Texas
UNIFORM APPLICATION
FY 2022/2023 Combined MHBG Application
Behavioral Health Assessment and Plan

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

OMB - Approved 03/02/2022 - Expires 03/31/2025
(generated on 08/17/2022 1.25.03 PM)

Center for Substance Abuse Prevention
Division of State Programs

Center for Substance Abuse Treatment
Division of State and Community Assistance

and

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

Plan Year
Start Year 2023
End Year 2024

State SAPT DUNS Number
Number 806781373
Expiration Date

I. State Agency to be the SAPT Grantee for the Block Grant
Agency Name Texas Health and Human Services Commission
Organizational Unit Behavioral Health Services
Mailing Address 4900 N. Lamar
City Austin, Texas
Zip Code 78751

II. Contact Person for the SAPT Grantee of the Block Grant
First Name Trina
Last Name Ita
Agency Name Health and Human Services Commission
Mailing Address P.O. Box 149347, Mail Code 2053
City Austin, Texas
Zip Code 78714-9347
Telephone (512)873-2054
Fax
Email Address Trina.Ita01@hhs.texas.gov

State CMHS DUNS Number
Number 806781373
Expiration Date

I. State Agency to be the CMHS Grantee for the Block Grant
Agency Name Texas Health and Human Services Commission
Organizational Unit Behavioral Health Services
Mailing Address 4900 N. Lamar
City Austin, Texas
Zip Code 78751

II. Contact Person for the CMHS Grantee of the Block Grant
First Name Trina
Last Name Ita
Agency Name Health and Human Services Commission
Mailing Address  
P.O. Box 149347, Mail Code 2053

City  Austin, Texas

Zip Code  78751

Telephone  (512)873-2054

Fax

Email Address  Trina.Ita01@hhsc.state.tx.us

III. Third Party Administrator of Mental Health Services

First Name

Last Name

Agency Name

Mailing Address

City

Zip Code

Telephone

Fax

Email Address

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

From

To

V. Date Submitted

Submission Date

Revision Date  7/28/2022 12:53:20 PM

VI. Contact Person Responsible for Application Submission

First Name  Corliss

Last Name  Powell

Telephone  (737)704-9063

Fax

Email Address  corliss.powell@hhs.texas.gov

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

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

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM’s Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.

8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.


10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions...
to State (Clear Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.);
(g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and


14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.
LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

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

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

2. Certification Regarding Drug-Free Workplace Requirements

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

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

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

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

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

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

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

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

3. Certifications Regarding Lobbying

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

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

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

2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)

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

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

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

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

5. Certification Regarding Environmental Tobacco Smoke

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

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

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

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.
The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

HHS Assurances of Compliance (HHS 690)


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

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.

2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.

3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.

4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.

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

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

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.
I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

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

State: ________________________________

Name of Chief Executive Officer (CEO) or Designee: Michelle Alletto

Signature of CEO or Designee\(^1\): ______________________________________

Title: Chief Program and Services Officer Date Signed: ____________________________

\(^{1}\)If 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:
### Fiscal Year 2023

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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 nondiscrimination 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.


10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Costal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to
State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).


14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.
LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

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

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

2. Certification Regarding Drug-Free Workplace Requirements

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

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace 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)**


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 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: Michelle Alletto

Signature of CEO or Designee: __________________________

Title: Chief Program and Services Officer

Date Signed: mm/dd/yyyy

If 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
# State Information

## Disclosure of Lobbying Activities

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

**Standard Form LLL (click here)**

<table>
<thead>
<tr>
<th>Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td></td>
</tr>
<tr>
<td>Organization</td>
<td></td>
</tr>
</tbody>
</table>

Signature: ___________________________  Date: __________

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**Footnotes:**
## 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: 9/1/2021  Planning Period End Date: 8/31/2023

<table>
<thead>
<tr>
<th>Activity (See instructions for using Row 1.)</th>
<th>Source of Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A. Substance Abuse Block Grant</td>
</tr>
<tr>
<td>1. Substance Abuse Prevention and Treatment</td>
<td>$18,932,842.00</td>
</tr>
<tr>
<td>2. Primary Prevention</td>
<td>$7,148,440.00</td>
</tr>
<tr>
<td>3. Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis (10 percent of total award MHBG)(^d)</td>
<td>$11,540,274.00</td>
</tr>
<tr>
<td>4. Tuberculosis Services</td>
<td>$7,458,094.00</td>
</tr>
<tr>
<td>5. Early Intervention Services for HIV</td>
<td>$248,125,034.00</td>
</tr>
<tr>
<td>6. State Hospital</td>
<td>$133,772,356.00</td>
</tr>
</tbody>
</table>

---

\(a\) 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.

