

Tennessee

UNIFORM APPLICATION

FY 2018/2019 - STATE BEHAVIORAL HEALTH ASSESSMENT AND PLAN

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 06/12/2015 - Expires 09/30/2020
(generated on 08/07/2018 9.10.49 AM)

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

State Information

State Information

Plan Year

Start Year 2019

End Year 2020

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, Policy and Legislation

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 Marie

Last Name Williams

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 615-253-3049

Fax

Email Address Marie.Williams@tn.gov

III. Third Party Administrator of Mental Health Services

First Name N/A

Last Name

Agency Name

Mailing Address

City

Zip Code

Telephone

Fax

Email Address

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

From

To

V. Date Submitted

Submission Date

Revision Date

VI. Contact Person Responsible for Application Submission

First Name Avis

Last Name Easley

Telephone 615-253-6397

Fax

Email Address avis.easley@tn.gov

Footnotes:

NOT FINAL

State Information

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

Fiscal Year 2019

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

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

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

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

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

2. Certification Regarding Drug-Free Workplace Requirements

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

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

3. Certifications Regarding Lobbying

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

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

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

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

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

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

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

5. Certification Regarding Environmental Tobacco Smoke

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

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

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

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

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

HHS Assurances of Compliance (HHS 690)

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

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

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

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

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

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

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

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

Name of Chief Executive Officer (CEO) or Designee: Marie Williams, LCSW

Signature of CEO or Designee¹: _____

Title: Commissioner

Date Signed: _____

mm/dd/yyyy

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

Footnotes:

State Information

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

Fiscal Year 2019

U.S. Department of Health and Human Services
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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.
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18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

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

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

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

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

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

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

5. Certification Regarding Environmental Tobacco Smoke

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

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

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

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

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: Marie Williams, LCSW

Signature of CEO or Designee¹: 

Title: Commissioner

Date Signed: 7.11.18

mm/dd/yyyy

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

Footnotes:

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

Marie Williams

Title

Commissioner

Organization

Tennessee Department of Mental Health and Substance Abuse Services

Signature:

Date:

Footnotes:

This form is not applicable.

Planning Tables

Table 2 State Agency Planned Expenditures

States must project how the SMHA and/or the SSA will use available funds to provide authorized services for the planning period for state fiscal years 2018/2019.

Planning Period Start Date: 7/1/2018 Planning Period End Date: 6/30/2019

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. Primary Prevention							
3. Tuberculosis Services							
4. Early Intervention Services for HIV							
5. State Hospital			\$17,697,700	\$5,023,000	\$118,391,300	\$1,161,700	\$2,354,000
6. Other 24 Hour Care		\$2,161,800	\$110,106,554	\$0	\$17,851,704	\$0	\$0
7. Ambulatory/Community Non-24 Hour Care		\$6,559,273	\$299,307,038	\$4,991,212	\$88,213,396	\$149,700	\$743,000
8. Mental Health Primary*		\$0	\$0	\$0	\$0	\$0	\$0
9. Evidence-Based Practices for Early Serious Mental Illness (10 percent of total award MHBG)**		\$1,023,143	\$0	\$0	\$0	\$0	\$0
10. Administration (Excluding Program and Provider Level)***		\$487,211	\$0	\$3,654,734	\$16,030,000	\$0	\$2,585,400
11. MHBG Total (Row 5, 6, 7, 8, 9 and 10)	\$0	\$10,231,427	\$427,111,292	\$13,668,946	\$240,486,400	\$1,311,400	\$5,682,400

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

** Column 9B should include Early Serious Mental Illness programs funded through MHBG set aside

*** Per statute, Administrative expenditures cannot exceed 5% of the fiscal year award.

Footnotes:

Planning Tables

Table 6 Categories for Expenditures for System Development/Non-Direct-Service Activities

MHBG Planning Period Start Date: 07/01/2018

MHBG Planning Period End Date: 06/30/2019

Activity	FY 2018				FY 2019			
	A. MHBG	B. SABG Treatment	C. SABG Prevention	D. SABG Combined*	A. MHBG	B. SABG Treatment	C. SABG Prevention	D. SABG Combined*
1. Information Systems	\$0							
2. Infrastructure Support	\$0							
3. Partnerships, community outreach, and needs assessment	\$0							
4. Planning Council Activities (MHBG required, SABG optional)	\$68,000				\$68,000			
5. Quality Assurance and Improvement	\$0							
6. Research and Evaluation	\$0							
7. Training and Education	\$800,000				\$300,000			
8. Total	\$868,000	\$0	\$0	\$0	\$368,000	\$0	\$0	\$0

*Combined refers to non-direct service/system development expenditures that support both treatment and prevention systems.

Footnotes:

Environmental Factors and Plan

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

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 services supported by MHBG and SABG, SAMHSA is recommending that states expand their Mental Health Advisory Council to include substance misuse prevention, SUD treatment, and recovery representation, referred to here as 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 misuse prevention, SUD treatment, and recovery advisory council to ensure that the council reviews issues and services for persons with, or at risk, for substance misuse and SUDs. To assist with implementing a BHPC, SAMHSA has created **Best Practices for State Behavioral Health Planning Councils: The Road to Planning Council Integration.**⁷²

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

⁷²<http://beta.samhsa.gov/grants/block-grants/resources>

Please respond to the following items:

1. How was the Council involved in the development and review of the state plan and report? Attach supporting documentation (e.g. meeting minutes, letters of support, etc...)
 - a) What mechanism does the state use to plan and implement substance misuse prevention, SUD treatment and recovery services?

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 application and the annual Report. See attached letter of support from Laura Berlind, Council Chair.
 - b) Has the Council successfully integrated substance misuse prevention and treatment or co-occurring disorder issues, concerns, and activities into i Yes No
2. Is the membership representative of the service area population (e.g. ethnic, cultural, linguistics, rural, suburban, urban, older adults, families of young children)? Yes No
3. Please indicate 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.

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.

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 serious mental illness (SMI) and substance use disorders (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.

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.

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;

Does the state have any activities related to this section that you would like to highlight?

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. The Office of Planning produces a Grant Finder Resource that is distributed via email and published on the Department's website monthly for the use of the Councils as a resource for finding possible sources of funding.

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

Additionally, please complete the Behavioral Health Advisory Council Members and Behavioral Health Advisory Council Composition by Member Type forms.⁷³

⁷³There are strict state Council membership guidelines. States must demonstrate: (1) the involvement of people in recovery and their family members; (2) the ratio of parents of children with SED to other Council members is sufficient to provide adequate representation of that constituency in deliberations on the Council; and (3) no less than 50 percent of the members of the Council are individuals who are not state employees or providers of mental health services.

Footnotes:

See attached letter of support from Laura Berlind, Council Chair.

August 3, 2018

Marie Williams, Commissioner
Tennessee Department of Mental Health and Substance Abuse Services
Andrew Jackson Building, 6th Floor
500 Deaderick Street
Nashville, TN 37243

RE: 2019 Mental Health Block Grant Application

Dear Commissioner Williams:

The Tennessee Department of Mental Health and Substance Abuse Planning and Policy Council (TDMHSAS P&PC) is proud to support the Department in its work to serve people of all ages who have mental illness, serious emotional disturbance, and substance abuse disorders through an application for a 2019 Mental Health Block Grant.

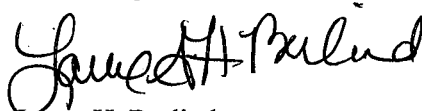
The members of the Statewide Council, along with its seven Regional Planning and Policy Councils, meet at least quarterly throughout the year to share information across regions and with TDMHSAS leadership and staff. Each year the Council requests and receives information and data from the regional councils about the mental health needs, substance abuse needs, and service gaps across the state. These needs are then prioritized and communicated to TDMHSAS to support the development of the Department's Three-Year Plan and block grant application. TDMHSAS also provides annual reporting on progress made on prior year's identified needs. Once a draft of the Block Grant application is prepared, Council members review, ask questions, and provide feedback to TDMHSAS.

This year we were proud to participate in the Mental Health Block Grant site visit. Over two days of interviews with SAMHSA, Council members had the opportunity to share the details of how effective our Council structure is. We were particularly pleased to note how having an open, two-way channel of communication has strengthened our ability to identify and addresses both opportunities and challenges across the state.

The Councils represent the diverse geographic areas of the state and are comprised of a wide range of service providers and individuals with lived experience of mental illness and substance abuse disorders. The diverse representation helps insure TDMHSAS has a deep understanding of the needs and gaps in Tennessee.

As a partner and support system for the Department's work, we gladly support TDMHSAS in pursuing this grant.

Warm Regards,



Laura H. Berlind
Chair

Environmental Factors and Plan

Behavioral Health Advisory Council Members

Start Year: 2019 End Year: 2020

Name	Type of Membership	Agency or Organization Represented	Address, Phone, and Fax	Email (if available)
Bartholomew Allen	Providers	Lowenstein House	6590 Kirby Center Cove Memphis TN, 38115 PH: 901-334-3200	bartholomew.allen@lowensteinhouse.com
Richard Barber	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)	Aspell Recovery Center	331 North Highland Avenue Jackson TN, 38301 PH: 731-427-7238	rbarber@aspellrecovery.com
Laura Berling	Family Members of Individuals in Recovery (to include family members of adults with SMI)	The Sycamore Institute	150 4th Avenue North Nashville TN, 37219 PH: 615-495-2670	lberling@sycamoreinstitutetn.org
Renee Bouchillon	State Employees	Tennessee Department of Human Services District Office	1400 College Park Drive Columbia TN, 38401 PH: 931-380-4636	renee.bouchillon@tn.gov
Libby Byler	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		1900 Acklen Avenue, Apartment 1706 Nashville TN, 37212 PH: 615-415-0227	libby.byler@amerigroup.com
Jan Cagle	Providers	Ridgeview Behavioral Health Services	240 West Tyrone Road Oak Ridge TN, 37830 PH: 865-482-1076	caglejg@ridgevw.com
Jim Casey	State Employees	Tennessee Department of Correction	320 6th Avenue North Nashville TN, 37243 PH: 615-253-8163	jim.casey@tn.gov
Ashley Evans	Providers	Volunteers in Medicine, Chattanooga, Inc.	2817 Haywood Avenue Chattanooga TN, 37415 PH: 423-580-1646	aevans@vim-chatt.com
John Fisher	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)	Lakeside Behavioral Health Systems	2911 Brunswick Road Memphis TN, 38133 PH: 901-481-3751	john.fisher@uhsinc.com
Lynn Fritz	Family Members of Individuals in Recovery (to include family members of adults with SMI)		1835 Brentwood Pointe Franklin TN, 37067 PH: 614-537-2937	lynnmfritz@gmail.com
Paul Fuchcar	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)	CADAS	207 Spears Avenue Chattanooga TN, 37405 PH: 423-667-3311	paul.fuchcar@cadas.org

Amber Hampton	Others (Not State employees or providers)	Mental Health America of Middle Tennessee	446 Metroplex Drive, Suite A-224 Nashville TN, 37211 PH: 901-674-3239	ach0309@gmail.com
Ben Harrington	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)	Mental Health Association of East TN	P.O. Box 32731 Knoxville TN, 37930 PH: 865-584-9125	ben@mhaet.com
Rikki Harris	Others (Not State employees or providers)	Tennessee Voices for Children	500 Professional Park Drive Goodlettsville TN, 37072 PH: 615-269-7751 FX: 615-269-8914	rharris@tnvoices.org
Clarkton Harrison	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)	United States Department of Veterans Affairs	1310 24th Avenue South Nashville TN, 37212 PH: 615-225-5536	clarkton.harrison@va.gov
Kelsey Herbers	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		2328 Castleman Drive Nashville TN, 37215 PH: 513-608-1371	kelsey.herbers@gmail.com
Mike Hermann	State Employees	Tennessee Department of Education	Andrew Johnson Tower, 7th Floor Nashville TN, 37243 PH: 615-741-8468	mike.herrmann@tn.gov
Marta Hernandez	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)	Alliance Health Care	4088 Summer Avenue Memphis TN, 38122 PH: 901-428-0129	mhernandez@alliance-hs.org
Debbie Hillin	Family Members of Individuals in Recovery (to include family members of adults with SMI)	Buffalo Valley, Inc	5465 Village Way Nashville TN, 37211 PH: 615-975-0196	debbiehillin@buffalovalley.org
Kurt Hippel	State Employees	Tennessee Department of Mental Health and Substance Abuse Services	Andrew Jackson Building, 5th Floor Nashville TN, 37243 PH: 615-495-2951	kurt.hippel@tn.gov
Brittney Jackson	Parents of children with SED	Tennessee Voices for Children	500 Professional Park Drive Goodlettsville TN, 37072 PH: 615-856-0531	bjackson@tnvoices.org
Mandy Johnson	State Employees	DHS, Division of Rehabilitation Services	400 Deaderick Street Nashville TN, 37243 PH: 615-770-5496	mandy.1.johnson@tn.gov
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
Deanna King	Providers	Youth Villages	6236 Airpark Drive Chattanooga TN, 37421 PH: 423-954-8844	deanna.king@youthvillages.org

Wayne King	Family Members of Individuals in Recovery (to include family members of adults with SMI)		1503 Dexter Laxton Road Oneida TN, 37841 PH: 423-215-2607	trulight@live.com
Linda Lewis	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		P.O. Box 474 McKenzie TN, 38201 PH: 731-418-9307	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	emmalong@aol.com
Senator Becky Massey	Others (Not State employees or providers)		742 Cordell Hull Building Nashville TN, 37243 PH: 615-741-1648	sen.becky.massey@capitol.tn.gov
Claudia Mays	Providers	CM Counseling & Consulting Services	P.O. Box 70344 Nashville TN, 37218 PH: 615-256-8641	cmayscounseling@att.net
Debbie Miller	State Employees	Tennessee Department of Children's Services	315 Deaderick Street Nashville TN, 37243 PH: 615-741-9206	debbie.miller@tn.gov
Michael Myszka	State Employees	Bureau of TennCare	310 Great Circle Road Nashville TN, 37228 PH: 615-507-6630	michael.myszka@tn.gov
Ginger Naseri	Providers	Nolachuckey Holston Area Mental Health Center	401 Holston Drive Greeneville TN, 37743 PH: 423-639-1104	vnaseri@frontierhealth.org
Robin Nobling	Family Members of Individuals in Recovery (to include family members of adults with SMI)	NAMI Davidson County	1101 Kermit Drive, Suite 608 Nashville TN, 37217 PH: 615-891-4724	rnobling@namidavidson.org
Jeff Ockerman	State Employees	TN Department of Health	701 James Robertson Parkway Nashville TN, 37243 PH: 615-532-3188	jeff.ockerman@tn.gov
Mary Nelle Osborne	Providers	Peninsula Lighthouse	1451 Dowell Springs Boulevard Knoxville TN, 37909 PH: 865-374-7140	mosborn1@covhlth.com
Kim Parker	Providers	Pathways	238 Summar Drive Jackson TN, 38301 PH: 731-541-8988 FX: 731-541-8215	kim.parker@wth.org
Timothy Perry	Providers	Frontier Health	2106 Moccasin Street South Kingsport TN, 37660 PH: 423-245-4263	tperry@frontierhealth.org
Steve Petty	State Employees	Tennessee Commission on Children & Youth	Andrew Johnson Tower, 9th Floor Nashville TN, 37243 PH: 615-532-1685	steve.petty@tn.gov
Elliot Pinsly	Family Members of Individuals in Recovery (to include family members of adults with SMI)	Centerstone	1921 Ransom Place Nashville TN, 37217	elliott.pinsly@centerstone.org

	members of adults with SMI)		PH: 615-460-1254	
Perry Pratt	Providers	Youth Town	162 Rolling Oaks Drive Humboldt TN, 38343 PH: 731-513-1130	ppratt@youthtown.net
Representative Bob Ramsey	Others (Not State employees or providers)		425 5th Avenue North, Suite 428 Nashville TN, 37243 PH: 615-741-3560	rep.bob.ramsey@capitol.tn.gov
Albert Richardson	Providers	C.A.A.P., Inc.	4041 Knight Arnold Road, Suite 300 Memphis TN, 38118 PH: 901-360-0442	arichardson@caapincorporated.com
Susan Seabourn	Providers	Centerstone	2400 White Avenue Nashville TN, 37204 PH: 615-460-4451	susan.seabourn@centerstone.org
Pamela Sessions	Providers	Renewal House	3410 Clarksville Pike Nashville TN, 37218 PH: 615-255-5222	psessions@renewalhouse.org
Patrick 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)		14374 Asheville Highway Greeneville TN, 37743 PH: 423-787-1663	bluespringsdc@yahoo.com
Wendy Sullivan	Parents of children with SED	Tennessee Voices for Children	500 Professional Park Drive Goodlettsville TN, 37072 PH: 615-269-7751	wsullivan@tnvoices.org
Bettie Teasley-Sulmers	State Employees	Tennessee Housing Development Agency	404 James Robertson Parkway Nashville TN, 37243 PH: 615-815-2125	bteasleysulmers@thda.org
Libby Thurman	Others (Not State employees or providers)	Tennessee Primary Care Association	3109 Wingate Avenue Nashville TN, 37211 PH: 615-497-4942	libby.thurman@tnpca.org
Evelyn Yeargin	Family Members of Individuals in Recovery (to include family members of adults with SMI)	Mental Health Cooperative	275 Cumberland Bend Nashville TN, 37228 PH: 615-743-1467	eryeargin@mhc-tn.org

Footnotes:

Environmental Factors and Plan

Behavioral Health Council Composition by Member Type

Start Year: 2019 End Year: 2020

Type of Membership	Number	Percentage
Total Membership	50	
Individuals in Recovery* (to include adults with SMI who are receiving, or have received, mental health services)	10	
Family Members of Individuals in Recovery* (to include family members of adults with SMI)	10	
Parents of children with SED*	2	
Vacancies (Individuals and Family Members)	0	
Others (Not State employees or providers)	5	
Total Individuals in Recovery, Family Members & Others	27	54.00%
State Employees	10	
Providers	13	
Vacancies	0	
Total State Employees & Providers	23	46.00%
Individuals/Family Members from Diverse Racial, Ethnic, and LGBTQ Populations	0	
Providers from Diverse Racial, Ethnic, and LGBTQ Populations	0	
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	0	
Federally Recognized Tribe Representatives	0	
Youth/adolescent representative (or member from an organization serving young people)	0	

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

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 draft plan was posted on the Tennessee Department of Mental Health and Substance Abuse Services website in the Planning and Policy Council area and on the home page.

Comments, changes, and questions were invited via direct email or phone call to the Director of Planning (author of the plan). The draft Plan was also sent to statewide and regional Council members to review and comment.

Footnotes:

NOT FINAL