

Delaware

UNIFORM APPLICATION

FY 2016/2017 - STATE BEHAVIORAL HEALTH ASSESSMENT AND PLAN

SUBSTANCE ABUSE PREVENTION AND TREATMENT

and

COMMUNITY MENTAL HEALTH SERVICES

BLOCK GRANT

OMB - Approved 06/12/2015 - Expires 06/30/2018
(generated on 08/03/2016 2.10.26 PM)

Center for Substance Abuse Prevention
Division of State Programs

Center for Substance Abuse Treatment
Division of State and Community Assistance

and

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

State Information

State Information

Plan Year

Start Year 2016

End Year 2017

State SAPT DUNS Number

Number 134632624

Expiration Date

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

Agency Name Delaware Health & Social Services

Organizational Unit Division of Substance Abuse & Mental Health

Mailing Address 1901 N. Dupont HWY Main Administration Building

City New Castle

Zip Code 19720

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

First Name Michael

Last Name Barbieri

Agency Name Delaware Health & Social Services, Division of Substance Abuse and Mental Health

Mailing Address 1901 N. Dupont HWY Main Administration Building

City New Castle

Zip Code 19720

Telephone 302-255-9657

Fax 302-255-4427

Email Address michael.barbieri@state.de.us

State CMHS DUNS Number

Number 1346326240

Expiration Date

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

Agency Name Delaware Health & Social Services

Organizational Unit Division of Substance Abuse & Mental Health

Mailing Address 1901 N. Dupont HWY, Main Admin Building

City New Castle

Zip Code 19720

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

First Name Michael

Last Name Barbieri

Agency Name Delaware Health & Social Services, Division of Substance Abuse and Mental Health

Mailing Address 1901 N. Dupont HWY, Main Admin Building

City New Castle

Zip Code 19720

Telephone 302-255-9657

Fax 302-255-4427

Email Address michael.barbieri@state.de.us

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

From

To

IV. Date Submitted

Submission Date

Revision Date

V. Contact Person Responsible for Application Submission

First Name Melissa

Last Name Smith

Telephone 302-255-9427

Fax

Email Address Melissa.A.Smith@state.de.us

Footnotes:

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Delegation Agreement Number 1
Delaware Department of Health and Social Services

October 23, 2015
(replaces June 29, 2015)

Divisions of the Delaware Department of Health & Social Services

This document incorporates delegation agreements between the Secretary of Delaware Department of Health and Social Services and the Division Director. The issues to be delegated appear in the following order:

- Approvals of out-of-state travel requests
- Approvals of Federal funding documents
- Approvals of certain contracts

1. The approvals of out-of-state travel requests.

Purpose

Pursuant to Delaware Code, Title 29; Section 7903, and the purpose of the following 3 Agreements is to delegate responsibility from the Secretary, Delaware Department of Health and Social Services to the Division Director. The purpose of the first Delegation Agreement is as follows:

The approval of routine out-of-state travel, in order to: take advantage of lower rates with early reservations; reduce time involved in processing travel requests; assure cost effective travel; place responsibility and accountability at the lowest appropriate level.

Scope

This Agreement transfers responsibility for acting on Division travel requests with the following exceptions:

- Any travel outside the United States;
- Any travel by the Division Director.

Assurances

The Division Director agrees:

1. To accept full responsibility and accountability for assuring that the Division will comply with all laws, regulations, and ethical standards in authorizing travel.
2. To assure that any travel, authorized directly or recommended to the Secretary, Delaware Department of Health and Social Services, under the exemptions, will not exceed the funding allocated to travel in the Division's budget.
3. To assure that the number of employee's traveling does not adversely affect the day to day operations of the Division.

4. To assure that the approval of all staff travel requests adhere to the Statewide Travel Policy.
5. To bring to the attention of the Secretary, Delaware Department of Health and Social Services, any policy issues relevant to delegated authority.

2. The approval of Federal funding documents.

Purpose

Pursuant to Delaware Code, Title 29, Section 7903, the purpose of this Agreement is to delegate responsibility for approval of Division Federal funding documents from the Secretary, Delaware Department of Health and Social Services to the Division Director.

Scope

This Agreement transfers responsibility for acting on all Federal Grant applications, State Plans, Sub-Grants and related documents, including Federal Aid Master (FM) and Single Point of Contact (SPOC) forms, with the following exceptions.

Grant Applications to support new programs, unless previously reviewed with the Secretary, DHSS. Continuation grants, which involve major changes in program directions or funding levels, unless previously reviewed with the Secretary, DHSS. Grant applications requiring a legislative public hearing and/or the Governor's signature, unless previously reviewed with the Secretary, DHSS.

Assurances

The Division Director agrees:

1. To take full responsibility for ensuring that all documents comply with the provisions of the Delaware law and relevant Federal regulation, as well as the provisions of the State Budget Act, as legislated year to year.
2. Ensure that all documents adhere to the review process and schedules established by the Delaware State Clearinghouse Committee and State Budget Office.
3. Provide the Secretary, DHSS, with timely notification of any policy issues relevant to the delegating authority.
4. Ensure that any disputes arising out of the process will be referred to the Secretary, DHSS for resolution.
5. Provide copies of all application materials and related documents to the Division of Management Services.

3. The signing of certain contracts.

Purpose

Pursuant to Delaware Code, Title 29, Section 7903, the purpose of this Agreement is to delegate responsibility for signing of certain contracts from the Secretary, Delaware Department of Health and Social Services to the Division Director.

Scope

This Agreement transfers responsibility for signing contracts and contract amendments where the total amended contract value does not exceed \$500,000.

The following contractual arrangements are excluded from this Agreement:

Professional service contracts for management consulting regardless of amounts. A management consultant contract pertains primarily to studies, which are conducted for the purpose of reviewing aspects of an agency's operation.

- Contracts which are for duration of more than two years.
- Contractual arrangements with providers that replace contracts that were discontinued due to unsatisfactory performance or cost considerations.
- Contracts with existing State employees and with former State employees who have left State service within two (2) years previous to the signing of the contract.
- Contracts with individuals who are expected to perform a full-time, ongoing task similar to that of a Full-Time Equivalency (FTE).
- Contracts and Memoranda of Understanding with other State agencies outside of the Department of Health and Social Services.
- Contracts that deviate from approved boilerplate language, as illustrated in the attached sample contract.

The above-mentioned situations would still require submittal for the Secretary's signature utilizing the current contract review procedure.

In addition, approval must still be obtained by Information Resource Management for lease or purchase of all data processing, word processing and information systems hardware and software, as well as the related maintenance and consulting service.

Construction-related contracts, including those pertaining to professional services provided in construction projects, i.e., architects, engineers, etc. would continue to follow the procedures currently in place for agreements of that type.

Assurances

The Director agrees to:

1. Take full responsibility for ensuring that all contracts comply with the provisions of Delaware laws and relevant Federal regulations, the provisions of the State Budget Act, as well as the requirements of the Department of Health and Social Services Contract Procedure Manual.

2. Assign responsibility for managing the contract functions within the Division and notify the Division of Management Services of that assignment. Ensure that the manager has read this agreement and the Contracts Procedures Manual, and that this responsibility is reflected in that employee's Performance Plan Agreement.
3. Maintain contract records and perform the necessary data entry into the system established by the Division of Management Services.
4. Ensure that the Division's Deputy Attorney General is consulted when appropriate.
5. Provide the specific reasons, related to exclusions on the previous page of this document, for submitting contracts to the Secretary, through DMS, for signature.
6. Provide the Secretary, DHSS, timely notification of any significant change which affects these contracts, and of any problems that arise in provider relations or the provision of services.



Division Director Date



Secretary, DHSS Date



Deputy Division Director Date

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State Information

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

Fiscal Year 2017

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

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

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ASSURANCES - NON-CONSTRUCTION PROGRAMS

Note: 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 nineteen 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 with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327- 333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g)

protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§ 469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
16. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
17. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

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LIST of CERTIFICATIONS

1. CERTIFICATION REGARDING LOBBYING

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 (45 CFR Part 93). By signing and submitting this application, the applicant is providing certification set out in Appendix A to 45 CFR Part 93.

2. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

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 Department of Health and Human Services terms and conditions of award if a grant is awarded as a result of this application.

3. 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, day care, 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.

The authorized official signing for the applicant organization 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 sub-awards which contain provisions for children's services and that all sub-recipients shall certify accordingly.

The Department of Health and Human 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 DHHS mission to protect and advance the physical and mental health of the American people.

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: Michael Barbieri

Signature of CEO or Designee¹: _____

Title: Director

Date Signed: _____

mm/dd/yyyy

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

State Information

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

Fiscal Year 2017

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

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Section	Title	Chapter
Section 1921	Formula Grants to States	42 USC § 300x-21
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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 nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
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- protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
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 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.
 16. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
 17. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

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LIST of CERTIFICATIONS

1. CERTIFICATION REGARDING LOBBYING

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 (45 CFR Part 93). By signing and submitting this application, the applicant is providing certification set out in Appendix A to 45 CFR Part 93.

2. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

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 Department of Health and Human Services terms and conditions of award if a grant is awarded as a result of this application.

3. 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, day care, 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.

The authorized official signing for the applicant organization 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 sub-awards which contain provisions for children's services and that all sub-recipients shall certify accordingly.

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Signature of CEO or Designee¹: 

Title: Director

Date Signed: 7/12/16

mm/dd/yyyy

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State Information

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

Fiscal Year 2017

U.S. Department of Health and Human Services
 Substance Abuse and Mental Health Services Administrations
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 as required by
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Section	Title	Chapter
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10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the 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).

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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.
16. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
17. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

DRAFT

LIST of CERTIFICATIONS

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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 Department of Health and Human Services terms and conditions of award if a grant is awarded as a result of this application.

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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, day care, 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.

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Fiscal Year 2017

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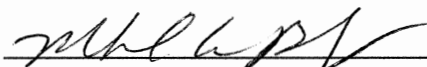
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Signature of CEO or Designee¹: 

Title: Director

Date Signed: 7/12/16

mm/dd/yyyy

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

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	<input type="text" value="N/A"/>
Title	<input type="text" value="N/A"/>
Organization	<input type="text" value="N/A"/>

Signature: _____ Date: _____

Footnotes:

DRAFT

Planning Tables

Table 2 State Agency Planned Expenditures [MH]

Planning Period Start Date: 7/1/2016 Planning Period End Date: 6/30/2017

Activity (See instructions for using Row 1.)	A.Substance Abuse Block Grant	B.Mental Health Block Grant	C.Medicaid (Federal, State, and Local)	D.Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E.State Funds	F.Local Funds (excluding local Medicaid)	G.Other
1. Substance Abuse Prevention* and Treatment							
a. Pregnant Women and Women with Dependent Children*							
b. All Other							
2. Substance Abuse Primary Prevention							
3. Tuberculosis Services							
4. HIV Early Intervention Services							
5. State Hospital			\$0	\$0	\$0	\$0	\$0
6. Other 24 Hour Care		\$0	\$0	\$0	\$0	\$0	\$0
7. Ambulatory/Community Non-24 Hour Care		\$1,152,478	\$10,222,600	\$0	\$64,542,700	\$0	\$0
8. Mental Health Primary Prevention**		\$46,000	\$0	\$0	\$0	\$0	\$0
9. Evidenced Based Practices for First Episode Psychosis (10% of the state's total MHBG award)		\$141,740	\$0	\$0	\$0	\$0	\$0
10. Administration (Excluding Program and Provider Level)		\$77,180	\$0	\$0	\$0	\$0	\$0
11. Total	\$0	\$1,417,398	\$10,222,600	\$0	\$64,542,700	\$0	\$0

* Prevention other than primary prevention

** It is important to note that while a state may use state or other funding for these services, the MHBG funds must be directed toward adults with SMI or children with SED.

Footnotes:

Planning Tables

Table 4 SABG Planned Expenditures

Planning Period Start Date: 10/1/2016 Planning Period End Date: 9/30/2018

Expenditure Category	FY 2016 SA Block Grant Award	FY 2017 SA Block Grant Award
1 . Substance Abuse Prevention* and Treatment	\$4,783,764	
2 . Substance Abuse Primary Prevention	\$1,645,169	
3 . Tuberculosis Services	\$0	
4 . HIV Early Intervention Services**	\$348,390	
5 . Administration (SSA Level Only)	\$190,473	
6. Total	\$6,967,796	\$0

* Prevention other than primary prevention

** 1924(b)(2) of Title XIX, Part B, Subpart II of the Public Health Service Act (42 U.S.C. § 300x-24(b)(2)) and section 96.128(b) of the Substance Abuse Prevention and Treatment Block Grant; Interim Final Rule (45 CFR 96.120-137), SAMHSA relies on the HIV Surveillance Report produced by CDC, National Center for HIV/AIDS, Hepatitis, STD and TB Prevention. The HIV Surveillance Report, Volume 24, will be used to determine the states and jurisdictions that will be required to set-aside 5 percent of their respective FY 2016 SABG allotments to establish one or more projects to provide early intervention services for HIV at the sites at which individuals are receiving SUD treatment services. In FY 2012, SAMHSA developed and disseminated a policy change applicable to the EIS/HIV which provided any state that was a "designated state" in any of the three years prior to the year for which a state is applying for SABG funds with the flexibility to obligate and expend SABG funds for EIS/HIV even though the state does not meet the AIDS case rate threshold for the fiscal year involved. Therefore, any state with an AIDS case rate below 10 or more such cases per 100,000 that meets the criteria described in the 2012 policy guidance would be allowed to obligate and expend FY 2016 SABG funds for EIS/HIV if they chose to do so.

Planning Tables

Table 5a SABG Primary Prevention Planned Expenditures

Planning Period Start Date: 10/1/2016 Planning Period End Date: 9/30/2018

Strategy	IOM Target	FY 2016	FY 2017
		SA Block Grant Award	SA Block Grant Award
Information Dissemination	Universal	\$372,000	
	Selective	\$135,000	
	Indicated	\$150,000	
	Unspecified		
	Total	\$657,000	\$0
Education	Universal	\$10,000	
	Selective	\$142,794	
	Indicated	\$160,000	
	Unspecified	\$0	
	Total	\$312,794	\$0
Alternatives	Universal	\$80,000	
	Selective	\$88,386	
	Indicated	\$50,703	
	Unspecified	\$0	
	Total	\$219,089	\$0
Problem Identification and Referral	Universal	\$0	
	Selective		
	Indicated	\$35,794	
	Unspecified		
	Total	\$35,794	\$0

Community-Based Process	Universal	\$85,000	
	Selective	\$69,000	
	Indicated	\$45,000	
	Unspecified	\$0	
	Total	\$199,000	\$0
Environmental	Universal	\$90,865	
	Selective	\$0	
	Indicated	\$0	
	Unspecified	\$0	
	Total	\$90,865	\$0
Section 1926 Tobacco	Universal		
	Selective	\$45,000	
	Indicated		
	Unspecified		
	Total	\$45,000	\$0
Other	Universal		
	Selective		
	Indicated		
	Unspecified	\$85,627	
	Total	\$85,627	\$0
Total Prevention Expenditures		\$1,645,169	\$0
Total SABG Award*		\$6,967,796	\$0
Planned Primary Prevention Percentage		23.61 %	

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

Footnotes:

Planning Tables

Table 5b SABG Primary Prevention Planned Expenditures by IOM Category

Planning Period Start Date: 10/1/2016 Planning Period End Date: 9/30/2018

Activity	FY 2016 SA Block Grant Award	FY 2017 SA Block Grant Award
Universal Direct	\$462,000	
Universal Indirect	\$175,865	
Selective	\$480,180	
Indicated	\$441,497	
Column Total	\$1,559,542	\$0
Total SABG Award*	\$6,967,796	\$0
Planned Primary Prevention Percentage	22.38 %	

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

Footnotes:

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Planning Tables

Table 5c SABG Planned Primary Prevention Targeted Priorities

Planning Period Start Date: 10/1/2016 Planning Period End Date: 9/30/2018

Targeted Substances	
Alcohol	€
Tobacco	€
Marijuana	€
Prescription Drugs	€
Cocaine	€
Heroin	€
Inhalants	€
Methamphetamine	€
Synthetic Drugs (i.e. Bath salts, Spice, K2)	€
Targeted Populations	
Students in College	€
Military Families	€
LGBTQ	€
American Indians/Alaska Natives	€
African American	€
Hispanic	€
Homeless	€
Native Hawaiian/Other Pacific Islanders	€
Asian	€
Rural	€
Underserved Racial and Ethnic Minorities	€

Planning Tables

Table 6a SABG Resource Development Activities Planned Expenditures

Planning Period Start Date: 10/1/2016 Planning Period End Date: 9/30/2018

Activity	FY 2016 SA Block Grant Award				FY 2017 SA Block Grant Award			
	Prevention	Treatment	Combined	Total	Prevention	Treatment	Combined	Total
1. Planning, Coordination and Needs Assessment	\$306,990			\$306,990				\$0
2. Quality Assurance	\$52,919			\$52,919				\$0
3. Training (Post-Employment)	\$121,393			\$121,393				\$0
4. Education (Pre-Employment)	\$0			\$0				\$0
5. Program Development	\$674,125			\$674,125				\$0
6. Research and Evaluation	\$121,391			\$121,391				\$0
7. Information Systems	\$121,391			\$121,391				\$0
8. Total	\$1,398,209	\$0	\$0	\$1,398,209	\$0	\$0	\$0	\$0

Footnotes:

Planning Tables

Table 6b MHBG Non-Direct Service Activities Planned Expenditures

Planning Period Start Date: 7/1/2016 Planning Period End Date: 6/30/2017

Service	Block Grant
MHA Technical Assistance Activities	
MHA Planning Council Activities	\$15,000
MHA Administration	\$62,180
MHA Data Collection/Reporting	
MHA Activities Other Than Those Above	
Total Non-Direct Services	\$77,180
Comments on Data: <input data-bbox="100 911 1521 940" type="text"/>	
Footnotes:	

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Environmental Factors and Plan

22. State Behavioral Health Planning/Advisory Council and Input on the Mental Health/Substance Abuse Block Grant Application

Narrative Question:

Each state is required to establish and maintain a state Mental Health Planning/Advisory Council for adults with SMI or children with SED. To meet the needs of states that are integrating mental health and substance abuse agencies, SAMHSA is recommending that states expand their Mental Health Advisory Council to include substance abuse, referred to here as a Behavioral Health Advisory/Planning Council (BHPC). SAMHSA encourages states to expand their required Council's comprehensive approach by designing and implementing regularly scheduled collaborations with an existing substance abuse prevention and treatment advisory council to ensure that the council reviews issues and services for persons with, or at risk for, substance abuse and substance use disorders. To assist with implementing a BHPC, SAMHSA has created [Best Practices for State Behavioral Health Planning Councils: The Road to Planning Council Integration](#).⁹⁷

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

For SABG only - describe the steps the state took to make the public aware of the plan and allow for public comment.

For MHBG and integrated BHPC: States must include documentation that they shared their application and implementation report with the Planning Council; please also describe the steps the state took to make the public aware of the plan and allow for public comment.

SAMHSA requests that any recommendations for modifications to the application or comments to the implementation report that were received from the Planning Council be submitted to SAMHSA, regardless of whether the state has accepted the recommendations. The documentation, preferably a letter signed by the Chair of the Planning Council, should state that the Planning Council reviewed the application and implementation report and should be transmitted as attachments by the state.

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

1. How was the Council actively involved in the state plan? Attach supporting documentation (e.g., meeting minutes, letters of support, etc.).
2. What mechanism does the state use to plan and implement substance abuse services?
3. Has the Council successfully integrated substance abuse prevention and treatment or co-occurring disorder issues, concerns, and activities into its work?
4. Is the membership representative of the service area population (e.g., ethnic, cultural, linguistic, rural, suburban, urban, older adults, families of young children)?
5. Please describe the duties and responsibilities of the Council, including how it gathers meaningful input from people in recovery, families and other important stakeholders, and how it has advocated for individuals with SMI or SED.

*Additionally, please complete the Behavioral Health Advisory Council Members and Behavioral Health Advisory Council Composition by Member Type forms.*⁹⁸

⁹⁷<http://beta.samhsa.gov/grants/block-grants/resources>

⁹⁸There are strict state Council membership guidelines. States must demonstrate: (1) the involvement of people in recovery and their family members; (2) the ratio of parents of children with SED to other Council members is sufficient to provide adequate representation of that constituency in deliberations on the Council; and (3) no less than 50 percent of the members of the Council are individuals who are not state employees or providers of mental health services.

Please use the box below to indicate areas of technical assistance needed related to this section:

Footnotes:

ENVIRONMENTAL FACTORS & PLAN

22. State Behavioral Health Planning/Advisory Council and Input on the Mental Health/Substance Abuse Block Grant Application

ADULT BEHAVIORAL HEALTH SYSTEM

The Delaware Department of Health and Social Services, Division of Substance Abuse and Mental Health is designated by the Governor as the sole administering agency in the State of Delaware for the Combined Behavioral Health Services (CBHS) Block Grant. The Governor's Advisory Council (GAC) to the Division of Substance Abuse and Mental Health serves as the State Behavioral Health Planning Council pursuant to Section 1914 of the PHS Act (42 U.S.C. 300x-3). The membership of the Governor's Advisory Council includes 17 voting members appointed by the Governor and 10 associate members elected by the membership of the Council. Pursuant to section 1915 (a) [42 USCS Sec. 300x-4(a)], the Governor's Advisory Council reviews and makes recommendations regarding the state mental health plans and reports prepared by the Division and DCMHS in fulfillment of the Community Mental Health Block Grant requirements. There are currently 12 consumers or family members of consumers on the GAC.

The (GAC) to the Division of Substance Abuse and Mental Health was re-classified via State codification to be representative of the entire Behavioral Health System in Delaware. This effort was not one that was easily accomplished as each member of the committee is Governor appointed and in accordance with State legislation. DSAMH worked with the Chair of the (GAC) to add Substance Abuse Prevention and treatment to the Committee's oversight.

In order to increase consumer representation and assure the adequacy of representation of children's issues on the GAC, an estimated six new associate member appointments were made. These six associate members are family members of consumers and current members of the Children's Advisory Council to the Department of Services for Children, Youth and their Families. In addition, the GAC established a Children's Committee that also serves as a liaison between the GAC and the DCMHS Community Advisory Council.

The GAC also established a Community Mental Health Services Block Grant Subcommittee which consists of Planning Council members, consumers and family members of consumers. The subcommittee provides additional opportunities for Planning Council membership, consumers and family members of consumers to be involved with the development of the Community Mental Health Services Block Grant and State Plan.

The GAC-DSAMH has as its mandate to advise the Governor, Cabinet Secretary and DSAMH Division Director on issues affecting mental health services in the State. The Council also plays an active role in reviewing the Division's budget and advocating to the

State's legislative bodies on issues relevant to substance abuse and mental health.

CHILD BEHAVIORAL HEALTH SYSTEM

In addition to the (GAC), DPBHS participates on and facilitates two youth-specific planning committees. The DPBHS Community Advisory and Advocacy Council, described in this section, collaborate with the GAC through the facilitative efforts of the Children's Committee, a standing committee of the Governors Advisory Council and the Advisory Council's Transition Committee.

Advocacy & Advisory Council: The DPBHS Community Advocacy and Advisory Council is comprised of youth and families, representatives from advocacy groups, service providers, other state and private sector child-serving programs and our sister divisions in DSCYF. Meetings of the Council are held bi-monthly and as scheduled by task-specific committees. Responsibilities include:

- Collaboration with DPBHS staff in review of service continuum, utilization, process and outcome reports.
- Reviewing the CMHS State Plan and Implementation Report; collaboration with the Governor's Advisory Council to DSAMH.
- Review and comment on program proposals and grant applications.
- Providing comments to the State Budget Office, the Governor's Office, the Joint Finance Committee, and other review bodies as requested.
- Providing information regarding outreach, partnership and public information opportunities.
- Strategic planning.
- Providing information regarding outreach, partnership and public information opportunities.
- Annual goals for the Division.

Further DPBHS-DSAMH Collaboration: One DPBHS senior staff member is an appointed member of the Governor's Advisory Council to DSAMH, and one DSAMH senior staff member is a member of the DPBHS Advocacy & Advisory Council. There are also six other representatives from the Children's Advisory Council that sits on the Governors Advisory Council as well as other interested parties. Senior managers of DPBHS and DSAMH meet quarterly regarding the management of the CMHS Block Grant and areas of mutual interest in program development, as well as participating together in periodic site visits, conferences and trainings. A memorandum of understanding (MOUs) has been developed on the management of grants and on transition of youth to adult services.

Primary sources of planning input to DPBHS

- Statewide System of Care Team chaired by providers and staff.
- Interagency collaboration: In addition to the above-referenced collaboration with DSAMH, DPBHS staff participate on the steering committee for the Maternal and Child Health Block Grant, the Developmental Disabilities Council, an interagency committee on the development of school-based behavioral health services, interdivisional working groups on foster care development and training, program development for juvenile sex offenders, etc.
- Provider meetings and surveys: DPBHS holds quarterly meetings with providers of services and conducts an annual survey of provider satisfaction, solicits input regarding service improvement.
- Parent Information Center of Delaware.
- Ongoing needs assessment processes: The information management system is designed to collect ongoing information regarding service gaps. The Utilization Review Committee provides regularly scheduled reports on utilization patterns and their implications for program development. The DPBHS Leadership Committee and DPBHS representatives to various DSCYF working groups, such as Report Card, Information Management, and Safety Council and special projects to provides continuous input into planning processes.
- Research and continuing education: DPBHS has infrastructure and services, research grants, which keep staff members involved with current information and initiatives. All staff members have the opportunity to participate in training, and fulfill continuing education requirements and many have active roles in their professional organizations, providing additional sources of information for planning.

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Environmental Factors and Plan

Behavioral Health Advisory Council Members

Start Year: 2016 End Year: 2017

Name	Type of Membership	Agency or Organization Represented	Address,Phone, and Fax	Email(if available)
John Akester	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		4900 Limestone Road Wilmington DE, 19808 PH: 302-239-1798	akester2@aol.com
Florence Alberque	Individuals in Recovery (from Mental Illness and Addictions)		103 Delaplane Ave Newark DE, 19711 PH: 302-602-4486	floa49@yahoo.com
Patricia Ayers	State Employees	Department of Education	John G. Townsend Building, Suite 401 Dover DE, 19901 PH: 302-735-4108	drozumalski@doe.k12.de.us
Anthony Brazen	State Employees	Medicaid	Div of Medicaid & Medical Assistance New Castle DE, 19720 PH: 302-255-9620	anthony.brazen@state.de.us
Helena Carter, Psy. D.	State Employees	Division of Prevention & Behavioral Health Services	Baratt Bldg, Suite 102, 821 Silver Lake Blvd Dover DE, 19904 PH: 302-739-8380	helena.carter@state.de.us
Rev Robert Daniels	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		217 W 19th Street Wilmington DE, 19802 PH: 302-429-8963	rwdaniels2000@yahoo.com
Devon Degyansky	State Employees	Delaware State Housing Authority	18 The Green Dover DE, 19901 PH: 302-739-4263	Devon@delstatehousing.com
John Evans	State Employees	Delaware State Police	PO Box 430 Dover DE, 19903 PH: 302-739-5911	john.evans@state.de.us
Lynn Fahey	Providers	Brandywine Counseling, Inc.	2713 Lancaster Ave Wilmington DE, 19805 PH: 302-225-9269	lfahey@brandywinecounseling.com
Lisa Furber	Others (Not State employees or providers)		Community Legal Aid Society, Inc Wilmington DE, 19801 PH: 302-575-0690	efurber@declasi.org
Andrea Guest	State Employees	Vocational Rehabilitation	4425 N. Market Street Wilmington DE, 19802 PH: 302-761-8275	andrea.guest@state.de.us
			1901 N. Dupont	

Thomas Hall	State Employees	DHSS/Division of State Service Centers	HwyNew Castle DE, 19720 PH: 302-255-9605	
Patricia Hill	Others (Not State employees or providers)			
Daniel Hoeftman	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		1033 Governor House CircleWilmington DE, 19809 PH: 302-762-7205	gotodan@comcast.net
Janice Jolly	Providers		218 West 35th StreetWilmington DE, 19802 PH: 302-764-7781	jjollygirl@yahoo.com
James Lafferty	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)	Mental Health Association	100 West 10th Street, Suite 600Wilmington DE, 19801 PH: 302-654-6833	JLafferty@mhainde.org
James Larks	Others (Not State employees or providers)			jlarks@verizon.net
Bruce Lorenz	Providers	Thresholds	20505 DuPont Blvd., Unit 1New Castle DE, 19720	
James, Jr. Martin	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		217 Old LAurel RoadGeorgetown DE, 19947 PH: 302-628-3016	jimymartin767@gmail.com
Eddie McCole	Individuals in Recovery (from Mental Illness and Addictions)		12 Hillside RoadClaymont DE, 19703 PH: 302-793-1941	ediemccole@comcast.net
John McKenna	Providers	Rockford Center	100 Rockford DriveNewark DE, 19703 PH: 302-892-4262	john.mckenna@uhsinc.com
George Meldrum, Jr.	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)	Nemours Health and Prevention Services	Christiana Bldg., Suite 200, 252 Chapman RoadNewark DE, 19702 PH: 302-444-9071	Bandit47@Comcast.net
Susan Phillips	Parents of children with SED		414 Evergreen CircleMilford DE, 19963	ss.phillips@verizon.net
Joanna Rieger	Individuals in Recovery (from Mental Illness and Addictions)		97 Dodge DriveSmyrna DE, 19977	joanna@delawarerecovery.org
Charles Sygowski	Individuals in Recovery (from Mental Illness and Addictions)		100 West 10th Street, Suite 303Wilmington DE, 19801 PH: 302-655-3261	underdog@dcgp.org

Footnotes:

Environmental Factors and Plan

Behavioral Health Council Composition by Member Type

Start Year: 2016 End Year: 2017

Type of Membership	Number	Percentage
Total Membership	22	
Individuals in Recovery* (to include adults with SMI who are receiving, or have received, mental health services)	6	
Family Members of Individuals in Recovery* (to include family members of adults with SMI)	0	
Parents of children with SED*	1	
Vacancies (Individuals and Family Members)	1	
Others (Not State employees or providers)	3	
Total Individuals in Recovery, Family Members & Others	11	50.0%
State Employees	7	
Providers	4	
Federally Recognized Tribe Representatives	0	
Vacancies	0	
Total State Employees & Providers	11	50.0%
Individuals/Family Members from Diverse Racial, Ethnic, and LGBTQ Populations	0	
Providers from Diverse Racial, Ethnic, and LGBTQ Populations	0	
Total Individuals and Providers from Diverse Racial, Ethnic, and LGBTQ Populations	0	
Persons in recovery from or providing treatment for or advocating for substance abuse services	0	

* States are encouraged to select these representatives from state Family/Consumer organizations.

Indicate how the Planning Council was involved in the review of the application. Did the Planning Council make any recommendations to modify the application?

The GAC-established Community Mental Health Services Block Grant Subcommittee which consists of Planning Council members, consumers and family members of consumers was initially included in the review process of the 2-year plan, and they were furnished a copy of this year's funding application for review. The previous 2-year plan was approved without any recommended application changes. Any recommendations for this funding application will be incorporated in the actual submission.

Footnotes: