

Kansas

UNIFORM APPLICATION

FY 2024/2025 Combined MHBGSUPTRS BG
Application Behavioral Health Assessment and Plan

SUBSTANCE ABUSE PREVENTION AND TREATMENT

and

COMMUNITY MENTAL HEALTH SERVICES

BLOCK GRANT

OMB - Approved 06/15/2023 - Expires 06/30/2026
(generated on 08/22/2024 9.38.25 AM)

Center for Substance Abuse Prevention

Division of Primary Prevention

Center for Substance Abuse Treatment

Division of State and Community Systems (DSCS)

and

Center for Mental Health Services

Division of State and Community Systems Development

State Information

State Information

Plan Year

Start Year 2025
End Year 2026

State SUPTRS BG Unique Entity Identification

Unique Entity ID Q253Z5PLYFJ3

I. State Agency to be the SUPTRS BG Grantee for the Block Grant

Agency Name Kansas Department for Aging and Disability Services
Organizational Unit Behavioral Health Services
Mailing Address 503 S. Kansas Ave.
City Topeka
Zip Code 66603

II. Contact Person for the SUPTRS BG Grantee of the Block Grant

First Name Drew
Last Name Adkins
Agency Name KDADS
Mailing Address 503 S. Kansas Ave.
City Topeka
Zip Code 66603
Telephone 785-471-8298
Fax 785-296-0256
Email Address drew.adkins@ks.gov

State CMHS Unique Entity Identification

Unique Entity ID Q253Z5PLYFJ3

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

Agency Name Kansas Department for Aging and Disability Services
Organizational Unit Behavioral Health Services
Mailing Address 503 S. Kansas Ave.
City Topeka
Zip Code 66603

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

First Name Drew
Last Name Adkins
Agency Name KDADS
Mailing Address 503 S. Kansas Ave.
City Topeka
Zip Code 66603
Telephone 785-471-8298
Fax 785-296-0256
Email Address Drew.Adkins@ks.gov

III. Third Party Administrator of Mental Health Services

Do you have a third party administrator? Yes No

First Name

Last Name
Agency Name
Mailing Address
City
Zip Code
Telephone
Fax
Email Address

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

From
To

V. Date Submitted

Submission Date

Revision Date 7/12/2024 12:57:04 PM

VI. Contact Person Responsible for Application Submission

First Name Cissy
Last Name McKinzie
Telephone (785) 296-4079
Fax (785) 296-0256
Email Address tamberly.mckinzie@ks.gov

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

Contact person responsible for SUPTRS-BG submission:
Cissy McKinzie
Contact information shown above

Contact person responsible for MHBG application submission:
Zac Wilson
(785) 296-6495
zac.wilson@ks.gov

State Information

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

Fiscal Year 2025

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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Section	Title	Chapter
Section 1921	Formula Grants to States	42 USC § 300x-21
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Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

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

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions

to State (Clear Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

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

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

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

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

2. Certification Regarding Drug-Free Workplace Requirements

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

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

3. Certifications Regarding Lobbying

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

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

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

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

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

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

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

5. Certification Regarding Environmental Tobacco Smoke

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

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

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

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

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

HHS Assurances of Compliance (HHS 690)

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

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

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

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

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

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

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

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

State: _____

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

Signature of CEO or Designee¹: _____

Title: _____

Date Signed: _____

mm/dd/yyyy

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

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

August 30, 2019

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

RE: Delegation of Signatory Authority, Kansas Combined Block Grant Application

To Whom It May Concern,

As the Governor of the State of Kansas, for the duration of my tenure, I delegate authority to the current Secretary of the Kansas Department for Aging and Disability Services, Laura Howard, or anyone officially acting in this role in the instance of a vacancy, for all transactions required to administer the Substance Abuse and Mental Health Services Administration (SAMHSA) Mental Health Block Grant (MHBG) and the Substance Abuse Prevention and Treatment Block Grant (SABG).

Respectfully,


Governor Laura Kelly

State Information

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

Fiscal Year 2025

U.S. Department of Health and Human Services
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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.
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to State (Clear Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

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

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

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

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

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

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

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

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

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

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

5. Certification Regarding Environmental Tobacco Smoke

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

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

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

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

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

HHS Assurances of Compliance (HHS 690)

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

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

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

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

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

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

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

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

State: _____

Laura Howard

Name of Chief Executive Officer (CEO) or Designee:

Signature of CEO or Designee¹:

Laura Howard

Secretary

Title:

Date Signed: 7/15/2024

mm/dd/yyyy

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

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

Laura Howard, Secretary

Laura Kelly, Governor

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

July 12, 2024

To whom it may concern,

I, Secretary Laura Howard of the Kansas Department for Aging and Disability Services, do hereby delegate to Commissioner Drew Adkins of the Kansas Department for Aging and Disability Services, Single State Authority (SSA) to sign funding agreements and certifications, provide assurances of compliance to the Secretary of the U.S. Department of Health and Human Services, and to perform similar acts relevant to the administration of the Substance Use Prevention, Treatment and Recovery Services (SUPTRS) Block Grant (including the Annual Synar Report) and as State Mental Health Authority (SMHA) Commissioner of Behavioral Health Services for the Mental Health Block Grant until such times as this delegation of authority is rescinded.

Sincerely,

A handwritten signature in cursive script that reads "Laura Howard".

Laura Howard
Secretary
Kansas Department for Aging and Disability Services
503 S. Kansas Ave
Topeka, Kansas 66603

State Information

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

Fiscal Year 2025

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

Title XIX, Part B, Subpart II of the Public Health Service Act		
Section	Title	Chapter
Section 1911	Formula Grants to States	42 USC § 300x
Section 1912	State Plan for Comprehensive Community Mental Health Services for Certain Individuals	42 USC § 300x-1
Section 1913	Certain Agreements	42 USC § 300x-2
Section 1914	State Mental Health Planning Council	42 USC § 300x-3
Section 1915	Additional Provisions	42 USC § 300x-4
Section 1916	Restrictions on Use of Payments	42 USC § 300x-5
Section 1917	Application for Grant	42 USC § 300x-6
Section 1920	Early Serious Mental Illness	42 USC § 300x-9
Section 1920	Crisis Services	42 USC § 300x-9
Title XIX, Part B, Subpart III of the Public Health Service Act		
Section	Title	Chapter
Section 1941	Opportunity for Public Comment on State Plans	42 USC § 300x-51
Section 1942	Requirement of Reports and Audits by States	42 USC § 300x-52
Section 1943	Additional Requirements	42 USC § 300x-53
Section 1946	Prohibition Regarding Receipt of Funds	42 USC § 300x-56
Section 1947	Nondiscrimination	42 USC § 300x-57

Section 1953	Continuation of Certain Programs	42 USC § 300x-63
Section 1955	Services Provided by Nongovernmental Organizations	42 USC § 300x-65
Section 1956	Services for Individuals with Co-Occurring Disorders	42 USC § 300x-66

ASSURANCES - NON-CONSTRUCTION PROGRAMS

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

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

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
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- 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;
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2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
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This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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

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

5. Certification Regarding Environmental Tobacco Smoke

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

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

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

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

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

HHS Assurances of Compliance (HHS 690)

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

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

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
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The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.

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

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

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

Signature of CEO or Designee¹: _____

Title: _____

Date Signed: _____

mm/dd/yyyy

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

Please upload your state's Bipartisan Safer Communities Act (BSCA) – 3rd allotment proposal to here in addition to other documents. You may also upload it in the attachments section of this application.

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OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

August 30, 2019

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

RE: Delegation of Signatory Authority, Kansas Combined Block Grant Application

To Whom It May Concern,

As the Governor of the State of Kansas, for the duration of my tenure, I delegate authority to the current Secretary of the Kansas Department for Aging and Disability Services, Laura Howard, or anyone officially acting in this role in the instance of a vacancy, for all transactions required to administer the Substance Abuse and Mental Health Services Administration (SAMHSA) Mental Health Block Grant (MHBG) and the Substance Abuse Prevention and Treatment Block Grant (SABG).

Respectfully,


Governor Laura Kelly

State Information

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

Fiscal Year 2025

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

Title XIX, Part B, Subpart II of the Public Health Service Act		
Section	Title	Chapter
Section 1911	Formula Grants to States	42 USC § 300x
Section 1912	State Plan for Comprehensive Community Mental Health Services for Certain Individuals	42 USC § 300x-1
Section 1913	Certain Agreements	42 USC § 300x-2
Section 1914	State Mental Health Planning Council	42 USC § 300x-3
Section 1915	Additional Provisions	42 USC § 300x-4
Section 1916	Restrictions on Use of Payments	42 USC § 300x-5
Section 1917	Application for Grant	42 USC § 300x-6
Section 1920	Early Serious Mental Illness	42 USC § 300x-9
Section 1920	Crisis Services	42 USC § 300x-9
Title XIX, Part B, Subpart III of the Public Health Service Act		
Section	Title	Chapter
Section 1941	Opportunity for Public Comment on State Plans	42 USC § 300x-51
Section 1942	Requirement of Reports and Audits by States	42 USC § 300x-52
Section 1943	Additional Requirements	42 USC § 300x-53
Section 1946	Prohibition Regarding Receipt of Funds	42 USC § 300x-56
Section 1947	Nondiscrimination	42 USC § 300x-57

Section 1953	Continuation of Certain Programs	42 USC § 300x-63
Section 1955	Services Provided by Nongovernmental Organizations	42 USC § 300x-65
Section 1956	Services for Individuals with Co-Occurring Disorders	42 USC § 300x-66

ASSURANCES - NON-CONSTRUCTION PROGRAMS

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

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

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to

State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

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

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

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

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

2. Certification Regarding Drug-Free Workplace Requirements

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

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

3. Certifications Regarding Lobbying

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

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

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

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.)
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Name of Chief Executive Officer (CEO) or Designee: Laura Howard

Signature of CEO or Designee¹: 

Title: Secretary

Date Signed: 7/15/2024

mm/dd/yyyy

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

Please upload your state's Bipartisan Safer Communities Act (BSCA) – 3rd allotment proposal to here in addition to other documents. You may also upload it in the attachments section of this application.

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OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

Laura Howard, Secretary

Laura Kelly, Governor

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

July 12, 2024

To whom it may concern,

I, Secretary Laura Howard of the Kansas Department for Aging and Disability Services, do hereby delegate to Commissioner Drew Adkins of the Kansas Department for Aging and Disability Services, Single State Authority (SSA) to sign funding agreements and certifications, provide assurances of compliance to the Secretary of the U.S. Department of Health and Human Services, and to perform similar acts relevant to the administration of the Substance Use Prevention, Treatment and Recovery Services (SUPTRS) Block Grant (including the Annual Synar Report) and as State Mental Health Authority (SMHA) Commissioner of Behavioral Health Services for the Mental Health Block Grant until such times as this delegation of authority is rescinded.

Sincerely,

A handwritten signature in cursive script that reads "Laura Howard".

Laura Howard
Secretary
Kansas Department for Aging and Disability Services
503 S. Kansas Ave
Topeka, Kansas 66603

State Information

Disclosure of Lobbying Activities

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

[Standard Form LLL \(click here\)](#)

Name

Laura Howard

Title

Secretary

Organization

KS Dept for Aging and Disability Services

Signature:

Laura Howard

Date: 7/15/2024

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

The Secretary for the Kansas Department for Aging and Disability Services (KDADS) is also the Secretary for the Kansas Department for Children and Families (DCF). In her role as Secretary, she represents the agencies in front of the Legislature but does not lobby.

BSCA Funding Plan 2025 - Kansas

1. Describe any plans to utilize the BSCA supplemental funds to develop/enhance components of your state's mental health emergency preparedness and response plan that addresses behavioral health. Please include in your discussion how you plan to coordinate with other state and federal agencies to leverage crisis/mental health emergency related resources.

In Kansas, the Department for Aging & Disability Services (KDADS) works with the Kansas Department of Emergency Management (KDEM) as well as FEMA and SAMHSA to coordinate the Crisis Counseling Program (CCP) for disasters in Kansas. KDADS will use these funds to help to develop a mental health emergency preparedness and response plan that expands on CCP and can be incorporated into larger state planning efforts around emergency response. KDADS has formed a BSCA Mobile Response Plan Steering Committee with members from KDADS, Wichita State University (WSU), KDEM, Kansas Department of Health and Environment (KDHE), and the Missouri Department of Mental Health. This steering committee has elicited feedback from providers and is referring to the National Mass Violence Victimization Resource Center's "Responding to a Mass Violence Incident: Victim Assistance Agency/Organization "Go Kit"" for additional guidance.

2. Describe any plans to utilize the BSCA supplemental funds to develop/enhance a state behavioral health team that coordinates, provides guidance, and gives direction in collaboration with state emergency management planners during a crisis.

KDADS will utilize funds to establish a state behavioral health team that can deploy local disaster behavioral health teams during a crisis. This team will be used to help draft the mental health emergency preparedness and response plan, review it annually, and help keep it updated. The team can work with KDEM to help with coordination and deployment of mental health resources. The team can also assist in any practice drills or exercises.

3. Describe any plans to utilize the BSCA supplemental funds to develop/enhance a multidisciplinary mobile crisis team that can be deployed 24/7, anywhere in the state rapidly to address any crisis.

As a part of developing the mental health emergency preparedness and response plan, KDADS will investigate the possibility of using funds to establish a crisis response team within KDEM or the Kansas National Guard. It's not clear how this team would be funded after this BSCA funded project, and so sustainability of funding for the team would have to be addressed as well. Kansas has had teams like this in the past that were volunteer-based, and we may be able to rekindle that volunteer program within KDADS as well. KDADS will also investigate how local mobile crisis teams and co-responder units might be able to assist in this rapid deployment effort.

4. Describe any plans to utilize the BSCA supplemental funds to develop/enhance crisis/mental health emergency services specifically for young adults, youth and children, or their families, including those with justice involvement and having SED/serious mental illness (SMI).

KDADS and the Kansas Department for Children & Families, Kansas Department of Health and Environment, and Kansas Department of Corrections have an existing partnership to build and enhance crisis services for children and families across the state especially for those in foster care or that are justice involved. Last year, we launched a hotline for families to call and receive services. With funding from KDADS, one of the 988 call centers established a teen warm line as part of our 988 efforts. Expanding crisis services through our CCBHC implementation is an ongoing process. Those services are closely coordinated with Medicaid and Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is used by our Managed Care Organizations (MCOs) to cover access to care for children. We are doing a lot of work in this area with state and federal funding already.

KDADS has been given the opportunity to be a part of the Mobile Response and Stabilization Services (MRSS) Quality Learning Collaborative (QLC) through The Institute for Innovation & Implementation at The University of Maryland. MRSS plays a critical role in preventing future crises, reducing involvement with law enforcement, particularly for children and youth who are Black, Indigenous, and People of Color, providing care in the least restrictive environment appropriate to identify needs, and maintaining children safely at home and in the community. The cohort consisted of participation from various states and territories. The focus of the MRSS QLC was on structural changes that are necessary to fully implement MRSS, including engaging in leadership, finance, policy and the workforce. Included are best-practice presentations featuring examples from the field and lessons learned, intensive small group peer-to-peer learning, individual monthly coaching, data collection analysis, affinity group opportunities and access to resources and tools to support design implementation. From this collaborative, policies and procedures were developed for our MRSS and MCR programs and Kansas launched a pilot program with two CCBHCs to implement the MRSS model. The pilot will be completed in November 2024, at which point we intend to implement the model statewide.

5. Describe any plans to utilize the BSCA supplemental funds to develop/enhance services provided to communities that are affected by trauma and mass shootings/school violence.

The state behavioral health team is working with several agencies to create the Kansas Disaster Behavioral Health Plan for All Hazard Events. The intent and purpose of this plan is for the Disaster Behavioral Health (DBH) teams to deploy quickly, as needed and requested, in the impacted community. Upon deployment, the DBH team and KDADS will work to determine the level of trauma to develop a strategy to deliver DBH services to those impacted in the community. DBH teams provide short-term interventions with individuals and/or groups who may be experiencing reactions in the aftermath of disaster or other emergency. This type of intervention is not clinical – DBH teams instead link survivors to services, assist in coping, and provide immediate psychological first aid. DBH services can help mitigate the severity of adverse psychological effects of the disaster and help restore social and psychological functioning for those impacted. If longer term services are needed in the days, weeks, and months following an event, KDADS and/or the DBH teams will refer individuals to behavioral health services, as needed. Additionally, KDADS will work directly with other state and federal partners to coordinate assistance, as needed.

Training: All training should be evidence based and trauma-informed to prepare to respond to a mass violence incident (MVI). KDADS will provide training for DBH Team Members, in person or using an online platform.

- a. Initial Required Training:
 - i. Psychological First Aid (PFA).
 - ii. Incident Command System (ICS) 100 and 700
 - iii. National Organization for Victims Advocacy (NOVA) basic crisis response training
 - iv. Responding to Mass Shootings Involving Children & Families
- b. Annually, DBH team members are required to attend two trainings to maintain disaster behavioral health skills. These trainings can include but are not limited to:
 - i. NOVA Advanced crisis response training
 - ii. Training hosted by the National Mass Violence Center (NMVC).
 - iii. Trauma
 - iv. Trauma Informed Care
 - v. Disaster Behavioral Health
 - vi. Psychological First Aid (PFA)
 - vii. Skills for Psychological Recovery (SPR)
 - viii. Disaster Response and Recovery
 - ix. NOVA (Advanced)
 - x. Critical Incident Stress Management (CISM)
 - xi. Children and Disasters
 - xii. Self-Care for Responders
 - xiii. Empathy
 - xiv. Disaster Reactions
 - xv. Crisis Counseling
 - xvi. BHST Specific Trainings
 - xvii. Access and Functional Needs
 - xviii. Healing After Trauma Situations (HATS)
 - xix. Suicide Awareness/Prevention Training
 - xx. PREPaRE Training

6. Describe any plans to utilize the BSCA supplemental funds to develop/enhance culturally and linguistically tailored messaging to provide information about behavioral health in a crisis/mental health emergency and/or to identify culturally/linguistically appropriate supports for diverse populations.

KDADS will not use these funds for this purpose.

7. What other mental health emergency/crisis behavioral health practices or activities does the state plan to develop or enhance using the BSCA supplemental funds?

KDADS will not use these funds for other activities.

8. Clearly describe the proposed/planned activities utilizing the funds for both FY 2025 and FY 2026 as two separate sections, including an estimated budget for each year. States will be required to report on what activities have been completed using this funding.

Must include required set-asides: 10% ESMI 5% Crisis

BCSA Funded Supplemental MHBG Activity	FY 2025 Budget	FY 2026 Budget
Develop/review a mental health emergency preparedness and response plan.	\$15,000	\$15,000
State behavioral health team.	\$30,000	\$30,000
Ongoing training for crisis response teams.	\$30,000	\$30,000
Enhance crisis/mental health emergency services for youth.	\$15,000	\$15,000
Develop services to be provided to communities after a mass shooting.	\$100,546.65	\$100,546.65
10% ESMI Set-Aside	\$54,441.90	\$54,441.90
5% Crisis Set-Aside	\$27,220.95	\$27,220.95
Total BCSA Funding	\$272,209.50	\$272,209.50

State Information

Disclosure of Lobbying Activities

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[Standard Form LLL \(click here\)](#)

Name

Laura Howard

Title

Secretary

Organization

KS Dept for Aging and Disability Services

Signature:

Date:

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

The Secretary for the Kansas Department for Aging and Disability Services (KDADS) is also the Secretary for the Kansas Department for Children and Families (DCF). In her role as Secretary, she represents the agencies in front of the Legislature but does not lobby.

Planning Tables

Table 2 State Agency Planned Expenditures [MH]

Table 2 addresses funds to be expended during the 12-month period covering SFY 2025 (for most states, July 1, 2024 through June 30, 2025). Table 2 includes columns to capture state expenditures for COVID-19 Relief Supplemental funds, ARP funds, and BSCA funds. Please use these columns to capture how much the state plans to expend over the 12-month period covering SFY 2025 (for most states, July 1, 2024 - June 30, 2025). Please document the use of COVID-19 Relief Supplemental, ARP, and BSCA funds in the footnotes.

Planning Period Start Date: 7/1/2024 Planning Period End Date: 6/30/2025

Activity (See instructions for using Row 1.)	Source of Funds										
	A. Substance Abuse Block Grant	B. Mental Health Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other	H. COVID-19 Relief Funds (MHBG) ^a	I. COVID-19 Relief Funds (SUPTRS) ^a	J. ARP Funds (MHBG) ^b	K. BSCA Funds (MHBG) ^c
1. Substance Abuse Prevention and Treatment											
a. Pregnant Women and Women with Dependent Children											
b. All Other											
2. Primary Prevention											
a. Substance Abuse Primary Prevention											
b. Mental Health Primary Prevention ^d				\$122,132.00							
3. Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis (10 percent of total award MHBG) ^e		\$699,911.00								\$1,042,503.00	
4. Tuberculosis Services											
5. Early Intervention Services for HIV											
6. State Hospital			\$21,019,682.00		\$139,043,290.00						
7. Other 24-Hour Care			\$56,334,499.00		\$16,877,594.00						
8. Ambulatory/Community Non-24 Hour Care		\$5,599,285.00	\$268,101,595.00	\$1,748,656.00	\$92,068,786.00			\$3,179,499.76		\$4,491,351.54	
9. Crisis Services (5 percent set-aside) ⁹		\$349,956.00			\$6,815,296.00					\$521,252.00	
10. Administration (excluding program/provider level) ⁹ MHBG and SABG must be reported separately ^f		\$349,955.00	\$770,768.00	\$323,761.00	\$547,244.00			\$12,127.50		\$211,174.46	\$538,938.00
11. Total	\$0.00	\$6,999,107.00	\$346,226,544.00	\$2,194,549.00	\$255,352,210.00	\$0.00	\$0.00	\$3,191,627.26	\$0.00	\$6,266,281.00	\$538,938.00

^aThe original expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 - March 14, 2023**. But states that have an approved 2nd NCE will have until March 14, 2025 to expend their COVID funds. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

^bThe expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the standard MHBG expenditures captured in Columns A-G are for the state planned expenditure period of July 1, 2024 - June 30, 2025, for most states. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

^cThe expenditure period for the 2nd and 3rd allotments of the Bipartisan Safer Communities Act (BSCA) funding is **September 30, 2023 – September 29, 2025 (2nd increment) and the September 30, 2024 – September 29, 2026 (3rd increment)**. For most states the planned expenditure period for FY2025 will be July 1, 2024, through June 30, 2025. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

^dWhile the state may use state or other funding for prevention services, the MHBG funds must be directed toward adults with SMI or children with SED.

^eColumn 3 should include Early Serious Mental Illness programs funded through MHBG set aside.

^fRow 10 should include Behavioral Health Crisis Services (BHCS) programs funded through different funding sources, including the MHBG set aside. States may expend more than 5 percent of their MHBG allocation.

⁹Per statute, administrative expenditures cannot exceed 5% of the fiscal year award.

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Footnotes:

Planning Tables

Table 4 - SUPTRS BG Planned Expenditures

States must project how they will use SUPTRS BG funds to provide authorized services as required by the SUPTRS BG regulations, including the supplemental COVID-19 and ARP funds. Plan Table 4 must be completed for the FFY 2025 SUPTRS BG funding. The totals for each Fiscal Year should match the President’s Budget Final Enacted Allotment for the state.

Planning Period Start Date: 10/1/2024 Planning Period End Date: 9/30/2025

Expenditure Category	FFY 2024			FFY 2025		
	FFY 2024 SUPTRS BG Award	COVID-19 Award ¹	ARP Award ²	FFY 2025 SUPTRS BG Award	COVID-19 Award ¹	ARP Award ²
1 . Substance Use Disorder Prevention and Treatment ⁵	\$9,730,696.50	\$8,345,968.00	\$7,224,524.00	\$9,733,039.00	\$8,345,968.00	\$7,224,524.00
2 . Substance Use Primary Prevention	\$2,594,852.40	\$2,250,000.00	\$1,926,539.00	\$2,595,477.00	\$2,250,000.00	\$1,926,539.00
3 . Tuberculosis Services						
4 . Early Intervention Services for HIV ⁶						
5 . Recovery Support Services ⁷						
6 . Administration (SSA Level Only)	\$648,713.10	\$557,682.00	\$481,635.00	\$648,869.00	\$557,682.00	\$481,635.00
7. Total	\$12,974,262.00	\$11,153,650.00	\$9,632,698.00	\$12,977,385.00	\$11,153,650.00	\$9,632,698.00

¹The 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" MHBG/SUPTRS BG. If your state or territory has an approved No Cost Extension (NCE) for the FY 21 SABG COVID-19 Supplemental Funding, you have until March 14, 2024 to expend the COVID-19 Relief Supplemental Funds.

²The 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 FY 2024 "standard" SUPTRS BG, which is October 1, 2023 - September 30, 2024. The SUPTRS BG ARP planned expenditures for the period of October 1, 2023 - September 30, 2024 should be entered here in the first ARP column, and the SUPTRS BG ARP planned expenditures for the period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

³The original 24-month expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved second No Cost Extension (NCE) for the FY 21 SABG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds.

⁴The 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 FY 2024 "standard" SUPTRS BG, which is October 1, 2023 - September 30, 2024. The SUPTRS BG ARP planned expenditures for the FFY 2024 period of October 1, 2023 - September 30, 2024 should be entered in the first ARP column, and the SUPTRS BG ARP planned expenditures for the FFY 2025 period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

⁵Prevention other than Primary Prevention

⁶For the purpose of determining which states and jurisdictions are considered "designated states" as described in section 1924(b)(2) of Title XIX, Part B, Subpart II of the Public Health Service Act (42 U.S.C. § 300x-24(b)(2)) and section 45 CFR § 96.128(b) of the Substance use disorder Prevention and Treatment Block Grant (SUPTRS BG); Interim Final Rule (45 CFR 96.120-137), SAMHSA relies on the AtlasPlus HIV data report produced by the Centers for Disease Control and Prevention (CDC), National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP). The most recent AtlasPlus HIV data report published on or before October 1 of the federal fiscal year for which a state is applying for a grant is used to determine the states and jurisdictions that will be required to set-aside 5 percent of their respective SUPTRS BG allotments to establish one or more projects to provide early intervention services regarding the human immunodeficiency virus (EIS/HIV) at the sites at which individuals are receiving SUD treatment 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 SUPTRS BG funds with the flexibility to obligate and expend SUPTRS BG 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 SUPTRS BG 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 will be allowed to obligate and expend SUPTRS BG funds for EIS/HIV if they chose to do so and may elect to do so by providing written notification to the CSAT SPO as a part of the SUPTRS BG Application.

⁷This expenditure category is mandated by Section 1243 of the Consolidated Appropriations Act, 2023

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Footnotes:

Planning Tables

Table 5a SUPTRS BG Primary Prevention Planned Expenditures

Planning Period Start Date: 10/1/2024 Planning Period End Date: 9/30/2025

Strategy	A	B			B		
	IOM Target	FFY 2024			FFY 2025		
		SUPTRS BG Award	COVID-19 Award ¹	ARP Award ²	SUPTRS BG Award	COVID-19 Award ⁴	ARP Award ⁵
1. Information Dissemination	Universal						
	Selected						
	Indicated						
	Unspecified	\$479,625	\$296,132	\$452,249	\$142,950		
	Total	\$479,625	\$296,132	\$452,249	\$142,950	\$0	\$0
2. Education	Universal						
	Selected						
	Indicated						
	Unspecified		\$396,132		\$142,950		
	Total	\$0	\$396,132	\$0	\$142,950	\$0	\$0
3. Alternatives	Universal						
	Selected						
	Indicated						
	Unspecified		\$100,000				
	Total	\$0	\$100,000	\$0	\$0	\$0	\$0
4. Problem Identification and Referral	Universal						
	Selected						
	Indicated						
	Unspecified						
	Total	\$0	\$0	\$0	\$0	\$0	\$0
	Universal						

5. Community-Based Processes	Selected						
	Indicated						
	Unspecified						
	Total	\$0	\$0	\$0	\$0	\$0	\$0
6. Environmental	Universal	\$160,352					
	Selected						
	Indicated						
	Unspecified						
Total	\$160,352	\$0	\$0	\$0	\$0	\$0	
7. Section 1926 (Synar)-Tobacco	Universal						
	Selected						
	Indicated						
	Unspecified						
Total	\$0	\$0	\$0	\$0	\$0	\$0	
8. Other	Universal						
	Selected						
	Indicated						
	Unspecified	\$54,000			\$142,950		
Total	\$54,000	\$0	\$0	\$142,950	\$0	\$0	
Total Prevention Expenditures	\$693,977	\$792,264	\$452,249	\$428,850	\$0	\$0	
Total SUPTRS BG Award³	\$12,974,262	\$11,153,650	\$9,632,698	\$12,977,385	\$11,153,650	\$9,632,698	
Planned Primary Prevention Percentage	5.35%	7.10%	4.69%	3.30%	0.00%	0.00%	

¹The 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" MHBG/SUPTRS BG. If your state or territory has an approved No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2024 to expend the COVID-19 Relief Supplemental Funds.

²The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 1, 2025**, which is different from the expenditure period for the "standard" SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the planned expenditure period of October 1, 2023 – September 30, 2025.

³Total SUPTRS BG Award is populated from Table 4 - SUPTRS BG Planned Expenditures

⁴The original 24-month expenditure period for the COVID-19 Relief Supplemental funding was **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved second No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds.

⁵The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 1, 2025**, which is different from the expenditure period for the "standard" SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the planned expenditure period of October 1, 2023 – September 30, 2025. The SUPTRS BG ARP planned expenditures for the FFY 2024 period of October 1, 2023 - September 30, 2024 should be entered in the first ARP column, and the SUPTRS BG ARP planned expenditures for the FFY 2025 period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

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Footnotes:

5a+6= Total SUPTRS BG for Primary Prevention

Planning Tables

Table 5b SUPTRS BG Primary Prevention Planned Expenditures by IOM Category

Planning Period Start Date: 10/1/2024 Planning Period End Date: 9/30/2025

Activity	FFY 2024 SUPTRS BG Award	FFY 2024 COVID-19 Award ¹	FFY 2024 ARP Award ²	FFY 2025 SUPTRS BG Award	FFY 2025 COVID-19 Award ³	FFY 2025 ARP Award ⁴
Universal Direct						
Universal Indirect						
Selected						
Indicated						
Column Total				\$0	\$0	\$0
Total SUPTRS BG Award⁵	\$12,974,262	\$11,153,650	\$9,632,698	\$12,977,385	\$11,153,650	\$9,632,698
Planned Primary Prevention Percentage	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

¹The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2022 SUPTRS BG Award amount reflects the 12 month planning period for the standard SUPTRS BG expenditures reflecting the President’s FY 2022 enacted budget for the FFY 2022 SUPTRS BG 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 SUPTRS BG Award amount reflects the 12 month planning period for the standard SUPTRS BG expenditures reflecting the President’s FY 2022 enacted budget for the FFY 2022 SUPTRS BG 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 original 24-month expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the “standard” MHBG/SUPTRS BG. If your state or territory has an approved second No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds.

⁴The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 – September 1, 2025**, which is different from the expenditure period for the “standard” SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the planned expenditure period of October 1, 2023 – September 30, 2025. The SUPTRS BG ARP planned expenditures for the FFY 2024 period of October 1, 2023 - September 30, 2024 should be entered in the first ARP column, and the SUPTRS BG ARP planned expenditures for the FFY 2025 period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

⁵Total SUPTRS BG Award is populated from Table 4 - SUPTRS BG Planned Expenditures

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Footnotes:

Kansas does not plan primary prevention expenditures using the IOM model of universal, selective, and indicated in Table 5b. 5a and 6 completed

Planning Tables

Table 5c SUPTRS BG 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 2024 and FFY 2025 SUPTRS BG awards.

Planning Period Start Date: 10/1/2024 Planning Period End Date: 9/30/2025

	SUPTRS BG Award	COVID-19 Award ¹	ARP Award ²
Prioritized Substances			
Alcohol	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inhalants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fentanyl	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prioritized Populations			
Students in College	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Military Families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LGBTQI+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Indians/Alaska Natives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persons Experiencing Homelessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian/Other Pacific Islanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rural	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



¹The original 24-month expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved second No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds.

²The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 1, 2025**, which is different from the expenditure period for the "standard" SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the planned expenditure period of October 1, 2023 – September 30, 2025. The SUPTRS BG ARP planned expenditures for the FFY 2024 period of **October 1, 2023 - September 30, 2024** should be entered in the first ARP column, and the SUPTRS BG ARP planned expenditures for the FFY 2025 period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

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Footnotes:

Planning Tables

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

Please enter the total amount of the SUPTRS BG, COVID-19, or ARP funds expended for each activity. Only complete this table if the state plans to fund subrecipient agency expenditures for non-direct services/system development with SUBG or SUPTRS BG, COVID-19, and/or ARP supplemental dollars. Grantees should not include on Table 6 the SSA expenditures of up to 5% that is allowed for the SSA cost of administering the grant. Non-direct services/system development activities exclude expenditures through funding mechanisms for subrecipients providing treatment "direct service" or primary prevention efforts themselves, that are listed on Table 7. Instead, these Table 6 subrecipient agency expenditures provide support to those activities.

Planning Period Start Date: 10/1/2024 Planning Period End Date: 9/30/2025

Expenditure Category	FFY 2024					FFY 2025				
	A. SUPTRS BG Treatment	B. SUPTRS BG Prevention	C. SUPTRS BG Integrated ¹	D. COVID-19 ²	E. ARP ³	A. SUPTRS BG Treatment	B. SUPTRS BG Prevention	C. SUPTRS BG Integrated ¹	D. COVID-19 ⁴	E. ARP ⁵
1. Information Systems		\$375,353.24					\$523,525.00			
2. Infrastructure Support										
3. Partnerships, community outreach, and needs assessment		\$575,353.24					\$423,525.00			
4. Planning Council Activities (MHBG required, SUPTRS BG optional)										
5. Quality Assurance and Improvement							\$200,000.00			
6. Research and Evaluation		\$375,353.24					\$323,525.00			
7. Training and Education		\$575,353.24		\$21,108.95	\$302,249.26		\$623,525.00			\$391,134.80
8. Total	\$0.00	\$1,901,412.96	\$0.00	\$21,108.95	\$302,249.26	\$0.00	\$2,094,100.00	\$0.00	\$0.00	\$391,134.80

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

²The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved No Cost Extension (NCE) for the FY 21 SABG COVID-19 Supplemental Funding, you have until March 14, 2024 to expend the COVID-19 Relief Supplemental Funds.

³The 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" SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the federal planned expenditure period of October 1, 2023 - September 30, 2025. Please list ARP planned expenditures for each standard FFY period.

⁴The original 24-month expenditure period for the COVID-19 Relief Supplemental funding was **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved second No Cost Extension (NCE) for the FY 21 SABG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds.

⁵The 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" SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the federal planned expenditure period of October 1, 2023 - September 30, 2025. The SUPTRS BG ARP planned expenditures for the FFY 2024 period of October 1, 2023 - September 30, 2024 should be entered in the first ARP column, and the SUPTRS BG ARP planned expenditures for the FFY 2025 period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

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Footnotes:

5a+6= Total SUPTRS BG for Primary Prevention

Planning Tables

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

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

MHBG Planning Period Start Date:

MHBG Planning Period End Date:

Activity	FY 2024 Block Grant	FY 2024 ¹ COVID Funds	FY 2024 ² ARP Funds	FY 2024 ³ BSCA Funds	FY 2025 Block Grant	FY 2025 ¹ COVID Funds	FY 2025 ² ARP Funds	FY 2025 ³ BSCA Funds
1. Information Systems	\$0.00	\$0.00	\$0.00	\$0.00				
2. Infrastructure Support	\$0.00	\$0.00	\$0.00	\$100,000.00				
3. Partnerships, community outreach, and needs assessment	\$0.00	\$0.00	\$82,674.08	\$0.00				
4. Planning Council Activities (MHBG required, SUPTRS BG optional)	\$0.00	\$0.00	\$0.00	\$0.00				
5. Quality Assurance and Improvement	\$0.00	\$0.00	\$0.00	\$0.00				
6. Research and Evaluation	\$0.00	\$0.00	\$76,566.15	\$0.00				
7. Training and Education	\$0.00	\$0.00	\$37,032.00	\$100,000.00				
8. Total	\$0.00	\$0.00	\$196,272.23	\$200,000.00	\$0.00	\$0.00	\$0.00	\$0.00

¹ The original expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 - March 14, 2023**. But states that have an approved 2nd NCE will have until **March 14, 2025** to expend their COVID funds. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

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 standard MHBG expenditures captured in Columns A - G are for the state planned expenditure period of July 1, 2024 - June 30, 2025, for most states. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

³ The expenditure period for the 2nd and 3rd allotments of the Bipartisan Safer Communities Act (BSCA) funding is **September 30, 2023 - September 29, 2025** (2nd increment) and the **September 30, 2024 - September 29, 2026** (3rd increment). For most states the planned expenditure period for FY2025 will be **July 1, 2024**, through **June 30, 2025**. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

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Footnotes:

Environmental Factors and Plan

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

Narrative Question

Substance Abuse and Mental Health Services Administration (SAMHSA) is directed by Congress to set aside 5 percent of the Mental Health Block Grant (MHBG) allocation for each state to support evidence-based crisis systems. The statutory language outlines the following for the 5 percent set-aside:

....to support evidenced-based programs that address the crisis care needs of individuals with serious mental illnesses and children with serious emotional disturbances, which may include individuals (including children and adolescents) experiencing mental health crises demonstrating serious mental illness or serious emotional disturbance, as applicable.

CORE ELEMENTS: At the discretion of the single State agency responsible for the administration of the program, the funds may be used to expend some or all of the core crisis care service components, as applicable and appropriate, including the following:

- *Crisis call centers*
- *24/7 mobile crisis services*
- *Crisis stabilization programs offering acute care or subacute care in a hospital or appropriately licensed facility, as determined by such State, with referrals to inpatient or outpatient care.*

STATE FLEXIBILITY: In lieu of expanding 5 percent of the amount the State receives pursuant to this section for a fiscal year to support evidence based programs as required a State may elect to expend not less than 10 percent of such amount to support such programs by the end of two consecutive fiscal years.

A crisis response system will have the capacity to prevent, recognize, respond, de-escalate, and follow-up from crises across a continuum, from crisis planning, to early stages of support and respite, to crisis stabilization and intervention, to post-crisis follow-up and support for the individual and their family. 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, stabilization service to support reducing distress, promoting skill development and outcomes, manage costs, and better invest resources.

SAMHSA developed [Crisis Services: Meeting Needs, Saving Lives](#), which includes "[National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit](#)" as well as an [Advisory: Peer Support Services in Crisis Care](#) and other related National Association of State Mental Health Programs Directors (NASMHPD) papers on crisis services. SAMHSA also developed "[National Guidelines for Child and Youth Behavioral Health Crisis Care](#)" which offers best practices, implementation strategies, and practical guidance for the design and development of services that meet the needs of children, youth and their families experiencing a behavioral health crisis. Please note that this set aside funding is dedicated for the core set of crisis services as directed by Congress. Nothing precludes states from utilizing more than 5 percent of its MHBG funds for crisis services for individuals with serious mental illness or children with serious emotional disturbances. If states have other investments for crisis services, they are encouraged to coordinate those programs with programs supported by 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. For all regions/areas of your state, 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.

In addition to the preexisting Director of Crisis Services, 988 Coordinator, and Mobile Crisis Response Coordinator, Kansas has hired an IDD Crisis Stabilization Coordinator, 988 Data Evaluator, Justice Involved Services Coordinator to support the development of crisis care services. The FCC designated 988 as the dialing code for a national suicide prevention and mental health crisis hotline. 988 went live in Kansas on July 16, 2022. To respond to 988 calls, Kansas has 5 NSPL Certified Call Centers (one more to be certified within the next year). These call centers are averaging approximately 90% in-state answer rates. These centers connect Kansans in crisis to a highly trained counselor who provides support and resources and initiates collaborative safety planning. The 988 call centers offer follow-up contacts for all persons at risk of suicide or who may benefit from follow-up contact. Kansas applied for and received the Improvement grant from SAMHSA to increase in-state capability to respond to chat and text. These funds have been distributed among the call centers to increase capacity within the workforce. KDADS also applied for and was awarded the 988 Capacity Supplement grant. These funds will be utilized to complete a landscape analysis of the needs to fully develop a statewide mobile crisis response system, which is currently being completed by TBD Solutions. KDADS was awarded the SAMHSA 988 Improvement grant, and these funds will be utilized to expand text and chat capabilities for three of the five 988 call centers in Kansas. The 988 Coordinator is responsible for managing these grants and oversight of implementation and operation of 988. In June 2022, the Governor of Kansas signed the

988 Suicide Prevention Hotline Infrastructure Bill, Senate Bill 19(SB-19), which has helped fund the continuum of care in Kansas. The construction of the 988 crisis and suicide prevention hotline provides Kansans immediate access to qualified mental health care providers during moments of crisis. Under SB-19, the State has developed mobile crisis intervention teams with capacity to provide direct assistance to individuals in crisis. The mobile crisis teams are created through partnerships between behavioral health professionals, medical professionals, Intellectual/Developmental Disability service providers, and others who provide professional, community-based crisis intervention services, which include de-escalation and stabilization for Kansans experiencing a behavioral health crisis. Kansas Department for Children and Families (DCF) also has a Family Crisis Hotline. This help line is provided through Carelon Behavioral Health. DCF awarded Carelon Behavioral Health the contract to provide family crisis response services which includes a statewide crisis help line that can be accessed 24/7 by any family with a child under 18, or a youth who is, or was, in foster care under the age of 21. These services are available regardless of insurance or ability to pay. Carelon Behavioral Health (formerly Beacon) began providing these services in October 2021. KDADS has been given the opportunity to be a part of the Mobile Response and Stabilization Services (MRSS) Quality Learning Collaborative (QLC) through The Institute for Innovation & Implementation at The University of Maryland. MRSS plays a critical role in preventing future crises, reducing involvement with law enforcement, particularly for children and youth who are Black, Indigenous, and People of Color, providing care in the least restrictive environment appropriate to identify needs, and maintaining children safely at home and in the community. The cohort consisted of participation from various states and territories. The focus of the MRSS QLC was on structural changes that are necessary to fully implement MRSS, including engaging in leadership, finance, policy and the workforce. Included are best-practice presentations featuring examples from the field and lessons learned, intensive small group peer-to-peer learning, individual monthly coaching, data collection analysis, affinity group opportunities and access to resources and tools to support design implementation. From this collaborative, policies and procedures were developed for our MRSS and MCR programs and Kansas launched a pilot program with two CCBHCs to implement the MRSS model. The pilot will be completed in November 2024, at which point we intend to implement the model statewide. Kansas urban areas have developed their own local response for mobile crisis response, however, most communities in Kansas do not have mobile crisis response teams. KDADS has awarded grants to 16 CMHCs to build up their Mobile Crisis Response teams to provide 24/7 response. All 16 grantees are providing MCR with some achieving 24/7 availability and others still building capacity to provide these services 24/7. Of the 10 remaining centers who are not grantees, 4 have developed MCR programs, but do not have 24/7 availability. It is anticipated the warm hand-off to a facility will follow the development of statewide mobile crisis teams. Although Kansas is still in the early stages of building a crisis response infrastructure, KDADS has a comprehensive and proactive approach to train law enforcement, first responders and other professionals around the state in the areas of mental health and crisis intervention. This approach includes four projects: 1) Crisis Intervention Teams (CIT), 2) Mental Health Awareness Training, 3) the Stepping Up initiative and 4) Certified Community Behavioral Health Clinics expansion. This approach includes providing Mental Health First Aid training statewide to help support education and awareness. KDADS has partnered with the Kansas Law Enforcement Training Center (KLETC) located in Hutchison, KS. KLETC provides the curriculum and classroom presenters, student room and board, snacks and finally a 40-hour certificate and CIT pin for their uniform. Many smaller jurisdictions across the state do not have the personnel or resources to commit to the full 40-hour training by KLETC. To meet the needs of these communities, BHS also funds an 8-hour mental health awareness training provided by Mental Health America of the Heartland. This training is provided at no cost and is available to police, corrections officers, fire departments, and dispatch staff.

KDADS has received the Transformation Transfer Initiative (TTI) grants through NASMHPD to support the Peer Support workforce and individuals in the LGBTQI+ community. Funding from the TTI will increase efforts to recruit, train and retain individuals with lived experience to become certified as Peer Specialists, Parent Peer Support and Peer Mentors in the State of Kansas. In efforts to determine Kansas' needs in terms of Peer Support services, C4 Innovations is providing support to fill the gaps. Using state-of-the-art research, training, facilitation, and implementation strategies, C4 helps individuals, agencies, communities, and systems deepen the impact of their work. C4 helps to strengthen organizations at multiple levels through training, technical assistance, coaching, workforce development initiatives, implementation of evidence-based and best practices. C4 is working to build a Peer Guild in addition to providing landscape analysis for the state of Kansas as additional technical assistance from our NASMHPD grant. The TTI project will also allow KDADS to work with community partners to identify the specific and individual needs of all LGBTQI+ Kansans by providing culturally competent, evidence-based training. Highly trained, culturally competent staff and peer support professionals will be able to ensure services received through 988 are accessible to, and inclusive of, LGBTQI+ individuals experiencing suicidal ideation or a mental health crisis.

Short Term Respite Care is available through the Serious Emotional Disturbance (SED) Waiver and provides temporary direct care and supervision for the participant. The primary purpose is to provide relief to the parents or caregivers of a participant with a serious emotional disturbance. Short Term Respite Care can be provided in the participant's home or place of residence or provided in other community settings including Licensed Family Foster Homes, Licensed Emergency Shelters, and Out-Of-Home Crisis Stabilization Houses/Units/Beds.

One of the elements of the best practice of the Crisis Call Service in the SAMHSA toolkit, census management, is in transition as KDADS seeks a new approach to a real-time bed count. Plans are in place to implement an Electronic Health Record (EHR) system within the State Hospitals. This EHR will eventually link to the EHR systems of providers so that a real-time bed count will be accessible and available to KDADS and providers. We plan to have EHRs fully implemented at the State Hospitals by the end of 2024. Kansas is in the process of building a new State Hospital in Wichita, Kansas (Sedgwick County). Construction began in January 2024 with a tentative timeline for completion in the fall of 2026, opening for admissions in January 2027.

Kansas has provisionally or fully certified all 26 CMHCs as CCBHCs. The availability of 24/7 mobile crisis response is a requirement of CCBHCs. To certify, a CMHC must have a plan to implement 24/7 mobile crisis response teams. Stabilization services in Kansas are called Crisis Stabilization Units (CSU). With the support of Kansas legislation, 9 CSUs are fully operational and located in Hays, Kansas City, Salina, Manhattan, Topeka, Wichita, Leavenworth, Dodge City and Lawrence. The development and expansion of CSUs is ongoing with one program under development in Pittsburg. All CSUs are under the management of the Community Mental Health Centers (CMHC) throughout the state and serve the catchment areas of the CMHCs. Kansas has also currently approved regulations for Crisis Intervention Centers (CIC). Currently the CSU program in Lawrence and a new program in Newton for CIC are undergoing licensing as a CIC and are currently providing CSU services. The CSU in Topeka is in the process of developing CIC capability and all the CSU are being encouraged to develop CIC capacity in the future. The size of the CSUs and services vary but the scope of work and outcomes reporting is uniform throughout the CSUs as established by the grant agreements with the CMHCs. The goal of CSU programs is to stabilize individuals, improve psychological symptoms of distress, and engage the individual earlier in the mental health or substance use crisis. Service delivery at CSUs is based on Recovery Oriented Systems of Care, Strengths Based Case Management

principles, and Trauma Informed Care practices. Each of the CSUs have rapid drop-off and walk in availability, provide immediate triage, timely assessment, short term stabilization recliners or beds, (up to 23 hours). Participants are provided therapeutic services meeting physical and mental health needs, medication assessment, discharge planning and referral. When needed, participants may be provided with longer-term stabilization stays. Longer term placement is usually 3 to 5 days, but some stabilization centers may provide up to 14 days of stabilization services. The CSU programs also provide sobering beds with peer support services for up to 23 hours and some provide availability of social detox or referral to social detox placement.

Carelon Behavioral Health also manages Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRSBG) services. As the current Administrative Services Organization (ASO) for Kansas, Carelon Behavioral Health manages: 1) Statewide substance use treatment services for individuals identified with a Substance Use Disorder who meet SUPTRSBG treatment fund eligibility, 2) Problem Gambling treatment (funded through legislative mandate with a percentage of state lottery funds, sports betting, and casino revenue), 3) Treatment for Third and Subsequent DUI Clients (funded through legislative statute by drug and alcohol fee funds to sustain the program), 4) the Help Line for SUD and Problem Gambling (PG) Treatment services and 5) State Opioid Response grant treatment and recovery support funds. To continue to address the Opioid and Stimulant crisis in Kansas, the Kansas Department for Aging and Disability Services has been awarded SOR funding and has applied for additional SOR funding. If awarded, the grant will continue to provide access to medication-assisted treatment to reduce unmet treatment needs and to reduce overdose deaths for Kansans with opioid use disorder and/or stimulant use disorder. Strategies and interventions will focus on evidence-based prevention, treatment and recovery support services. The focus will be on illicit use of prescription opioids, heroin, fentanyl and fentanyl analogs as well as psychostimulants.

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

- a) The **Exploration** stage: is the stage when states identify their communities' needs, assess organizational capacity, identify how crisis services meet community needs, and understand program requirements and adaptation.
- b) The **Installation** stage: occurs once the state comes up with a plan and the state begins making the changes necessary to implement the crisis services based on the 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 implemented 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.

Other program implementation data that characterizes crisis services system development.

- 1. Someone to talk to: Crisis Call Capacity
 - a. Number of locally based crisis call Centers in state
 - i. In the 988 Suicide and Crisis 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 BH related
- 2. Someone to respond: Number of communities that have mobile behavioral health crisis mobile capacity (in comparison to the total number of communities)
 - a. Independent of first responder structures (police, paramedic, fire)
 - b. Integrated with first responder structures (police, paramedic, fire)
 - c. Number that employs peers
- 3. Safe place to go or to be:
 - a. Number of Emergency Departments
 - b. Number of Emergency Departments that operate a specialized behavioral health component
 - c. Number of Crisis Receiving and Stabilization Centers (short term, 23-hour units that can diagnose and stabilize individuals in crisis)

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

	Exploration Planning	Installation	Early Implementation Less than 25% of counties	Partial Implementation About 50% of counties	Majority Implementation At least 75% of counties	Program Sustainment
Someone to talk to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Someone to respond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe place to go or to be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Briefly explain your stages of implementation selections here.

Someone to talk to: We have 5 National Suicide Prevention Lifeline (NSPL) Certified call centers and 1 that should be certified by 2025.
 Someone to respond: Kansas has provisionally or fully certified all 26 CMHCs as CCBHCs. The availability of 24/7 mobile crisis response is a requirement of CCBHCs. To certify, a CMHC must have a plan to implement 24/7 mobile crisis response teams. We have 16 grant funded mobile

crisis teams across the state in various Community Mental Health Center (CMHC) service areas. We are working with our CMHCs to expand their teams.

Safe place to go or to be: We currently have 8 CMHCs/CCBHCs who operate CSUs. These CMHCs/CCBHCs have services areas covering 50 of the 105 counties in Kansas. A ninth CMHC/CCBHC plans to open their CSU in September and their service area include one county. Regulations for CICs have been approved. KDADS Licensing is working complete their procedure for this licensing process. 3 CSUs are currently equipped to become CICs with 2 more in process. We are encouraging all CSUs to become licensed as CICs.

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

Kansas is following SAMHSA's National Guidelines for Behavioral Health Crisis Care closely in the development of our system. Kansas is working toward a no-wrong-door integrated system of care to include all the core elements laid out in these Guidelines. Kansas continues to support the efforts of the existing 5 988 call centers and is open to expansion of these centers to ensure access to care for all Kansans. Expansion of CCBHCs is an essential aspect of ensuring Kansans have "Someone to respond" in their time of crisis, in person and in a timely manner. The continued development of CSUs and CICs will allow for a "safe place to go or to be" when Kansans find themselves in need of crisis services. Kansas is committed to ensuring the inclusion and promotion of peer support throughout the crisis care continuum.

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

In addition to the preexisting Director of Crisis Services, 988 Coordinator, and Mobile Crisis Response Coordinator, Kansas has hired IDD Crisis Stabilization Coordinator, 988 Data Evaluator, Justice Involved Services Coordinator to support the development of crisis care services. These coordinator positions work to expand and enhance crisis services across the state to develop a robust crisis continuum of care.

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

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Footnotes:

Environmental Factors and Plan

21. State Planning/Advisory Council and Input on the Mental Health/Substance use disorder 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 SUPTRS BG, SAMHSA is recommending that states expand their Mental Health Advisory Council to include substance misuse prevention, SUD treatment, and recovery representation, referred to here as 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, SUD treatment, and recovery advisory council to ensure that the council reviews issues and services for persons with, or at risk, for substance misuse and SUDs. To assist with implementing a PC, SAMHSA has created [Best Practices for State Behavioral Health Planning Councils: The Road to Planning Council Integration](#).¹

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.

¹<https://www.samhsa.gov/grants/block-grants/resources> [samhsa.gov]

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? Attach supporting documentation (e.g. meeting minutes, letters of support, etc.)

The Kansas Governor's Behavioral Health Services Planning Council (GBHSPC) is notified by several mechanisms including Full Council and Subcommittee meetings, as well as, by e-mail that the Block Grant Application is out and actively being worked on. The GBHSPC and subcommittees in Kansas are an active participant in drafting the response. The Council is also notified when the Application is out for public comment. More information can be found in the documentation (binder) attached to this section. The letter signed by the Chair of the Planning Council is also attached.

2. What mechanism does the state use to plan and implement community mental health treatment, substance misuse prevention, SUD treatment, and recovery support services?

Kansas utilizes several Subcommittees of the Governor's Behavioral Services Planning Council to plan and implement community mental health treatment, substance misuse prevention, SUD treatment, and recovery support services. Governor's Behavioral Health Service Planning Council (GBHSPC) Prevention Subcommittee. The Prevention Subcommittee serves as a broad voice for behavioral health to provide feedback and guidance related to KDADS BHS prevention initiatives. The group developed and is currently updating the Kansas Behavioral Health Prevention Plan a statewide plan to address behavioral health prevention. Several workgroups exist within the Subcommittee. In 2019, Kansas created the Evidence-Based Strategies Workgroup (EBSW) whose purpose is to support Kansans through promoting the use of evidence-based strategies to better integrate promotion, prevention, treatment, and recovery services. Following the Center for Substance Abuse Prevention's (CSAP's)/Substance Abuse Mental Health Services Administration's (SAMHSA's) criteria of evidence-based, the workgroup developed an EBS Matrix of effective and comprehensive prevention strategies as a resource to prevention stakeholders. This matrix offers a blend of environmental strategies and curricula-based prevention education programs that allow coalitions to 1) Distinguishing proven programs from those without evaluated effectiveness, 2) Comparing program costs and benefits to calculate return on investment, 3) Prioritize funds, 3) Help implement and expand proven approaches, 4) Sustain support for evidence-based policymaking.

Kansas Citizen's Committee on Alcohol and other Drug Abuse (KCC.) The Kansas Citizen's Committee on Alcohol and other Drug Abuse is another subcommittee of the Governor's Behavioral Health Services Planning Council. The subcommittees generate recommendations for the Council, the Secretary of KDADS, and the Governor regarding the Behavioral Health System of Kansas. Once a year, they report these recommendations to the Council body, as well as, the Secretaries of relevant state agencies. The Kansas Citizen's Committee on Alcohol and Other Drug Abuse (KCC) bylaws require the membership to constitute a representative cross-section and shall take race, ethnicity and gender into consideration. The KCC has made recommendations in their annual report to the Secretary for a loan forgiveness program to help recruit a more diversified workforce. The Kansas Citizen's Committee also functions as the Quality Committee for KDADS substance use disorder treatment data submitted by the health plans to the State for Medicaid and the Block Grant.

The Peer Subcommittee. The Peer Subcommittee is comprised of Kansas Certified Peers from all three certification tracks: Peer Specialist (Mental Health Recovery), Peer Mentor (Substance Use Recovery), and Parent Peer.

Different organizational types are represented by Certified Peers including several SUD treatment providers and Certified Community Behavioral Health Clinics. The mission of the Peer Subcommittee is "To provide engagement, feedback, guidance, and advocacy at the State level for related peer support education and professional development of the peer support workforce. To identify system changes by addressing barriers and needs at the State, regional, and community level to promote recovery."

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

4. 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

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

In Kansas, the Governor's Behavioral Health Services Planning Council (GBHSPC) fulfills the Mental Health Block Grant mandate that all states have a mental health services planning and advisory council. The Council is made up of a cross-section of people in recovery, family members, behavioral health service providers, state agency staff, and private citizens. The Council is actively involved in planning, implementing, monitoring, evaluating, and advising state government regarding Kansas' behavioral health services.

The mission of the Governor's Behavioral Health Services Planning Council is to partner to promote prevention, treatment, and recovery services to ensure Kansans with behavioral health needs live safe, healthy, successful, and self-determined lives in their communities. The values of the GBHSPC are that prevention, treatment, and recovery services:

- Allow people to direct their care and treatment;
- Are respectful and empowering;
- Are effective and influenced by evidence-based practices that lead to a personal process of recovery and resilience; and
- Are integrated, flexible, and accessible.

SAMHSA was onsite in May 2018 for a 10-year comprehensive onsite review. The SAMHSA Lead on the Review indicated onsite that Kansas has one of the best Planning councils in the country.

There are several subcommittees of the GBHSPC in Kansas: 1) Children's 2) Housing and Homelessness 3) Justice Involved Youth and Adults 4) Kansas Citizen's Committee on Alcohol and Other Drug Abuse 5) Prevention 6) Rural and Frontier 7) Service Members, Veterans, and Family Members 8) Evidence-Based Practices 9) Problem Gambling 10) Tobacco and 11) Peer.

Each of the Council's Subcommittees includes at least one member of the council and various other interested stakeholders, including people in recovery and family members. KDADS Behavioral Health Services (BHS) staff serve as liaisons and support to the subcommittees. The Subcommittees generate recommendations for the Council, the Secretary of KDADS, and the Governor regarding the Mental Health System of Kansas. Once a year, they report these recommendations to the Council body, as well as the Secretaries of relevant state agencies. The subcommittees review draft sections of the Block Grant Application and provide written feedback to the State.

Subcommittee Reports and Recommendations. The GBHSPC's annual subcommittee's charter, bylaws and reports can be found on the KDADS website at this link: <https://www.kdads.ks.gov/commissions/behavioral-health/gbhspc>. For more information, please click on the embedded subcommittee links to expand.

Kansas Citizen's Committee on Alcohol and Other Drug Abuse (KCC). The Kansas Citizen's Committee on Alcohol and Other Drugs has been in existence for many years and is statutorily required. K.S.A. 75-5381 reads, "It shall be the duty of the Kansas Citizens' Committee on Alcohol and Other Drug Abuse to confer, advise, and consult with the Secretary of the Kansas Department for Aging and Disability Services Behavioral Health or their designee with respect to the powers, duties, and functions imposed upon the Secretary under K.S.A.'s 65-4006, 75-4007, and 75-5375." The purpose of this Committee is to be an advisory council for Substance Use Treatment, Prevention, Problem Gambling services, and Recovery Oriented Systems of Care in Kansas.

The Kansas Citizen's Committee also functions as the Quality Committee for KDADS substance use disorder treatment data submitted by the health plans to the State for Medicaid and the Block Grant.

Children's subcommittee: The Children's subcommittee is dedicated to maintaining the community-based family driven values of the Kansas children's public mental health system of care. The subcommittee makes recommendations to improve the Kansas public mental health system and ensure the needs of children and families are met. In the subcommittee's 2021-2022 goals for work they considered many possible topics and areas of inquiry and research including workforce concerns, impact of COVID, gaps in services, data needs and gaps, child and caregiver engagement, and coordination of our work with other subcommittees and groups. Ultimately, three topics were selected for goal focus: Children with Dual Diagnoses, KS Kids Map, Continuum of Care & Parent and Community Engagement.

Housing and Homelessness subcommittee (HHS)

The Housing and Homelessness Subcommittee (HHS) focuses on helping adults experiencing severe and persistent mental illness and children diagnosed with severe emotional disturbance and their families obtain and maintain safe, decent, affordable, and permanent housing. The HHS acts as the body in Kansas who offers guidance and recommendations to the Governor's Behavioral Health Services Planning Council and to KDADS, so they can effectively exercise leadership in this arena.

Justice Involved Youth and Adult subcommittee

The Governor's Behavioral Health Services Planning Council's Justice Involved Youth and Adult Subcommittee is a group of stakeholders and forensic professionals charged with examining pertinent issues in Kansas as they pertain to the justice involved population. The Justice Involved Youth and Adult Subcommittee prioritizes its goals and activities around transforming mental health policies, programs, and funding that address jail diversion, access to timely and appropriate services while incarcerated, and reentry.

Rural and Frontier Subcommittee

The Rural & Frontier Subcommittee is a group of mental health stakeholders who collaborate through research to statistically understand and promote accessibility and availability of mental health services in frontier and rural Kansas counties, as defined by KDHE's frontier (less than 6 people per square mile) through urban continuum. Through the statewide adoption of the KDHE definition of the frontier through urban continuum, [the committee] assures accessibility/availability of mental health services in frontier/rural Kansas counties. The vast majority of all Americans living in underserved, rural and remote rural areas experience disparities in mental health services. Rural issues are often misunderstood, minimized and not considered when forming mental health policy.

Kansas consists of 105 counties with population density classifications in Kansas, by County, for 2019 as illustrated in the map from the Kansas University Institute for Policy & Social Research: (<http://www.ipsr.ku.edu/ksdata/ksah/population/popden2.pdf>).

Service Members Veterans and Families (SMVF) subcommittee

The SMVF subcommittee's mission is to ensure that veterans, service members and their families are involved in developing recommendations to improve access to behavioral health services which are relevant to military culture in collaboration with key provider organizations and other stakeholders.

Prevention subcommittee

The Prevention Subcommittee serves as a broad, representative voice for behavioral health as it relates to prevention of a range of health and behavior issues, including but not limited to, suicide prevention, behavioral health promotion and substance use disorder across the lifespan. The Prevention Subcommittee will serve as the Advisory Council for Kansas Behavioral Health Prevention Initiatives and will provide feedback and guidance to the Governor's Behavioral Health Services Planning Council. The Subcommittee is currently making updates to the Kansas Behavioral Health Prevention Plan. The Subcommittee uses the Strategic Prevention Framework (SFP) to guide the data-driven selection of behavioral health priorities for the State using the comprehensive Kansas Behavioral Health Profile.

Evidence-Based Practices subcommittee

The Evidence Based Practices (EBP) Subcommittee goal is to provide a framework:

- for learning from other Council Subcommittee representatives, state stakeholders, providers, consumers, and family members for which EBPs or other measurement-based modes of care are creating positive outcomes for consumers
- for sustainable technical assistance to providers so they can deliver the best practices (evidence-based practices with fidelity) chosen by the consumer
- for providers to become efficient and effective in person-centered, value-based care provision
- for providers in measuring the value of care provision from the standpoint of structure, process, and impact of care provision
- Managed Care Organizations (MCO) support of training and fidelity review for their provider network as required by their contracts

Problem Gambling

Kansas has experienced a renaissance in legalized gambling beginning in 1987 with the launch of the Kansas Lottery, the opening of four tribal casinos in the late 1990s, and the 2007 Kansas Expanded Lottery Act which authorized the Lottery to own and operate gaming in four destination casinos. These casinos opened over time from 2009-2017.

Based on national prevalence rates of disordered gambling, there are an estimated 60,000 problem gamblers (2.8% of the adult population) and 24,400 pathological gamblers (1.14% of the adult population) in Kansas. The 2.8% of the problem gamblers have mild or moderate gambling problems; that is, they do not meet the full diagnostic criteria for gambling addiction but meet one or more of the criteria and are experiencing problems due to their gambling behavior.

Problem gambling is not well understood by the general public, including members of helping professions, parents, gaming industry line employees, and others. Experts in the problem gambling field note significant barriers to successfully implementing programs to mitigate gambling related harm. These include stigma that problem gambling is less harmful than substance abuse and other problem behaviors; perception that children do not gamble; beliefs that problem gambling is a moral weakness rather than a valid psychiatric condition; etc. Therefore, efforts to address problem gambling take on greater importance within the current context of expanding gambling opportunities combined with poor societal awareness of problem gambling, and an under-developed system to reduce gambling related harm.

The following outlines the purpose, guiding principles, mission, vision, values, and membership the sub-committee will use to direct their work. It will be central to their purpose to monitor, review, and evaluate the allocation of funding and adequacy of

services within Kansas.

The Purpose: Kansas state agencies, private entities, consumers, the statewide problem gambling coalition, and problem gambling task forces will partner together to evaluate data and other research to guide policy directed at reducing problem gambling/gaming, and the impact on individual and community health.

The Guiding Principles:

The Vision: All Kansans will be free from the impact of problem gambling.

The Mission: The public health of Kansans will be supported through a comprehensive system of services to address problem

gambling and the co-occurrence with other addictions. The Values: (how)

- Adhere to the legislative intent of the Problem Gambling and other Addictions Fund to ensure problem gambling programs receive adequate funding to address prevention, treatment, research, and evaluation.
- Create a system of care that is customer/community centered, outcome driven and comprised of a highly competent workforce focused on best practices.
- Develop and implement research-based prevention and treatment strategies that address problem gambling and the co-occurrence with other addictions.
- Reduce the impact of problem gambling by providing resources that uphold prevention, treatment, and service efficacy.
- Infuse problem gambling language into all behavioral health programs and services Membership:

The Problem Gambling Sub-Committee shall include representation from prevention, treatment and other behavioral health entities potentially impacted by or who may have a vested interest in the community impact of gambling/gaming.

Tobacco Subcommittee

The Tobacco Subcommittee was established to elevate key recommendations to the Governor's Behavioral Health Services Planning Council, for State agencies and legislators to consider, that will increase evidence-based tobacco treatment for people with behavioral health conditions in Kansas.

The Charter document will be reviewed annually by the Subcommittee, with amendments documented at the end. The current objectives include:

1. Increase access to evidence-based treatment for individuals with mental illness and substance use disorders, especially for Medicaid beneficiaries.
2. Expand insurance coverage and increase utilization of insurance for tobacco dependence treatment.
3. Create statewide policy and culture change to support tobacco prevention and treatment in substance use, mental health, and primary care settings.
4. Support behavioral health and primary care providers in adopting and implementing the Kansas Tobacco Guideline for Behavioral Health Care.
5. Increase the number of behavioral health and primary care providers who are actively engaged in providing tobacco cessation treatment.
6. Support school and youth community-based tobacco prevention programs and legislation

Peer Support Subcommittee

The Peer Support Subcommittee (PSSC) brings together members from various sectors across Kansas who are providing or are utilizing peer support services for SUD, Mental Health, and Parent Support. The primary membership are persons with lived experience and those who are involved in the delivery of the supervision of services, training and education for peer professionals. The PSSC serves as the content experts on advising the GBHSPC, the leadership of KDADS and the Kansas Legislature on the development and expansion of peer delivered services in Kansas. The PSSC brings recommendations on issues such as policy regarding peer services delivery. The PSSC will provide recommendations for plans affecting the expansion and development of peer services in behavioral health treatment programs for adults and children, as well as recovery support both pre and post treatment. The PSSC will advise on education and training for certification requirements and professional development. The PSSC will recommend policies and procedures for needed support structures in the profession such as an Ethics Review Panel for oversight of complaints related to alleged code of conduct violations, providing support and guidance to determine recommended actions needed for ethical professional development including effect on certification in coordination with KDADS. The PSSC serves the GBHSPC by providing recommendations for persons with lived experience to participate as members of other subcommittees or to serve as speakers to share life experiences in accessing services to the full GBHSPC. The PSSC serves to strengthen collaboration and partnerships to ensure alignment of processes and outcomes, and to increase and address the effectiveness of State and local Peer Support services and concerns. The PSSC serves as the Advisory Council for Kansas behavioral health Peer Support initiatives. The PSSC has a broad, representative voice as it relates to a range of behavioral health concerns, including but not limited to Peer Support services for whole-person wellness and recovery. The guiding mechanism for the work associated with this charter is comprised of five distinct phases: assessment, capacity building, planning, implementation, and evaluation.

Peer Support Subcommittee 2024 Goals and Initiatives

- 1) Continue to recruit members to gain 24 active members as stated in our Charter.
- 2) Collaborate with and support other Sub Committee's to gain information and knowledge to continue to build the foundation of the PSSC.

3) Begin to assemble work groups to focus on continuing education, ethics review and professional development.

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

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Footnotes:

August 16, 2024

To Whom It May Concern,

During the past year, the Kansas Governor's Behavioral Health Service Planning Council (GBHSPC) has continued to focus on ensuring that Behavioral Health Services are integrated and meet the needs of Kansas children, adults, and their families who are experiencing mental health, addictions, and co-occurring disorders. GBHSPC members continue to participate in subcommittees and task forces. Currently, the GBHSPC has eleven active subcommittees. The subcommittees are Housing and Homelessness, Justice Involved Youth and Adults, Tobacco, Prevention, Children's, Rural and Frontier, Service Members Veterans and Families, Evidence Based Practice, Problem Gambling and Gaming, Peer Support, and the Kansas Citizen's Committee on Alcohol and Drugs (KCC). The KCC is a unique subcommittee in that it is established under its own Kansas statute with the purpose to review the substance use disorders service system in Kansas and advise the Secretary on issues and needs for services.

As additional support for recommendations in mental health and substance use disorder programs and recovery services in Kansas with oversight reviews and recommendations for the Block Grant in Kansas, the GBHSPC will be adding an additional subcommittee this year. The new subcommittee will be the Aging Populations.

Each of the Subcommittees provided their yearly reports and recommendation to the Secretary and Leadership team of the Kansas Department for Aging and Disability Services. The reports from 2023 are now available on the Behavioral Health Commission Website. Reports from 2024 will be posted after presentation to the Secretary in October 2024.

The past reports from the subcommittees have served as a vital source of information and for the development of recommendations for several special government taskforces in the past years. The reports were utilized by the Kansas Legislature's Mental Health Modernization legislative committee for development of a ten-year planning recommendation to the legislature. The 2024 reports from the GBHSPC subcommittee very important for the legislatures in the 2025 year as this year the total legislative body is up for reelection and some of the current legislatures are not running for office again. The new reports will be used to educate the new legislature members on the behavioral health system in Kansas and the needs for supporting Behavioral Health for the citizens they serve as elected officials in the 2025 session.

This letter is confirmation that the Kansas FFY2025 Combined Substance Use Prevention Treatment Recovery Services Block Grant (SUPTRS-BG) and Mental Health Block Grant (MHBG) Application has been reviewed and approved by the Kansas Governor's Behavioral Health Service Planning Council (GBHSPC).

Sincerely,

A handwritten signature in black ink, appearing to read "S. Cole".

Sherman Wes Cole
Chair, Governor's Behavioral Health Services Planning Council

Environmental Factors and Plan

Advisory Council Members

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

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

Start Year: 2025 End Year: 2026

Name	Type of Membership*	Agency or Organization Represented	Address,Phone, and Fax	Email(if available)
Dr. Jane Adams	Family Members of Individuals in Recovery (to include family members of adults with SMI)		3926 SW 6th Stret Topeka KS, 66607 PH: 785-233-8732	jadams@keys.org
Charles Bartlett	State Employees		503 Topeka KS, 66603 PH: 785-368-6291 FX: 785-296-0256	charles.bartlett@ks.gov
Jeff Butrick	State Employees		KS, PH: 785-230-5259	jeff.butrick@ks.gov
Sherman (Wes) Cole	Others (Advocates who are not State employees or providers)		937 Walnut Osawatomie KS, 66064 PH: 913-755-3655	scole@micoks.net
Daniel Decker	State Employees		555 S. Kansas Ave Topeka KS, 66612 PH: 785-368-7143	daniel.decker@ks.gov
Kristin Feedback	Family Members of Individuals in Recovery (to include family members of adults with SMI)		14031 Birch Street Overland Park KS, 66224 PH: 620-212-5082	kfeedback@comcare1.org
Ashley Grill	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		KS,	ashleygrill@yahoo.com
James Jones	Persons in recovery from or providing treatment for or advocating for SUD services		402 Capitol Avenue Kinsley KS, 67547 PH: 620-225-0476	jimmyj38@hotmail.com
Christina Mayer	Providers		101 Peach Street Eudora KS, 66025 PH: 785-766-1498	cmayer@dcca.org
Amber McMurray	Parents of children with SED		PO Box 217 Dighton KS, 67839	ambermcstan@gmail.com
Ericka Nickelson	Parents of children with SED		322 Grant Street Quinter KS, 67752	erika.jean.gillespie@gmail.com
Stephanie Salisbury	Family Members of Individuals in Recovery (to include family members of adults with SMI)		500 E. Maple Coldwater KS, 67029 PH: 785-580-8698	stephaniesalisbury@outlook.com

Fran Seymour-Hunter	State Employees		900 SW Jackson Ste. 900 Topeka KS, 66612 PH: 785-296-2212	fran.seymour-hunter@ks.gov
Rodney Shepard	Persons in recovery from or providing treatment for or advocating for SUD services		1 South Washington St. Emporia KS, 66801	rodneys@cornerhouseinc.org
Cindy Sherlock	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		31958 W. 391st Street Osawatomie KS, 66064 PH: 913-755-7199	cindy.sherlock@ks.gov
Brenda Soto	State Employees		555 S. Kansas Ave Topeka KS, 66612 PH: 785-250-2741	brenda.soto@ks.gov
Guy Steier	Others (Advocates who are not State employees or providers)		KS,	judges@12d.org
Dr. Mark Thompson	State Employees		636 Grand Ave Clyde KS, 66938	
Dr. Sherrie Vaughn	Others (Advocates who are not State employees or providers)		501 Jackson Street Number 400 Topeka KS, 66601 PH: 800-539-2660	svaughn@namikansas.org
Douglas Wallace	Providers		611 S Kansas Ave Ste 300 Topeka KS, 66603 PH: 785-217-2001	dwallace@kshousingcorp.org
Jancita Warrington	Representatives from Federally Recognized Tribes		Topeka KS, 66612 PH: 785-296-1904	jancita.warrington@ks.gov

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

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Footnotes:

State Education Agency- Dr. Mark Thompson

State Vocational Rehabilitation Agency- Daniel Decker

State Criminal Justice Agency- Jeff Butrick

State Housing Agency- Douglas Wallace

State Social Services Agency- Brenda Soto (Department for Children and Families)

State Health (MH) Agency- Charles Bartlett

State Medicaid Agency- Fran Seymour-Hunter

Environmental Factors and Plan

Advisory Council Composition by Member Type

Start Year: 2025 End Year: 2026

Type of Membership	Number	Percentage of Total Membership
Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)	2	
Family Members of Individuals in Recovery (to include family members of adults with SMI)	3	
Parents of children with SED	2	
Vacancies (individual & family members)		
Others (Advocates who are not State employees or providers)	3	
Total Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services), Family Members and Others	10	55.56%
State Employees	6	
Providers	2	
Vacancies		
Total State Employees & Providers	8	44.44%
Individuals/Family Members from Diverse Racial and Ethnic Populations		
Individuals/Family Members from LGBTQI+ Populations		
Persons in recovery from or providing treatment for or advocating for SUD services	2	
Representatives from Federally Recognized Tribes	1	
Youth/adolescent representative (or member from an organization serving young people)	0	
Total Membership (Should count all members of the council)	21	

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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:

<https://kdads.ks.gov/kdads-commissions/behavioral-health/substance-abuse-and-mental-health-services-administration-block-grant>

If yes for the previous plan year, was the final version posted for the previous year? Please provide that URL:

<https://kdads.ks.gov/kdads-commissions/behavioral-health/substance-abuse-and-mental-health-services-administration-block-grant>

c) Other (e.g. public service announcements, print media) Yes No

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

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Footnotes:

Posted for public comment on the KDADS website from 08/x/24 to 08/x/24.
Public comment can be found in the attached binder.

Environmental Factors and Plan

23. Syringe Services Program (SSP) - Required if planning for approved use of SUBG Funding for SSP in FY 25

Planning Period Start Date: 7/1/2024 Planning Period End Date: 6/30/2025

Narrative Question:

The Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) 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, 2018³.

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 SUPTRS BG to fund elements of an SSP other than to purchase sterile needles or syringes. States interested in directing SUPTRS BG 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 SUPTRS BG 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 SUPTRS BG funds available to either one or more entities to establish elements of a SSP or to establish a relationship with an existing SSP. States should keep in mind the related PWID SUPTRS BG authorizing legislation and implementing regulation requirements when developing its Plan, specifically, requirements to provide outreach to 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 centers⁴. SAMHSA funds cannot be supplanted, in other words, used to fund an existing SSP so that state or other non-federal funds can then be used for another program.

In the first half of calendar year 2016, the federal government released three guidance documents regarding SSPs⁵: These documents can be found on the Hiv.gov website: <https://www.hiv.gov/federal-response/policies-issues/syringe-services-programs>

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

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.

End Notes

¹ 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 SUPTRS BG 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 SUPTRS BG 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 SUPTRS BG funds **only** and is consistent with guidance issued by SAMHSA.

² Section 1931(a)(1)(F) of Title XIX, Part B, Subpart II of the Public Health Service (PHS) Act (42 U.S.C. § 300x-31(a)(1)(F)) and 45 CFR § 96.135(a) (6) explicitly prohibits the use of SUPTRS BG funds to provide PWID with hypodermic needles or syringes so that such persons may inject illegal drugs unless the Surgeon General of the United States determines that a demonstration needle exchange program would be effective in reducing injection drug use and the risk of HIV transmission to others. On February 23, 2011, the Secretary of the U.S. Department of Health and Human Services published a notice in the [Federal Register](#) (76 FR 10038) indicating that the Surgeon General of the United States had made a determination that syringe services programs, when part of a comprehensive HIV prevention strategy, play a critical role in preventing HIV among PWID, facilitate entry into SUD treatment and primary care, and do not increase the illicit use of drugs.

³ 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)

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

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

Section 1928(a) of Title XXI, Part B, Subpart II of the PHS Act (42 U.S.C. 300x-28(c)) and 45 CFR 96.132(c) requires states to ensure that substance 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.

⁵ ***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.

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Footnotes:

Due to statutory restrictions, Kansas does not have any needle exchange programs.

Environmental Factors and Plan

Syringe Services Program (SSP) Information – Table A - Required if planning for approved use of SUBG Funding for SSP in FY 25

Planning Period Start Date: 7/1/2024 Planning Period End Date: 6/30/2025

Syringe Services Program (SSP) Agency Name	Main Address of SSP	Planned Dollar Amount of SUBG Funds to be Expended for SSP	SUD Treatment Provider (Yes or No)	# of locations (include any mobile location)	Naloxone Provider (Yes or No)
No Data Available					

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Footnotes:

Due to statutory restrictions, Kansas does not have any needle exchange programs.