# Delaware

## UNIFORM APPLICATION FY 2018/2019 - STATE BEHAVIORAL HEALTH ASSESSMENT AND PLAN

# SUBSTANCE ABUSE PREVENTION AND TREATMENT and

## COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 06/12/2015 - Expires 09/30/2020 (generated on 08/16/2018 2.52.01 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 2019

End Year 2020

### State SAPT DUNS Number

Number 134632624

Expiration Date 6/4/2019

#### 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 Highway Herman M. Holloway Sr. Health and Social Services Campu
City	New Castle

Zip Code 19720

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

First Name	Elizabeth
Last Name	Romero
Agency Name	Delaware Health & Social Services, Division of Substance Abuse and Mental Health
Mailing Address	14 Central Avenue
City	New Castle
Zip Code	19720
Telephone	302-255-9404
Fax	302-255-4427
Email Address	Elizabeth.Romero@state.de.us
State CMHS DUNS	Number
Number	1346326240
Expiration Date	6/4/2019
I. State Agency to	be the CMHS Grantee for the Block Grant
	Delaware Health & Social Services
Organizational Unit	Division of Substance Abuse & Mental Health
Mailing Address	1901 N. Dupont Highway Herman M. Holloway Sr. Health and Social Services Campus
City	New Castle
Zip Code	19720

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

First Name Elizabeth

Last Name Romero

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

Mailing Address	14 Central Avenue
City	New Castle
Zip Code	19720
Telephone	302-255-9398
Fax	302-255-4427
Email Address	Elizabeth.Romero@state.de.us
Third Party Adr	ninistrator of Mental Health Services

### III. 1

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

То

#### V. Date Submitted

Submission Date

**Revision Date** 

### VI. Contact Person Responsible for Application Submission

First Name Sandra Last Name Jani Telephone 302-255-9415 Fax

Email Address sandra.jani@state.de.us

### **State Information**

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

Fiscal Year 2019

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

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

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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 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.
- 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 Printed: 8/16/2018 2:52 PM Delaware OMB No. 0930-0168 Approved: 06/12/2015 Expires: 09/30/2020 Page 5

Page 5 of 43

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 of 1984.
- 18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
- 19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

### LIST of CERTIFICATIONS

### 1. Certification Regarding Debarment and Suspension

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

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

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

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

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

#### 3. Certifications Regarding Lobbying

Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," Printed: 8/16/2018 2:52 PM - Delaware - OMB No. 0930-0168 Approved: 06/12/2015 Expires: 09/30/2020

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," 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:	Elizabeth Romero, MS			
Signa	ture of CEO or Designee <sup>1</sup> :				
Title:	Director, Division of Substance Abuse and Mo Health	ental	Date Signed:	 	
				mm/dd/yyyy	
		-			

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



STATE OF DELAWARE **OFFICE OF THE GOVERNOR** TATNALL BUILDING, SECOND FLOOR MARTIN LUTHER KING, JR. BOULEVARD SOUTH DOVER, DELAWARE 19901

PHONE (302) 744-4101 Fax (302) 739-2775

JOHN CARNEY GOVERNOR

January 31, 2018

Grants Management Officer Office of Financial Resources, Division of Grants Management Substance Abuse and Mental Health Services Administration 5600 Fisher Lane, Room 17E20 Rockville, MD 20857

Dear Grants Management Officer:

As Chief Executive Officer of the State of Delaware, I designate the Department of Health and Social Services, Division of Substance Abuse and Mental Health as the sole administering agency in the State of Delaware for the following federal programs funded through the Substance Abuse and Mental Health Services Administration:

- Community Mental Health Services (CMHS) Block Grant
- Substance Abuse Prevention and Treatment (SAPT) Block Grant
- Projects for Assistance in Transition for Homelessness (PATH) Formula grant •

This designation will remain in effect until further notice.

I also delegate authority to the Secretary of the Delaware Department of Health and Social Services to certify all required assurances, funding agreements, and certifications for the above referenced programs and to submit the annual applications and plans until such time as this delegation of authority might be rescinded. Please be informed that the Secretary of the Delaware Department of Health and Social Services is Dr. Kara Odom Walker, MD, MPH, MSHS.

Sincerely,

L. C. Cam John C. Carney

Governor

Cc: Kara Odom Walker, Cabinet Secretary, Delaware Department of Health and Social Services



Delaware Health and Social Services

### Office of the Secretary

1901 N. DUPONT HIGHWAY, NEW CASTLE, DE 19720 \* TELEPHONE: 302-255-9040 FAX: 302-255-4429

May 1, 2018

Grants Management Officer Office of Financial Resources, Division of Grants Management Substance Abuse and Mental Health Services Administration 5600 Fishers Lane, Room 17E20 Rockville, MD 20857

Dear Grants Management Officer:

As Cabinet Secretary of the Delaware Department of Health and Social Services, I delegate authority to the Director of the Division of Substance Abuse and Mental Health to certify all required assurances, funding agreements, and certifications and to submit the annual applications and plans for the following federal programs funded through the Substance Abuse and Mental Health Services Administration:

- Community Mental Health Services (CMHS) Block Grant
- Substance Abuse Prevention and Treatment (SAPT) Block Grant
- Projects for Assistance in Transition for Homelessness (PATH) Formula grant

This delegation will remain in effect until further notice. Please be informed that the Director of the Division of Substance Abuse and Mental Health is Elizabeth Romero, MS.

incerely

Kara Odom Walker, MD, MPH, MSHS Cabinet Secretary

Cc: Elizabeth Romero, Director, Division of Substance Abuse and Mental Health  $\checkmark$ 

"TO IMPROVE THE QUALITY OF LIFE FOR DELAWARE'S CITIZENS BY PROMOTING HEALTH AND WELL-BEING, FOSTERING SELF-SUFFICIENCY, AND PROTECTING VUNERABLE POPULATIONS."

### **State Information**

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

Fiscal Year 2019

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			
	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			
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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.
- 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 Printed: 8/16/2018 2:52 PM Delaware OMB No. 0930-0168 Approved: 06/12/2015 Expires: 09/30/2020 Page 14 of 43

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 of 1984.
- 18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
- 19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

### LIST of CERTIFICATIONS

### 1. Certification Regarding Debarment and Suspension

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

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

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

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work-place in accordance with 2 CFR Part 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," Printed: 8/16/2018 2:52 PM - Delaware - OMB No. 0930-0168 Approved: 06/12/2015 Expires: 09/30/2020 Page 16 of 43 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," and continuation sheet are included at the end of this application form.)
- 3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

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

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

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

#### 5. Certification Regarding Environmental Tobacco Smoke

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

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

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

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

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

### HHS Assurances of Compliance (HHS 690)

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

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

### THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

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

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

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

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

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

Name	of Chief Executive Officer (CEO) or Designee:	Elizabeth Romero, MS				
Signat	sure of CEO or Designee <sup>1</sup> :					
Title:	Director, Division of Substance Abuse and Me Health	ental	Date Signed:		mm/dd/yyyy	
<sup>1</sup> If the	agreement is signed by an authorized design	ee, a copy of the designa	tion must be at	ttached.		



STATE OF DELAWARE **OFFICE OF THE GOVERNOR** TATNALL BUILDING, SECOND FLOOR MARTIN LUTHER KING, JR. BOULEVARD SOUTH DOVER, DELAWARE 19901

PHONE (302) 744-4101 Fax (302) 739-2775

JOHN CARNEY GOVERNOR

January 31, 2018

Grants Management Officer Office of Financial Resources, Division of Grants Management Substance Abuse and Mental Health Services Administration 5600 Fisher Lane, Room 17E20 Rockville, MD 20857

Dear Grants Management Officer:

As Chief Executive Officer of the State of Delaware, I designate the Department of Health and Social Services, Division of Substance Abuse and Mental Health as the sole administering agency in the State of Delaware for the following federal programs funded through the Substance Abuse and Mental Health Services Administration:

- Community Mental Health Services (CMHS) Block Grant
- Substance Abuse Prevention and Treatment (SAPT) Block Grant
- Projects for Assistance in Transition for Homelessness (PATH) Formula grant •

This designation will remain in effect until further notice.

I also delegate authority to the Secretary of the Delaware Department of Health and Social Services to certify all required assurances, funding agreements, and certifications for the above referenced programs and to submit the annual applications and plans until such time as this delegation of authority might be rescinded. Please be informed that the Secretary of the Delaware Department of Health and Social Services is Dr. Kara Odom Walker, MD, MPH, MSHS.

Sincerely,

L. C. Cam John C. Carney

Governor

Cc: Kara Odom Walker, Cabinet Secretary, Delaware Department of Health and Social Services



Delaware Health and Social Services

### Office of the Secretary

1901 N. DUPONT HIGHWAY, NEW CASTLE, DE 19720 \* TELEPHONE: 302-255-9040 FAX: 302-255-4429

May 1, 2018

Grants Management Officer Office of Financial Resources, Division of Grants Management Substance Abuse and Mental Health Services Administration 5600 Fishers Lane, Room 17E20 Rockville, MD 20857

Dear Grants Management Officer:

As Cabinet Secretary of the Delaware Department of Health and Social Services, I delegate authority to the Director of the Division of Substance Abuse and Mental Health to certify all required assurances, funding agreements, and certifications and to submit the annual applications and plans for the following federal programs funded through the Substance Abuse and Mental Health Services Administration:

- Community Mental Health Services (CMHS) Block Grant
- Substance Abuse Prevention and Treatment (SAPT) Block Grant
- Projects for Assistance in Transition for Homelessness (PATH) Formula grant

This delegation will remain in effect until further notice. Please be informed that the Director of the Division of Substance Abuse and Mental Health is Elizabeth Romero, MS.

incerely

Kara Odom Walker, MD, MPH, MSHS Cabinet Secretary

Cc: Elizabeth Romero, Director, Division of Substance Abuse and Mental Health  $\checkmark$ 

"TO IMPROVE THE QUALITY OF LIFE FOR DELAWARE'S CITIZENS BY PROMOTING HEALTH AND WELL-BEING, FOSTERING SELF-SUFFICIENCY, AND PROTECTING VUNERABLE POPULATIONS."

### **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			
Title			
Organization			

Signature:

Date:

#### Footnotes:

Not Applicable. No lobbying activities have taken place.

### Table 2 State Agency Planned Expenditures [MH]

States must project how the SMHA and/or the SSA will use available funds to provide authorized services for the planning period for state fiscal years 2018/2019.

Planning Period Start Date: 7/1/2018 Planning Period End Date: 6/30/2019

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. Syringe Services Program							
c. All Other							
2. Primary Prevention							
3. Tuberculosis Services							
4. Early Intervention Services for HIV			Ť				
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		\$849,951	\$115,000	\$0	\$44,500,000	\$0	\$0
8. Mental Health Primary <sup>*</sup>		\$207,947	\$0	\$0	\$0	\$0	\$0
9. Evidence-Based Practices for Early Serious Mental Illness (10 percent of total award MHBG) <sup>**</sup>		\$124,433	\$0	\$0	\$0	\$0	\$0
10. Administration (Excluding Program and Provider Level)***		\$62,216	\$0	\$0	\$0	\$0	\$0
11. MHBG Total (Row 5, 6, 7, 8, 9 and 10)	\$0	\$1,244,547	\$115,000	\$0	\$44,500,000	\$0	\$0

\* While the state may use state or other funding for these services, the MHBG funds must be directed toward adults with SMI or children with SED

\*\* Column 9B should include Early Serious Mental Illness programs funded through MHBG set aside

\*\*\* Per statute, Administrative expenditures cannot exceed 5% of the fiscal year award.

### **Table 4 SABG Planned Expenditures**

Planning Period Start Date: 10/1/2018 Planning Period End Date: 9/30/2020

Expenditure Category	FY 2018 SA Block Grant Award	FY 2019 SA Block Grant Award
1 . Substance Abuse Prevention and Treatment	\$4,876,178	\$4,877,455
2 . Primary Substance Abuse Prevention	\$1,394,902	\$1,393,561
3 . Tuberculosis Services	\$0	\$0
4 . Early Intervention Services for ${\rm HIV}^{*}$	\$348,725	\$348,390
5 . Administration (SSA Level Only)	\$348,725	\$348,390
6. Total	\$6,968,530	\$6,967,796

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

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Footnotes:			

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

Planning Period Start Date: 10/1/2018 Planning Period End Date: 9/30/2020

Strategy	IOM Target	FY 2018	FY 2019
		SA Block Grant Award	SA Block Grant Award
	Universal	\$156,932	\$156,864
	Selective	\$17,349	\$17,281
Information Dissemination	Indicated	\$3,062	\$2,994
	Unspecified	\$0	\$0
	Total	\$177,343	\$177,139
	Universal	\$193,166	\$193,098
	Selective	\$137,898	\$137,830
Education	Indicated \$16,944		\$16,926
	Unspecified	\$0	\$0
	Total	\$348,008	\$347,854
	Universal	\$260,896	\$260,828
	Selective	\$52,487	\$52,419
Alternatives	Indicated	\$14,251	\$14,183
	Unspecified	\$0	\$0
	Total	\$327,634	\$327,430
	Universal	\$38,143	\$37,975
	Selective	\$15,885	\$15,817
Problem Identification and Referral	Indicated	\$0	\$0
	Unspecified	\$0	\$0
	Total	\$54,028	\$53,792

	Universal	\$274,083	\$274,015
	Selective	\$2,610	\$2,542
Community-Based Process	Indicated	\$1,612	\$1,544
	Unspecified	\$0	\$0
	Total	\$278,305	\$278,101
	Universal	\$76,891	\$76,823
	Selective	\$35,719	\$35,651
Environmental	Indicated	\$5,102	\$5,034
	Unspecified	\$0	\$0
	Total	\$117,712	\$117,508
	Universal	\$0	\$0
	Selective	\$0	\$0
Section 1926 Tobacco	Indicated	\$0	\$0
	Unspecified	\$0	\$0
	Total	\$0	\$0
	Universal	\$49,465	\$49,396
	Selective	\$42,408	\$42,341
Other	Indicated	\$0	\$0
	Unspecified	\$0	\$0
	Total	\$91,873	\$91,737
Total Prevention Expenditures		\$1,394,902	\$1,393,561
Total SABG Award*		\$6,968,530	\$6,967,796
Planned Primary Prevention Percentage		20.02 %	20.00 %

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

### Table 5b SABG Primary Prevention Planned Expenditures by IOM Category

Planning Period Start Date: 10/1/2018 Planning Period End Date: 9/30/2020

Activity	FY 2018 SA Block Grant Award	FY 2019 SA Block Grant Award
Universal Direct	\$1,049,576	\$1,048,999
Universal Indirect	\$0	\$0
Selective	\$304,355	\$303,881
Indicated	\$40,971	\$40,681
Column Total	\$1,394,902	\$1,393,561
Total SABG Award*	\$6,968,530	\$6,967,796
Planned Primary Prevention Percentage	20.02 %	20.00 %

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

### **Table 5c SABG Planned Primary Prevention Targeted Priorities**

Planning Period Start Date: 10/1/2018 Planning Period End Date: 9/30/2020

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

### Table 6 Categories for Expenditures for System Development/Non-Direct-Service Activities

SABG Planning Period Start Date: 10/1/2018 SABG Planning Period End Date: 9/30/2020

MHBG Planning Period Start Date: 07/01/2018

MHBG Planning Period End Date: 06/30/2019

FY 2018					FY	2019		
Activity	A. MHBG	B. SABG Treatment	C. SABG Prevention	D. SABG Combined*	A. MHBG	B. SABG Treatment	C. SABG Prevention	D. SABG Combined*
1. Information Systems	\$0	\$0	\$61,792	\$0	\$0	\$0	\$100,000	\$0
2. Infrastructure Support	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
3. Partnerships, community outreach, and needs assessment	\$0	\$0	\$44,850	\$0	\$0	\$0	\$54,219	\$0
4. Planning Council Activities (MHBG required, SABG optional)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
5. Quality Assurance and Improvement	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
6. Research and Evaluation	\$0	\$0	\$112,500	\$0	\$0	\$0	\$53,662	\$0
7. Training and Education	\$0	\$0	\$15,000	\$0	\$0	\$0	\$31,029	\$0
8. Total	\$0	\$0	\$234,142	\$0	\$0	\$0	\$238,910	\$0

\*Combined refers to non-direct service/system development expenditures that support both treatment and prevention systems.

Printed: 8/16/2018 2:52 PM - Delaware - OMB No. 0930-0168 Approved: 06/12/2015 Expires: 09/30/2020

### Footnotes:

MHBG funds are not utilized for any of these categories, only state funds.

Amount of SABG Primary Prevention funds (from Table 4, Row 2) to be used for SABG Prevention Non-Direct Services/System Development Activities for SABG Prevention, Column C, and/or SABG Combined, Column D = \$0. Amount of SABG Administration funds (from Table 4, Row 5) to be used for SABG Prevention Non-Direct Services/System Development Activities for SABG Prevention, Column C, and/or SABG Combined, Column D = \$238,910.

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

#### 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 services supported by MHBG and SABG, SAMHSA is recommending that states expand their Mental Health Advisory Council to include substance misuse prevention, SUD treatment, and recovery representation, referred to here as 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 misuse prevention, SUD treatment, and recovery advisory council to ensure that the council reviews issues and services for persons with, or at risk, for substance misuse and SUDs. To assist with implementing a BHPC, SAMHSA has created **Best Practices for State Behavioral Health Planning Councils: The Road to Planning Council Integration.**<sup>72</sup>

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

#### <sup>72</sup>http://beta.samhsa.gov/grants/block-grants/resources

#### 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, etc...)
  - a) What mechanism does the state use to plan and implement substance misuse prevention, SUD treatment and recovery services?

Consumer Satisfaction Surveys, Needs Assessments, Provider/Public input, data related to drug of choice at admission, data related to program utilization are all utilized to plan and implement services.

- b) Has the Council successfully integrated substance misuse prevention and treatment or cooccurring disorder issues, concerns, and activities into i
- 2. Is the membership representative of the service area population (e.g. ethnic, cultural, linguistics, rural, suburban, urban, older adults, families of young children)?
- **3.** Please indicate 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 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.

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.

Does the state have any activities related to this section that you would like to highlight?

Many of the Behavioral Health Council members are also serving on a new Behavioral Health Consortium which is battling with the opioid heroin epidemic. Committees of the Consortium include: access and treatment, changing perceptions and stigma, corrections and law enforcement, data and policy, education and prevention, and family and community readiness.

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

Additionally, please complete the Behavioral Health Advisory Council Members and Behavioral Health Advisory Council Composition by Member Type forms.<sup>73</sup>

<sup>73</sup>There are strict state Council membership guidelines. States must demonstrate: (1) the involvement of people in recovery and their family members; (2) the ratio of parents of children with SED to other Council members is sufficient to provide adequate representation of that constituency in deliberations on the Council; and (3) no less than 50 percent of the members of the Council are individuals who are not state employees or providers of mental health services.

### Behavioral Health Advisory Council Members

Start Year: 2019 End Year: 2020

Name	Type of Membership	Agency or Organization Represented	Address,Phone, and Fax	Email(if available)
Jack Akester	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
Patricia Ayers	State Employees	Department of Education		
Helena Carter, Psy. D.	State Employees	Division of Prevention & Behavioral Health Sevices		
Rev. Robert Daniels	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
Devon Degyansky	State Employees	Delaware State Housing Authority		
Lynn Fahey	Providers	Brandywine Counseling, Inc.		
Andrea Guest	Family Members of Individuals in Recovery (to include family members of adults with SMI)	Vocational Rehabilitation		
Thomas Hall	State Employees	Division of Social Services		
Patricia Hill	Others (Not State employees or providers)			
Janice Jolly	Providers			
Ira Kalbrosky	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
James Martin, Jr.	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
Daniel Meadows	State Employees	Delaware State Police		
George Meldrum, Jr.	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)	Nemorus Health and Prevention Services		
Susan Phillips	Parents of children with SED			
Joanna Rieger	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			

### Behavioral Health Council Composition by Member Type

Start Year: 2019 End Year: 2020

Type of Membership	Number	Percentage
Total Membership	16	
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)	1	
Parents of children with SED*	1	
Vacancies (Individuals and Family Members)	0	
Others (Not State employees or providers)	1	
Total Individuals in Recovery, Family Members & Others	9	56.25%
State Employees	5	
Providers	2	
Vacancies	0	
Total State Employees & Providers	7	43.75%
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	
Federally Recognized Tribe Representatives	0	
Youth/adolescent representative (or member from an organization serving young people)	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?

### 23. Syringe Services (SSP)

#### Narrative Question:

The Substance Abuse Prevention and Treatment Block Grant (SABG) restriction<sup>1,2</sup> on the use of federal funds for programs distributing sterile needles or syringes (referred to as syringe services programs (SSP)) was modified by the **Consolidated Appropriations Act**, 2016 (P.L. 114-113) signed by President Obama on December 18, 2015<sup>3</sup>.

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

A state experiencing, or at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, (as determined by CDC), may propose to use SABG to fund elements of a SSP other than to purchase sterile needles or syringes. However, directing FY 2016 SABG funds to SSPs will require a modification of the 2016-2017 SABG Behavioral Assessment and Plan (Plan). States interested in directing SABG funds to SSPs must provide the information requested below and receive approval on the modification from the State Project Officer. Please note that the term used in the SABG statute and regulation, *intravenous drug user* (IVDU) is being replaced for the purposes of this discussion by the term now used by the federal government, *persons who inject drugs* (PWID).

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

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

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

Please refer to the guidance documents above when requesting a modification to the state?s 2016-2017 Behavioral Health Assessment and Plan.

Please follow the steps listed below to modify the Plan:

- Request a Determination of Need from the CDC
- Modify the 2016-2017 Plan to expend FFY 2016 and/or FFY 2017<sup>\*</sup> funds and support an existing SSP or establish a new SSP
- · Include proposed protocols, timeline for implementation, and overall budget

- Submit planned expenditures and agency information on Table A listed below
- Obtain State Project Officer Approval
- Collect all SSP information on Table B listed below to be reported in the FFY 2019 SABG report due December 1, 2018

#### End Notes

<sup>1</sup> Section 1923 (b) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. ? 300x-23(b)) and 45 CFR ? 96.126(e) requires entities that receive SABG funds to provide substance use disorder (SUD) treatment services to PWID to also conduct outreach activities to encourage such persons to undergo SUD treatment. Any state or jurisdiction that plans to re-obligate FY 2016 SABG funds previously made available such entities for the purposes of providing substance use disorder treatment services to PWID and outreach to such persons may submit an amendment to its plan to SAMHSA for the purpose of incorporating elements of a SSP in one or more such entities insofar as the plan amendment is applicable to the FY 2016 SABG funds **only** and is consistent with guidance issued by SAMHSA.

<sup>2</sup>Section 1931(a(1)(F) of Title XIX, Part B, Subpart II of the Public Health Service (PHS) Act (42 U.S.C.? 300x-31(a)(1)(F)) and 45 CFR ? 96.135(a)(6) explicitly prohibits the use of SABG funds to provide persons who inject drugs (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 <u>Federal Register (</u>76 FR 10038) indicating that the Surgeon General of the United States had made a determination that syringe services programs, when part of a comprehensive HIV prevention strategy, play a critical role in preventing HIV among PWID, facilitate entry into SUD treatment and primary care, and do not increase the illicit use of drugs.

<sup>3</sup> Division H Departments of Labor, Health and Human Services and Education and Related Agencies, Title V General Provisions, Section 520 of the Consolidated Appropriations Act, 2016 (P.L. 114-113)

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

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

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

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

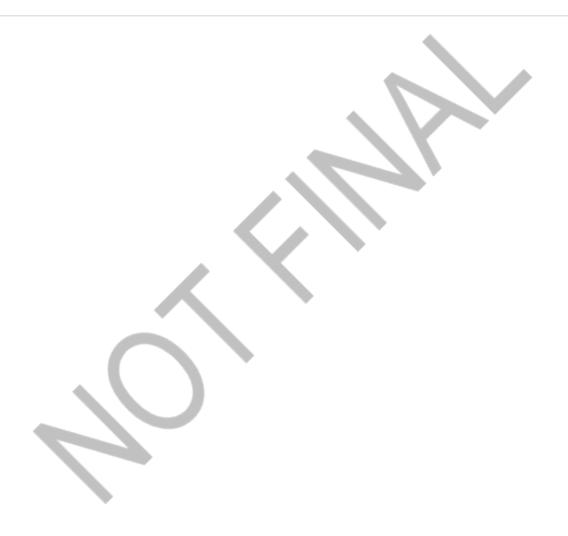
- · Comprehensive HIV risk reduction counseling related to sexual and injection and/or prescription drug misuse;
- HIV, viral hepatitis, sexually transmitted diseases (STD), and tuberculosis (TB) screening;
- · Provision of naloxone (Narcan?) to reverse opiate overdoses;
- Referral and linkage to HIV,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

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

- · Personnel (e.g., program staff, as well as staff for planning, monitoring, evaluation, and quality assurance);
- Supplies, exclusive of needles/syringes and devices solely used in the preparation of substances for illicit drug injection, e.g., cookers;
- Testing kits for HCV and HIV;
- Syringe disposal services (e.g., contract or other arrangement for disposal of bio- hazardous material);

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- Navigation services to ensure linkage to HIV and viral hepatitis prevention, treatment and care services, including antiretroviral therapy for HCV and HIV, pre-exposure prophylaxis, post-exposure prophylaxis, prevention of mother to child transmission and partner services; HAV and HBV vaccination, substance use disorder treatment, recovery support services and medical and mental health services;
- Provision of naloxone to reverse opioid overdoses
- Educational materials, including information about safer injection practices, overdose prevention and reversing a opioid overdose with naloxone, HIV and viral hepatitis prevention, treatment and care services, and mental health and substance use disorder treatment including medication-assisted treatment and recovery support services;
- · Condoms to reduce sexual risk of sexual transmission of HIV, viral hepatitis, and other STDs;
- · Communication and outreach activities; and
- · Planning and non-research evaluation activities.



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

Syringe Services Program SSP Agency Name	Main Address of SSP	Dollar Amount of SABG funds used for SSP	SUD Treatment Provider	Number Of Locations (include mobile if any)	Narcan Provided	
No Data Available						
Footnotes:						

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

		[Please enter total number of individuals served]					
Syringe Service Progra Name	m # of Unique Individuals Served		HIV Testing	Treatment for Substance Use Conditions	Treatment for Physical Health	STD Testing	Hep C
		ONSITE Testing	0	0	0	0	0
0		Referral to testing	0	0	0	0	0

#### 24. Public Comment on the State Plan - Required

#### Narrative Question

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

#### Please respond to the following items:

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

a)	Public meetings or hearings?	© Yes ● No
b)	Posting of the plan on the web for public comment?	● Yes ○ No
	If yes, provide URL:	
	Draft plan posted on DSAMH website: http://www.dhss.delaware.gov/dhss/dsamh/sabg.html	
	The plan was also shared via email by DSAMH staff.	
c)	Other (e.g. public service announcements, print media)	© Yes ● No