and national social

services, government agencies, and non-profit organizations.

The public has become accustomed to calling 911 for any emergency because it is an easy number to remember, and they receive a quick response. Many of the crisis systems in the United States continue to use 911 for several reasons such as they are still building their crisis systems or because they have no mechanism to fund a call center separate from 911. However, they recognize that the sure way to minimize the involvement of law enforcement in a behavioral health crisis response is to divert calls from 911. There are basically three diversion models in operation at this time: (1) the 911-based system with dispatchers who forward calls to either law enforcement's responder team (law enforcement officer with a behavioral health professional) or to their Crisis Intervention Team (CIT) with law enforcement officers who have received Crisis Intervention Training, including awareness of mental health and substance use disorders, and related symptoms, de-escalation methods, and how to engage and connect people to supportive services; (2) the 911-based system with well-trained 911 dispatchers who triage calls to state or local crisis call centers for individuals who are not a threat to themselves or others; the call centers may then refer appropriate calls to local mobile response teams (MRTs), also called mobile crisis teams (MCTs); and (3) State or local Crisis Contact Centers with well-trained counselors who receive calls directly (without utilizing 911 at all) on their own toll-free numbers.

Mobile Crisis Response Team. Once a behavioral health crisis has been identified and a crisis line has been called, a mobile response may be required if the crisis cannot be resolved by phone alone. Historically, law enforcement has been dispatched to the location of the individual in crisis. But in an effective crisis system, mobile crisis teams, including a licensed clinician, should be dispatched to the location of the individual in crisis, accompanied by Emergency Medical Services (EMS) or police only as warranted. Ideally, peer support professionals would be integrated into this response. Assessment should take place on site, and the individual should be connected to the appropriate level of care, if needed, as deemed by the clinician and response team.

Crisis Receiving and Stabilization Facilities. In a typical response system, EMS or police would transport the individual in crisis either to an ED or to a jail. Crisis Receiving and Stabilization Facilities provide a cost-effective alternative. These facilities should be available to accept individuals by walk-in or drop-off 24/7 and should have a "no wrong door" policy that supports all individuals, including those who need involuntary services. When anyone arrives, including law enforcement or EMS who are dropping off an individual, the hand-off should be "warm" (welcoming), timely and efficient. These facilities provide assessment for, and treatment of mental health and substance use crisis issues, including initiating medications for opioid use disorder (MOUD), and also provide wrap-around services. The multi-disciplinary team, including peers, at the facility can work with the individual to coordinate next steps in care, to help prevent future mental health crises and repeat contacts with the system, including follow-up care.

Currently, the 988 Suicide and Crisis Lifeline (Lifeline) connects with local call centers throughout the United States. Call center staff is comprised of individuals who are trained to utilize best practices in handling behavioral health calls. Local call centers automatically engage in a safety assessment for every call; if an imminent risk exists and cannot be deescalated, they forward the call to either 911 or to a local mobile crisis team for a response. If there is no imminent risk, the call center will work with the individual (or the person calling on their behalf) for as long as needed or, if necessary, dispatch a local MRT.

988 – 3-Digit behavioral health crisis number. The National Suicide Hotline Designation Act (**P.L. 116-172**) provides an opportunity to support the infrastructure, service and long-term funding for community and state 988 response, a national 3-digit behavioral health crisis number that was approved by the Federal Communications Commission in July 2020. In July 2022, the National Suicide Prevention Lifeline transitioned to 988 Suicide & Crisis Lifeline, but the 1-800-273-TALK is still operational and directs calls to the Lifeline network. The 988 transition has supported and expanded the Lifeline network and will continue utilizing the live-saving behavioral health crisis services that the Lifeline and Veterans Crisis Line centers currently provide.

Building Crisis Services Systems. Most communities across the United States have limited, but growing, crisis services, although some have an organized system of services that provide on-demand behavioral health assessment and stabilization services, coordinate and collaborate to divert from jails, minimize the use of EDs, reduce hospital visits, and reduce the involvement of law enforcement. Those that have such systems did not create them overnight, but it involved dedicated individuals, collaboration, considerable planning, and creative methods of blending sources of funding.

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

Oklahoma's crisis system follows the national model of "Someone to Contact, Someone to Respond, and Somewhere to Go." All Oklahomans have access to the 988 Suicide and Crisis Lifeline (call, text, and chat) through a state-funded, in-state contact center operating 24/7. 911 PSAPs can divert appropriate calls directly to Oklahoma's contact center utilizing a first responder line. This is happening in multiple municipalities in Oklahoma with more to come. Law enforcement is also able to request mobile crisis response to assist them in the community when appropriate. The contact center centrally dispatches Mobile Crisis Teams available statewide, with a focus on youth and adults experiencing behavioral health crises. These teams provide in-person community-based responses in all regions.

Crisis receiving and stabilization services are available statewide through Urgent Recovery Centers (URCs), Crisis Stabilization Units (CSUs), and Crisis Centers (URC and CSU), which accept walk-ins, drop-offs from law enforcement, transfers from Emergency Rooms, and mobile team referrals, operating under a no wrong door policy. These facilities provide under 24-hour observation (URCs) and over 24-hour longer-term stabilization (CSUs) for individuals in crisis, ensuring immediate access to care across urban and rural areas.

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 published 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 published 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.*

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 contact	☐	☐	☐	☐	☐	☑
Someone to respond	☐	☐	☐	☐	☐	☑
Safe place to be	☐	☐	☐	☐	☐	☑

3. Briefly explain your stages of implementation selections here.

Someone to talk to (Someone to contact)- ODMHSAS has full implementation of the someone to talk to through our in-state 988 contact center. Oklahoma has integrated its youth mobile response line with our in-state 988 contact center. We monitor utilizing dashboards, reports from the contact center, ODMHSAS generated reports and the dashboard and reports from the lifeline administrator Vibrant. We also are receptive and appreciate stakeholder feedback when provided.

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 additional mobile crisis coverage needs.

Place to go (Safe place to be) – The ODMHSAS operates, contracts, certifies, and supports Urgent Recovery Clinics and Crisis Stabilization Units Statewide. ODMHSAS is continually reviewing data to determine need and sustainability in communities.

4. Based on the National Guidelines for Behavioral Health Crisis Care and the **National Guidelines for Child and Youth 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. ODMHSAS has established its primary 988 call center with all of the air traffic control type functions described by SAMHSA, created dedicated 988 mobile crisis teams, and has expanded community-based crisis services such as urgent recovery and crisis centers. Additionally, the ODMHSAS has worked to expand access to telehealth services in the crisis continuum with a special emphasis on providing telehealth to all law enforcement officers who will accept, 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. 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. ODMHSAS has integrated its Youth Mobile Response Crisis Line with its 988 Contact Center for more efficiency and cost-effectiveness. ODMHSAS provided and will continue to provide Mobile Response Stabilization Services training.

5. Other program implementation data that characterizes crisis services system development.

Someone to contact: Crisis Contact Capacity

a. Number of locally based crisis call Centers in state
   i. In the 988 Suicide and Crisis lifeline network: 3
   ii. Not in the suicide lifeline network: 13

b. Number of Crisis Call Centers with follow up protocols in place

i. In the 988 Suicide and Crisis lifeline network: 3

ii. Not in the suicide lifeline network: 13

c. Estimated percent of 911 calls that are coded out as BH related: 0

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

a. Independent of public safety first responder structures (police, paramedic, fire): 77

b. Integrated with public safety first responder structures (police, paramedic, fire): 2

c. Number that utilizes peer recovery services as a core component of the model: 77

Safe place to be

a. Number of Emergency Departments: 132

b. Number of Emergency Departments that operate a specialized behavioral health component: 1

c. Number of Crisis Receiving and Stabilization Centers (short term, 23-hour units that can diagnose and stabilize individuals in crisis): 28

6. Briefly describe the proposed/planned activities utilizing the 5% set aside. If applicable, please describe how the state is leveraging the CCBHC model as a part of crisis response systems, including any role in mobile crisis response and crisis follow-up. As a part of this response, please also describe any state-led coordination between the 988 system and CCBHCs.

The ODMHSAS anticipates utilizing the 5% crisis set aside to support a funding gap in the increased cost of our 988 contact center due to increase in 988 utilization in the state and integration of our youth mobile response with our state 988 contact center. We will also use the funding to support direct crisis services in our Urgent Recovery Clinic and Crisis Stabilization Units.

7. Please indicate areas of technical assistance needs related to this section.

None at this time.

OMB No. 0930-0168 Approved: 05/28/2025 Expires: 01/31/2028

Footnotes:

-For the number of locally based crisis call centers in the state (in the 988 suicide and crisis lifeline network), there are currently 1 primary and 2 in-state backup centers but we will be discontinuing the in-state back-up due to high call answer rate with the primary and funding.
-There is not data available at this time for the estimated percent of 911 calls that are coded out as BH related.
-For someone to respond, there are 77 counties, that have mobile behavioral health crisis mobile capacity independent of public safety first responder structures (police, paramedic, fire).
-With regards to safe place to be, there are a total of 132 emergency departments throughout Oklahoma. There are several counties that lack an emergency department.
-With regards to safe place to be, all emergency departments are designated and able to provide behavioral health emergency crisis evaluations. There is one emergency room that has a unit/section (within it) that has a specialized behavioral health component. Most of the emergency rooms just service crises within their regular emergency room. Additionally, Oklahoma does have some hospitals in the state that have inpatient behavioral health beds as part of their system.

Environmental Factors and Plan

14. State Planning/Advisory Council and Input on the Mental Health/Substance Use Block Grant Application – Required for MHBG, Requested for SUPTRS BG

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 assist with implementing and improving the Planning Council, states should consult the **State Behavioral Health Planning Councils: An Introductory Manual.**

Planning Councils are required by statute to review state plans and annual 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 advocates for individuals with M/SUD. States should include any recommendations for modifications to the application or comments to the annual report that were received from the Planning Council as part of their application, regardless of whether the state has accepted the recommendations. States should also submit documentation, preferably a letter signed by the Chair of the Planning Council, stating that the Planning Council reviewed the application and annual report. States should transmit these documents as application attachments.

Please respond to the following items:

1. How was the Council involved in the development and review of the state plan and report? Attach supporting documentation (e.g., meeting minutes, letters of support, letter from the Council Chair etc.)

The Council reviews and gives feedback on the block grant's performance indicators during meetings. These performance indicators are also sent to them, prior to the meeting, so that they have time to review, think about and formulate any questions, prior to the meeting as well. This feedback guides the modification of current indicators and development of new ones. The Council is also sent the Block Grant Application materials (including the Mini-Application) and Block Grant Reports prior to the meetings and, during the meetings. Feedback is solicited prior to the PAC meeting, at the PAC meeting and can occur any time throughout the year.

Block Grant reports were reviewed during the December 18th, 2025, PAC meeting. There were no questions or comments. Meeting minutes are available to SAMHSA, upon request.

In August, the Mini-Application was sent out prior to the PAC meeting, via email beforehand and it was reviewed during the PAC meeting. The supporting documentation referred to above (in the WebBGAS question #1) can be sent to SAMHSA upon request.

2. Has the state received any recommendations on the State Plan or comments on the previous year's State Report?

a. State Plan ○ Yes ◉ No

b. State Report ○ Yes ◉ No

Attach the recommendations /comments that the state received from the Council (without regard to whether the State has made the recommended modifications).

3. What mechanism does the state use to plan and implement community mental health treatment, substance use 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. ODMHSAS program staff support the Council, are present to discuss programs rendering services in the areas of mental health, substance abuse disorder treatment, and prevention. Council members are educated on mental health and substance use/misuse topics, through our legislative reports, presentations focusing on different aspects of mental health, prevention and substance use disorder treatment and recovery support services, and information shared from various state agencies. Additional information is shared with them as we review progress on performance indicators during each meeting. This information, in addition to their life experiences and personal and professional background enable them to give feedback on the application materials and block grant reports. These same mechanisms, that have been utilized to plan and monitor mental health services, are also used by the Council to provide guidance, support, and advocacy related to prevention and substance use disorder treatment and recovery support services. Because the Council is integrated, there is no separate SMHA advisory body.

4. Has the Council successfully integrated substance use prevention and SUD treatment recovery or co-occurring disorder issues, concerns, and activities into its work? ◉ Yes ○ No

5. Is the membership representative of the service area population (e.g., rural, suburban, urban, older adults, families of young children?) (●) Yes ( ) No

6. Please describe the duties and responsibilities of the Council, including how it gathers meaningful input from people in recovery, families, and other important stakeholders, and how it has advocated for individuals with SMI or SED.

The Council consists of 36 members. The Council is made up of residents of Oklahoma and includes representatives of 1) the principal State agencies involved in mental health, substance abuse and prevention and related support services; 2) public and private entities concerned with the need, planning, operation, funding and use of mental health, substance abuse and prevention services and related support activities; 3) adults with serious mental illnesses and/or co-occurring disorders 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. Not only is meaningful input received from those in recovery and their family members, meaningful input is also derived from our providers and state agency members who, in some cases, are either in recovery themselves or have family members. The roles on our PAC group are not siloed to one "designation". Because people are multidimensional, one person can have experience in many of the roles that SAMHSA wants to see reflected within the PAC group.

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. In addition to this, we receive legislative information on mental health and substance use disorder matters. Receiving this information allows PAC members to advocate both on a large scale with legislators as well as on a personal level, with family, friends and acquaintances.

7. Please indicate areas of technical assistance needs related to this section.

Not Applicable.

OMB No. 0930-0168 Approved: 05/28/2025 Expires: 01/31/2028

Footnotes:

August 25, 2026

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 (PAC) to the Oklahoma Department of Mental Health and Substance Abuse Services, I have the privilege of submitting this letter of support for the Oklahoma FY2027 Block Grant Mini Application.

With the exception of the August PAC meeting, priority indicators have been reviewed at each meeting. Council members reviewed the Mini Application and voted unanimously to approve it. Comments have been solicited and recorded from both the PAC group and the public.

ODMHSAS' Aging Services, in their collaboration with other entities, continues to make progress in bringing awareness and age-informed services to, and resources for, this population. This is being done by age-informed trainings and teams and programs that our CCBHCs have either launched or expanded. Additionally, the CCBHC Taskforce, of the Oklahoma Behavioral Health Forum on Aging, led the development of the guiding resource, Aging Services: Recommendations for CCBHCs-Elevating Behavioral Health and Wellbeing as We Age (2026).

There has been meaningful progress in strengthening Oklahoma's Family Treatment Court efforts through statewide fidelity review and implementation improvement efforts focused on evidence-based Family Treatment Court practices. Progress has also been made in serving children/youth who have complex behavioral health needs, which can include co-occurring issues and IDD/DD.

Much work has been done in strengthening Oklahoma's housing system through programs that move individuals from homelessness, hospitals, and correctional settings into stable housing with supportive services. ODMHSAS has also expanded evidence-based employment programs and workforce training opportunities that help individuals with mental health and substance use disorders obtain competitive employment.

ODMHSAS has experienced budgetary constraints and significant turnover in members of Leadership. Additionally, managed care continues to present challenges. In spite of these factors, ODMHSAS remains committed to ensuring that mental health and substance use disorder treatment remains available.

Sincerely,

Andrea Michaels
Chief Operating Officer
NAMI Oklahoma

NOTICE OF MEETING & AGENDA

Planning and Advisory Council to the ODMHSAS SAMHSA Block Grant

ODMHSAS, 2000 N. Classen Blvd., 6th floor conference room, HOPE 4, OKC, OK, 73106

Thursday, August 20th, 2026 - 10:00 a.m. to Noon

https://www.zoomgov.com/j/1619836832

- **Call to Order and Recording of Members Present and Absent** ……..... Andrea Michaels
- **Welcome Remarks and Introduction of Attendees**..... Andrea Michaels

Items Requiring a Vote

- **Vote on Minutes from June 18th, 2026, PAC Meeting** …..……..…..…..…. Andrea Michaels

Presentation

- **No Presentation this Meeting**

Reports

- **Agency Reports** .....Designated Representatives from State Agencies

OK Rehabilitation Services **(Melinda Bunch)**
OK State Dept. of Health **(Alesha Lily)**
OK Office of Juvenile Affairs **(Amy Wright)**
OK Human Services **(Keitha Wilson)**
OK Housing Finance Agency **(Darlene Steeves)**
OK Health Care Authority **(Mary Ann Dimery)**
OK State Dept. of Education **(Rachael Hernandez)**
OK Dept. of Corrections **(Janna Morgan)**

Block Grant Materials

- **Mini-Application Review and Comment Period** ……..… Stephanie Gay

PAC Member Items

- **PAC Member Vacancies for Individual in Recovery and Family Member** ..… Stephanie Gay

  Currently, vacancies for the Individual in Recovery (1) and Family Member (3) categories.
- **PAC Officer Roles** ……. Stephanie Gay

Miscellaneous

- **Next Meeting Agenda Items**.....Andrea Michaels
- **Opportunity for Public Comment** ……..…….…… Andrea Michaels

  This opportunity is including, but not limited to, public comments regarding the State's Mental Health, Substance Abuse, and Prevention Block Grant Plan and Implementation Reports in Accordance with Provisions stated in PL 102-321. Copies can be obtained by calling 405-248-9342.
- **Adjournment** .....Andrea Michaels

Next Meeting:
October 22, 2026 (https://www.zoomgov.com/j/1619836832)
10:00am-12:00pm
Other Meeting Dates: 12/17/2026 (tentative-if needed)

Questions and Comments about the FY27 Miniapp

1) Page 53 Section 7: IPS may only help with employment and education support. Housing is not included and is against fidelity. *Will remove housing.*

2) Page 58 under Safe place to be: Can we clarify the operational definition of 'specialized behavioral-health component' and the data source for that statement? *I've looked through the instructions and there is not an operational definition of that term. The data source would be SAMSHA. I have sent an email to my MHBG GPO to see if she can give guidance.*

   Specifically, does that mean an embedded behavioral-health clinician or psychiatric emergency service within each ED, or does it include telehealth consultation, mobile crisis access, referral agreements, or transfer capability?" Saying "132 out of 132 have a specialized behavioral-health component" potentially makes Oklahoma's psychiatric emergency capacity look much more robust than the lived reality—particularly in rural Oklahoma. My understanding is that this is an area in which we should be identifying gaps and needs. *That number does seem high. The footnote clarifies the number that is given. With regards to safe place to be, all emergency departments are designated and able to provide behavioral health emergency crisis evaluations and there are many throughout the state that also operate inpatient behavioral health beds as part of their system. However, if I get feedback from the GPO that suggests a change in number, I will visit with the Crisis division to see what their different number might be.*

3) Recovery Support Funding: If I am reading the budget correctly, from FY26 to FY27 there is a 67% cut. What programs are these cuts impacting? Why were these chosen? *Not sure what programs this is cutting. I do know we have had less trainings as our PRSS staff has dwindled and we've only recently been allowed to rehire. I have sent this question to Finance to see if they have information. Unsure if they will have it by the meeting. If not, will send it out after the meeting.*

   From Finance: In short, it is because the Program Leadership realigned priorities for the block grant funds, if you notice the "other capacity" has increased while this decreased. It does not necessarily mean the programs have been cut, they just may not be funded by the block grant anymore. If she has program specific

questions for the reasoning of why they chose what they chose for block grant funding that may be a Leadership question.

4) No funds appear to be allocated for quality assurance in capacity building. Quality assurance funding is essential to capacity building because it helps the SSA establish consistent standards, monitor compliance and outcomes, identify gaps, and provide targeted technical assistance. This investment strengthens accountability, improves service quality, and builds the infrastructure needed for sustainable statewide oversight while additionally having a validated offering of cost-savings, cost-avoidance or cost-impact for utilizing taxpayer dollars. Of the programs that are supported by the block grants, how will they be evaluated? *That is correct-there are no block grant funds allocated towards this. Unfortunately, there are a limited amount of block grant funds to use for expenditures and so we rely heavily on internal divisions for much of quality assurance as well as free sources of technical assistance. Regarding the activities that are supported by block grant, we do have internal personnel that evaluate SEE (Supported Education and Employment) and once our second Navigate team is established, we can institute fidelity reviews. Our Provider Certification ensures that our treatment providers are following through with regulations enacted by OK Administrative Code. With regards to quality, our contracts monitoring department reviews providers regularly to ensure that they are following contract mandates. With regards to technical assistance, we have access to JBS who renders technical assistance for the SAMHSA Block Grant and we also have access to various TTC's who can render technical assistance depending on what type of area the assistance is wanted. For example, there is a specific TTC for Prevention, etc.*

5) Looking at the **Universal Direct/Education prevention category and the Other Capacity Building activities**, can you help me understand how those funds are actually deployed? Specifically, **can ODMHSAS use these funds to contract with community-based organizations to provide evidence-based prevention programming and implementation in schools, or are those dollars primarily distributed through existing prevention contracts or other established funding structures?** *This question was fielded by our Prevention Division during the meeting.*

6) A question about the difference between the SAMHSA designations of “Substance Use Disorder Prevention and Treatment” versus “Primary Prevention” was raised during the meeting. *The answer was sent out in the recap.*

7) We also had a question that was raised during the meeting about how SAMHSA calculates the Block Grant allocations for each state. *This information was sent out to the group in a recap email.* ***This recap email is available upon request.***

PAC emails soliciting comment

From: Gay, Stephanie
Sent: Friday, August 7, 2026 9:00 AM
To: Alesha J Lilly <AleshaM@health.ok.gov>; Amy Wright <Amy.Wright@oja.ok.gov>; andrea <andrea@namioklahoma.org>; Brian Webb <bwebb@wmpn.org>; Christi Sturgeon <Christi.Sturgeon@sde.ok.gov>; Clayton Tselee <ctselee@nbn-nrc.org>; Cynthia Hickl <Cynthia-Hickl@ou.edu>; Darlene Steeves <darlene.Steeves@ohfa.org>; dirtx <dirtx@latinoagencyokc.org>; Edie Nayfa <enayfa@catalystok.org>; Edwina Rose Horsechief <edwina.horsechief@wichitatribe.com>; Erin Coffee <coffeee@aetna.com>; Gina Olheiser <golheiser@wmpn.org>; Harrison, Katie <Katie.Harrison@odmhsas.org>; Jami Ledoux <Jami.Ledoux@okdhs.org>; Janie Fugitt <JFugitt@okdrs.gov>; Janna Morgan <janna.morgan@doc.ok.gov>; Jeff Dismukes <jeff@dbsaok.org>; jefftallentz@aol.com; Jeni Dolan <jdolan@operationaware.org>; Josh Cantwell <jcantwell@glmhc.net>; Keitha Wilson <Keitha.Wilson@okdhs.org>; Kevin Day <kday@lifegatefreedom.com>; Kim Hill-Crowell-Designee <khill@glmhc.net>; Kriston Ahlefeld <kahlefeld@spthb.org>; Lisa L. Webb <llwebb@hopecsi.org>; lorna@namioklahoma.org; Louann Wiseman <llwiseman@yahoo.com>; Lyndi Seabolt <lseabolt@spthb.org>; Mary Dimery <Mary.Dimery@okhca.org>; Meadow Hazelhoff <MHazelhoff@okpca.org>; Melinda Bunch <MBunch@okdrs.gov>; Onuorah, Young <YOnuorah@odmhsas.org>; Rachael Hernandez <Rachael.Hernandez@sde.ok.gov>; Rosalind Goodlow <Rosalind.Goodlow@ohfa.org>; Sarah Rachel Smith <savingcourtney14@gmail.com>; Shannon Flynn-Designee <Shannon-Flynn@ouhsc.edu>; Shannon VanHart <SVanHart@voaok.org>; Smith, Kadedra <Kadedra.Smith@odmhsas.org>; Spain, Terrence <Terrence.Spain@odmhsas.org>; Stephanie Dixon <stephanie@2cr-oklahoma.org>; Suzanne Williams <suzannelwconsultant@gmail.com>; Thompson, Elisa <Elisa.Thompson@odmhsas.org>; tyler@ocarta.org; Warren Regan <warrenr@okarr.org>; Amanda Coldiron <amandac@gethelp.com>; Benefiel, Jennifer <Jennifer.Benefiel@odmhsas.org>; Bethaney Myers <Bethaney.Myers@samhsa.hhs.gov>; Bottger, Ray <Ray.Bottger@odmhsas.org>; Cahill, AlisaWest <AlisaWest.Cahill@odmhsas.org>; DeBartolo, Joshua <Joshua.DeBartolo@odmhsas.org>; Elizabeth Stewart <estewart@healthwellnessok.com>; Hansbro, Dedra <Dedra.Hansbro@odmhsas.org>; Jeannie Russell Roberts <Jeannie.Russell@okhca.org>; Josh Bouye <Josh.Bouye@odmhsas.org>; Karen Orsi <gwtwscarlett@cox.net>; Kelly Willingham <kelly.willingham@gmail.com>; Kristen Bradley <Kristen.bradley@northcare.com>; Kristie Brooks <Kristie.Brooks@odmhsas.org>; Lauren Craig <laurencraiglcsw@gmail.com>; Lindsey Presley <Lindsey.Presley@odmhsas.org>; McEntire, Malissa <MMcEntire@odmhsas.org>; Mikelson, Melanie <Melanie.Mikelson.CTR@odmhsas.org>; Nola Harrison <nola.harrison53@gmail.com>;

Sanders, Penny <Penny.Sanders@odmhsas.org>; Sheamekah Williams <sheamekah@evolution-foundation.org>; Teresa Stephenson <teresas@okarr.org>; Wernke, Angela <Angela.Wernke@odmhsas.org>
Subject: 1st piece of SAMHSA Block Grant Mini-Application

Hi everyone,

In preparation for the PAC meeting on August 20th, I wanted to begin to send out the SAMSHA Block Grant Mini-Application in pieces so that it is more easily digestible. We will be going over the Environmental Factors and Plan section as well as the Planning Tables during that meeting but I would encourage you to review what you can and see if there are questions or comments that you have. Those questions/comments can be sent to me either prior to the meeting or given during or even after the meeting.

Here is what is attached to this email:

1) I have attached the second section of the SAMHSA Block Grant Mini-Application, the Environmental Factors and Plan. The areas in this section of the Block Grant Mini-Application go more in depth on specific areas of crisis, eSMI (early Severe Mental Illness, and by that SAMHSA means First Episode Psychosis, specifically), crisis, input on the Mini-Application, PAC sections, ability to publicly comment on the Mini-App and Syringe Service Programs (which ODMHSAS is not participating in). For those who were with us last year, there were a lot more sections in the Application. For some reason, for the Mini-Application, SAMHSA only asks for an update on a few of those sections.

*Two important things to note:

(a) I do have to name the PAC members within the Application and Mini-Application and give their designation, in the “Advisory Council Members” section. If you initially came into PAC with lived experience or having a family member with substance use disorder, please recall that I reached out to you to see if there were co-occurring issues present. Co-occurring is substance use disorder as well as mental health issues. (Because the regulations for the PAC are found in Mental Health Block Grant regulations, our SUD lived experience and family members were not being counted in our total members, for PAC, by SAMHSA. Changing their designation to co-occurring, when applicable, allows them to be counted.)

(b) I also have to list people’s address, phone and email in the “Advisory Council Members” section. For those who are in PAC under either lived experience or as a family member, I have attempted to use work information in those areas. Please check

what is there for you. If what I have is incorrect or you would like to use different information, just let me know and I will change it.

2) The first section of the Mini-Application is titled “State Information”. This is information that is found at the front of each Block Grant Application/Mini-Application. It contains items such as contact information, CEO’s Funding Agreements, Certifications and assurances that must be agreed to by the department as well as the Governor’s letter designating ODMHSAS as the body to receive and disburse SAMHSA block grant funds. You will notice that there are 2 copies for MHBG and 2 copies for SUPTRS BG. One of the copies for each is signed. This double printing out is just a funky thing that SAMHSA’s database does. *I am including the State Information simply because it is part of the Block Grant Mini-Application.*

I will be sending out the Planning Tables next week.

During the meeting on August 20th, we will vote on whether or not the PAC group would like a letter to be written in support of the Mini-Application. This letter is written by the Chairperson, to SAMHSA, and is uploaded with the Mini-Application. This is something that has been routinely done with the Applications and the Mini-Applications.

One last thing to point out. This Mini-Application is in the final review stages and so there may be some slight changes made. Everyone will be sent a finalized copy of the application once it is uploaded to SAMHSA. (The due date is September 1st.) However, what you are being given, now, is basically 90% complete.

Stephanie Gay, LPC

Grants Management Specialist III
Central Office

OKLAHOMA Mental Health & Substance Abuse

Interested in reading or commenting on the ODMHSAS Block Grant Application?

This link Grants and Solicitations (oklahoma.gov) will take you to the page where you can read the application materials and submit comments. Feedback is always appreciated!

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If you have received this E-mail in error, please notify the sender immediately by a "Reply to Sender Only" message and destroy all electronic and hard copies of the communication, including attachments.

From: Gay, Stephanie
Sent: Wednesday, August 12, 2026 7:57 AM
To: Alesha J Lilly <alesham@health.ok.gov>; Amy Wright <Amy.Wright@oja.ok.gov>; andrea <andrea@namioklahoma.org>; Brian Webb <bwebb@wmpn.org>; Christi Sturgeon <christi.sturgeon@sde.ok.gov>; Clayton Tselee <ctselee@nbn-nrc.org>; Cynthia Hickl <Cynthia-Hickl@ou.edu>; Darlene Steeves <darlene.Steeves@ohfa.org>; dirtx <dirtx@latinoagencyokc.org>; Edie Nayfa <enayfa@catalystok.org>; Edwina Rose Horsechief <edwina.horsechief@wichitatribe.com>; Erin Coffee <coffeee@aetna.com>; Gina Olheiser <golheiser@wmpn.org>; Harrison, Katie <Katie.Harrison@odmhsas.org>; Janie Fugitt <JFugitt@okdrs.gov>; Janna Morgan <Janna.morgan@doc.state.ok.us>; Jeff Dismukes <jeff@dbsaok.org>; jefftallentz@aol.com; Jeni Dolan <jdolan@operationaware.org>; Josh Cantwell <jcantwell@glmhc.net>; Keitha Wilson <Keitha.Wilson@okdhs.org>; Kevin Day <kday@lifegatefreedom.com>; Kim Hill-Crowell-Designee <khill@glmhc.net>; Kriston Ahlefeld <kahlefeld@spthb.org>; Lisa L. Webb <llwebb@hopecsi.org>; lorna@namioklahoma.org; Louann Wiseman <llwiseman@yahoo.com>; Lyndi Seabolt <LSeabolt@spthb.org>; Mary Dimery <Mary.Dimery@okhca.org>; Meadow Hazelhoff <MHazelhoff@okpca.org>; Melinda Bunch <mbunch@okdrs.gov>; Onuorah, Young <YOnuorah@odmhsas.org>; Rachael Hernandez <Rachael.hernandez@sde.ok.gov>; Rosalind Goodlow <rosalind.goodlow@ohfa.org>; Sarah Rachel Smith <savingcourtney14@gmail.com>; Shannon Flynn-Designee <Shannon-Flynn@ouhsc.edu>; Shannon VanHart <SVanHart@voaok.org>; Smith, Kadedra <Kadedra.Smith@odmhsas.org>; Spain, Terrence <terrence.spain@odmhsas.org>; Stephanie Dixon <stephanie@2cr-oklahoma.org>; Suzanne Williams <suzannelwconsultant@gmail.com>; Thompson, Elisa <Elisa.Thompson@odmhsas.org>; tyler@ocarta.org; Warren Regan <warrenr@okarr.org>; Amanda Coldiron <amandac@gethelp.com>; Benefiel, Jennifer <Jennifer.Benefiel@odmhsas.org>; Bethaney Myers <Bethaney.Myers@samhsa.hhs.gov>; Bottger, Ray <Ray.Bottger@odmhsas.org>;

Bradley Downs <Bradley.Downs@odmhsas.org>; Cahill, AlisaWest <AlisaWest.Cahill@odmhsas.org>; Elizabeth Stewart <estewart@healthwellnessok.com>; Hansbro, Dedra <dedra.hansbro@odmhsas.org>; Jeannie Russell Roberts <Jeannie.Russell@okhca.org>; Josh Bouye <Josh.Bouye@odmhsas.org>; Karen Orsi <gwtwscarlett@cox.net>; Kelly Willingham <kelly.willingham@gmail.com>; Kristen Bradley <Kristen.bradley@northcare.com>; Kristie Brooks <Kristie.Brooks@odmhsas.org>; Lauren Craig <laurencraiglcsw@gmail.com>; Lindsey Presley <Lindsey.Presley@odmhsas.org>; McEntire, Malissa <MMcEntire@odmhsas.org>; Nola Harrison <nola.harrison53@gmail.com>; Sanders, Penny <penny.sanders@odmhsas.org>; Sheamekah Williams <sheamekah@evolution-foundation.org>; Shren James <Shren.James@odmhsas.org>; Teresa Stephenson <teresas@okarr.org>; Wernke, Angela <angela.wernke@odmhsas.org>
Subject: 2nd (final) piece of SAMHSA Block Grant Miniapplication

Hello everyone!

Here is the other part of the Block Grant Mini-App. It contains Financial Planning Tables (attached). You will note that some of the tables are per state year and some are per federal fiscal year. There really is no reason for this. It's just how the federal government is asking for this information. Additionally, you will note that two of the tables print out horizontally, instead of vertically-this is just how SAMHSA's system prints them out.

In order to help you understand the tables, I have also created a Table Breakdown document (attached) which more fully explains each table. I will refer to this during the meeting on August 20th.

Prevention's Tables 5a and 5b pertain to the strategies and categories that they budget within. For an explanation on each of the strategies and categories, I have attached the Prevention Strategies and Categories document. I will not go over this on August 20th but our Prevention team is fantastic and is always present for the PAC meetings. If a question arises about the Prevention Strategies or Categories, they will be able to answer it.

Lastly, the Table 6's, deal with Other Capacity Building Activities. I have attached a document on Other Capacity Building Activities which will further explain these categories.

Okay, I think that is enough reading material for you. 😊 As I stated when I sent out the first part of the Mini-Application, we will be going over the Environmental Factors and

Plan section as well as the Planning Tables during that meeting but I would encourage you to review what you can and see if there are questions or comments that you have. Those questions/comments can be sent to me either prior to the meeting or given during or even after the meeting.

Stephanie Gay, LPC

Grants Management Specialist III
Central Office

OKLAHOMA Mental Health & Substance Abuse

Interested in reading or commenting on the ODMHSAS Block Grant Application?

This link Grants and Solicitations (oklahoma.gov) will take you to the page where you can read the application materials and submit comments. Feedback is always appreciated!

From: Gay, Stephanie
Sent: Tuesday, August 18, 2026 1:50 PM
To: Alesha J Lilly <alesham@health.ok.gov>; Amy Wright <Amy.Wright@oja.ok.gov>; andrea <andrea@namioklahoma.org>; Brian Webb <bwebb@wmpn.org>; Christi Sturgeon <christi.sturgeon@sde.ok.gov>; Clayton Tselee <ctselee@nbn-nrc.org>; Cynthia Hickl <Cynthia-Hickl@ou.edu>; Darlene Steeves <darlene.Steeves@ohfa.org>; dirtx <dirtx@latinoagencyokc.org>; Edie Nayfa <enayfa@catalystok.org>; Edwina Rose Horsechief <edwina.horsechief@wichitatribe.com>; Erin Coffee <coffeee@aetna.com>; Gina Olheiser <golheiser@wmpn.org>; Harrison, Katie <Katie.Harrison@odmhsas.org>; Janie Fugitt <JFugitt@okdrs.gov>; Janna Morgan

<Janna.morgan@doc.state.ok.us>; Jeff Dismukes <jeff@dbsaok.org>; jefftallentz@aol.com; Jeni Dolan <jdolan@operationaware.org>; Josh Cantwell <jcantwell@glmhc.net>; Keitha Wilson <Keitha.Wilson@okdhs.org>; Kevin Day <kday@lifegatefreedom.com>; Kim Hill-Crowell-Designee <khill@glmhc.net>; Kriston Ahlefeld <kahlefeld@spthb.org>; Lisa L. Webb <llwebb@hopecsi.org>; lorna@namioklahoma.org; Louann Wiseman <llwiseman@yahoo.com>; Lyndi Seabolt <LSeabolt@spthb.org>; Mary Dimery <Mary.Dimery@okhca.org>; Meadow Hazelhoff <MHazelhoff@okpca.org>; Melinda Bunch <mbunch@okdrs.gov>; Onuorah, Young <YOnuorah@odmhsas.org>; Rachael Hernandez <Rachael.hernandez@sde.ok.gov>; Rosalind Goodlow <rosalind.goodlow@ohfa.org>; Sarah Rachel Smith <savingcourtney14@gmail.com>; Shannon Flynn-Designee <Shannon-Flynn@ouhsc.edu>; Shannon VanHart <SVanHart@voaok.org>; Smith, Kadedra <Kadedra.Smith@odmhsas.org>; Spain, Terrence <terrence.spain@odmhsas.org>; Stephanie Dixon <stephanie@2cr-oklahoma.org>; Suzanne Williams <suzannelwconsultant@gmail.com>; Thompson, Elisa <Elisa.Thompson@odmhsas.org>; tyler@ocarta.org; Warren Regan <warrenr@okarr.org>
Subject: ODMHSAS PAC Meeting on Thursday-meeting via Zoom

Hello everyone!

I had set out the first piece of the Block Grant Mini-Application on August 7th and the second piece was sent out on 12th. Please let me know if you did not receive it.

Comments/questions/concerns can be sent to me either before or after Thursday's meeting or they can be made during Thursday's meeting. I have attached the PAC agenda for this meeting and the PAC minutes for the last meeting. We will be voting on whether or not to adopt the minutes at this next meeting. We will also hold a vote on whether or not to write a letter of support for the Mini-Application. We do not have any new members to vote on, at this meeting.

Just to remind you, my PAC Officers will be terming out at the end of the Calendar Year. Please give some thought as to whether you might be able to be a part of this team. I am attaching the roles that they play. If there are any questions about this, please let me know. With regards to the PAC Officers Team, those placements have to be filled by people who will term out, so state agencies are not able to be a part of the Executive Team.

Thanks everyone! Have great day!

Stephanie Gay, LPC

Grants Management Specialist III
Central Office

Interested in reading or commenting on the ODMHSAS Block Grant Application?

This link Grants and Solicitations (oklahoma.gov) will take you to the page where you can read the application materials and submit comments. Feedback is always appreciated!

From: Gay, Stephanie
Sent: Thursday, August 27, 2026 1:24 PM
To: lblohm@thunderbirdclubhouse.org; Alesha J Lilly <alesham@health.ok.gov>; Amy Wright <Amy.Wright@oja.ok.gov>; andrea <andrea@namioklahoma.org>; Brett Hayes <bhayes@grandmh.com>; Brian Webb <bwebb@wmpn.org>; Christi Sturgeon <christi.sturgeon@sde.ok.gov>; Clayton Tselee <ctselee@nbn-nrc.org>; Cynthia Hickl <Cynthia-Hickl@ou.edu>; Darlene Steeves <darlene.Steeves@ohfa.org>; dirtx <dirtx@latinoagencyokc.org>; Edie Nayfa <enayfa@catalystok.org>; Edwina Rose Horsechief <edwina.horsechief@wichitatribe.com>; Erin Coffee <coffeee@aetna.com>; Gina Olheiser <golheiser@wmpn.org>; Harrison, Katie <Katie.Harrison@odmhsas.org>; Janie Fugitt <JFugitt@okdrs.gov>; Janna Morgan <Janna.morgan@doc.state.ok.us>; Jeff Dismukes <jeff@dbsaok.org>; jefftallentz@aol.com; Jeni Dolan <jdolan@operationaware.org>; Josh Cantwell <jcantwell@glmhc.net>; Keitha Wilson <Keitha.Wilson@okdhs.org>; Kevin Day <kday@lifegatefreedom.com>; Kim Hill-Crowell-Designee <khill@glmhc.net>; Kriston

Ahlefeld <kahlefeld@spthb.org>; Lisa L. Webb <llwebb@hopecsi.org>; lorna@namioklahoma.org; Louann Wiseman <llwiseman@yahoo.com>; Lyndi Seabolt <LSeabolt@spthb.org>; Mary Dimery <Mary.Dimery@okhca.org>; Meadow Hazelhoff <MHazelhoff@okpca.org>; Melinda Bunch <mbunch@okdrs.gov>; Onuorah, Young <YOnuorah@odmhsas.org>; Rachael Hernandez <Rachael.hernandez@sde.ok.gov>; Rosalind Goodlow <rosalind.goodlow@ohfa.org>; Sarah Rachel Smith <savingcourtney14@gmail.com>; Shannon Flynn-Designee <Shannon-Flynn@ouhsc.edu>; Shannon VanHart <SVanHart@voaok.org>; Smith, Kadedra <Kadedra.Smith@odmhsas.org>; Spain, Terrence <terrence.spain@odmhsas.org>; Stephanie Dixon <stephanie@2cr-oklahoma.org>; Suzanne Williams <suzannelwconsultant@gmail.com>; Thompson, Elisa <Elisa.Thompson@odmhsas.org>; tyler@ocarta.org; Warren Regan <warrenr@okarr.org>; Amanda Coldiron <amandac@gethelp.com>; Benefiel, Jennifer <Jennifer.Benefiel@odmhsas.org>; Bethaney Myers <Bethaney.Myers@samhsa.hhs.gov>; Bottger, Ray <Ray.Bottger@odmhsas.org>; Bradley Downs <Bradley.Downs@odmhsas.org>; Cahill, AlisaWest <AlisaWest.Cahill@odmhsas.org>; Elizabeth Stewart <estewart@healthwellnessok.com>; Hansbro, Dedra <dedra.hansbro@odmhsas.org>; Jeannie Russell Roberts <Jeannie.Russell@okhca.org>; Josh Bouye <Josh.Bouye@odmhsas.org>; Karen Orsi <gwtwscarlett@cox.net>; Kelly Willingham <kelly.willingham@gmail.com>; Kristen Bradley <Kristen.bradley@northcare.com>; Kristie Brooks <Kristie.Brooks@odmhsas.org>; Lauren Craig <laurencraiglcsw@gmail.com>; Linda Amen <linda@managedcare.co>; Lindsey Presley <Lindsey.Presley@odmhsas.org>; McEntire, Malissa <MMcEntire@odmhsas.org>; Nola Harrison <nola.harrison53@gmail.com>; Sanders, Penny <penny.sanders@odmhsas.org>; Sheamekah Williams <sheamekah@evolution-foundation.org>; Shren James <Shren.James@odmhsas.org>; Teresa Stephenson <teresas@okarr.org>; Wernke, Angela <angela.wernke@odmhsas.org>
Subject: RE: Recap from August 20, 2026 ODMHSAS PAC Meeting

Hello everyone! I just wanted to send out two things.

A “Work Requirements” flyer is now located on the OHCA site in both English and Spanish versions. OHCA Publications I could have attached it to this email but I thought that there might be other flyers on the site that others might want.

Additionally, I heard back from my Mental Health Block Grant Grant Project Officer. I had asked her specifically what SAMHSA meant when they said “specialized behavioral health component”. She had stated that it meant “emergency departments that have a

unit or section within it that specializes in mental health”. With this answer, I checked with our Crisis Division and based on that conversation, some of the information has changed within the Crisis portion of the MiniApp.

The changes are reflected on page 4, on Question 5 Safe place to be (b) and also within the footnote.

Have a great day everyone!

Stephanie Gay, LPC

Grants Management Specialist III
Central Office

Interested in reading or commenting on the ODMHSAS Block Grant Application?

This link Grants and Solicitations (oklahoma.gov) will take you to the page where you can read the application materials and submit comments. Feedback is always appreciated!

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 Mental Health Agency
State Education Agency
State Vocational Rehabilitation Agency
State Criminal Justice Agency
State Housing Agency
State Social Services Agency
State Medicaid Agency

Start Year: 2027 End Year: 2028

Name	Type of Membership*	Agency or Organization Represented	Address,Phone, and Fax	Email(if available)
Kriston Ahlefeld	Family members of individuals in recovery (family members of adults with SMI and family members who are not parents of children with SED)		9705 Broadway Extension Suite 200 Oklahoma City OK, 73114 PH: 405-869-6309	kahlefeld@spthb.org
Melinda Bunch	State Employees	Oklahoma Rehabilitation Services	300 NE 18th St. Oklahoma City OK, 73105 PH: 405-521-3877	MBunch@okdrs.gov
Josh Cantwell	Providers	Grand Mental Health	6333 E Skelly Drive Tulsa OK, 74135 PH: 918-533-6891	jcantwell@glmhc.net
Erin Coffee	Parents of children with SED		OK, PH: 918-340-8967	coffeee@aetna.com
Kevin Day	Individuals in recovery (including adults with SMI who are receiving or have received mental health services)		11680 S. 153rd West Avenue Sapulpa OK, 74066 PH: 918-639-4684	kday@lifegatefreedom.com
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	Advocates/representatives who are not state employees or providers	Depression and Bipolar Support Alliance	3000 United Founders Bldg, Suite 104 Oklahoma City OK, 73112 PH: 405-590-2932	jeff@dbsaok.org
Stephanie Dixon	Family members of individuals in recovery (family members of adults with SMI and family members who are not parents of children with SED)		P.O. Box 162 Duncan OK, 73534 PH: 940-597-0955	stephanie@2cr-oklahoma.org
Jeni Dolan	Youth/adolescent representative (or member from an organization serving young people)	Operation Aware of Oklahoma	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	dirtx@latinoagencyokc.org

			PH: 405-236-0701	
Katie Harrison	State Employees	Dept. of Mental Health & Substance Abuse Services	2000 N. Classen Blvd., Suite 600 Oklahoma City OK, 73106 PH: 405-615-8320	katie.harrison@odmhsas.org
Meadow Hazelhoff	Providers	Meadow Hazelhoff Counseling LLC	9524 Conners Way McLoud OK, 74851 PH: 405-219-2271	MHazelhoff@okpca.org
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	Individuals in recovery (including adults with SMI who are receiving or have received mental health services)		301 W. Broadway Anadarko OK, 73005 PH: 405-247-2425	edwina.horsechief@wichitatribe.com
Alesha Lily	State Employees	Oklahoma State Department of Health	1000 NE 10th St. Oklahoma City OK, 73117 PH: 405-271-4477	alesham@health.ok.gov
Andrea Michaels	Advocates/representatives who are not state employees or providers	NAMI	P.O. Box 1306 El Reno OK, 73036 PH: 405-456-0312	andrea@namioklahoma.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
Edie Nayfa	Persons in Recovery from or providing treatment for or advocating for SUD services	Catalyst Behavioral Services	3033 N. Walnut Ave. Oklahoma City OK, 73015 PH: 405-826-0105	enayfa@catalystok.org
Gina Olheiser	Family members of individuals in recovery (family members of adults with SMI and family members who are not parents of children with SED)		22 SW D Ave., Ste. 2 Lawton OK, 73501 PH: 580-355-5246	golheiser@wmpn.org
Young Onuorah	State Employees	Dept. of Mental Health & Substance Abuse Services	2000 N. Classen Blvd., Ste. 600 Oklahoma City OK, 73106 PH: 405-626-0411	YOnuorah@odmhsas.org
Warren Reagan	Individuals in recovery (including adults with SMI who are receiving or have received mental health services)		PO Box 1014 Oklahoma City OK, 73101 PH: 405-434-6271	warrenb@okarr.org
Tyler Ross	Individuals in recovery (including adults with SMI who are receiving or have received mental health services)		2701 W. I-44 Service Rd. Oklahoma City OK, 73112 PH: 405-436-7366	tyler@ocarta.org

Lyndi Seabolt	Individuals in recovery (including adults with SMI who are receiving or have received mental health services)		9705 Broadway Ext., Ste. 200 Oklahoma City OK, 73114 PH: 405-620-0500	LSeabolt@spthb.org
Sarah Rachel Smith	Family members of individuals in recovery (family members of adults with SMI and family members who are not parents of children with SED)		3009 NW 63rd St. Oklahoma City OK, 73116 PH: 405-642-8270	savingcourtney14@gmail.com
Darlene Steeves	State Employees	Oklahoma Housing Finance Agency	100 NW 63rd St. Oklahoma City OK, 73116 PH: 405-419-8211	darlene.steeves@ohfa.org
Jeff Tallent	Family members of individuals in recovery (family members of adults with SMI and family members who are not parents of children with SED)		1620 Ridgecrest Edmond OK, 73013 PH: 405-203-7898	jefftallentz@aol.com
Elisa Thompson	State Employees	Dept. of Mental Health & Substance Abuse Services	2000 N. Classen Blvd., Ste. 600 Oklahoma City OK, 73106 PH: 405-761-2383	Elisa.Thompson@odmhsas.org
Clayton Tselee	Youth/adolescent representative (or member from an organization serving young people)	Neighbors Building Neighborhoods	207 N. 2nd St. Muskogee OK, 74401 PH: 918-683-4600	ctselee@nbn-nrc.org
Shannon VanHart	Individuals in recovery (including adults with SMI who are receiving or have received mental health services)		502 NW Sheridan Rd., Ste. 4 Lawton OK, 73505 PH: 580-730-8031	SVanHart@voaok.org
Brian Webb	Individuals in recovery (including adults with SMI who are receiving or have received mental health services)		22 SW D Ave., Ste. 2 Lawton OK, 73501 PH: 580-251-0992	bwebb@wmpn.org
Lisa Webb	Family members of individuals in recovery (family members of adults with SMI and family members who are not parents of children with SED)		6100 S. Walker Oklahoma City OK, 73139 PH: 405-417-0581	llwebb@hopecsi.org
Suzanne Williams	Family members of individuals in recovery (family members of adults with SMI and family members who are not parents of children with SED)		PO Box 740 Newalla OK, 74857 PH: 405-641-5200	suzannelwconsultant@gmail.com
Keitha Wilson	State Employees	Oklahoma Human Services	2400 N. Lincoln Blvd. Oklahoma City OK, 73105 PH: 405-215-1362	Keitha.Wilson@okdhs.org
Louann Wiseman	Family members of individuals in recovery (family members of adults with SMI and family members who are not parents of children with SED)		725 W. Walnut Duncan OK, 73533 PH: 580-606-2419	llwiseman@yahoo.com
Amy Wright	State Employees	Oklahoma Office of Juvenile Affairs	3812 N. 36th St. Oklahoma City OK, 73118 PH: 580-380-7746	Amy.Wright@oja.ok.gov

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

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Footnotes:
Keitha Wilson 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: 2027 End Year: 2028

Type of Membership	Number	Percentage of Total Membership
1. Individuals in recovery (including adults with SMI who are receiving or have received mental health services)	7	
2. Family members of individuals in recovery (family members of adults with SMI and family members who are not parents of children with SED)	8	
3. Parents of children with SED	1	
4. Vacancies (individuals and family members)	4	
5. Total individuals in recovery, family members, and parents of children with SED	**20**	**50.00%**
6. State Employees	11	
7. Providers	4	
8. Vacancies (state employees and providers)	0	
9. Total State Employees & Providers	**15**	**37.50%**
10. Persons in Recovery from or providing treatment for or advocating for SUD services	1	
11. Representatives from Federally Recognized Tribes	0	
12. Youth/adolescent representative (or member from an organization serving young people)	2	
13. Advocates/representatives who are not state employees or providers	2	
14. Other vacancies (who are not individuals in recovery/family members or state employees/providers)	0	
15. Total non-required but encouraged members	**5**	**12.50%**
16. Total membership (all members of the council)	**40**	

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Footnotes:

Oklahoma submits a combined application and, as such, needs input from individuals in recovery from substance use disorder and family members of those individuals. Oklahoma has this in the form of individuals in recovery from co-occurring disorders and family members of those individuals. With regards to Representatives from Federally Recognized Tribes (as that is not a statutorily mandated population for the PAC group), we do have 4 PAC members who are members of Federally Recognized Tribes and can, therefore, speak on tribal matters as it pertains to their tribe.

In order to have a full PAC group, we are needing 4 more individuals in the person in recovery or family member category. We seek PAC members through various means. I regularly inform my PAC group of the vacancies that we have and request that they tell their friends and

others about PAC. I also make sure that PAC is represented at conferences by having PAC applications with me as I speak to the public about PAC. We discuss PAC membership with our treatment agencies and ask them to speak to their consumers and staff about membership. Speaking on this need at provider meetings and during community events is another way that I am trying to solicit PAC members. The PAC application is online so that anyone can access it and fill it out. PAC is not a monetarily reimbursed membership and so it can be difficult to entice people who already have jobs that are not treatment oriented. We find that those in the treatment field typically have employers that are more supportive of taking time out from the day to attend a PAC meeting. In spite of this, our efforts will continue and I will continue to seek more outreach opportunities with the public to speak about PAC and acquire more members. Our timeline to have these vacancies filled would be by November 2026.

On the advice of the previous Block Grant Application reviewer who was concerned about the vacancies, I have also sought TA and am in the process of receiving this instruction and putting it to use. Here are the TA-related activities that have occurred so far:
• March 4th- I requested TA.
• April 3rd-JBS emailed thanking me for submission and asking for availability for meeting to discuss the TA request.
• April 6th-I emailed availability.
• April 17th-I virtually with JBS to flesh out what was needed with regards to the TA request.
• May 13th-JBS emailed that they were working on finalizing the TA plan and researching and reaching out to states to mentor as well as finding a consultant.
• June 11th-JBS emailed that they were reviewing states that would be open to being mentors and asked if I would be okay with working with Sheamekah Williams.
• June 15th-I emailed them that I am open to working with her.
• June 16th-JBS emailed that they will coordinate with Sheamekah, do a final review of TA plan and send a draft for review next week.
• July 1st-JBS emailed the TA plan for review/feedback. I corrected the plan and emailed it back that day, asking to be put in touch with Susan Kennard, from Arizona, for a mentor.

We will also be looking at restructuring the PAC composition to ensure that the percentage of membership for our statutorily mandated PAC population is not impacted adversely by the “non-required but encouraged” category.

Environmental Factors and Plan

15. Public Comment on the State Plan – Required for MHBG & SUPTRS BG

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, that 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 the federal government.

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

d) Please indicate areas of technical assistance needs related to this section.

Not Applicable.

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Footnotes:

This Mini-Application and preceding years application materials have been placed on the ODMHSAS website (link above in 15.b.) for public comment prior to grant submission and they remain on the website to allow for public comment until the next version is ready to be posted. So, the Mini-Application that was submitted in CY2024 was on the website until this Mini-Application was posted. The Application that was submitted in CY2025 will remain up until new year's Application is posted. The Block Grant Reports are also posted there. Comments can be made on any of the Block Grant Application materials or the Block Grant Reports. A web link is posted on the webpage and comments made, via that, come directly to the block grant coordinator's email.

Additionally, the Block Grant Reports and the Mini-Application has been reviewed by the planning and advisory council (PAC) and the public that attends the meetings at multiple times. This was done both prior to the actual PAC meetings and during the PAC meeting and comments were solicited each time.

In addition to posting on the ODMHSAS website and soliciting comment via meetings and emails, 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

16. Syringe Services Program (SSP) – Required for SUPTRS BG if Planning for Approval of SSP

Planning Period Start Date: 10/1/2026 Planning Period End Date: 9/30/2027

Narrative Question:
Use of SUPTRS BG funds to support syringe service programs (SSP) is authorized through appropriation acts which provide authority for federal programs or agencies to incur obligations and make payment, and therefore are subject to annual review. The following guidance for the application to budget SUPTRS BG funds for SSPs is therefore contingent upon authorizing language during the fiscal year for which the state is applying to the SUPTRS BG.

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 for the purpose of illicit drug use. States interested in directing SUPTRS BG funds to SSPs must provide the information requested below and receive approval from the State Project Officer.

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 persons who inject drugs (PWID), SUD treatment and recovery services for PWID, and to routinely collaborate with other healthcare providers, which may include HIV/STD clinics, public health providers, emergency departments, and mental health centers. Federal funds cannot be supplanted, or in other words, used to fund an existing SSP so that state or other non-federal funds can then be used for another program.

The federal government released three guidance documents regarding SSPs, These documents can be found on the **HIV.gov website.**

Please refer to guidance documents provided by the federal government on SSPs to inform the state's plan for use of SUPTRS BG funds for SSPs, if determined to be eligible. The state must follow the steps below when requesting to direct SUPTRS BG funds to SSPs during the award year for which the state is eligible and applying:

Step 1 - Request a **Determination of Need** from the CDC

Step 2 - Include request in the SUPTRS BG Application Plan to expend the funds for the award year which the state is planning support an existing SSP or establish a new SSP. Items to include in the request:

- Proposed protocols, timeline for implementation, and overall budget
- Submit planned expenditures and agency information on Table 16a listed below

Step 3 - Obtain SUPTRS BG State Project Officer Approval

Use of SUPTRS BG funds for SSPs future years are subject to authorizing language in appropriations bills, and must be re-applied for on an annual basis.

Additional Notes:

1. 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.

2. 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.

3. 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 use prevention and SUD treatment and recovery services providers coordinate such services with the provision of other services including, but not limited to health services.

Syringe Services Program (SSP) Agency Name	Main Address of SSP	Planned Budget of SUPTRS BG for SSP	SUD Treatment Provider (Yes or No)	# of locations (include any mobile location)	Naloxone or other Opioid Overdose Reversal Medication Provider (Yes or No)
No Data Available					
Totals:		$0.00		0	

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Footnotes:

Not Applicable. ODMHSAS is not pursuing this, at this time.