\(c\) Column 3B should include Early Serious Mental Illness programs funded through MHBG set aside.

\(d\) 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.

---

**Footnotes:**

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### 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

<table>
<thead>
<tr>
<th>Expenditure Category</th>
<th>FFY 2022 SA Block Grant Award</th>
<th>COVID-19 Award(^1)</th>
<th>ARP Award(^2)</th>
<th>FFY 2023 SA Block Grant Award</th>
<th>COVID-19 Award(^1)</th>
<th>ARP Award(^2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Substance Use Disorder Prevention and Treatment(^5)</td>
<td>$102,555,816.00</td>
<td>$95,450,453.00</td>
<td>$81,855,533.00</td>
<td>$102,555,816.00</td>
<td>$40,927,767.00</td>
<td>$28,649,437.00</td>
</tr>
<tr>
<td>2. Primary Substance Use Disorder Prevention</td>
<td>$38,622,042.00</td>
<td>$33,404,329.00</td>
<td>$29,428,143.00</td>
<td>$38,622,042.00</td>
<td>$14,714,072.00</td>
<td>$10,299,850.00</td>
</tr>
<tr>
<td>3. Tuberculosis Services</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>4. Early Intervention Services for HIV(^6)</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>5. Administration (SSA Level Only)</td>
<td>$7,430,413.00</td>
<td>$6,781,831.00</td>
<td>$5,857,035.00</td>
<td>$7,430,413.00</td>
<td>$2,928,518.00</td>
<td>$2,049,962.00</td>
</tr>
<tr>
<td>6. Total</td>
<td>$148,608,271.00</td>
<td>$135,636,613.00</td>
<td>$117,140,711.00</td>
<td>$148,608,271.00</td>
<td>$58,570,357.00</td>
<td>$40,999,249.00</td>
</tr>
</tbody>
</table>

\(^1\)The 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

For 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:

SABG award is based on the single FY2023 (single year allocation) planned expenditures.
The FY 2023 planned amounts for the COVID-19 award and the ARPA award are provided based on current implementation plans.
## Planning Tables

### Table 5a SABG Primary Prevention Planned Expenditures

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

<table>
<thead>
<tr>
<th>Strategy</th>
<th>IOM Target</th>
<th>FFY 2022</th>
<th>ARP Award¹</th>
<th>FFY 2023</th>
<th>ARP Award²</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SA Block Grant Award</td>
<td>COVID-19 Award¹</td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>SOAP Block Grant Award</td>
<td>COVID-19 Award¹</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>ARP Award²</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Information Dissemination</td>
<td>Universal</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td></td>
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<td>$0</td>
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</tr>
<tr>
<td></td>
<td>Indicated</td>
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<tr>
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<td>$0</td>
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</tr>
<tr>
<td></td>
<td>Total</td>
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<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>2. Education</td>
<td>Universal</td>
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<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>Unspecified</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>3. Alternatives</td>
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<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>Selected</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>Indicated</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>Unspecified</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>4. Problem Identification and Referral</td>
<td>Universal</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>Selected</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>Indicated</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>Unspecified</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>5. Community-Based Processes</td>
<td>Selected</td>
<td>Indicated</td>
<td>Unspecified</td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>-----------------------------</td>
<td>----------</td>
<td>-----------</td>
<td>-------------</td>
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<tr>
<td></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. Environmental</th>
<th>Universal</th>
<th>Selected</th>
<th>Indicated</th>
<th>Unspecified</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>$0</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. Section 1926 Tobacco</th>
<th>Universal</th>
<th>Selected</th>
<th>Indicated</th>
<th>Unspecified</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$319,784</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. Other</th>
<th>Universal</th>
<th>Selected</th>
<th>Indicated</th>
<th>Unspecified</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
</tbody>
</table>

| Total Prevention Expenditures | $319,784 | $319,784 | $0 | $0 |
| Total SABG Award\(^1\)       | $148,608,271 | $135,636,613 | $117,140,711 | $148,608,271 | $58,570,357 | $40,999,249 |

| Planned Primary Prevention Percentage | 0.22 % | 0.00 % | 0.00 % | 0.22 % | 0.00 % | 0.00 % |

\(^1\)The 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.
The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the 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.

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

The 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.

The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the 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.

**Footnotes:**
Consistent with Prior Applications, HHSC will Complete 5b and Section 1926 - Tobacco on Table 5A in lieu of Table 5a. The Section 1926 Tobacco allocation for 2023 has been updated.
### Table 5b SABG Primary Prevention Planned Expenditures by IOM Category

<table>
<thead>
<tr>
<th>Activity</th>
<th>FFY 2022 SA Block Grant Award</th>
<th>FFY 2022 COVID-19 Award</th>
<th>FFY 2022 ARP Award</th>
<th>FFY 2023 SA Block Grant Award</th>
<th>FFY 2023 COVID-19 Award</th>
<th>FFY 2023 ARP Award</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universal Direct</td>
<td>$10,408,119</td>
<td>$0</td>
<td>$10,408,119</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Universal Indirect</td>
<td>$8,872,577</td>
<td>$33,404,329</td>
<td>$8,872,577</td>
<td>$16,702,165</td>
<td>$10,299,850</td>
<td></td>
</tr>
<tr>
<td>Selected</td>
<td></td>
<td></td>
<td>$9,597,037</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Indicated</td>
<td>$9,744,309</td>
<td>$0</td>
<td>$9,744,309</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td><strong>Column Total</strong></td>
<td><strong>$29,025,005</strong></td>
<td><strong>$33,404,329</strong></td>
<td><strong>$38,622,042</strong></td>
<td><strong>$16,702,165</strong></td>
<td><strong>$10,299,850</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Total SABG Award</strong></td>
<td><strong>$148,608,271</strong></td>
<td><strong>$135,636,613</strong></td>
<td><strong>$117,140,711</strong></td>
<td><strong>$58,570,357</strong></td>
<td><strong>$40,999,249</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Planned Primary Prevention Percentage</strong></td>
<td>19.53 %</td>
<td>24.63 %</td>
<td>0.00 %</td>
<td>25.99 %</td>
<td>28.52 %</td>
<td>25.12 %</td>
</tr>
</tbody>
</table>

1. The 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.

2. The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the 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.

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

4. The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the 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, 2022 should be entered in this column.

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

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

**Footnotes:**

1. The planned expenditure period for the SABG award is the annual planned expenditures.
2. The COVID-19 and ARP award plans are based on the current, planned implementation plan for these awards.
### 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

<table>
<thead>
<tr>
<th>Targeted Substances</th>
<th>SABG Award</th>
<th>COVID-19 Award</th>
<th>ARP Award</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marijuana</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cocaine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heroin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inhalants</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Methamphetamine</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Targeted Populations</th>
<th>SABG Award</th>
<th>COVID-19 Award</th>
<th>ARP Award</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students in College</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Military Families</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LGBTQ+</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Indians/Alaska Natives</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homeless</td>
<td>✔</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Native Hawaiian/Other Pacific Islanders</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rural</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Underserved Racial and Ethnic Minorities</td>
<td></td>
<td>✔</td>
<td></td>
</tr>
</tbody>
</table>
The 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.

The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the 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.

**Footnotes:**

1. The 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.

2. The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the 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.
### 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

<table>
<thead>
<tr>
<th>Expenditure Category</th>
<th>FFY 2022</th>
<th>FFY 2023</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A. SABG Treatment</td>
<td>B. SABG Prevention</td>
</tr>
<tr>
<td>1. Information Systems</td>
<td>$1,959,058.00</td>
<td>$8,409,235.00</td>
</tr>
<tr>
<td>2. Infrastructure Support</td>
<td>$2,972,058.00</td>
<td>$2,517,201.00</td>
</tr>
<tr>
<td>3. Partnerships, community outreach, and needs assessment</td>
<td>$1,342,115.00</td>
<td>$1,136,712.00</td>
</tr>
<tr>
<td>4. Planning Council Activities (MHBG required, SABG optional)</td>
<td>$22,318.00</td>
<td>$15.00</td>
</tr>
<tr>
<td>5. Quality Assurance and Improvement</td>
<td>$195.00</td>
<td>$1,027,875.00</td>
</tr>
<tr>
<td>6. Research and Evaluation</td>
<td>$559,732.00</td>
<td>$364,900.00</td>
</tr>
<tr>
<td>7. Training and Education</td>
<td>$658,144.00</td>
<td>$1,969,617.00</td>
</tr>
<tr>
<td>8. Total</td>
<td>$559,927.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

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

<sup>2</sup> The 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.

<sup>3</sup> The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is September 1, 2021 - September 30, 2025. Per the instructions, the 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.

<sup>4</sup> The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is September 1, 2021 - September 30, 2025. Per the instructions, the 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.

<sup>5</sup> The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is September 1, 2021 - September 30, 2025. Per the instructions, the 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.

---

**Footnotes:**

1. Based on SABG FY2022 (single year allocation) projected expenditures of the base SABG funds.
2. For the SABG COVID-19 and ARP award, allocations are based on current estimates for FY 2023.
*Please note that both awards includes some directly charged, non-administrative allocations for the SABG, COVID-19, and ARP SABG awards in Table 6.

**The majority of Planning Council Activities are paid for with state funds.
## 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: 09/01/2021  
MHBG Planning Period End Date: 08/31/2023

<table>
<thead>
<tr>
<th>Activity</th>
<th>FFY 2022 Block Grant</th>
<th>FFY 2022 COVID Funds</th>
<th>FFY 2022 ARP Funds</th>
<th>FFY 2023 Block Grant</th>
<th>FFY 2023 COVID Funds</th>
<th>FFY 2023 ARP Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Information Systems</td>
<td>$324,181.00</td>
<td>$480,915.00</td>
<td>$7,006.00</td>
<td>$483,856.00</td>
<td>$90,122.00</td>
<td>$86,342.00</td>
</tr>
<tr>
<td>2. Infrastructure Support</td>
<td>$291,214.00</td>
<td>$432,009.00</td>
<td>$6,294.00</td>
<td>$343,848.00</td>
<td>$78,492.00</td>
<td>$75,200.00</td>
</tr>
<tr>
<td>3. Partnerships, community outreach, and needs assessment</td>
<td>$124,019.00</td>
<td>$228,484.00</td>
<td>$3,329.00</td>
<td>$181,098.00</td>
<td>$50,326.00</td>
<td>$48,215.00</td>
</tr>
<tr>
<td>4. Planning Council Activities (MHBG required, SABG optional)</td>
<td>$3,888.00</td>
<td>$5,768.00</td>
<td>$84.00</td>
<td>$41,675.00</td>
<td>$695.00</td>
<td>$666.00</td>
</tr>
<tr>
<td>5. Quality Assurance and Improvement</td>
<td>$62,460.00</td>
<td>$92,658.00</td>
<td>$1,350.00</td>
<td>$269,629.00</td>
<td>$24,168.00</td>
<td>$23,154.00</td>
</tr>
<tr>
<td>6. Research and Evaluation</td>
<td>$225,407.00</td>
<td>$65,549.00</td>
<td>$955.00</td>
<td>$1,737,523.00</td>
<td>$32,775.00</td>
<td>$31,401.00</td>
</tr>
<tr>
<td>7. Training and Education</td>
<td>$8,623,275.00</td>
<td>$301.00</td>
<td>$4.00</td>
<td>$7,413,722.00</td>
<td>$151.00</td>
<td>$145.00</td>
</tr>
<tr>
<td><strong>8. Total</strong></td>
<td><strong>$9,654,444.00</strong></td>
<td><strong>$1,305,684.00</strong></td>
<td><strong>$19,022.00</strong></td>
<td><strong>$10,471,351.00</strong></td>
<td><strong>$276,729.00</strong></td>
<td><strong>$265,123.00</strong></td>
</tr>
</tbody>
</table>

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.

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

**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.


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.

The Texas Health and Human Services Commission (HHSC) serves people experiencing a mental health crisis on a continuum of care based on assessment and need in the least restrictive environment located within their community. HHSC funds crisis services for people of any age, regardless of insurance. These services are available 24 hours/7 days a week (24/7) and include prompt face-to-face crisis assessment, crisis intervention services, and crisis follow-up and relapse prevention services. • The Crisis Hotline is a 24/7 telephone service operated by trained crisis staff providing crisis screening and assessment, crisis intervention services, mental health and substance use referrals, and general mental health and substance use information to the community. These services are available statewide. • Mobile Crisis Outreach Team (MCOT) services provide a combination of crisis services including emergent care (response within one hour), urgent care (response within 8 hours), crisis follow-up, and relapse prevention to anyone in need of the services in the community 24/7. MCOT responds to calls in the community and collaborates closely with community partners, such as law enforcement and local emergency departments to ensure behavioral healthcare needs are appropriately addressed. These services are available statewide. • HHSC provides oversight, technical assistance, and support to the National Suicide Prevention Lifeline's (Lifeline) Capacity Building Grant partners in Texas to ensure best efforts are made toward increasing the in-state answer rate. The Lifeline provides confidential support for any person in mental health or suicide crisis, prevention services, and crisis resources at no cost, 24/7. • HHSC offers various crisis facilities (Crisis Respite Unit, Crisis Residential Units, Crisis Stabilization Units, Extended Observation Units (EOUs), and Rapid Crisis Stabilization Beds) as alternatives to inpatient hospitalization. These community-based crisis facilities provide assessment, support, and services to achieve crisis stabilization to individuals 24/7. Crisis facilities target populations vary by a person's symptom acuity and intensity of services. These services are not available statewide and are based on community need and funding. The population served varies although most crisis facilities serve adults. - Crisis Respite Units provide short-term, community-based care for people who pose a low risk of harm to themselves or others and may have some functional impairment that necessitates direct supervision and care, but who do not require hospitalization. This is the least intensive, facility-based crisis option. Services may be provided for a few hours or a few days. - Crisis Residential Units provide up to 14 days of short-term, community-based crisis treatment to people who have a severe impairment in their ability to function, demonstrate a psychiatric crisis that cannot be stabilized in a less intensive setting, and may pose a risk of harm to themselves or others. This is a more intensive, facility-based crisis option than a Crisis Respite with trained staff on-site 24/7. - Crisis Stabilization Unit services provide short-term, residential treatment to reduce acute symptoms of mental illness. Although less intensive than psychiatric hospitalization, the service is considered one of

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the most intensive facility-based crisis options. - EOUs provide emergency services for up to 48 hours to people in a mental health crisis. Services are provided in a secure, clinically staffed, and supervised environment with immediate access to urgent or emergent medical and psychiatric evaluation and treatment. People seeking treatment in an EOU may pose a moderate- to high-risk of harm to self or others. - Contracted Psychiatric Beds provide brief stays in licensed psychiatric hospitals to relieve acute mental health symptoms to restore a person’s ability to function in a less restrictive setting.

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 Emergency Departments
      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

<table>
<thead>
<tr>
<th>Exploration Planning</th>
<th>Installation</th>
<th>Early Implementation Available to less than 25% of people in state</th>
<th>Middle Implementation Available to about 50% of people in state</th>
<th>Majority Implementation Available to at least 75% of people in state</th>
<th>Program Sustainment</th>
</tr>
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<tbody>
<tr>
<td>Someone to talk to</td>
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<tr>
<td>Someone to respond</td>
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</tbody>
</table>

b. Briefly explain your stages of implementation selections here.

   Someone to talk to: HHSC-funded Lifeline centers continue to build upon the workforce in order to respond to the volume of Lifeline contacts initiated in Texas. Someone to respond: HHSC continues to sustain MCOT services since originally allocated in 2008. Place to go: While HHSC continues to sustain crisis facilities since originally allocated and expanded upon in the last 14 years, crisis facilities have challenges with hiring and retaining staff which has been exacerbated recently due to the COVID-19 pandemic. Most HHSC-funded crisis facilities remain open, but have had temporary closures due to staffing constraints. A few have permanently closed due to loss in other funding sources and some have reduced capacity to account for COVID restrictions. Additionally, crisis facilities have not historically been available statewide and are largely available based on community need and funding. a. Number of locally based crisis call Centers in state: 6 crisis call centers. In Texas, all 39 local authorities are required to operate crisis hotlines, but most local authorities do not operate their own crisis call centers. Most contract with another entity to answer their local service areas’ crisis hotline calls. i. In the Suicide lifeline network: 5 ii. Not in the suicide lifeline network: 1 b. Number of Crisis Call Centers with follow up protocols in place: 5 c. Percent of 911 calls that are coded as MH related: HHSC does not have access to this information. 2. Someone to respond: Number of communities that have mobile behavioral health crisis capacity Provided by each of the 39 LMHAs/LBHAs that cover all 254 counties in Texas. a. Independent of first responder structures (police, paramedic, fire) HHSC does not have this information. b. Integrated with first responder structures (police, paramedic, fire) HHSC does not have this information. c. Number that employ peers HHSC does not have this information. 3. Place to go a. Number of Emergency Departments HHSC does not have this information. b. Number of Emergency Departments that operate a specialized behavior health component HHSC does not have this information. c. Number of Crisis Receiving and Stabilization Centers (short term, 23 hour units that can diagnose and stabilize individuals in crisis) 67

3. Based on SAMHSA’s National Guidelines for Behavioral Health Crisis Care, explain how the state will develop the crisis system.
4. Briefly describe the proposed/planned activities utilizing the 5 percent set aside.

The five percent set aside will be used to expand existing services.

Footnotes:
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.

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.

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 Behavioral Health Advisory Committee (BHAC) and the Statewide Behavioral Health Coordinating Council provide input and feedback in the development and review of the Block Grant (BG) plan. Throughout the year, the committee and council members review and provide input and feedback on the services, policies, and rules that inform the development of the block grant plan. During the annual block grant review process, HHSC gathers members’ comments and incorporates their feedback in the final response, where feasible. BHAC members provide feedback and suggestions specifically related to behavioral health 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.

   BHAC provides customer, consumer, and stakeholder input to the Health and Human Services (HHS) system in the form of recommendations regarding the allocation and adequacy of behavioral health services and programs within the State of Texas. In accordance with federal requirements, the BHAC’s duties include:
   1. Reviewing the Mental Health Block Grant Plan and making recommendations;
   2. Serving as advocates for adults with a SMI, children/adolescents with an SED, and other persons with mental illnesses or emotional problems; and
   3. Monitoring, reviewing, and evaluating at least once each year the allocation and adequacy of mental health services within the state.

   The BHAC also may make recommendations to HHS system agencies regarding behavioral health services that include:
   • The promotion of cross-agency coordination, state/local and public/private partnerships in the funding and delivery of behavioral health services;
   • The promotion of data-driven decision-making;
   • The prevention of behavioral health issues and the promotion of behavioral health wellness and recovery;
   • The integration of mental health and substance use services in prevention, intervention, treatment, and recovery;
   • The integration of behavioral health services and supports with physical health service delivery;

• Access to services and supports in urban and rural areas of the state;
• Access to services and supports to special populations;
• Rules, policies, programs, initiatives, and grant proposals/awards for behavioral health services; and
• The five-year behavioral health strategic plan and coordinating expenditure plan.

BHAC membership includes a member of the Statewide Behavioral Health Strategic Plan and Coordinated Expenditure Coordinating Council, representing state agencies providing behavioral health services or funding, serves as a non-voting ex-officio member. Nominated members must have interest in mental and substance use disorders health systems from a broad perspective and a working knowledge of mental and substance use disorder health issues.

Prior to each scheduled BHAC meeting, HHSC posts the meeting agenda online. Meetings are open to the public, allowing for public comment. The public may attend in person or view the meeting via webcast. The BHAC meets quarterly. The BHAC provides input on an array of issues.

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

N/A

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.

Footnotes:
**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

<table>
<thead>
<tr>
<th>Start Year: 2023</th>
<th>End Year: 2024</th>
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<table>
<thead>
<tr>
<th>Name</th>
<th>Type of Membership*</th>
<th>Agency or Organization Represented</th>
<th>Address, Phone, and Fax</th>
<th>Email (if available)</th>
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<tbody>
<tr>
<td>Olawale Adio-Oduola</td>
<td>Others (Advocates who are not State employees or providers)</td>
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<tr>
<td>Doug Beach</td>
<td>Family Members of Individuals in Recovery (to include family members of adults with SMI)</td>
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<td>Brooke Boston</td>
<td>State Employees</td>
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<td>Amy Curtis</td>
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<tr>
<td>Elias Diaz</td>
<td>Providers</td>
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<tr>
<td>Vanessa Dlise Vale Saenz</td>
<td>Others (Advocates who are not State employees or providers)</td>
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<tr>
<td>Anna Gray</td>
<td>Providers</td>
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<tr>
<td>Courtney Harvey</td>
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<td>Tracy Hicks</td>
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<tr>
<td>Elizzbeth Kromrei</td>
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<tr>
<td>Jolene Rasmussen</td>
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<tr>
<td>Jennifer Reed</td>
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<tr>
<td>Victoria Rodriguez</td>
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<tr>
<td>Nasruddin Rupani</td>
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<tr>
<td>Jonas Schwartz</td>
<td>State Employees</td>
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<tr>
<td>Jordan Smelley</td>
<td>Youth/adolescent representative (or member from an organization serving young people)</td>
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<tr>
<td>Javier Soto</td>
<td>Individuals in Recovery (to include adults with SMI who are receiving, or have received,</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Name</td>
<td>Type</td>
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<tr>
<td>Paul Walker</td>
<td>Others (Advocates who are not State employees or providers)</td>
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<td>Julie Wayman</td>
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<tr>
<td>April Zamora</td>
<td>State Employees</td>
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*Council members should be listed only once by type of membership and Agency/organization represented.*

**Footnotes:**
## Advisory Council Composition by Member Type

**Start Year:** 2023  
**End Year:** 2024

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<thead>
<tr>
<th>Type of Membership</th>
<th>Number</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td><strong>Total Membership</strong></td>
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<tr>
<td>Individuals in Recovery* (to include adults with SMI who are receiving, or have received, mental health services)</td>
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<tr>
<td>Family Members of Individuals in Recovery* (to include family members of adults with SMI)</td>
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</tr>
<tr>
<td>Parents of children with SED/SUD*</td>
<td>0</td>
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<tr>
<td>Vacancies (Individuals and Family Members)</td>
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<tr>
<td>Others (Advocates who are not State employees or providers)</td>
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<tr>
<td><strong>Total Individuals in Recovery, Family Members &amp; Others</strong></td>
<td>15</td>
<td>62.50%</td>
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<tr>
<td>State Employees</td>
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<tr>
<td>Providers</td>
<td>3</td>
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<tr>
<td>Vacancies</td>
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<tr>
<td><strong>Total State Employees &amp; Providers</strong></td>
<td>9</td>
<td>37.50%</td>
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<tr>
<td>Individuals/Family Members from Diverse Racial, Ethnic, and LGBTQ+ Populations</td>
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<tr>
<td>Providers from Diverse Racial, Ethnic, and LGBTQ+ Populations</td>
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<tr>
<td><strong>Total Individuals and Providers from Diverse Racial, Ethnic, and LGBTQ+ Populations</strong></td>
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<tr>
<td>Persons in recovery from or providing treatment for or advocating for SUD services</td>
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<tr>
<td>Representatives from Federally Recognized Tribes</td>
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<tr>
<td>Youth/adolescent representative (or member from an organization serving young people)</td>
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* 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:**
Environmental Factors and Plan

22. Public Comment on the State Plan - Required

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

Please respond to the following items:

1. Did the state take any of the following steps to make the public aware of the plan and allow for public comment?
   a) Public meetings or hearings? ☐ Yes ☐ No
   b) Posting of the plan on the web for public comment? ☐ Yes ☐ No
      If yes, provide URL:
      If yes for the previous plan year, was the final version posted for the previous year? Please provide that URL:
   c) Other (e.g. public service announcements, print media) ☐ Yes ☐ No

Footnotes:
N/A for Texas
Environmental Factors and Plan

23. Syringe Services (SSP)

Narrative Question:
The Substance Abuse Prevention and Treatment Block Grant (SABG) restriction\(^1,2\) on the use of federal funds for programs distributing sterile needles or syringes (referred to as syringe services programs (SSP)) was modified by the Consolidated Appropriations Act, 2018 (P.L. 115-141) signed by President Trump on March 23, 2018\(^3\).

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

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

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

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


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

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

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

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

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

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

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

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

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

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

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

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

• Educational materials, including information about safer injection practices, overdose prevention and reversing an opioid overdose with naloxone, HIV and viral hepatitis prevention, treatment and care services, and mental health and substance use disorder treatment including medication-assisted treatment and recovery support services;

• Condoms to reduce sexual risk of sexual transmission of HIV, viral hepatitis, and other STDs;

• Communication and outreach activities; and

• Planning and non-research evaluation activities.

Footnotes:
N/A for Texas
Environmental Factors and Plan

Syringe Services (SSP) Program Information-Table A

<table>
<thead>
<tr>
<th>Syringe Services Program SSP Agency Name</th>
<th>Main Address of SSP</th>
<th>Planned Dollar Amount of SABG Funds Expended for SSP</th>
<th>SUD Treatment Provider (Yes or No)</th>
<th># Of Locations (include mobile if any)</th>
<th>Narcan Provider (Yes or No)</th>
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Footnotes:
N/A for Texas