



Division of Aging, Adult, & Behavioral
Health Services
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HUMANSERVICES.ARKANSAS.GOV

TO: Interested Parties

FROM: Rachael Veregge, Grants Administrator Coordinator

DATE: August 8, 2022

RE: Public Comment Period

Attached is the Federal Fiscal Year 2023 Combined Substance Abuse and Mental Health Block Grant Behavioral Health Assessment and Plan application for the Division of Aging, Adult and Behavioral Health Services.

The public comment period for this grant application is August 8, 2022 through August 24, 2022.

Copies of the application can be found on our website:

[Reports & Publications - Arkansas Department of Human Services](#)

Please forward all comments regarding this application to Sierra Hawkins via email to Sierra.Hawkins@dhs.arkansas.gov.

Planning Tables

Table 2 State Agency Planned Expenditures [MH]

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

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

Activity (See instructions for using Row 1.)	Source of Funds									
	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	H. COVID-19 Relief Funds (MHBG) ^a	I. COVID-19 Relief Funds (SABG)	J. ARP Funds (MHBG) ^b
1. Substance Abuse Prevention and Treatment										
a. Pregnant Women and Women with Dependent Children										
b. All Other										
2. Primary Prevention										
a. Substance Abuse Primary Prevention										
b. Mental Health Primary Prevention ^c										
3. Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis (10 percent of total award MHBG) ^d		\$722,644.00						\$722,933.00		\$416,234.00
4. Tuberculosis Services										
5. Early Intervention Services for HIV										
6. State Hospital			\$3,879,317.00	\$2,166,823.00	\$40,897,130.00	\$1,336,703.00	\$290,248.00			
7. Other 24-Hour Care					\$4,328,000.00					
8. Ambulatory/Community Non-24 Hour Care		\$5,781,148.00		\$1,042,939.00	\$21,240,864.00			\$6,144,934.00		\$3,329,865.00
9. Administration (excluding program/provider level) ^e MHBG and SABG must be reported separately		\$361,322.00								\$208,117.00
10. Crisis Services (5 percent set-aside) ^f		\$361,322.00						\$361,466.00		\$208,117.00
11. Total	\$0.00	\$7,226,436.00	\$3,879,317.00	\$3,209,762.00	\$66,465,994.00	\$1,336,703.00	\$290,248.00	\$7,229,333.00	\$0.00	\$4,162,333.00

^a The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" SABG and MHBG. Per the instructions, the standard SABG expenditures are for the state planned expenditure period of **July 1, 2022 - June 30, 2023**, for most states.

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

^d Column 3B should include Early Serious Mental Illness programs funded through MHBG set aside.

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

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

^f Row 10 should include Crisis Services programs funded through different funding sources, including the MHBG set aside. States may expend more than 5 percent of their MHBG allocation.

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Footnotes:

Planning Tables

Table 4 SABG Planned Expenditures

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

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

Expenditure Category	FFY 2022			FFY 2023		
	FFY 2022 SA Block Grant Award	COVID-19 Award ¹	ARP Award ²	FFY 2023 SA Block Grant Award	COVID-19 Award ¹	ARP Award ²
1 . Substance Use Disorder Prevention and Treatment ⁵	\$9,241,994.70	\$7,380,699.54	\$8,140,591.45	\$9,244,722.90	\$4,975,148.74	\$1,246,088.47
2 . Primary Substance Use Disorder Prevention	\$3,712,144.70	\$4,662,090.42	\$2,260,000.00	\$3,712,144.70	\$4,033,543.40	\$1,008,385.85
3 . Tuberculosis Services						
4 . Early Intervention Services for HIV ⁶						
5 . Administration (SSA Level Only)	\$684,668.60	\$633,831.05	\$547,399.60	\$681,940.40	\$474,570.00	\$118,656.55
6. Total	\$13,638,808.00	\$12,676,621.01	\$10,947,991.05	\$13,638,808.00	\$9,483,262.14	\$2,373,130.87

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

expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

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

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

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

⁵Prevention other than Primary Prevention

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

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Footnotes:

Planning Tables

Table 5a SABG Primary Prevention Planned Expenditures

Planning Period Start Date: 10/1/2021 Planning Period End Date: 9/30/2023

A		B			B		
Strategy	IOM Target	FFY 2022			FFY 2023		
		SA Block Grant Award	COVID-19 Award ¹	ARP Award ²	SA Block Grant Award	COVID-19 Award ⁴	ARP Award ⁵
1. Information Dissemination	Universal	\$959,560	\$1,236,013	\$406,800	\$959,560	\$1,069,373	\$181,509
	Selected	\$399,865	\$515,068	\$169,500	\$399,865	\$445,626	\$75,629
	Indicated	\$88,312	\$113,755	\$101,700	\$88,313	\$98,418	\$45,377
	Unspecified						
	Total	\$1,447,737	\$1,864,836	\$678,000	\$1,447,738	\$1,613,417	\$302,515
2. Education	Universal	\$270,645	\$618,007	\$271,200	\$270,645	\$534,687	\$121,006
	Selected	\$112,782	\$257,534	\$113,000	\$112,782	\$222,813	\$50,419
	Indicated	\$24,908	\$56,878	\$67,800	\$24,908	\$49,209	\$30,252
	Unspecified						
	Total	\$408,335	\$932,419	\$452,000	\$408,335	\$806,709	\$201,677
3. Alternatives	Universal	\$147,624	\$309,003	\$271,200	\$147,624	\$267,343	\$121,006
	Selected	\$61,518	\$128,767	\$113,000	\$61,518	\$111,406	\$50,419
	Indicated	\$13,586	\$28,439	\$67,800	\$13,586	\$24,605	\$30,252
	Unspecified						
	Total	\$222,728	\$466,209	\$452,000	\$222,728	\$403,354	\$201,677
4. Problem Identification and Referral	Universal	\$24,604	\$154,502	\$67,800	\$24,604	\$133,672	\$30,252
	Selected	\$10,253	\$64,383	\$28,250	\$10,253	\$55,703	\$12,605
	Indicated	\$2,264	\$14,219	\$16,950	\$2,264	\$12,302	\$7,563
	Unspecified						
	Total	\$37,121	\$233,104	\$113,000	\$37,121	\$201,677	\$50,420
	Universal	\$861,143	\$618,007	\$271,200	\$861,143	\$534,687	\$121,006

5. Community-Based Processes							
	Selected	\$358,853	\$257,534	\$113,000	\$358,853	\$222,813	\$50,419
	Indicated	\$79,254	\$56,878	\$67,800	\$79,254	\$49,209	\$30,252
	Unspecified						
	Total	\$1,299,250	\$932,419	\$452,000	\$1,299,250	\$806,709	\$201,677
6. Environmental	Universal	\$147,625	\$154,502	\$67,800	\$147,625	\$133,672	\$30,252
	Selected	\$61,518	\$64,383	\$28,250	\$61,518	\$55,703	\$12,605
	Indicated	\$13,586	\$14,219	\$16,950	\$13,586	\$12,302	\$7,563
	Unspecified						
	Total	\$222,729	\$233,104	\$113,000	\$222,729	\$201,677	\$50,420
7. Section 1926 Tobacco	Universal	\$49,208			\$49,208		
	Selected	\$20,506			\$20,506		
	Indicated	\$4,529			\$4,529		
	Unspecified						
	Total	\$74,243	\$0	\$0	\$74,243	\$0	\$0
8. Other	Universal						
	Selected						
	Indicated						
	Unspecified						
	Total	\$0	\$0	\$0	\$0	\$0	\$0
Total Prevention Expenditures		\$3,712,143	\$4,662,091	\$2,260,000	\$3,712,144	\$4,033,543	\$1,008,386
Total SABG Award³		\$13,638,808	\$12,676,621	\$10,947,991	\$13,638,808	\$9,483,262	\$2,373,131
Planned Primary Prevention Percentage		27.22 %	36.78 %	20.64 %	27.22 %	42.53 %	42.49 %

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

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

³Total SABG Award is populated from Table 4 - SABG Planned Expenditures

⁴The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

⁵The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned ARP expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

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Footnotes:

Planning Tables

Table 5b SABG Primary Prevention Planned Expenditures by IOM Category

Planning Period Start Date: 10/1/2021 Planning Period End Date: 9/30/2023

Activity	FFY 2022 SA Block Grant Award	FFY 2022 COVID-19 Award ¹	FFY 2022 ARP Award ²	FFY 2023 SA Block Grant Award	FFY 2023 COVID-19 Award ³	FFY 2023 ARP Award ⁴
Universal Direct	\$850,081	\$932,418	\$678,000	\$850,081	\$806,709	\$302,516
Universal Indirect	\$1,610,328	\$1,864,836	\$678,000	\$1,610,328	\$1,613,417	\$302,516
Selected	\$1,025,294	\$1,398,627	\$565,000	\$1,025,294	\$1,210,063	\$252,096
Indicated	\$226,441	\$466,209	\$339,000	\$226,441	\$403,354	\$151,258
Column Total	\$3,712,144	\$4,662,090	\$2,260,000	\$3,712,144	\$4,033,543	\$1,008,386
Total SABG Award⁵	\$13,638,808	\$12,676,621	\$10,947,991	\$13,638,808	\$9,483,262	\$2,373,131
Planned Primary Prevention Percentage	27.22 %	36.78 %	20.64 %	27.22 %	42.53 %	42.49 %

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

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

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

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

⁵Total SABG Award is populated from Table 4 - SABG Planned Expenditures

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Footnotes:

Planning Tables

Table 5c SABG Planned Primary Prevention Targeted Priorities - Required

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

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

	SABG Award	COVID-19 Award ¹	ARP Award ²
Targeted Substances			
Alcohol	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tobacco	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Marijuana	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Prescription Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cocaine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Heroin	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Inhalants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Methamphetamine	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Targeted Populations			
Students in College	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Military Families	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LGBTQ+	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
American Indians/Alaska Natives	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
African American	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Hispanic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Homeless	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Native Hawaiian/Other Pacific Islanders	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Asian	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rural	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Underserved Racial and Ethnic Minorities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

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Footnotes:

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Planning Tables

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

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

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

Expenditure Category	FFY 2022					FFY 2023				
	A. SABG Treatment	B. SABG Prevention	C. SABG Integrated ¹	D. COVID-19 ²	E. ARP ³	A. SABG Treatment	B. SABG Prevention	C. SABG Integrated ¹	D. COVID-19 ⁴	E. ARP ⁵
1. Information Systems		\$30,000.00		\$9,632.09	\$6,100.00		\$30,000.00		\$9,632.09	\$6,100.00
2. Infrastructure Support	\$684,668.60	\$746,810.70		\$3,350,386.00	\$1,101,299.55	\$684,668.60	\$746,810.70		\$767,967.28	\$411,997.65
3. Partnerships, community outreach, and needs assessment	\$9,081,891.70	\$2,727,334.00		\$9,176,499.77	\$9,690,591.45	\$9,081,891.70	\$2,727,334.00		\$8,318,822.65	\$1,805,033.22
4. Planning Council Activities (MHBG required, SABG optional)					\$10,000.00					\$10,000.00
5. Quality Assurance and Improvement										
6. Research and Evaluation		\$75,000.00		\$35,025.78	\$20,000.00		\$75,000.00		\$56,000.00	\$20,000.00
7. Training and Education	\$160,103.00	\$133,000.00		\$105,077.36	\$120,000.00	\$160,103.00	\$133,000.00		\$340,101.40	\$120,000.00
8. Total	\$9,926,663.30	\$3,712,144.70	\$0.00	\$12,676,621.00	\$10,947,991.00	\$9,926,663.30	\$3,712,144.70	\$0.00	\$9,492,523.42	\$2,373,130.87

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

²The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

³The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned ARP expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

⁴The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

⁵The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned ARP expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

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Footnotes:

"Footnotes: SABG

Total for Prevention -DBHS/UALR-MidSOUTH Provider Contracts Prevention

1. Information Systems - AFMC/REDCap \$30000.00
2. Infrastructure Support - UALR salaries, fringe, M/O, travel = \$746,810.70
3. Partnerships, community outreach, and needs assessment - SEOW data collection, APNA, SYNAR data collection, RPP award amt and collegiate - \$2,727,334.00
4. Planning Council Activities - \$0.00
5. Quality Assurance and Improvement - \$0.00
6. Research and Evaluation - WYSAC Evaluation - \$75000.00
7. Training and Education - UALR MidSOUTH training - \$133000.00

"Footnotes: COVID

Total for Prevention - DBHS/UALR-MidSOUTH Provider Contracts Prevention

1. Information Systems - AFMC/REDCap \$9632.09
2. Infrastructure Support - UALR salaries, fringe, M/O, travel = \$293,341.10
3. Partnerships, community outreach, and needs assessment - SEOW data collection, APNA, SYNAR data collection, RPP award amt and collegiate - \$3,589,570.21
4. Planning Council Activities - \$0.00
5. Quality Assurance and Improvement - \$0.00
6. Research and Evaluation - WYSAC Evaluation - \$56,000
7. Training and Education - UALR MidSOUTH training - \$85,000.00

"Footnotes: COVID

Total for Treatment

1. Information Systems – 0.00
2. Infrastructure Support - \$474,626.18
3. Partnerships, community outreach, and needs assessment – Comprehensive Substance Abuse Contractor + Comprehensive Substance Abuse State-Wide Contractors + Division of Children and Family Services - \$4,729,252.44
4. Planning Council Activities - \$0.00
5. Quality Assurance and Improvement - \$0.00
6. Research and Evaluation - \$0.00
7. Training and Education - UALR MidSOUTH training - \$255,101.40

"Footnotes: ARP

Total for Prevention - DBHS/UALR-MidSOUTH Provider Contracts Prevention

1. Information Systems - AFMC/REDCap \$6100.00
2. Infrastructure Support - UALR salaries, fringe, M/O, travel = \$293,341.10
3. Partnerships, community outreach, and needs assessment - SEOW data collection, APNA, SYNAR data collection, RPP award amt and collegiate - \$652,815.95
4. Planning Council Activities - \$10000.00
5. Quality Assurance and Improvement - \$0.00
6. Research and Evaluation - WYSAC Evaluation - \$20,000.00
7. Training and Education - UALR MidSOUTH training - \$26,128.80

"Footnotes: ARP

Total for Treatment

1. Information Systems – 0.00
2. Infrastructure Support - \$118,656.55
3. Partnerships, community outreach, and needs assessment – Comprehensive Substance Abuse Contractor + Comprehensive Substance Abuse State-Wide Contractors + Division of Children and Family Services - \$1,152,217.27
4. Planning Council Activities - \$0.00
5. Quality Assurance and Improvement - \$0.00
6. Research and Evaluation - \$0.00
7. Training and Education - UALR MidSOUTH training - \$93,871.20

Planning Tables

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

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

MHBG Planning Period Start Date: 07/01/2022

MHBG Planning Period End Date: 06/30/2023

Activity	FFY 2022 Block Grant	FFY 2022 ¹ COVID Funds	FFY 2022 ² ARP Funds	FFY 2023 Block Grant	FFY 2023 ¹ COVID Funds	FFY 2023 ² ARP Funds
1. Information Systems						\$750,000.00
2. Infrastructure Support		\$500,000.00				\$323,450.00
3. Partnerships, community outreach, and needs assessment	\$98,000.00	\$125,000.00	\$50,149.00	\$98,150.00	\$700,000.00	\$50,149.00
4. Planning Council Activities (MHBG required, SABG optional)	\$42,000.00			\$42,000.00		
5. Quality Assurance and Improvement		\$25,000.00				
6. Research and Evaluation						
7. Training and Education	\$25,000.00	\$3,414,668.00	\$522,500.00	\$25,000.00	\$73,000.00	\$338,866.00
8. Total	\$165,000.00	\$4,064,668.00	\$572,649.00	\$165,150.00	\$773,000.00	\$1,462,465.00

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

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

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Footnotes:

Environmental Factors and Plan

15. Crisis Services - Required MHBG, Requested SABG

Narrative Question

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

Furthermore, the Committee directs a new five percent set-aside of the total for evidence-based crisis care programs addressing the needs of individuals with serious mental illnesses and children with serious mental and emotional disturbances. The Committee directs SAMHSA to use the set-aside to fund, at the discretion of eligible States and Territories, some or all of a set of core crisis care elements including: centrally deployed 24/7 mobile crisis units, short-term residential crisis stabilization beds, evidence-based protocols for delivering services to individuals with suicide risk, and regional or State-wide crisis call centers coordinating in real time.

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

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

Please refer to the <https://www.samhsa.gov/sites/default/files/grants/fy22-23-block-grant-application.pdf> [samhsa.gov] for additional information.

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

1. Arkansas requires Community Mental Health Centers to require complete crisis screenings on all persons without insurance coverage. If that person meets criteria for acute hospitalization, the CMHC also has funding for medically necessary bed days. All Arkansas Medicaid providers are required to have a crisis response plan for their clients, including for after normal business hours. Arkansas has 4 managed care providers who are responsible for total cost of care for higher needs Medicaid clients, including crisis services. In independent assessment evaluating functional deficits determines whether an individual is a high-needs Medicaid client or not. Arkansas currently has 4 crisis stabilization units in the most highly populated parts of the state. These units are

2. In accordance with the guidelines below, identify the stages where the existing/proposed system will fit in.

- a) *The Exploration stage: is the stage when states identify their communities's needs, assess organizational capacity, identify how crisis services meet community needs, and understand program requirements and adaptation.*
- b) *The Installation stage: occurs once the state comes up with a plan and the state begins making the changes necessary to implement the crisis services based on the SAMHSA guidance. this includes coordination, training and community outreach and education activities.*
- c) *Initial Implementation stage: occurs when the state has the three-core crisis services in place and agencies begin to put into practice the SAMHSA guidelines.*
- d) *Full Implementation stage: occurs once staffing is complete, services are provided, and funding streams are in place.*
- e) *Program Sustainability stage: occurs when full implementation has been achieved, and quality assurance mechanisms are in place to assess the effectiveness and quality of the crisis services.*

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

2. Someone to respond: Number of communities that have mobile behavioral health crisis capacity
 - a. Independent of first responder structures (police, paramedic, fire)
 - b. Integrated with first responder structures (police, paramedic, fire)
 - c. Number that employ peers
3. Place to go
 - a. Number of Emergency Departments
 - b. Number of Emergency Departments that operate a specialized behavior health component
 - c. Number of Crisis Receiving and Stabilization Centers (short term, 23 hour units that can diagnose and stabilize individuals in crisis)

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

	Exploration Planning	Installation	Early Implementation Available to less than 25% of people in state	Middle Implementation Available to about 50% of people in state	Majority Implementation Available to at least 75% of people in state	Program Sustainment
Someone to talk to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone to respond	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Place to go	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Briefly explain your stages of implementation selections here.

Being an expansion state, the vast majority of Arkansans are eligible for Medicaid. All providers of behavioral health services accepting Medicaid clients are responsible for having an emergency response system – capturing someone to talk too. Additionally, our Provider-led Arkansas Shared Savings Entity (PASSE) are responsible for crisis services for their own assigned clients. While our Peer workforce is still relatively small, we are making progress and have hopes to build that group substantially so that Peers can be the first line workers in the “someone to talk to” category. We have 3 call centers responding to calls from the national suicide hotline and two of those centers already employ peers. Some of our CMHC emergency call lines are also partially staffed by peers.

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

We are spending a significant amount of funds and time building a true mobile crisis system from the ground up. We have consulted with many states, attended many webinars, and have had brain-storming meeting after meeting. Stakeholder input has been critical, and we are still working on engagement with many. We are following the guidance provided by NASMHPD, SAMHSA, consultants with evidence-based programs, and seeking guidance from CMS. Assertive Community Teams and FEP Coordinated Specialty Care training is being funded through CASH and ARP federal funds. A few programs have established ACT teams through CCBHC grants and we are working to expand ACT teams across more providers. The

4. Briefly describe the proposed/planned activities utilizing the 5 percent set aside.

4. Arkansas is focusing 5% crisis set aside on increasing our peer workforce via subsidizing training, certification, and supervision costs. We feel that enhancing “places to go” is also a critical need for our state at this time so we are working on better utilizing resources already in place, identifying gaps in service array/placement options---e.g. typically unique populations like dually diagnosed, sexually maladaptive behaviors, or extremely aggressive behaviors – and then working to build new programs to better serve those special populations. All this is happening in conjunction with the PASSEs who are most often funding these treatment services.

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Footnotes:

Environmental Factors and Plan

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

Narrative Question

Each state is required to establish and maintain a state Mental Health Planning/Advisory Council to carry out the statutory functions as described in 42 U.S. C. 300x-3 for adults with SMI and children with SED. To meet the needs of states that are integrating services supported by MHBG and SABG, SAMHSA is recommending that states expand their Mental Health Advisory Council to include substance misuse prevention, treatment, and recovery representation, referred to here as an Advisory/Planning Council (PC). SAMHSA encourages states to expand their required Council's comprehensive approach by designing and implementing regularly scheduled collaborations with an existing substance misuse prevention, treatment, and recovery advisory council to ensure that the council reviews issues and services for persons with, or at risk, for substance misuse and SUDs. To assist with implementing a PC, SAMHSA has created [Best Practices for State Behavioral Health Planning Councils: The Road to Planning Council Integration](https://www.samhsa.gov/sites/default/files/manual-planning-council-best-practices-2014.pdf).⁶⁹

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

⁶⁹<https://www.samhsa.gov/sites/default/files/manual-planning-council-best-practices-2014.pdf>

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

1. How was the Council involved in the development and review of the state plan and report? Please attach supporting documentation (meeting minutes, letters of support, etc.) using the upload option at the bottom of this page.

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

The Arkansas Behavioral Health Planning and Advisory Council's (ABHPAC) Block Grant Subcommittee had extensive training during the creation of the 2021 Block Grant Application. Since the 2022 application was essentially updates to tables and a few other sections, DHS began early in this calendar year to provide education and information to ABHPAC about what was being planned with CASH Act and ARP funds specifically for both MH and SUD. These meetings took place in January and March with almost a full meeting being dedicated to MH and another to SUD. Additional time has been spent in subsequent meetings to provide updates on various projects so they have a clear understanding of programs and what DHS is doing to ensure sustainability wherever possible.

Arkansas has a separate council the is more focused on the SUD issues, the Arkansas Alcohol and Drug Abuse Coordinating Council (AADACC), which has the legislative mandated authority of "overseeing all planning, budgeting, and implementation of funds" related to SUD grants. The members of AADACC are appointed by the Governor and meetings are held monthly. This Council has subcommittees which focus specifically on treatment and prevention. A representative from DAABHS chairs the Treatment and Prevention Subcommittee.

A representative from ABHPAC may attend the AADACC planning meetings which provide opportunities for the mental health consumer voice to be heard with regards to how funds will be allocated for Arkansans receiving SUD treatment and prevention services.

- b) Has the Council successfully integrated substance misuse prevention and treatment or co-occurring disorder issues, concerns, and activities into its work? ☒ Yes ☐ No

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

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

The ABHPAC membership is comprised of consumers, family members, providers, state representatives, representatives of private agencies, and other stakeholders. Our membership has waned to some degree over the pandemic so focus has been dedicated to replacing required members recently. A planning session is being coordinated in early fall to refocus the group, do some team building, and establish some specific goals and objectives for the next two years. We are excited that our newest members are already expressing interest in volunteering for a variety of activities being discussed

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

DAABHS leadership and ABHPAC are interested in any technical assistance regarding leadership strategies for this group.

Additionally, please complete the Advisory Council Members and Advisory Council Composition by Member Type forms.⁷⁰

⁷⁰There 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.

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Footnotes:

#1b Arkansas currently has two different Councils—The ABHPAC group and the AADACC group. The ABHPAC group has been established with more of a focus on the block grant process and access to services. The AADACC group was legislatively developed and has input on the SABG portion of our combined application, but also oversees several other grants related to the reduction of opioid abuse, along with the planning and budgeting of education, prevention, treatment and law enforcement programs to efficiently and effectively combat the abuse of alcohol and drugs in the state of Arkansas.

NOT FINAL



The Arkansas Behavioral Health Planning & Advisory Council's (ABHPAC) vision is to have safe, healthy, and well-informed citizens who are not afraid nor ashamed to seek behavioral health services in the state of Arkansas.

July 28, 2022

Jay Hill, Director
Arkansas Department of Human Services
Division of Aging, Adult, and Behavioral Health Services
Post Office Box 1437, Slot W-241
Little Rock, Arkansas 72203-1437

Dear Director Hill,

As the Vice Chair of the Arkansas Behavioral Health Planning and Advisory Council (ABHPAC), I would like to thank you and your team again for our inclusion during the preparation of last years' full Block Grant application. The Council was allowed ample opportunity to review this years' mini-application, including multiple financial tables, to demonstrate areas of focus in which the state is moving in the next two years. We appreciate how transparent the Division of Aging, Adult, and Behavioral Health Services (DAABHS) has been over the last twelve months, especially with the large influx of federal covid dollars. We are excited about the projects being funded and look forward to continued updates on the implementation of mobile crisis teams, increased evidence-based training opportunities,

ABHPAC's mission is to work as a unified and committed group of stakeholders to assure quality behavioral healthcare in Arkansas by actively advising, informing, advocating, and monitoring the planning and delivery of publicly funded behavioral health services throughout Arkansas.

recovery community organizations, and faith-based SUD treatment initiatives.

ABHPAC continues to fully support the expansion of Peer Support Services and is encouraged by the breaking down of silos between Substance Use Disorder (SUD) Peers and Mental Health (MH) Peers starting with initial training. DAABHS has kept the Council informed about Peer-specific projects such as the Inside/Out program which will ensure Peer certification upon release from incarceration so that employment options as a Peer are available. Additionally, the knowledge that Peers are now employed in jails, emergency departments, treatment providers, and soon to be added as a resource to court rooms and crisis teams is thrilling. It's been a long wait, but progress is clear.

The Council has two areas in which we are hopeful of increased focus in the next years. The first being development of more treatment programs capable of providing co-occurring services. For many years now persons in need of both SUD and MH treatment services have often had to bounce between two different service providers. While Medicaid has expanded coverage to include several outpatient SUD services, the workforce and programs capable of providing co-occurring services is still limited. Additionally, we also understand that during the course of the pandemic, the behavioral health workforce as a whole has been negatively impacted.

The second area of increased focus we would like to see is regarding how information is disseminated to rural communities. We believe that there are pockets of Arkansans in numerous rural areas of the state which are not as likely to receive, nor fully comprehend, information or literature regarding available social services, not just limited to behavioral health services. Due to factors including lack of literacy, isolation/lack of

transportation, fear of the state government either taking their children or putting the elderly into nursing homes involuntarily. We know that not every individual in these communities have ready-access to smart phones, internet, or reliable transportation so expecting everyone to be able to access social media platforms for information is not reasonable. Expecting the same folks to get into a car and drive themselves to the local DHS office or behavioral health clinic to explore service options is not likely to occur when they have to conserve fuel just to get to the grocery store once a month. We would encourage exploration of more effective and creative ways to disseminate information about any available social services through a manner which is more accommodating to this population.

The Council appreciates the Division's continued dedication and look forward to a solid working relationship in improving the behavioral health care system in Arkansas.

Sincerely,

A handwritten signature in black ink, reading "Stephanie Pifer". The signature is written in a cursive style with a large, stylized 'S' and 'P'.

Stephanie Pifer

Vice-Chair

Arkansas Behavioral Health Planning and Advisory Council

stephepifer@gmail.com

Environmental Factors and Plan

Advisory Council Members

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

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

Start Year: 2023 End Year: 2024

Name	Type of Membership*	Agency or Organization Represented	Address,Phone, and Fax	Email(if available)
Bridget Atkins	State Employees	DAABHS	PO Box 1437 Slot W241 Little Rock AR, 72203	bridget.atkins@dhs.arkansas.gov
Steven Blackwood	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		PO Box 23805 Little Rock AR, 72221	arkansasplanning@gmail.com
Elizabeth Brooks	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			brookselizabeth461@gmail.com
Shawna Burns	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			sburns@seeddigging.com
Rodney Farley	State Employees	Division of Developmental Disabilities Services	PO Box 1437 Slot S380 Little Rock AR, 72203	rodney.farley@dhs.arkansas.gov
Frank Hellmer	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			phrankdatank@gmail.com
Gaye Jones-Washington	State Employees	Arkansas Rehabilitation Services	1115 Ferguson Dr Benton AR, 72015	gayejones-washington@arkansas.gov
Buster Lackey	Others (Advocates who are not State employees or providers)	NAMI		buster.lackey@namiarkansas.org
Angela Lassiter	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			angie.lassiter@gmail.com
Christopher Lieux	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			clieux@hotmail.com
Margaret Linker	State Employees	Arkansas Community Correction	1302 Pike Ave. North Little Rock AR, 72114	margaret.linker@arkansas.gov
Stephanie Martin	Providers			stephmartin1@yahoo.com
Scott Mashburn	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			s.mashburn@sbcglobal.net

Beth Mathys	State Employees	Arkansas Department of Education	613 West Sevier St. Benton AR, 72015	beth.mathys@ade.arkansas.gov
Dena Perry	State Employees	AR DHS/Division of Medical Services	PO Box 1437 Little Rock AR, 72203	dena.perry@dhs.arkansas.gov
Stephanie Pifer	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			stephaniepifer@gmail.com
Michelle Siemiller	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			michellesiemiller@gmail.com
Rebecca Sparks	Providers			bbass1772@gmail.com
Paula Stone	State Employees	University of Arkansas at Little Rock	4 Van Lee Little Rock AR, 72205	paula.stone@dhs.arkansas.gov
Sonja Y. Thomas	State Employees	Pulaski County Housing Agency	3915 W. 8th Little Rock AR, 72205	sythomas@pulaskicounty.net
Rachel Tiffée	State Employees	AR Division of Children and Family Services	804 Laurel Court Searcy AR, 72143	rachel.tiffée@dhs.arkansas.gov
Kellie Frances VanCuren	Family Members of Individuals in Recovery (to include family members of adults with SMI)			kellievancuren@gmail.com
Daronda Williams	Family Members of Individuals in Recovery (to include family members of adults with SMI)			ewrecyc@centurytel.net
Janette Williams-Smith	Family Members of Individuals in Recovery (to include family members of adults with SMI)			janette.williamssmith@yahoo.com

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

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Footnotes:

Environmental Factors and Plan

Advisory Council Composition by Member Type

Start Year: 2023 End Year: 2024

Type of Membership	Number	Percentage
Total Membership	24	
Individuals in Recovery* (to include adults with SMI who are receiving, or have received, mental health services)	9	
Family Members of Individuals in Recovery* (to include family members of adults with SMI)	3	
Parents of children with SED/SUD*	0	
Vacancies (Individuals and Family Members)	0	
Others (Advocates who are not State employees or providers)	1	
Total Individuals in Recovery, Family Members & Others	13	54.17%
State Employees	9	
Providers	2	
Vacancies	0	
Total State Employees & Providers	11	45.83%
Individuals/Family Members from Diverse Racial, Ethnic, and LGBTQ+ Populations	7	
Providers from Diverse Racial, Ethnic, and LGBTQ+ Populations	1	
Total Individuals and Providers from Diverse Racial, Ethnic, and LGBTQ+ Populations	8	
Persons in recovery from or providing treatment for or advocating for SUD services	0	
Representatives from Federally Recognized Tribes	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 or include individuals with substance misuse prevention, SUD treatment, and recovery expertise in their Councils.

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Footnotes:

*Some state employees are indirectly providers at some of our state-run programs.

State Information

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

Fiscal Year 2023

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

Title XIX, Part B, Subpart II of the Public Health Service Act		
Section	Title	Chapter
Section 1911	Formula Grants to States	42 USC § 300x
Section 1912	State Plan for Comprehensive Community Mental Health Services for Certain Individuals	42 USC § 300x-1
Section 1913	Certain Agreements	42 USC § 300x-2
Section 1914	State Mental Health Planning Council	42 USC § 300x-3
Section 1915	Additional Provisions	42 USC § 300x-4
Section 1916	Restrictions on Use of Payments	42 USC § 300x-5
Section 1917	Application for Grant	42 USC § 300x-6
Section 1920	Early Serious Mental Illness	42 USC § 300x-9
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

ASSURANCES - NON-CONSTRUCTION PROGRAMS

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

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

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
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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.
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17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

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

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

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

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

3. Certifications Regarding Lobbying

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

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

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

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

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

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

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

5. Certification Regarding Environmental Tobacco Smoke

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

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

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

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

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

HHS Assurances of Compliance (HHS 690)

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

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

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

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

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

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

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

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

Name of Chief Executive Officer (CEO) or Designee: Jay Hu

Signature of CEO or Designee¹: Jay Hu

Title: DIRECTOR, DAABHS

Date Signed: July 20, 2022
mm/dd/yyyy

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

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

Footnotes:

State Information

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

Fiscal Year 2023

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administrations
Funding Agreements
as required by
Substance Abuse Prevention and Treatment Block Grant Program
as authorized by
Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act
and
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

ASSURANCES - NON-CONSTRUCTION PROGRAMS

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

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

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
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2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
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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 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: Arkansas

Name of Chief Executive Officer (CEO) or Designee: Kirk R. Lene SSA

Signature of CEO or Designee: 

Title: Arkansas Drug Director

Date Signed: 7-19-2022
mm/dd/yyyy

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

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

Footnotes: