

Tennessee

UNIFORM APPLICATION

FY 2016/2017 - STATE BEHAVIORAL HEALTH ASSESSMENT AND PLAN

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 06/12/2015 - Expires 06/30/2018
(generated on 08/17/2016 4.04.23 PM)

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

State Information

State Information

Plan Year

Start Year 2016

End Year 2017

State DUNS Number

Number 878890425

Expiration Date

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

Agency Name Tennessee Department of Mental Health and Substance Abuse Services

Organizational Unit Division of Planning, Research and Forensics

Mailing Address 5th Floor Andrew Jackson Building 500 Deaderick Avenue

City Nashville

Zip Code 37243

II. Contact Person for the Grantee of the Block Grant

First Name E. Douglas

Last Name Varney

Agency Name Tennessee Department of Mental Health and Substance Abuse Services

Mailing Address 6th Floor Andrew Jackson Building 500 Deaderick Street

City Nashville

Zip Code 37243

Telephone (615) 532-6500

Fax (615) 532-6514

Email Address doug.varney@tn.gov

III. Expenditure Period

State Expenditure Period

From

To

IV. Date Submitted

Submission Date

Revision Date

V. Contact Person Responsible for Application Submission

First Name Avis

Last Name Easley

Telephone (615) 253-6397

Fax (615) 253-1846

Email Address avis.easley@tn.gov

Footnotes:

State Information

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

Fiscal Year 2017

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
Title XIX, Part B, Subpart III of the Public Health Service Act		
Section 1941	Opportunity for Public Comment on State Plans	42 USC § 300x-51
Section 1942	Requirement of Reports and Audits by States	42 USC § 300x-52
Section 1943	Additional Requirements	42 USC § 300x-53
Section 1946	Prohibition Regarding Receipt of Funds	42 USC § 300x-56
Section 1947	Nondiscrimination	42 USC § 300x-57
Section 1953	Continuation of Certain Programs	42 USC § 300x-63
Section 1955	Services Provided by Nongovernmental Organizations	42 USC § 300x-65
Section 1956	Services for Individuals with Co-Occurring Disorders	42 USC § 300x-66

ASSURANCES - NON-CONSTRUCTION PROGRAMS

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 Costal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g)

protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

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

LIST of CERTIFICATIONS

1. CERTIFICATION 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). By signing and submitting this application, the applicant is providing certification set out in Appendix A to 45 CFR Part 93.

2. 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 Department of Health and Human Services terms and conditions of award if a grant is awarded as a result of this application.

3. 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, day care, 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.

The authorized official signing for the applicant organization 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 sub-recipients shall certify accordingly.

The Department of Health and Human 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 DHHS mission to protect and advance the physical and mental health of the American people.

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.

Footnotes:

There has not been a change of the Chief Officer of the state. The previous letter submitted for the FY 2016-2017 Mental Health Block is attached.



BILL HASLAM
GOVERNOR
STATE OF TENNESSEE

July 13, 2015

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 20857

Dear Ms. Simmons:

This letter is to designate Mr. E. Douglas Varney, Commissioner of the Tennessee Department of Mental Health and Substance Abuse Services, as the authorized designated official to sign all agreements, assurances and certifications for the FY 2016-2017 SAMHSA Mental Health Block Grant and Substance Abuse Block Grant.

Contact information for Commissioner Varney is as follows:

E. Douglas Varney
Commissioner
Tennessee Department of Mental Health and Substance Abuse Services
Andrew Jackson Building
500 Deaderick Street, 6th Floor
Nashville, TN 37243
615-532-6500 (Office)
615-532-6514 (Fax)

Thank you for your assistance.

Sincerely,

A handwritten signature in blue ink, appearing to read "Bill Haslam".

Bill Haslam
Governor

Not applicable

DISCLOSURE OF LOBBYING ACTIVITIES

N/A

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance		2. Status of Federal Action <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award		3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: Year _____ Quarter _____ date of last report _____	
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: _____ Congressional District, if known: _____			5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: Congressional District, if known: _____		
6. Federal Department/Agency:			7. Federal Program Name/Description: CFDA Number, if applicable: _____		
8. Federal Action Number, if known:			9. Award Amount, if known: \$ _____		
10. a. Name and Address of Lobbying Entity (if individual, last name, first name, MI): <p style="text-align: center;"><i>Not applicable</i></p>			b. Individuals Performing Services (including address if different from No. 10a.) (last name, first name, MI): <p style="text-align: center;"><i>Not applicable</i></p>		
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.			Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____		
Federal Use Only:			Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)		

DISCLOSURE OF LOBBYING ACTIVITIES
CONTINUATION SHEET

Reporting Entity:

Page

of

Not applicable

Authorized for Local Reproduction
Standard Form - LLL-A

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. Section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity 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 a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 [e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency]. Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No.0348-0046. Public reporting burden for this collection of information is estimated to average 10 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 (0348-0046), Washington, DC 20503.

State Information

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

Fiscal Year 2017

U.S. Department of Health and Human Services
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1. CERTIFICATION REGARDING LOBBYING

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2. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

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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, day care, 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.

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The authorized official signing for the applicant organization 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 sub-recipients shall certify accordingly.

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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: E Douglas VARNEY

Signature of CEO or Designee¹: [Signature]

Title: Commissioner

Date Signed: 7/21/16

mm/dd/yyyy

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

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"/>
Title	<input type="text"/>
Organization	<input type="text"/>

Signature: _____ Date: _____

Footnotes:

Planning Tables

Table 2 State Agency Planned Expenditures

Planning Period Start Date: 7/1/2016 Planning Period End Date: 6/30/2017

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			\$0	\$0	\$99,132,500	\$0	\$0
6. Other 24 Hour Care		\$2,441,800	\$0	\$0	\$14,863,859	\$0	\$0
7. Ambulatory/Community Non-24 Hour Care		\$6,335,169	\$0	\$0	\$40,039,241	\$0	\$0
8. Mental Health Primary Prevention**		\$0	\$0	\$0	\$1,342,500	\$0	\$0
9. Evidenced Based Practices for First Episode Psychosis (10% of the state's total MHBG award)		\$1,032,585	\$0	\$0	\$0	\$0	\$0
10. Administration (Excluding Program and Provider Level)		\$516,292	\$0	\$0	\$0	\$0	\$0
11. Total	\$0	\$10,325,846	\$0	\$0	\$155,378,100	\$0	\$0

* Prevention other than primary prevention

** It is important to note that while a state may use state or other funding for these services, the MHBG funds must be directed toward adults with SMI or children with SED.

Footnotes:

Planning Tables

Table 6b MHBG Non-Direct Service Activities Planned Expenditures

Planning Period Start Date: 7/1/2016 Planning Period End Date: 6/30/2017

Service	Block Grant
MHA Technical Assistance Activities	
MHA Planning Council Activities	
MHA Administration	\$516,292
MHA Data Collection/Reporting	
MHA Activities Other Than Those Above	
Total Non-Direct Services	\$516292
Comments on Data: <input data-bbox="100 911 1521 940" type="text"/>	
Footnotes:	

Environmental Factors and Plan

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

Narrative Question:

Each state is required to establish and maintain a state Mental Health Planning/Advisory Council for adults with SMI or children with SED. To meet the needs of states that are integrating mental health and substance abuse agencies, SAMHSA is recommending that states expand their Mental Health Advisory Council to include substance abuse, referred to here as a Behavioral Health Advisory/Planning Council (BHPC). SAMHSA encourages states to expand their required Council's comprehensive approach by designing and implementing regularly scheduled collaborations with an existing substance abuse prevention and treatment advisory council to ensure that the council reviews issues and services for persons with, or at risk for, substance abuse and substance use disorders. To assist with implementing a BHPC, SAMHSA has created [Best Practices for State Behavioral Health Planning Councils: The Road to Planning Council Integration](#).⁹⁷

Additionally, [Title XIX, Subpart III, section 1941 of the PHS Act \(42 U.S.C. 300x-51\)](#) applicable to the SABG and the MHBG, requires that, 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.

For SABG only - describe the steps the state took to make the public aware of the plan and allow for public comment.

For MHBG and integrated BHPC: States must include documentation that they shared their application and implementation report with the Planning Council; please also describe the steps the state took to make the public aware of the plan and allow for public comment.

SAMHSA requests that any recommendations for modifications to the application or comments to the implementation report that were received from the Planning Council be submitted to SAMHSA, regardless of whether the state has accepted the recommendations. The documentation, preferably a letter signed by the Chair of the Planning Council, should state that the Planning Council reviewed the application and implementation report and should be transmitted as attachments by the state.

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

1. How was the Council actively involved in the state plan? Attach supporting documentation (e.g., meeting minutes, letters of support, etc.).
2. What mechanism does the state use to plan and implement substance abuse services?
3. Has the Council successfully integrated substance abuse prevention and treatment or co-occurring disorder issues, concerns, and activities into its work?
4. Is the membership representative of the service area population (e.g., ethnic, cultural, linguistic, rural, suburban, urban, older adults, families of young children)?
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.

*Additionally, please complete the Behavioral Health Advisory Council Members and Behavioral Health Advisory Council Composition by Member Type forms.*⁹⁸

⁹⁷<http://beta.samhsa.gov/grants/block-grants/resources>

⁹⁸There are strict state Council membership guidelines. States must demonstrate: (1) the involvement of people in recovery and their family members; (2) the ratio of parents of children with SED to other Council members is sufficient to provide adequate representation of that constituency in deliberations on the Council; and (3) no less than 50 percent of the members of the Council are individuals who are not state employees or providers of mental health services.

Please use the box below to indicate areas of technical assistance needed related to this section:

Footnotes:

Section IV: Environmental Factors and Plan

Question 22. State Behavioral Health Planning Council /Advisory Council

TDMHSAS operates a structured planning process with multiple layers of Planning and Policy Council involvement to ensure citizen participation in policy development and delivery-system planning. The Department oversees seven regional Planning and Policy Councils (Councils) from which local and regional mental health needs and information are funneled to the State Planning and Policy Council (Council) and ultimately to the Department. Needs assessment priorities and recommendations from the Council, combined with requirements associated with federal Mental Health and Substance Abuse Block Grant funding, inform the development of the Department's Three-year Plan for the service-delivery system. The Three-year Plan is then updated annually by TDMHSAS with input from all eight Councils.

Council Membership

Membership includes: service recipients, representatives of recipients and their families; advocates for children, adults and the elderly; service providers; and stakeholder agencies and organizations. The majority of each Council's membership is current or former service recipients and members of service recipient families living with SMI and SUDs. With this membership mix, TDMHSAS ensures that planning for the service-delivery system meets the needs of the citizens of the state at large.

Information is not available regarding the LGBTQ population for either the state or regional Councils. TDMHSAS does not require members to disclose personal information of this nature. However, the Councils are open to and inclusive of all populations including LGBTQ persons. Any person may self-identify as a part of any group without undue concern. The state and regional Council members range in age from 25 up to 75. Planning staff is cultivating ways to include and invite members who are under the age of 18. At present, there are two youth that participate on the Statewide Children's Committee. The times and locations of meetings have been limiting for students in that they are arranged during (what may be) school hours. Parental and caregiver participation is engaged to supply a voice for those youth who may not be able to attend.

Advocates, providers, individuals, and family members of individuals with substance use disorders are members of the statewide and seven regional Councils. The Council system in Tennessee is fully integrated and collaborative between the mental health and substance use provider, treatment, advocate and service recipient communities. The percentage of representation from mental health and substance use services communities is monitored and maintained by the Office of Planning.

TDMHSAS continues to actively recruit minorities, residents from rural areas, youth, and caregivers of children with serious emotional disturbance (SED) for membership. Recruitment takes place through a networking arrangement accomplished by means of collaboration with present members of the Councils, providers, stakeholders, consumers and caregivers, and strategic partners in the community. The Governor appoints the chairperson of the statewide Council while the Commissioner appoints members of the statewide Council recommended through this process.

Council Responsibilities:

- Assist the TDMHSAS in planning a comprehensive array of high quality prevention, early intervention, treatment, and habilitation services and supports;
- Advise the TDMHSAS on policy, budget requests, and developing and evaluating services and supports;
- Advise the TDMHSAS on the Department's Three-year Plan including the desirable array of prevention, early intervention, treatment, and habilitation services and supports for service recipients and their families;
- Advise the Commissioner as to plans and policies to be followed in the service system and the

- operation of the TDMHSAS's programs and facilities;
- Recommend to the General Assembly legislation and appropriations for such programs and facilities;
- Advocate for and publicize the recommendations;
- Publicize generally the situation and needs of persons with mental illness, serious emotional disturbance and their families;
- Identify needs of service recipients who are children or elderly and of service recipients with combinations of mental illness, serious emotional disturbance, or substance use or dependence;
- Evaluate needs assessment, service and budget proposals;
- Reconcile policy issues among the service areas; and
- Annual review of the adequacy of Title 33 (Mental Health and Substance law) to support the service systems.
- Such other matters as the Commissioner may request;

The statewide and regional Councils participate in the development of the Mental Health and Substance Abuse Block Grant state plan by reviewing, monitoring, and evaluating adequacy of services for individuals with substance use and mental health disorders within the state. The Council reviews and makes recommendations on the Block Grant applications and the annual Implementation Report.

TDMHSAS Office of Research provides regional Councils with data, easily accessible through the Department's website, to help members identify prioritized needs. Prioritized needs are shared with department staff to develop strategies for the Three-year Plan and report progress bi-annually. The needs assessment process creates a data-informed method for regional Councils to influence the design of the mental health and substance use delivery system by identifying each region's needs and targeting limited state and federal financial resources to more effectively and efficiently meet identified needs. This information is used to communicate and integrate results into a strategic planning and action process to ensure assessment information is used in meaningful ways to improve the mental health and substance use system.

The Council system is large, active, fully-integrated SA-MH with a consistently successful method of integration in Tennessee. It acts as an independent body and great care to support their independent deliberations and recommendations is taken by the Planning Program Manager (administrator for the Council system) to avoid influencing the deliberations of, and recommendations made by, the Councils. The Regional Council system serves a secondary purpose that, although not part of the federal requirement, is beneficial to the service delivery system in Tennessee: the Councils allow all participants to become acquainted with each other and with services, events, and other aspects of the service delivery system.

The Council, in conjunction with the Department, produces a "Joint Annual Report" outlining the service system, departmental programs, services and facilities, along with accomplishments, challenges and gaps. The Joint Annual Report is submitted to the Commissioner of TDMHSAS and then to the Governor and the State Legislature.

Regional Councils are kept informed about the Department activities through the monthly Executive Staff Report, in-person reporting provided by the Office of Planning at each quarterly regional Council meetings, and ongoing interaction via email and telephone. In addition to the information dissemination that takes place between the Department and the Councils as a matter of course, specialized training regarding the use of data in the Needs Assessment process and the appropriate issues and format for legislative proposals has been provided to representatives from the regional and statewide Councils in the first two months of calendar year 2016. The Office of Planning produces a Grant Collection database that is distributed via email and published on the Department's website monthly for the use of the Councils as an assist for finding possible sources of funding.

Environmental Factors and Plan

Behavioral Health Advisory Council Members

Start Year: 2016 End Year: 2017

Name	Type of Membership	Agency or Organization Represented	Address,Phone, and Fax	Email(if available)
Laura Berlind	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)	Renewal House	P.O. Box 280356Nashville TN, 37228 PH: 615-255-5222	lberlind@renewalhouse.org
Renee Bouchillon	State Employees	Tennessee Department of Human Services-Social Services	1400 College Park DriveColumbia TN, 38401 PH: 931-380-2563	Renee.Bouchillon@tn.gov
Melanie Brander	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		250 Apt. E Winters CourtClarksville TN, 37043 PH: 931-980-9709	mbrander25@yahoo.com
Libby Byler	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)	Amerigroup	22 Century Boulevard, Suite 310Nashville TN, 37214	libby.byler@amerigroup.com
Dr. Marina Cadreche	State Employees	Tennessee Department of Corrections	320 6th Avenue North - 5th fl, Rachel Jackson BldgNashville TN, 37243 PH: 615-253-8260	Marina.cadreche@tn.gov
Jan Cagle	Providers	Ridgeview Psychiatric Hospital and Center	24 West Tryone RoadKnoxville TN, 37830 PH: 865-482-1076	caglejg@ridgevw.com
Cherrell Campbell-Street--Vocational Rehabilitation	State Employees	Tennessee Department of Human Services-Social Services	Vocational RehabilitationNashville TN, 37243 PH: 651-313-4713	Cherrel.Campbell-Street@tn.gov
Deanna Doran	Providers	Youth Villages	6236 Airport RoadChattanooga TN, 37415 PH: 423-954-8844	deanna.doran@youthvillages.org
Ashley Evans	Providers	Volunteers in Medicine, Chattanooga, Inc.	P.O. Box 81057Chattanooga TN, 37421 PH: 423-499-2320	a.wolfevans@gmail.com
John Fisher	Providers	Foundations Recovery Network	1083 West Rex RoadMemphis TN, 38119 PH: 901-282-0059	John.Fisher@frnmail.com
Paul Fuchcar	Individuals in Recovery (from Mental Illness and Addictions)		207 Spears AvenueChattanooga TN, 37405 PH: 423-667-3311	paul.fuchcar@cadass.org

Chris Hargrove	Family Members of Individuals in Recovery (to include family members of adults with SMI)		2486 Topside Road Louisville TN, 37777 PH: 865-384-9580	hargrovefire368@charter.net
Ben Harrington	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		P.O. Box 32731 Knoxville TN, PH: 865-584-9125	ben@mhaet.com
Rikki Harris	Others (Not State employees or providers)	TN Voices for Children	701 Bradford Avenue Nashville TN, 37204 PH: 615-269-8914	rharris@tnvoices.org
Mike Herrmann	State Employees	Tennessee Department of Education	710 James Roberston Pkwy Nashville TN, 37243 PH: 615-741-8468	Mike.Herrman@tn.gov
Debbie Hillin	Family Members of Individuals in Recovery (to include family members of adults with SMI)	Buffalo Valley, Inc	5465 Village Way Nashville TN, PH: 615-975-0196	debbiehillin@buffalovalley.org
Brittney Jackson	Parents of children with SED	Tennessee Voices for Children	701 Bradford Avenue Nashville TN, 37086 PH: 615-856-0531	
Emma Johnson	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		948 Woodland Street Nashville TN, 37206 PH: 615-246-7607	emma.johnson@Parkcenternashville.org
Jennifer Jones	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)	Tennessee Mental Health Consumers' Association	3931 Gallatin Road Nashville TN, 37216 PH: 615-250-1176	jjones@tmhca-tn.org
Wayne King	Family Members of Individuals in Recovery (from Mental Illness and Addictions)		1503 Dexter Laxton Road Oneida TN, 37841 PH: 423-215-2607	trulight@live.com
Susan Langenus	Providers	Centerstone Mental Health Center	Centerstone Mental Health Center Nashville TN, 37208-2650 PH: 615-460-4451	Susan.langneus@centerstone.org
Linda Lewis	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		207 Forrest, P.O. Box 474 McKenzie TN, 38201 PH: 731-415-3634	llewis38201@yahoo.com
Emma Long	Family Members of Individuals in Recovery (to include family members of adults with SMI)		94 Labelle Street Jackson TN, 38301 PH: 731-326-2041	emmaelon@aol.com
Claudia Mays	Providers	CM Counseling & Consulting Services	Nashville TN, 37207 PH: 615-227-2028	cmayscounseling@att.net
Debbie Miller	State Employees	Tennessee Department of Children's Services	436 6th Avenue North Nashville TN, 37243 PH: 615-741-4206	Debbie.Miller@tn.gov
Ginger Naseri	Providers	Nolachuckey Holston Area Mental Health Center	401 Holston Drive Greeneville TN, 37743	vnaseri@frontierhealth.org

			PH: 423-639-1104	
Robin Nobling	Family Members of Individuals in Recovery (to include family members of adults with SMI)	NAMI	1101 Kermit Drive Nashville TN, 37217 PH: 615-891-4724	rnobling@namidavidson.org
Linda O'Neal	State Employees	Tennessee Commission on Children and Youth	502 Deaderick Street Nashville TN, 37243 PH: 615-741-2633	Linda.Oneal@tn.gov
Senator Doug Overby	Others (Not State employees or providers)		4 Legislative Plaza Nashville TN, 37243 PH: 615-741-0981	Sen.doug.overbey@capitol.tn.gov
Joe Page	Family Members of Individuals in Recovery (to include family members of adults with SMI)	Frontier Health	26 Midway Street Bristol TN, 37620 PH: 423-989-4691	jpage@frontierhealth.org
Kim Parker	Providers	Pathways	238 Summar Drive Jackson TN, 38301 PH: 731-541-8988	Kim.Parker@wth.org
Tim Perry	Providers	Nolachuckey Holston Area Mental Health Center	266 North St. Bristol TN, 37620 PH: 423-989-4558	dbowers@frontierhealth.org
Elliot Pinsley	Family Members of Individuals in Recovery (from Mental Illness and Addictions)	Centerstone Mental Health Center	1921 Ransom PIN Nashville TN, PH: 615-460-1254	elliott.pinsley@centerstone.org
Perry Pratt	Providers	Youth Town	3641 Youth Town Road Pinson TN, 38301 PH: 731-513-1130	PPratt@youtown.net
Albert Richardson	Providers	C.A.A.P.	4023 Knight Arnold Road Memphis TN, 38118 PH: 901-360-0442	ARichardson@caapincorporated.com
Mayra Santiago	Others (Not State employees or providers)	Mental Health Association of Middle Tennessee	295 Plus Park Blvd Nashville TN, 37217 PH: 615-269-5355	m.frias@mhamt.org
Pat Starnes	Family Members of Individuals in Recovery (to include family members of adults with SMI)		4325 Shady Dale Road Nashville TN, 37218 PH: 615-330-1832	trucare10@yahoo.com
Jack Stewart	Family Members of Individuals in Recovery (to include family members of adults with SMI)		1101 Kermit Drive, Suite 605 Nashville TN, 37217 PH: 423-329-4355	advocacy@namitn.org
Wendy Sullivan	Parents of children with SED		1302 Oak Grove Road Dickson TN, 37055 PH: 615-975-7021	wsullivan@invoices.org
Betty Teasley-Sulmers	State Employees	Tennessee Housing Development Agency	404 James Roberston Pkwy Nashville TN, 37243 PH: 615-815-2125	bteasleysulmers@thda.org
Libby Thurman	Others (Not State employees or providers)	Tennessee Primary Care Association	416 Wilson Pike Circle Brentwood TN, 37027	libby.thurman@tnpca.org

			PH: 615-497-4942	
Commissioner Doug Varney	State Employees	Tennessee Department of Mental Health and Substance Services	500 Deaderick StreetNashville TN, 37243 PH: 615-532-6500	Doug.Varney@tn.gov
Michelle Webster	Individuals in Recovery (from Mental Illness and Addictions)	TAADAS	1321 Murfreesboro Pike Suite 155 Nashville TN, 37217 PH: 615-780-5901	michelle@taadas.org
June Winston	Providers	Lowenstein House	821 S. Barksdale StreetMemphis TN, 38114 PH: 901-274-5486	June.Winston@lowensteinhouse.com
Dianne Young	Family Members of Individuals in Recovery (to include family members of adults with SMI)	Emotional Fitness Center	3885 Tchulahoma RoadMemphis TN, PH: 901-370-4673	YHealer@aol.com

Footnotes:

Environmental Factors and Plan

Behavioral Health Council Composition by Member Type

Start Year: 2016 End Year: 2017

Type of Membership	Number	Percentage
Total Membership	41	
Individuals in Recovery* (to include adults with SMI who are receiving, or have received, mental health services)	7	
Family Members of Individuals in Recovery* (to include family members of adults with SMI)	8	
Parents of children with SED*	2	
Vacancies (Individuals and Family Members)		
Others (Not State employees or providers)	4	
Total Individuals in Recovery, Family Members & Others	21	51.22%
State Employees	8	
Providers	12	
Federally Recognized Tribe Representatives	0	
Vacancies		
Total State Employees & Providers	20	48.78%
Individuals/Family Members from Diverse Racial, Ethnic, and LGBTQ Populations		
Providers from Diverse Racial, Ethnic, and LGBTQ Populations		
Total Individuals and Providers from Diverse Racial, Ethnic, and LGBTQ Populations	0	
Persons in recovery from or providing treatment for or advocating for substance abuse services		

* 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?

Footnotes: