

I: State Information

State Information

Plan Year

Start Year:

2014

End Year:

2015

State SAPT DUNS Number

Number

Expiration Date

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

Agency Name

Organizational Unit

Mailing Address

City

Zip Code

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

First Name

Last Name

Agency Name

Mailing Address

City

Zip Code

Telephone

Fax

Email Address

State CMHS DUNS Number

Number

806418257

Expiration Date

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

Agency Name

Division of Mental Health and Addiction Services

Organizational Unit

Office of Planning, Research, Evaluation, Information Systems and Technology

Mailing Address

222 South Warren Street, 4th Floor, Capital Place One, PO Box 700

City

Trenton

Zip Code

08625-0700

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

First Name

Suzanne

Last Name

Borys

Agency Name

Division of Mental Health and Addiction Services

Mailing Address

222 South Warren Street, 4th Floor, Capital Place One, PO Box 700

City

Trenton

Zip Code

08625-0700

Telephone

609-984-4050

Fax

609-341-2317

Email Address

Suzanne.Borys@dhs.state.nj.us

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

From

To

IV. Date Submitted

NOTE: this field will be automatically populated when the application is submitted.

Submission Date

3/28/2014 9:27:03 AM

Revision Date

4/23/2014 9:17:14 AM

V. Contact Person Responsible for Application Submission

First Name

Helen

Last Name

Staton

Telephone

609-633-8781

Fax

609-341-2317

Email Address

helen.staton@dhs.state.nj.us

Footnotes:

MHBG Contact and State Mental Health Planner - Donna Migliorino, Phone 609-777-0669, Fax 609-341-2319,
Donna.Migliorino@dhs.state.nj.us
Children's Mental Health Planner - Geri Dietrich, Phone 609-888-7191, Fax 609-292-3743, Geri.Dietrich@dcf.state.nj.us
National Treatment Network Representative - Vicki Fresolone, Phone 609-777-0750, Fax 609-241-2312, Vicki.Fresolone@dhs.state.nj.us
National Prevention Network Representative - Donald Hallcom, Phone 609-984-4049, Fax 609-241-2315, Donald.Hallcom@dhs.state.nj.us



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES
222 SOUTH WARREN STREET
PO Box 700
TRENTON, NJ 08625-0700

CHRIS CHRISTIE
Governor

JENNIFER VELEZ
Commissioner

KIM GUADAGNO
Lt. Governor

LYNN A. KOVICH
Assistant Commissioner

March 11, 2014

Ms. Virginia Simmons
Grants Management Officer
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road, Room 7-1109
Rockville, MD 20850

Re: 2015 SAPT and CMHS Block Grant Combined Application

Dear Ms. Simmons:

The State of New Jersey is pleased to submit the Fiscal Year 2015 Substance Abuse Prevention and Treatment (SAPT) and Community Mental Health Services (CMHS) Block Grant combined application. Our combined application has been submitted online through the Web-Based Block Grant Application System. Enclosed are the signed originals of the necessary Certifications, Assurances, and Funding Agreements.

Please contact me if you have any questions as I have been designated by the Governor with the signatory power and authority for the SAPT and CMHS Block Grant and recognized as the Single State Authority for Substance Abuse and the State Mental Health Authority. A copy of my designation letter is enclosed. I can be reached at (609) 777-0702.

Sincerely,

Lynn A. Kovich
Assistant Commissioner

Enclosures



State of New Jersey

OFFICE OF THE GOVERNOR
PO Box 001
TRENTON, NJ 08625-0001

CHRIS CHRISTIE
Governor

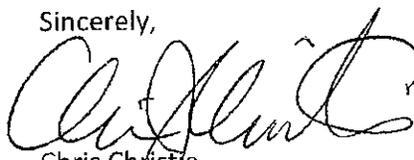
February 14, 2012

Lynn A. Kovich, Assistant Commissioner
Division of Mental Health and Addiction Services
Department of Human Services
Capital Center, 50 East State Street
PO Box 727
Trenton, NJ 08625-0727

Dear Ms. Kovich:

This letter delegates to you, in your capacity as Assistant Commissioner for the Division of Mental Health and Addiction Services within the New Jersey Department of Human Services, the authority to administer both the Substance Abuse Prevention and Treatment (SAPT) Block Grant and the Community Mental Health Services Block Grant. I specifically delegate to you, as the Assistant Commissioner, on behalf of the State of New Jersey, the authority to sign funding agreements and certifications, provide assurances of compliance to the Secretary of the U.S. Department of Human Services and to perform similar acts relevant to the administration of the SAPT Block Grant until such time as this delegation of authority is rescinded.

Sincerely,



Chris Christie
Governor

c: Virginia Simmons, SAMHSA
Marquitta Duvernay, SAMHSA

I: State Information

Assurance - Non-Construction Programs

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

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

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

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).

14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

Name

Title

Organization

Signature: _____ Date: _____

Footnotes:

I: State Information

Assurance - Non-Construction Programs

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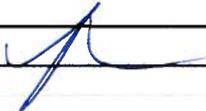
Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

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

Name:
Title:
Organization:

Signature:  Date: 3/11/14

Footnotes:

I: State Information

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 45 CFR Part 76, and its principals:

- a. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- b. have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- c. are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- d. have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion--Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with subgrantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

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 45 CFR Part 76 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).

For purposes of paragraph, regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management
Office of Grants Management

3. Certifications Regarding Lobbying

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

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)

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 sub-awards 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.

Name	Lynn A. Kovich
Title	Assistant Commissioner
Organization	Division of Mental Health and Addiction Services

Signature: _____ Date: _____

Footnotes:

I: State Information

Certifications

1. Certification Regarding Debarment and Suspension

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- b. have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- c. are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- d. have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion--Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with subgrantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

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- 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), (d), (e), and (f).

For purposes of paragraph ? regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management
Office of Grants Management
Office of the Assistant Secretary for Management and Budget

3. Certifications Regarding Lobbying

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

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)

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.

Name	Lynn A. Kovich
Title	Assistant Commissioner
Organization	Division of Mental Health and Addiction Services

Signature: _____

Date: _____

Footnotes:

I: State Information

Chief Executive Officer's Funding Agreements (Form 3) - [SA]

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

Title XIX, Part B, Subpart II of the Public Health Service Act

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

Title XIX, Part B, Subpart III of the Public Health Service Act

Section 1941	Opportunity for Public Comment on State Plans	42 USC § 300x-51
Section 1942	Requirement of Reports and Audits by States	42 USC § 300x-52
Section 1943	Additional Requirements	42 USC § 300x-53

Section 1946	Prohibition Regarding Receipt of Funds	42 USC § 300x-56
Section 1947	Nondiscrimination	42 USC § 300x-57
Section 1953	Continuation of Certain Programs	42 USC § 300x-63
Section 1955	Services Provided by Nongovernmental Organizations	42 USC § 300x-65
Section 1956	Services for Individuals with Co-Occurring Disorders	42 USC § 300x-66

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.

Name of Chief Executive Officer (CEO) or Designee
 Title

Signature of CEO or Designee¹: _____ Date: _____

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

Footnotes:

I: State Information

Chief Executive Officer's Funding Agreements (Form 3) - [SA]

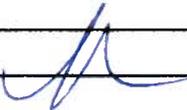
U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administrations
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Section 1955	Services Provided by Nongovernmental Organizations	42 USC § 300x-65
Section 1956	Services for Individuals with Co-Occurring Disorders	42 USC § 300x-66

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Name of Chief Executive Officer (CEO) or Designee
Title

Signature of CEO or Designee¹:  Date: 4/22/14

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

Footnotes:

I: State Information

Chief Executive Officer's Funding Agreements (Form 3) - [MH]

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 I 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 I of the Public Health Service Act

Section	Title	Chapter
Section 1911	Formula Grants to States	42 USC § 300x
Section 1912	State Plan for Comprehensive Community Mental Health Services for Certain Individuals	42 USC § 300x-1
Section 1913	Certain Agreements	42 USC § 300x-2
Section 1914	State Mental Health Planning Council	42 USC § 300x-3
Section 1915	Additional Provisions	42 USC § 300x-4
Section 1916	Restrictions on Use of Payments	42 USC § 300x-5
Section 1917	Application for Grant	42 USC § 300x-6

Title XIX, Part B, Subpart III of the Public Health Service Act

Section 1941	Opportunity for Public Comment on State Plans	42 USC § 300x-51
Section 1942	Requirement of Reports and Audits by States	42 USC § 300x-52
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
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I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart I 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.

Name of Chief Executive Officer (CEO) or Designee

Lynn A. Kovich

Title

Assistant Commissioner

Signature of CEO or Designee¹: _____ Date: _____

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

Footnotes:

I: State Information

Chief Executive Officer's Funding Agreements (Form 3) - [MH]

U.S. Department of Health and Human Services
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Section 1956	Services for Individuals with Co-Occurring Disorders	42 USC § 300x-66

I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart I 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.

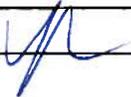
Name of Chief Executive Officer (CEO) or Designee

Lynn A. Kovich

Title

Assistant Commissioner

Signature of CEO or Designee¹:



Date:

3/11/14

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

Footnotes:

I: State Information

Disclosure of Lobbying Activities

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

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

Name	<input type="text" value="Lynn A. Kovich"/>
Title	<input type="text" value="Assistant Commissioner"/>
Organization	<input type="text" value="Division of Mental Health and Addiction Services"/>

Signature: _____ Date: _____

Footnotes:

THIS FORM IS NOT APPLICABLE.

I: 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	Lynn A. Kovich
Title	Assistant Commissioner
Organization	Division of Mental Health and Addiction Services

Signature:  Date: 3/1/14

Footnotes:

THIS FORM IS NOT APPLICABLE.

III: Use of Block Grant Dollars for Block Grant Activities

Table 2 State Agency Planned Expenditures [MH]

Planning Period - From 07/01/2014 to 06/30/2015

Activity (See instructions for using Row 1.)	A. Substance Abuse Block Grant	B. Mental Health Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other
1. Substance Abuse Prevention* and Treatment							
a. Pregnant Women and Women with Dependent Children*							
b. All Other							
2. Substance Abuse Primary Prevention							
3. Tuberculosis Services							
4. HIV Early Intervention Services							
5. State Hospital							
6. Other 24 Hour Care		\$811,126	\$147,430,101		\$109,374,274		
7. Ambulatory/Community Non -24 Hour Care		\$10,831,144	\$94,484,315	\$2,108,160	\$364,410,920		
8. Mental Health Primary Prevention							
9. Mental Health Evidenced- based Prevention and Treatment (5% of total award)		\$648,121					
10. Administration (Excluding Program and Provider Level)		\$672,034	\$1,009,000	\$87,840	\$20,069,000		
11. Total	\$	\$12,962,425	\$242,923,416	\$2,196,000	\$493,854,194	\$	\$

* Prevention other than primary prevention

footnote:

Amount of \$648,121 in row 9, column B is for evidenced-based services for early intervention/prevention of early onset psychoses (5% of total award).

For Adult Behavioral Health services herein, Medical Assistance resources supporting these programs not shown because they are not appropriated to the SMHA.

For Child Behavioral Health services herein, Medical Assistance funding is directly appropriated to DCBHS, as such, expenditures above inclusive of those resources.

III: Use of Block Grant Dollars for Block Grant Activities

Table 4 SABG Planned Expenditures

Expenditure Period Start Date: 10/1/2014 Expenditure Period End Date: 9/30/2016

Expenditure Category	FY 2014 SA Block Grant Award	FY 2015 SA Block Grant Award
1 . Substance Abuse Prevention* and Treatment		\$31,241,552
2 . Substance Abuse Primary Prevention		\$11,584,941
3 . Tuberculosis Services		
4 . HIV Early Intervention Services**		\$2,317,451
5 . Administration (SSA Level Only)		\$1,205,074
6. Total		\$46,349,018

* Prevention other than primary prevention

** HIV Early Intervention Services

footnote:

III: Use of Block Grant Dollars for Block Grant Activities

Table 5a SABG Primary Prevention Planned Expenditures

Expenditure Period Start Date: 10/1/2014 Expenditure Period End Date: 9/30/2016

Strategy	IOM Target	FY 2014		FY 2015	
		SA Block Grant Award		SA Block Grant Award	
Information Dissemination	Universal			\$235,772	
	Selective			\$360,411	
	Indicated			\$414,022	
	Unspecified				
	Total			\$1,010,205	
Education	Universal			\$957,542	
	Selective			\$1,501,455	
	Indicated			\$2,798,530	
	Unspecified				
	Total			\$5,257,527	
Alternatives	Universal				
	Selective			\$130,699	
	Indicated			\$68,875	
	Unspecified				
	Total			\$199,574	
Problem Identification and Referral	Universal				
	Selective			\$76,079	
	Indicated			\$307,906	
	Unspecified				
	Total				

	Total		\$383,985
Community-Based Process	Universal		\$117,885
	Selective		\$214,618
	Indicated		\$305,806
	Unspecified		
	Total		\$638,309
Environmental	Universal		\$4,095,341
	Selective		
	Indicated		
	Unspecified		
	Total		\$4,095,341
Section 1926 Tobacco	Universal		
	Selective		
	Indicated		
	Unspecified		
	Total		
Other	Universal		
	Selective		
	Indicated		
	Unspecified		
	Total		
Total Prevention Expenditures			\$11,584,941
Total SABG Award*			\$46,349,018
Planned Primary Prevention Percentage			25.00 %

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

footnote:

III: Use of Block Grant Dollars for Block Grant Activities

Table 5b SABG Primary Prevention Planned Expenditures

Expenditure Period Start Date: 10/1/2014 Expenditure Period End Date: 9/30/2016

Activity	FY 2014 SA Block Grant Award	FY 2015 SA Block Grant Award
Universal Direct		\$1,676,027
Universal Indirect		\$3,730,513
Selective		\$2,283,262
Indicated		\$3,895,139
Column Total		\$11,584,941
Total SABG Award*		\$46,349,018
Planned Primary Prevention Percentage		25.00 %

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

footnote:

III: Use of Block Grant Dollars for Block Grant Activities

Table 5c SABG Planned Primary Prevention Targeted Priorities

Expenditure Period Start Date: Expenditure Period End Date:

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

footnote:

III: Use of Block Grant Dollars for Block Grant Activities

Table 6a SABG Resource Development Activities Planned Expenditures

Expenditure Period Start Date: 10/1/2014 Expenditure Period End Date: 9/30/2016

Activity	FY 2014 SA Block Grant Award				FY 2015 SA Block Grant Award			
	Prevention	Treatment	Combined	Total	Prevention	Treatment	Combined	Total
1. Planning, Coordination and Needs Assessment					\$517,584	\$1,662,302		\$2,179,886
2. Quality Assurance						\$2,154,235		\$2,154,235
3. Training (Post-Employment)						\$1,030,000		\$1,030,000
4. Education (Pre-Employment)								
5. Program Development								
6. Research and Evaluation					\$385,413	\$737,058		\$1,122,471
7. Information Systems					\$100,455	\$276,486		\$376,941
8. Enrollment and Provider Business Practices (3 percent of BG award)					\$	\$	\$	
9. Total					\$1,003,452	\$5,860,081		\$6,863,533

footnote:

III: Use of Block Grant Dollars for Block Grant Activities

Table 6b MHBG Non-Direct Service Activities Planned Expenditures

Planning Period - From 07/01/2014 to 06/30/2015

Service	Block Grant
MHA Technical Assistance Activities	
MHA Planning Council Activities	\$23,913
MHA Administration	\$648,121
MHA Data Collection/Reporting	
Enrollment and Provider Business Practices (3 percent of total award)	
MHA Activities Other Than Those Above	
Total Non-Direct Services	\$672034
Comments on Data: <input data-bbox="100 989 1521 1014" type="text"/>	

footnote:

IV: Narrative Plan

W. State Behavioral Health Advisory Council

Narrative Question:

Each state is required to establish and maintain a state Behavioral Health Advisory Council (Council) for services for individuals with a mental disorder. While many states have established a similar Council for individuals with a substance use disorders, that is not required. SAMHSA encourages states to expand their required Council's comprehensive approach by designing and use the same Council to review issues and services for persons with, or at risk of, substance abuse and substance use disorders. In addition to the duties specified under the MHBG statute, a primary duty of this newly formed Council will be to advise, consult with, and make recommendations to SMHAs and SSAs regarding their activities. The Council must participate in the development of the MHBG state plan and is encouraged to participate in monitoring, reviewing, and evaluating the adequacy of services for individuals with substance abuse and mental disorders within the state. SAMHSA's expectation is that the State will provide adequate guidance to the Council to perform their review consistent with the expertise of the members on the Council. States are strongly encouraged to include American Indians and/or Alaska Natives in the Council; however, their inclusion does not suffice as tribal consultation. In the space below describe how the state's Council was actively involved in the plan. Provide supporting documentation regarding this involvement (e.g., meeting minutes, letters of support, etc.)

Additionally, please complete the following forms regarding the membership of your state's Council. The first form is a list of the Council members for the state and second form is a description of each member of the Council.

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

- What planning mechanism does the state use to plan and implement substance abuse services?
- How do these efforts coordinate with the SMHA and its advisory body for substance abuse prevention and treatment services?
- Was the Council actively involved in developing the State BG Plan? If so, please describe how it was involved.
- Has the Council successfully integrated substance abuse prevention and treatment or co-occurring disorder issues, concerns, and activities into the work of the Council?
- Is the membership representative of the service area population (e.g., ethnic, cultural, linguistic, rural, suburban, urban, older adults, families of young children)?
- Please describe the duties and responsibilities of the Council, including how it gathers meaningful input from people in recovery, families and other important stakeholders.

Footnotes:

W. State Behavioral Health Advisory Council

Prior to the enactment of the Federal mandate governing State Planning Councils, the New Jersey Community Mental Health Services Act (10:37-2.1), Chapter 37, established the New Jersey Mental Health Planning Council (hereinafter the Planning Council) as the *State Community Mental Health Citizen's Advisory Board*. Subchapter 2 of the Act describes the requirements for membership, function, power to establish committees and scope of authority. In 2003, the Planning Council updated its bylaws, with assistance from the DMHAS' legal counsel, to ensure the Planning Council's composition, purpose, principles and mission were in accordance with the federal requirements for Planning Councils. The State Ethics Commission met on October 10, 2012 with the Planning Council to facilitate compliance with the State Uniform Ethics Code.

Membership:

Members of the Community Mental Health Citizen's Advisory Board are appointed by the Governor of New Jersey. Planning Council members are appointed by Assistant Commissioner of the DMHAS. The Advisory Board and the Planning Council function together as the New Jersey Community Mental Health Planning Council. The Planning Council's membership is geographically representative of the State, and reflects the diversity of the State. A minimum of 50% of the members of the Planning Council are individuals in recovery, family members of individuals in recovery (including adults with serious mental illnesses (SMI), family members adults with SMI or children with severe emotional disturbances (SED) or other non-state or provider members.

In light of the merger of the State Mental Health Authority (SMHA) and the Single State Authority on substance abuse (SSA), as well as recommendations from the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services as well as Center for Substance Abuse Treatment, the Planning Council has worked to broaden the membership to include more individuals in addiction recovery and those with co-occurring disorders. The membership includes individuals in recovery from co-occurring disorders, recovery from addiction, providers who offer both mental health and addiction services, as well as tobacco and addiction prevention expertise, and a representative from the County Drug and Alcohol Director's Association. In addition, a member of the SSA's Citizen's Advisory Council (CAC), which consists of consumers of addiction services as well as individuals in substance abuse recovery and family members, is an active member of the Planning Council.

Additionally, the Planning Council has representation from mental health providers, local and nongovernmental agencies, State agencies and other major stakeholders concerned with the provision and need for services, planning, operation, funding, and use of mental health services and related services. A number of provider agency Planning Council representatives are consumer/survivors, giving consumers an even greater participation than reflected in the Planning Council Membership Composition Chart. Many of the Planning Council representatives are actively involved in other Councils, Committees or Advocacy activities throughout the State. These unique qualities of the Planning Council foster interagency collaboration, coordination of services, and alliances with other Councils and Committees. Council members have noted the good working relationships between consumers, family

members, advocacy groups, and other agencies such as NAMI-NJ, the Mental Health Association of NJ, the County Mental Health Administrators, New Jersey Association of Mental Health and Addiction Agencies, Medicaid and other State Agencies.

Role:

The Planning Council serves in an advisory capacity to the DMHAS and is charged with the responsibility of advocating for adults with serious mental illness and children with severe emotional disturbances for community mental health services throughout the State. The role of the Planning Council is to fulfill a federal mandate to review state plans and submit any recommended modifications to the Community Mental Health Block Grant and participate in the planning for this joint application. Planning Council members monitor, review, and evaluate periodically the allocation and adequacy of mental health services. The Planning Council also reviewed the SAPT behavioral health report and the Synar report in 2013 in an effort to increase its understanding of the addiction portion of the Combined Block Grant.

The Planning Council gathers input from people in recovery, families and other important stakeholders through means of the meetings being open to the public. Guests routinely join the meetings to ask questions or become more informed about behavioral health services in the State. In addition, the Planning Council also makes use of a telephone call-in feature to make the meetings as accessible as possible. Multiple members of the Planning Council are representatives of major stakeholders in the behavioral health community, as well as members who are in recovery or family members of those in recovery. This enables a broad spectrum of input and expertise available to the Planning Council.

The Planning Council was involved in the submission of the report due on December 2, 2013. All members were reminded of the citizen login account information for BGAS in order to review the report. As the 2015 application process had just been completed a few months prior, members were familiar with how to access and work within BGAS. For the report, State staff developed responses to the various required aspects and the Planning Council was provided presentations on the materials at the Block Grant subcommittee which was convened in October and November 2013. In addition, a larger presentation was provided to the entire Planning Council in November 2013 to review the progress on the State's priorities/performance indicators as well as the fiscal tables. No recommendations were made for the December 2013 report.

Highlights of Planning Council Activities for SFY 2014:

- Discussion and approval of letter to Governor Christie regarding parity
- Letter of support on the 2014-2015 Combined Block Grant Application
- Overview of the DMHAS rate setting process
- Letter to SAMHSA regarding areas of concern and recommendations for changes to Block Grant Application
- Overview of the Traumatic Loss Coalition
- Workforce Development Initiatives at DMHAS
- Disaster and Terrorism Branch response to Superstorm Sandy
- Boarding Home discussion
- Behavioral Health Block Grant Reports

- SAPT Synar Report and Coverage Study Overview
- Review of CMHSBG Monitoring Visit Report
- Overview of DMHAS Strategic Plan
- Overview of effect of tobacco use on consumers
- Overview of PerformCare, managed care entity for Children's System of Care
- Review of materials to submit for April Block Grant application
- Review of Behavioral Health IQ document
- Receipt of technical assistance from Advocates for Human Potential (AHP) on move to behavioral health planning council

Subcommittee Activities:

A number of subcommittees have met this past state fiscal year. The subcommittees include:

Advocacy Subcommittee – This subcommittee is charged to look at broader issues for where the Planning Council could advocate. During this SFY, the subcommittee met on August 14, 2013, September 11, 2013, October 9, 2013, December 11, 2013, and March 12, 2014.

Block Grant Subcommittee - The subcommittee reviewed and assisted with the development of the FFY 2014-2015 combined Mental Health and Substance Abuse Block Grant Application and Plan, as well as monitored the Behavioral Health Implementation Reports submitted December 2013. During this SFY, the subcommittee met on July 10, 2013, August 14, 2013, October 9, 2013, November 13, 2013, and December 11, 2013.

Bylaws Subcommittee – This subcommittee is charged to update the bylaws to move the council to a Behavioral Health Planning Council. During this SFY, the subcommittee met on December 11, 2013, February 12, 2014, and March 12, 2014.

Membership Subcommittee - This subcommittee is focusing their efforts on updating the membership to be reflective of a Behavioral Health Planning Council. This subcommittee was put on hold while the Bylaws Subcommittee worked to broaden the bylaws, which impact membership. During this SFY, the subcommittee met on July 10, 2013.

Olmstead Advisory Committee - This Committee meets regularly to monitor the implementation of The Home to Recovery CEPP Plan and Olmstead Settlement Agreement. During this SFY, the subcommittee met on July 10, 2013, November 13, 2013, and February 12, 2014.

IV: Narrative Plan

Behavioral Health Advisory Council Members

Start Year:

End Year:

Name	Type of Membership	Agency or Organization Represented	Address, Phone, and Fax	Email (if available)
Eileen Doremus	Others (Not State employees or providers)	Mercer County Office on Aging		
Tracy Maksell	Others (Not State employees or providers)	NJ Association of County Mental Health Admin.		
John Pellicane	Others (Not State employees or providers)	County Drug and Alcohol Directors Association		
Donna Hallworth	State Employees	New Jersey Department of Education		
Bruce Blumenthal	State Employees	NJ Housing Mortgage and Finance Agency		
Karen Carroll	State Employees	NJ Department of Labor, Vocational Rehabilitation, DVRS		
Patricia Dana	State Employees	NJ Division of Medical Assistance and Health Services (Medicaid)		
Alice Garcia	State Employees	NJ Juvenile Justice Commission		
Renee Ingram	State Employees	NJ Division of Family Development (Social Services)		
Christopher Lucca	State Employees	New Jersey Department of Corrections		
Patricia Matthews	State Employees	Division of Aging		
Lynn Kovich	State Employees	Division of Mental Health and Addiction Services		
John Calabria	State Employees	NJ Department of Health		
Karen Vogel-Romance	Providers	Jersey Shore University Medical Center		
Annette Wright	Providers	COMHCO		
Damyanti Aurora	Providers	NJ Coalition of Residential Providers		
Mary Ditri	Providers	NJ Hospital Association		
Barbara Johnston	Providers	Mental Health Association in New Jersey		
Gail Levinson	Providers	Supportive Housing Assoc/Alternatives		
John Maher	Providers	New Jersey Association of Clinical Case Management		

Jim Romer	Providers	Kimball Medical Center
Debra Wentz	Providers	New Jersey Association of Mental Health and Addictions Agencies, Inc.
Connie Greene	Providers	Barnabas Health- Institute for Prevention
Jacob Bucher	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)	Collaborative Support Programs of NJ, Inc.
Joseph Delany	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)	
Lisa Negron	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)	
Angel Gambone	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)	Independent Survivors
Joseph Gutstein	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)	
Michael Ippoliti	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)	
Linda Kornacki-Kuhns	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)	
Linda Meyer	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)	
Joanne Oppelt	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)	
Regina Sessoms	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)	Self Help Center, Brighter Day
Robin Weiss	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)	Consumer Provider Association of NJ
Marie Verna	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)	
Helen Williams	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)	Collaborative Support Programs of NJ
Winifred Chain	Family Members of Individuals in Recovery (to include family members of adults with SMI)	
Marilyn Goldstein	Family Members of Individuals in Recovery (to include family members of adults with SMI)	
J. Michael Jones	Family Members of Individuals in Recovery (to include family members of adults with SMI)	
Philip Lubitz	Family Members of Individuals in Recovery (to include family members of adults with SMI)	National Alliance on Mental Illness of NJ (NAMI)
Thomas Pyle	Family Members of Individuals in Recovery (to include family members of adults with SMI)	
Ellen Taner	Family Members of Individuals in Recovery (to include family members of adults with SMI)	Citizen's Advisory Council

Jesus Castro	Parents of children with SED
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Maryanne Evanko	Parents of children with SED
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Hazeline Pilgrim	Parents of children with SED
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Footnotes:

IV: Narrative Plan

Behavioral Health Council Composition by Member Type

Start Year:

End Year:

Type of Membership	Number	Percentage
Total Membership	45	
Individuals in Recovery* (to include adults with SMI who are receiving, or have received, mental health services)	13	
Family Members of Individuals in Recovery* (to include family members of adults with SMI)	6	
Parents of children with SED*	3	
Vacancies (Individuals and Family Members)	<input type="text" value="0"/>	
Others (Not State employees or providers)	3	
Total Individuals in Recovery, Family Members & Others	25	55.56%
State Employees	10	
Providers	10	
Federally Recognized Tribe Representatives	0	
Vacancies	<input type="text" value="0"/>	
Total State Employees & Providers	20	44.44%
Individuals/Family Members from Diverse Racial, Ethnic, and LGBTQ Populations	<input type="text" value="3"/>	
Providers from Diverse Racial, Ethnic, and LGBTQ Populations	<input type="text" value="2"/>	
Total Individuals and Providers from Diverse Racial, Ethnic, and LGBTQ Populations	5	
Persons in recovery from or providing treatment for or advocating for substance abuse services	<input type="text" value="3"/>	

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

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

The Planning Council was involved in the submission of the report due on December 2, 2013. All members were reminded of the citizen login account information for BGAS in order to review the report. As the 2015 application process had just been completed a few months prior, members were familiar with how to access and work within BGAS. For the report, State staff developed responses to the various required aspects and the Planning Council was provided presentations on the materials at the Block Grant subcommittee which was convened in October and November 2013. In addition, a larger presentation was provided to the entire Planning Council in November 2013 to review the progress on the State's priorities/performance indicators as well as the fiscal tables. No recommendations were made for the December 2013 report.

A general overview was provided at the March 12, 2014 meeting of the Planning Council in regard to the application due 4/1/14. The Council was reminded of the login information for BGAS.

Over the past two years the council has added three members from the substance abuse community and placed more emphasis on behavioral health topics that are not solely mental health driven, including addiction specific topics and programs. The Council is currently working with a consultant from Advocates for Human Potential to update its bylaws to reflect a merged Behavioral Health Planning Council, which will include a review of current membership.

Footnotes: