

Tennessee

UNIFORM APPLICATION

FY 2022/2023 Only Application Behavioral Health Assessment
and Plan

COMMUNITY MENTAL HEALTH SERVICES

BLOCK GRANT

OMB - Approved 03/02/2022 - Expires 03/31/2025
(generated on 11/10/2022 3.12.22 PM)

Center for Mental Health Services

Division of State and Community Systems Development

State Information

State Information

Plan Year

Start Year 2023

End Year 2024

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 Andrew Jackson Building, 5th Floor, 500 Deaderick Street

City Nashville, TN

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 8/24/2022 11:11:13 AM

Revision Date 11/8/2022 10:00:07 AM

VI. Contact Person Responsible for Application Submission

First Name Avis

Last Name Easley

Telephone 615-253-6397

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

Footnotes:

SAMHSA
Office of Financial Resources, Division of Grants Management
Center for Substance Abuse Treatment, Division of States and Community Systems
Center for Substance Abuse Prevention, Division of Primary Prevention
Center for Mental Health Services, Division of State and Community Systems Development

Request for No Cost Extension (NCE) for COVID-19 Supplemental Funding

COVID-19 Award Issue Date: 3/11/21 **Approved Expenditure Period:** 3/15/21 through 3/14/23

Instructions: Current MHBG and SABG grantees may request a No Cost Extension (NCE) for the FY 21 COVID-19 Supplemental Funding Award for an additional expenditure period of up to twelve (12) months, through March 14, 2024. Grantees are required to complete the information below for the proposed use of funds using the NCE, and agree to implement this NCE in accordance with:

- the March 11, 2021 Notice of Award (NoA) Terms and Conditions for the MHBG COVID-19 Supplemental Funding or the SABG COVID-19 Supplemental Funding;
- the March 11, 2021 COVID-19 Supplemental Funding Guidance Letter to the SSA Directors and the SMHCs from Tom Coderre, then Acting Assistant Secretary for Mental Health and Substance Use; and
- the grantee’s SAMHSA currently approved MHBG COVID-19 Supplemental Funding Plan, or SABG COVID-19 Supplemental Funding Plan, as previously communicated to the grantee by the CMHS or CSAT State Project Officer.

Grantees are requested to submit this **Request for No Cost Extension (NCE) for COVID-19 Supplemental Funding** to their CMHS or CSAT State Project Officer by email as a Word document or PDF file, and to upload this NCE Request as an Attachment in WebBGAS in the FY 23 MHBG Plan, or in the FY 23 SABG Plan. Upon written notification of a grantee’s intention to file a NCE Request, the CMHS or CSAT State Project Officer will be requested to create and send the grantee a Revision Request in the FY 23 MHBG Plan or FY 23 SABG Plan in WebBGAS, with instructions for uploading the NCE Request as an Attachment in the FY 23 MHBG Plan or the FY 23 SABG Plan. Separate NCE Requests are required for approval for either a MHBG NCE Request or a SABG NCE Request. Grantees are requested to complete and submit the NCE Request, as instructed above, no later than Friday, September 9, 2022, at 12:00 midnight EST. Further information about this process may be requested from your CMHS, CSAT, or CSAP State Project Officer. Thank you.

Check One Only (✓): Request for NCE for FY 21 **MHBG** COVID-19 Supplemental Funding
 Request for NCE for FY 21 **SABG** COVID-19 Supplemental Funding

A. Name of MHBG or SABG Grantee Organization	Tennessee Department of Mental Health and Substance Abuse Services														
B. Date of Submission of NCE Request	September 8, 2022	C. Length of Time Requested (in Months) for NCE (12 Mo. Max. through 3/14/24)	12 months, new end date of 3/14/2024												
D. Name and Title of Grantee Finance Official Approving This NCE Request	Gene Wood, Budget Director														
E. Name and Title of Grantee Program Official Approving This NCE Request	Justine Bass, Deputy Assistant Commissioner, Division of Mental Health Services														
F. Name and Title of Other Grantee Official Approving This NCE Request	Avis Easley, Director of Planning, Division of Planning, Policy & Legislation														
G. COVID-19 Award Total \$ Amount Issued in NoA of 3/11/2021	\$15,793,941	H. COVID-19 Award Total \$ Amount Expended as of NCE Request Date Above	\$7,520,879												
I. COVID-19 Award Total \$ Amount Planned to be Expended through 3/14/2023	\$6,783,000	J. COVID-19 Award Total \$ Amount Requested for NCE	\$1,490,062												
K. Please provide a brief listing of your grantee <u>actual itemized expenditures</u> for your COVID-19 Supplemental Funding approved projects, activities, and purchases, that <u>have been completed</u> with your current COVID -19 Supplemental Funding, through the date of your submission of your NCE Request.															
<table border="1"> <thead> <tr> <th>Project focus</th> <th>Spent to date</th> </tr> </thead> <tbody> <tr> <td>Services for COVID Relief</td> <td>\$5,622,993</td> </tr> <tr> <td>Crisis Set-aside for Mobile Crisis Supplemental (5%)</td> <td>\$1,159,730</td> </tr> <tr> <td>FEPI Set-aside for three new FEPI sites (10%)</td> <td>\$380,019</td> </tr> <tr> <td>Administrative supports</td> <td>\$358,137</td> </tr> <tr> <td>Total</td> <td>\$7,520,879</td> </tr> </tbody> </table>				Project focus	Spent to date	Services for COVID Relief	\$5,622,993	Crisis Set-aside for Mobile Crisis Supplemental (5%)	\$1,159,730	FEPI Set-aside for three new FEPI sites (10%)	\$380,019	Administrative supports	\$358,137	Total	\$7,520,879
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Total	\$7,520,879														
<p>Aside from the standard goals and objectives of the MHBG to support a continuum of prevention, intervention, treatment, and recovery services, the services provided fit into these categories:</p> <ul style="list-style-type: none"> • increase access to evidence-based treatment and coordinated recovery support (59% of projects include these activities) • support evidence-based crisis services (52% of projects include these activities) • services that address the needs of children (52% of projects include these activities) 															

- training of staff and equipment that supports enhanced mental health crisis response and services (34% of projects include these activities)
- hire outreach and peer support workers for regular check-ins for people with SMI/SED (34% of projects include these activities)
- services that address the needs of children regarding school re-entry and related crises for children and adolescents (28% of projects include these activities)
- operation of an “access line,” “crisis phone line,” or “warm lines” to address any mental health issues for individuals (21% of projects include these activities)
- Mental Health Awareness training for first responders and others (14% of projects include these activities)
- prison and jail re-entry and enhanced discharge from inpatient settings to reduce risks of COVID-19 transmission (10% of projects include these activities)
- COVID-19 related expenses for those with SMI/SED, including testing and administering COVID vaccines, COVID awareness education, and purchase of Personal Protective Equipment (PPE) (10% of projects include these activities)

Services: There are currently 34 active grant contracts for services for COVID Relief. Providers for this grant served over 39,000 Tennesseans with the COVID Supplemental funds across all of the 95 counties. The providers submit quarterly progress reports on the impact of these funds.

Crisis: There are 12 active grant contracts supporting mobile crisis face to face assessments using COVID Relief grant funds. TDMHSAS contracts with twelve community behavioral health providers to operate adult and youth mobile crisis services that are non-hospital, community-based services offered twenty-four hours per day, seven days per week, three hundred sixty-five days per year (24/7/365) for a behavioral health illness, a crisis situation, or a perception of a crisis situation. All mobile crisis teams utilize peers in some capacity in the provision of crisis services. Over 54,000 of the face-to-face crisis assessments were supplemented with COVID Relief funds during 7/15/21 – 6/30/22. This is approximately 77% of all of the mobile assessments completed for adults and youth across Tennessee.

First Episode Psychosis Initiative (FEPI): There are four active grant contracts for the expansion of evidence-based FEPI services. There were 20 young adults served by the new teams during 11/1/21 – 6/30/22. Each of these new teams were selected as part of a competitive selection process. All teams have staffing patterns and available coordinated services to reflect the OnTrack model Coordinated Specialty Care approach. The expanded counties (Anderson, Montgomery, and Rutherford Counties) were selected based on a review of TDMHSAS mobile crisis face to face crisis assessments for ages 10-24.

Administrative: The COVID Relief funds are supporting the administrative infrastructure for TDMHSAS to support the grant funds. An array of TDMHSAS staff is supporting grant activities including: Mental Health Services staff to support daily programmatic oversight of the COVID Relief grant contracts as well as staff in supported employment and peer wellness, housing and homeless services, and special projects staff. These funds also support Planning Office staff supporting the TDMHSAS planning and policy council, added support for IT services, and fiscal monitoring and budget analyst staff to support contract processing and oversight.

L. Please provide a brief listing of your grantee estimated itemized expenditures for your COVID-19 Supplemental Funding approved projects, activities, and purchases, that are planned to be completed with your current COVID -19 Supplemental Funding, from the date of this Request through the end of the current expenditure period of March 14, 2023.

Project focus	Planned to be spent by 3/14/23
Services for COVID Relief	\$5,100,000
Crisis Set-aside for Mobile Crisis Supplemental (5%)	\$850,000
FEPI Set-aside for three new FEPI sites (10%)	\$510,000
Administrative supports	\$323,000
Total	\$6,783,000

The planned activities from the date of this request through the end of the current expenditure period will focus on the same work described in section K above.

M. Please provide a brief summary of the challenges that your program has experienced in fully expending the current COVID-19 Supplemental Funding by March 14, 2023, and what steps the grantee will be implementing to ensure that approved NCE COVID-19 Supplemental Funding will be fully expended by the end of the NCE period of expenditure requested above.

The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) was awarded the COVID-19 Supplemental funding in March of 2021, and subsequently, the contracts for the services and crisis supplemental funds began in July 2021. The Announcement of Funds process to subgrant the First Episode Psychosis Initiative (FEPI) set-aside funds delayed the contract start for these funds. The FEPI contracts began in November 2021. Since the funding has been regularly invoiced, we have seen a steady uptick in spending, and are confident the funding will be completely expended by March 14, 2024. The majority of the NCE funds will be used to support the FEPI set-aside. We anticipate that all services, crisis, and administrative support funds will be expended earlier (within approximately 3-6 months).

N. Please provide a brief listing of your grantee planned itemized expenditures for your COVID-19 Supplemental Funding approved projects, activities, and purchases, that are requested to be supported with the No Cost Extension for the COVID-19 Supplemental Funding amount that is identified above, for the NCE expenditure period that is identified above. All planned expenditures that are requested to be supported in an approved NCE must be fully within the current scope of the grantee's SAMHSA currently approved MHBG COVID-19 Supplemental Funding Plan or currently approved SABG COVID-19 Supplemental Funding Plan.

Project focus	Planned to be spent during 12-month NCE
Services for COVID Relief	\$476,586
Crisis Set-aside for Mobile Crisis Supplemental (5%)	\$253,145
FEPI Set-aside for three new FEPI sites (10%)	\$689,375
Administrative supports	\$70,956
Total	\$1,490,062

The planned activities from the date of this request through the end of the current expenditure period will focus on the same work described in section K above.

Services and Crisis: Most of these contracts are anticipated to be fully expended by 3/14/21. Then, these grantees will move to the next MHBG ARPA COVID Supplement award for similar projects. For these two categories, there will be about 5% of funds unspent at the end of the regular grant end date. These funds will be used for current services within six months of the extension.

FEPI: There are four active grant contracts for the expansion of evidence based FEPI services. The majority of the requested funds for the NCE will be used to support this set-aside. The FEPI teams require specialized training and specific staffing for the team to deliver services with fidelity to the Coordinated Specialty Care Program (OnTrackNY). There are three expansion teams funded to support three new counties with FEPI services as part of the COVID Supplemental grant. All teams have clients currently enrolled in services. It is expected that a 12-month NCE will allow the remaining funds in this category to be maximized for client treatment services.

O. Please provide any other relevant information about the current use of this COVID-19 Supplemental Funding, with actual itemized expenditures, and/or the proposed use of this COVID-19 Supplemental Funding, with estimated itemized expenditures, through a SAMHSA approved NCE for projects, activities, and purchases approved for expenditure under this funding.

Mental health services providers receiving grant contracts for COVID Supplemental funds provide quarterly updates on project implementation. They also share successes of the program related to the supplemental COVID-19 Relief funding to prevent, prepare for, and respond to SMI and SED needs and gaps during the pandemic. Below are excerpts from a few providers per Tennessee grand divisions to share an overview of the impact of these funds.

West Tennessee provider feedback:

- Alliance Healthcare Services, Access, Recover, Sustain (ARS) Project feedback: We have been able to reach triple the number of clients since we started this project. We are seeing a small increase in post hospital clients attending appointments as well as a significant increase in intake admissions for new clients. Due to the high demand for mental health services in the community, we are increasing the staff on our team to meet those demands. We have created a resource directory of community services available to clients to address barriers that may be a hinderance to care.
- Quinco Community Mental Health Center, COVID Relief/Jail Therapy Project feedback: Using the funds to retain existing employees has been very successful. We have seen a decline in number of staff leaving the agency since the bonuses were awarded. This has allowed us to remain consistent in the provision of therapy services. We have also seen many of the released inmates continue with therapy at the local clinic after they have been released.
- University of Memphis, SMART Center COVID-19 Relief for Schools feedback: Ensuring that families are referred to and engaged in treatment, services and supports is a key component of the SMART Center's success. Engaging families is a critical element in ensuring family safety, permanency, well-being, and recovery, as a contributor to a culture of recovery and healing, we have engaged 289 new contacts via WARM Line services this quarter. Our WARM line managers peer support has helped callers enter and navigate systems of care, remove

barriers to aid, and foster engagement in the process to secure beneficial services. We awarded a TANF grant that will allow us to expand this work across 21 counties in Tennessee and can now include young adults and adults in our service models, with plans to accept in Fall of 2022. We were able to expand our medical/ behavioral health translation services via cooperative agreement with the World Languages Department at The University of Memphis to support two engaged scholarship internship opportunities at the SMART Center.

Middle Tennessee provider feedback:

- Centerstone of Tennessee, Enhanced Engagement feedback: The Outreach Case Managers have provided outreach and engagement to individuals (adults and children) with SMI and SED. These staff have assessed the clients for mental health needs related to all major life, family, work, school, and community activities and provide education regarding reducing risks of COVID-19 transmissions and vaccination. These staff have referred to appropriate treatment team members to provide evidence-based treatment services, coordinated recovery support, and frequent check-ins. We were able to hire our first Suicide Prevention Engagement Specialist.
- Mental Health Cooperative, Crisis Continuum Utilization of COVID-19 Relief supplemental funds feedback: As a result of these supplemental funds we have been able to ensure that individuals in crisis get additional support through Peer Recovery services and specialized discharge planning services to transition them into community-based care. These types of services are critical component in helping people develop a recovery plan that is individualized and sustainable.
- Tennessee Mental Health Consumers' Association, Maury County Individual Placement and Support Initiative feedback: In April, TMHCA received the results of our annual Fidelity Review from TDMHSAS. This year's review included our established program in McMinnville and our expansion in Maury County. Our program achieved Good Fidelity with a score of 102. We are very pleased with the current status and prospects for the program overall. This is especially true of our Maury County Program. In June, we were notified by TDMHSAS that we will be eligible for new funding in the upcoming fiscal year to expand our IPS program. We intend to use a portion of those funds to add additional job developers in Maury. This will allow us to enhance the work currently being done by our staff funded through the COVID-19 Relief supplemental funds from the Community Mental Health Services Block Grant (MHBG).

East Tennessee provider feedback:

- Cherokee Health Systems, Access and Bridge to Care (ABC) feedback: ER Diversion and Transition through Collaboration and Care Management: The implementation of having a behavioral health care coordinator available for patient triage has been invaluable for both clinical staff as well as operations. Having someone who is knowledgeable not only about our system, but the clinical and operational needs of the hospital systems CHS partners with has improved the experience of both providers and patients who need access to care. This funding continues to allow us to staff a non-revenue generating position to help bridge gaps in care, respond to serious and urgent mental health needs, and support coordination.

- Helen Ross McNabb Center, Access to Care-Mental Health Block Grant feedback: The agency continues to provide access to psychiatrists and medication consultations within the ED through these funds for the uninsured population. The creation of the urgent Initial Medication Evaluation appointments at two of the Center's adult outpatient mental health sites has allowed multiple individuals seeking initial access to medications to be seen much more quickly than can happen through standard scheduling. The Center's clinical teams have been able to successfully triage each day's intake clients and identify those individuals who are most in need of immediate access to medication services.
- Mental Health Association of East Tennessee, Mental Health 101 and Peer Recovery Call Center feedback: Covid Relief funding enabled the Mental Health 101 program to serve 6,176 youth across Tennessee in schools that were unserved last year due to funding resources. The Covid Relief funds supported program expansion to 24 unserved schools. Covid relief funds also helped us serve 158 adults with peer support services via 1,584 telephone-based peer support contacts.

End of NCE Request. Thank you.

State Information

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

Fiscal Year 2023

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

Title XIX, Part B, Subpart II of the Public Health Service Act		
Section	Title	Chapter
Section 1911	Formula Grants to States	42 USC § 300x
Section 1912	State Plan for Comprehensive Community Mental Health Services for Certain Individuals	42 USC § 300x-1
Section 1913	Certain Agreements	42 USC § 300x-2
Section 1914	State Mental Health Planning Council	42 USC § 300x-3
Section 1915	Additional Provisions	42 USC § 300x-4
Section 1916	Restrictions on Use of Payments	42 USC § 300x-5
Section 1917	Application for Grant	42 USC § 300x-6
Section 1920	Early Serious Mental Illness	42 USC § 300x-9
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

ASSURANCES - NON-CONSTRUCTION PROGRAMS

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

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

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

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

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

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

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

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

Date Signed: _____

mm/dd/yyyy

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

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

Footnotes:

State Information

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

Fiscal Year 2023

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

Title XIX, Part B, Subpart II of the Public Health Service Act		
Section	Title	Chapter
Section 1911	Formula Grants to States	42 USC § 300x
Section 1912	State Plan for Comprehensive Community Mental Health Services for Certain Individuals	42 USC § 300x-1
Section 1913	Certain Agreements	42 USC § 300x-2
Section 1914	State Mental Health Planning Council	42 USC § 300x-3
Section 1915	Additional Provisions	42 USC § 300x-4
Section 1916	Restrictions on Use of Payments	42 USC § 300x-5
Section 1917	Application for Grant	42 USC § 300x-6
Section 1920	Early Serious Mental Illness	42 USC § 300x-9
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

ASSURANCES - NON-CONSTRUCTION PROGRAMS

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

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

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

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

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

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

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

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

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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.

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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, 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: TDMHSAS Commissioner

Date Signed: 07/21/2022

mm/dd/yyyy

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

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

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, LCSW

Title

TDMHSAS Commissioner

Organization

Tennessee Department of Mental Health and Substance Abuse Services

Signature:

Date:

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

Footnotes:

This form is not applicable.

Planning Tables

Table 2 State Agency Planned Expenditures

Table 2 addresses funds to be expended during the 24-month period of July 1, 2021 through June 30, 2023. Table 2 now includes columns to capture state expenditures for COVID-19 Relief Supplemental, ARP funds, and BSCA funds. Please use these columns to capture how much the state plans to expend over a 24-month period (7/1/21-6/30/23). Please document the use of COVID-19 Relief Supplemental, ARP and BSCA funds in the footnotes.

MHBG: Include public mental health services provided by mental health providers or funded by the state mental health agency by source of funding.

Planning Period Start Date: 7/1/2022 Planning Period End Date: 6/30/2023

Activity (See instructions for using Row 1.)	Source of Funds										
	A. Substance Abuse Block Grant	B. Mental Health Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding Local Medicaid)	G. Other	H. COVID-19 Relief Funds (MHBG) ^a	I. COVID Relief Funds (SABG) ^a	J. ARP Funds (MHBG) ^b	K. BSCA Funds (MHBG) ^c
1. Substance Abuse Prevention and Treatment											
a. Pregnant Women and Women with Dependent Children											
b. All Other											
2. Primary Prevention											
a. Substance Abuse Primary Prevention											
b. Mental Health Primary Prevention ^d											
3. Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis (10 percent of total award MHBG) ^e		\$1,722,303.00			\$190,000.00			\$1,199,000.00		\$360,000.00	
4. Tuberculosis Services											
5. Early Intervention Services for HIV											
6. State Hospital			\$12,188,700.00		\$133,401,300.00	\$12,354,300.00	\$1,757,700.00	\$0.00		\$0.00	
7. Other 24-Hour Care		\$5,054,989.00	\$137,752,000.00		\$22,177,202.00					\$890,269.00	
8. Ambulatory/Community Non-24 Hour Care		\$8,766,338.00	\$452,651,100.00	\$12,800,883.00	\$81,859,539.00			\$6,540,000.00		\$3,289,000.00	
9. Administration (excluding program/provider level) ^f MHBG and SABG must be reported separately		\$818,248.00			\$12,787,400.00	\$701,700.00	\$1,860,000.00	\$275,900.00		\$324,800.00	
10. Crisis Services (5 percent set-aside) ^g		\$861,152.00		\$762,206.00	\$22,636,615.00			\$1,444,779.00		\$220,000.00	
11. Total	\$0.00	\$17,223,030.00	\$602,591,800.00	\$13,563,089.00	\$273,052,056.00	\$13,056,000.00	\$3,617,700.00	\$9,459,679.00	\$0.00	\$5,084,069.00	\$0.00

^aThe 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" SABG and MHBG. Per the instructions, the standard SABG expenditures are for the state planned expenditure period of July 1, 2022 – June 30, 2023, for most states.

^bThe expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**, which is different from expenditure period for the "standard" MHBG. Per the instructions, the standard MHBG expenditures captured in Columns A-G are for the state planned expenditure period of July 1, 2022 - June 30, 2023, for most states

^cThe expenditure period for the Bipartisan Safer Communities Act (BSCA) supplemental funding is **October 17, 2022 - October 16, 2024**, which is different from the normal block grant expenditure period. Column K should reflect the spending for the state reporting period. The total may reflect the BSCA allotment portion used during the state reporting period.

^dWhile 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.

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

^fPer statute, Administrative expenditures cannot exceed 5 percent of the fiscal year award

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

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Footnotes:

Planning Tables

Table 6 Non-Direct Services/System Development

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

MHBG Planning Period Start Date: 07/01/2022 MHBG Planning Period End Date: 06/30/2023

Activity	FFY 2022 Block Grant	FFY 2022 ¹ COVID Funds	FFY 2022 ² ARP Funds	FFY 2023 Block Grant	FFY 2023 ¹ COVID Funds	FFY 2023 ² ARP Funds	FFY 2023 ³ BSCA Funds
1. Information Systems							
2. Infrastructure Support	\$687,146.00	\$470,296.00	\$311,674.00	\$861,152.00	\$97,397.00	\$31,271.00	
3. Partnerships, community outreach, and needs assessment							
4. Planning Council Activities (MHBG required, SABG optional)	\$309,400.00			\$322,300.00			
5. Quality Assurance and Improvement	\$590,000.00			\$590,000.00	\$179,394.00	\$58,822.00	
6. Research and Evaluation							
7. Training and Education	\$1,501,675.00	\$413,040.00	\$64,687.00	\$1,362,609.00	\$368,406.00	\$187,627.00	
8. Total	\$3,088,221.00	\$883,336.00	\$376,361.00	\$3,136,061.00	\$645,197.00	\$277,720.00	\$0.00

¹ The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" SABG and MHBG. Per the instructions, the standard MHBG expenditures are for the state planned expenditure period of July 1, 2021 - June 30, 2023, for most states.

² The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**, which is different from the expenditure period for the "standard" MHBG. Per the instructions, the standard MHBG expenditures are for the state planned expenditure period of July 1, 2021 - June 30, 2023, for most states.

³ The expenditure period for the Bipartisan Safer Communities Act (BSCA) supplemental funding is **October 17, 2022 - October 16, 2024**, which is different from the normal block grant expenditure period. Column K should reflect the spending for the state reporting period. The total may reflect the BSCA allotment portion used during the state reporting period.

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Footnotes:

Environmental Factors and Plan

15. Crisis Services - Required MHBG, Requested SABG

Narrative Question

SAMHSA is directed by Congress through the Consolidated Appropriations Act, 2021 and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 [P.L. 116-260], to set aside 5 percent of the MHBG allocation for each state to support evidence-based crisis systems. The appropriation bill includes the following budget language that outlines the new 5 percent set-aside:

Furthermore, the Committee directs a new five percent set-aside of the total for evidence-based crisis care programs addressing the needs of individuals with serious mental illnesses and children with serious mental and emotional disturbances. The Committee directs SAMHSA to use the set-aside to fund, at the discretion of eligible States and Territories, some or all of a set of core crisis care elements including: centrally deployed 24/7 mobile crisis units, short-term residential crisis stabilization beds, evidence-based protocols for delivering services to individuals with suicide risk, and regional or State-wide crisis call centers coordinating in real time.

A crisis response system will have the capacity to prevent, recognize, respond, de-escalate, and follow-up from crises across a continuum, from crisis planning, to early stages of support and respite, to crisis stabilization and intervention, to post-crisis follow-up and support for the individual and their family. SAMHSA expects that states will build on the emerging and growing body of evidence for effective community-based crisis-intervention and response systems. Given the multi-system involvement of many individuals with M/SUD issues, the crisis system approach provides the infrastructure to improve care coordination and outcomes, manage costs, and better invest resources.

SAMHSA recently developed [Crisis Services: Meeting Needs, Saving Lives](#), which includes "[National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit](#)" as well as other related National Association of State Mental Health Programs Directors (NASMHPD) papers on crisis services. Please note that this set aside funding is dedicated for the core set of crisis services as directed by Congress. Nothing precludes states from utilizing more than 5 percent of its MHBG funds for crisis services for individuals with SMI or children with SED. If states have other investments for crisis services, they are encouraged to coordinate those programs with programs supported by this new 5 percent set aside. This coordination will help ensure services for individuals are swiftly identified and are engaged in the core crisis care elements.

Please refer to the <https://www.samhsa.gov/sites/default/files/grants/fy22-23-block-grant-application.pdf> [samhsa.gov] for additional information.

1. Briefly narrate your state's crisis system. Include a description of access to the crisis call centers, availability of mobile crisis and behavioral health first responder services, utilization of crisis receiving and stabilization centers.

TDMHSAS contracts with twelve community behavioral health providers who provide mobile crisis and crisis hotline services. Tennessee has a vast statewide crisis system, with 24-hour crisis line and services, reaching over 126,600 individuals in state fiscal year 2022. Approximately 10,420 of the calls were received by the statewide hotline. Each contracted agency operates a local crisis hotline and there is a statewide toll-free crisis line 855-CRISIS-1 (855-274-7471) telephone call routing system for individuals within the State of Tennessee who are experiencing a behavioral health crisis. A telephone call coming into the Crisis Hotline is routed to the crisis services provider serving the area from which the telephone call originated. Services provided via statewide Crisis Hotline, as well as the local crisis provider responder lines, include "live" answering by qualified and trained crisis triage personnel within three (3) minutes, telephonic crisis assessment, intervention, and triage until the individual can be linked to the crisis services provider serving the area from which the telephone call originated and/or the area where the individual is physically present. All crisis call centers are required to be adequately staffed to respond in "real-time," whenever possible, to telephone calls transferred to their telephone line by the statewide Crisis Hotline to meet the needs of the population served. Tennessee's 988 Contact Center Network is comprised of six (6) crisis call centers across the state. Three include state contracted crisis services providers, and the remaining providers are not crisis services providers. Funds from the Mental Health Block Grant (MHBG) 5% crisis set aside will support Tennessee's 988 Network in efforts to improve infrastructure needed for 9-8-8 implementation. Tennessee's 988 Contact Centers will continue to contract with TDMHSAS through this funding to increase staffing capacity to increase call handle rates and enhance service monitoring. All funds from the MHBG 5% crisis set aside support Tennessee's 988 Network in efforts to improve infrastructure needed for 9-8-8 implementation.

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

- a) *The Exploration stage: is the stage when states identify their communities's needs, assess organizational capacity, identify how crisis services meet community needs, and understand program requirements and adaptation.*
- b) *The Installation stage: occurs once the state comes up with a plan and the state begins making the changes necessary to implement the crisis services based on the SAMHSA guidance. this includes coordination, training and community outreach and education activities.*
- c) *Initial Implementation stage: occurs when the state has the three-core crisis services in place and agencies begin to put into practice the SAMHSA guidelines.*

d) Full Implementation stage: occurs once staffing is complete, services are provided, and funding streams are in place.

e) Program Sustainability stage: occurs when full implementation has been achieved, and quality assurance mechanisms are in place to assess the effectiveness and quality of the crisis services.

1. Someone to talk to: Crisis Call Capacity

a. Number of locally based crisis call Centers in state

i. In the Suicide lifeline network

ii. Not in the suicide lifeline network

b. Number of Crisis Call Centers with follow up protocols in place

c. Percent of 911 calls that are coded as MH related

2. Someone to respond: Number of communities that have mobile behavioral health crisis capacity

a. Independent of first responder structures (police, paramedic, fire)

b. Integrated with first responder structures (police, paramedic, fire)

c. Number that employ peers

3. Place to go

a. Number of Emergency Departments

b. Number of Emergency Departments that operate a specialized behavior health component

c. Number of Crisis Receiving and Stabilization Centers (short term, 23 hour units that can diagnose and stabilize individuals in crisis)

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

	Exploration Planning	Installation	Early Implementation Available to less than 25% of people in state	Middle Implementation Available to about 50% of people in state	Majority Implementation Available to at least 75% of people in state	Program Sustainment
Someone to talk to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Someone to respond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Place to go	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

b. Briefly explain your stages of implementation selections here.

The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) directly funds, supports and oversees the Tennessee Statewide Crisis Services System. This continuum includes the statewide toll-free crisis line, adult mobile crisis response, children and youth mobile crisis response, walk-in centers, crisis stabilization units, crisis respite, and follow-up services. Tennessee's existing Crisis Services Continuum is an array of services available to eligible individuals who need crisis services to meet their needs in the least restrictive and most appropriate setting to alleviate or stabilize their symptoms as well as strengthen or develop their support system and coping skills to allow each individual to remain in his or her community during and after a behavioral health crisis period. All three elements (call centers, responder services, and stabilization centers) are being implemented statewide. All three of these elements would be considered in the Program Sustainment stage. Someone to talk to: TDMHSAS contracts with twelve community behavioral health providers who provide mobile crisis and crisis hotline services. Tennessee has a vast statewide crisis system, with 24-hour crisis line and services, reaching over 126,600 individuals in state fiscal year 2022. Approximately 10,420 of the calls were received by the statewide hotline. Each contracted agency operates a local crisis hotline and there is a statewide toll-free crisis line 855-CRISIS-1 (855-274-7471) telephone call routing system for individuals within the State of Tennessee who are experiencing a behavioral health crisis. A telephone call coming into the Crisis Hotline is routed to the crisis services provider serving the area from which the telephone call originated. Services provided via the statewide Crisis Hotline, as well as the local crisis provider responder lines, include "live" answering by qualified and trained crisis triage personnel within three (3) minutes, telephonic crisis assessment, intervention, and triage until the individual can be linked to the crisis services provider serving the area from which the telephone call originated and/or the area where the individual is physically present. All crisis call centers are required to be adequately staffed to respond in "real-time," whenever possible, to telephone calls transferred to their telephone line by the statewide Crisis Hotline to meet the needs of the population served. Tennessee's 988 Contact Center Network is comprised of six (6) crisis contact centers across the state. Three include state contracted crisis services providers, and the remaining providers are not crisis services providers. Funds from the MHBG 5% set aside will support the TN 988 Network in efforts to improve infrastructure needed for 9-8-8 implementation. TN 988 contact centers will continue to contract with TDMHSAS through this funding to increase staffing capacity to increase call handle rates and enhance service monitoring. All funds from the MHBG 5% crisis set aside support the TN 988 Network in efforts to improve infrastructure needed for 9-8-8 implementation. All twelve crisis hotline service providers, along with all six 988 service providers, have crisis follow-up protocols in place. At present, we are unable to gather data around total percentage of mental health related calls present to the 911 system. Someone to respond: TDMHSAS contracts with twelve community behavioral health providers to operate adult and youth mobile crisis services that are non-hospital, community-based services. These services are offered twenty-four hours per day, seven days per week, three hundred sixty-five days per year (24/7/365) for a behavioral health illness, a crisis situation, or a perception of a crisis situation. Services may be accessed by calling the 24/7/365 statewide crisis line 855-Crisis-1 (855-274-7471). Adult Mobile Crisis Services are provided to adults who are eighteen (18) years of age and over. Children and Youth Mobile Crisis Services are provided to children and youth who are seventeen (17) years of age or younger. There are four (4) Children and Youth serving Mobile Crisis Response Teams. The four (4) children's mobile crisis response teams cover the entire state, inclusive of all 95 Tennessee Counties. The scope of services and deliverables in our grant

contracts with the community providers is a response time of two (2) hours or less for at least 90% of the crisis calls that necessitate a mobile crisis team response. For calls that emanate from local schools, the state standard is one (1) hour. Children's mobile crisis response teams are in the Program Sustainment stage. Children's Mobile Crisis Services are fully implemented and sustained through TDMHSAS state appropriations and TennCare (stated Medicaid authority) funding across the state. All Mobile Crisis teams utilize peers in some capacity in the provision of crisis services. Place to go: Tennessee crisis providers operate eight (8) crisis Walk-In Centers that are non-hospital, facility-based services, affiliated with each of the State-licensed Crisis Stabilization Units, offering twenty-four hours per day, seven days per week, three hundred sixty-five days per year (24/7/365). Crisis Walk-in Triage Services include assessment and evaluation; early intervention; prevention; stabilization; referral(s) to needed behavioral health services; and follow-up services for symptoms of a behavioral health illness or crisis situation. Individuals may be maintained in the walk-in center pending final disposition to the recommended level of care. All eight (8) Walk-In Centers also provide 23-hour observation services as appropriate. Crisis Stabilization Units are licensed by the State to offer (24/7/365) intensive, short-term stabilization and behavioral health treatment for those persons whose behavioral health condition does not meet the crisis for involuntarily commitment to a psychiatric hospital or other treatment resource and who cannot be appropriately and/or safely managed in a less restrictive environment. There are eight (8) Crisis Stabilization Units across the state, a total of one hundred and fifteen (115) beds.

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

TDMHSAS began the buildout of Tennessee's crisis system in 1991, with the addition of crisis call/mobile crisis services, spanning all 95 counties for children, youth, and adults. Walk-in Center, Crisis Stabilization Unit and Respite services were added in 2008. In FY22, TDMHSAS began formally supporting the 988 Crisis system with both Mental Health Block Grant recurring funding and, as of June 1, 2022, SAMHSA funding.

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

The crisis set aside is used to enhance Tennessee's 988 Network. Funds from the MHBG 5% crisis set aside support the TN 988 Network in efforts to improve and increase infrastructure, while allowing for ongoing data to capture and identify service gaps and continued needs. We are actively engaging the six Tennessee National Suicide Prevention Lifeline Center Network providers. Funding is anticipated to primarily support staffing needs at these agencies. Each call center has identified counties of service where they are designated as the "primary" call center. If the primary call center does not answer the call within a certain amount of time, then it shifts to a "backup" NSPL call center in Tennessee. There has been emphasis in the planning and implementation grants on maintaining a 90% in-state answer rate and grants have supported additional staffing to prepare for increased capacity of calls. If a call is not answered by the state primary or back-up call center, then the call goes to the national backup call center. There has also been work done to implement a Chat/Text Center infrastructure for 988 in Tennessee. There are currently two sources of funds that support the 988 programming, focusing on the 988 Crisis Contact Centers. The first is a recurring set-aside from the Community Mental Health Services Block grant. Additionally, Tennessee received a new federal SAMHSA Cooperative Agreement that is expected to be recurring funds to support the same 988 contact centers. This new federal agreement also includes funds for statewide evaluation. Funds from these two sources are focused on supporting the enhanced infrastructure, data collection, and service evaluation for the 988 contact center services.

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Footnotes:

Reference the attachment to see full descriptions.

Environmental Factors and Plan

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

Narrative Question

Each state is required to establish and maintain a state Mental Health Planning/Advisory Council to carry out the statutory functions as described in 42 U.S. C. 300x-3 for adults with SMI and children with SED. To meet the needs of states that are integrating services supported by MHBG and SABG, SAMHSA is recommending that states expand their Mental Health Advisory Council to include substance misuse prevention, treatment, and recovery representation, referred to here as an Advisory/Planning Council (PC). SAMHSA encourages states to expand their required Council's comprehensive approach by designing and implementing regularly scheduled collaborations with an existing substance misuse prevention, treatment, and recovery advisory council to ensure that the council reviews issues and services for persons with, or at risk, for substance misuse and SUDs. To assist with implementing a PC, SAMHSA has created [Best Practices for State Behavioral Health Planning Councils: The Road to Planning Council Integration](#).⁶⁹

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

⁶⁹<https://www.samhsa.gov/sites/default/files/manual-planning-council-best-practices-2014.pdf>

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

1. How was the Council involved in the development and review of the state plan and report? Please attach supporting documentation (meeting minutes, letters of support, etc.) using the upload option at the bottom of this page.

a) What mechanism does the state use to plan and implement substance misuse prevention, SUD treatment and recovery services?

The 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.

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

2. Is the membership representative of the service area population (e.g. ethnic, cultural, linguistic, rural, suburban, urban, older adults, families of young children)? Yes No

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

TDMHSAS operates a structured planning process with multiple layers of Planning and Policy statewide and regional Council involvement to ensure citizen participation in policy development and delivery-system planning. The Department also oversees seven regional Planning and Policy Councils from which local and regional mental health needs and information are funneled to the State Planning and Policy 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; veterans; 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), serious emotional disturbances (SED), 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.

The Statewide and Regional Councils also collaborate with the Statewide Young Adult Leadership Council (YALC) under the TDMHSAS Office of Youth and Young Adult Initiatives. The YALC is a place for young people to gain professional development, community service, and leadership skills while sharing experiences of mental illness, substance abuse, and/or systems involvement in a non-judgmental place where they can grow in their recovery and wellness journeys. YALC members are invited to attend all quarterly council meetings.

Per T.C.A. §33-1-402, responsibilities of council members include advising the Commissioner regarding plans and policies to be followed in the service system and the operation of the Department's programs and facilities; providing recommendations to the General Assembly legislation and appropriations for such programs and facilities; and, publicizing generally the situation and needs of persons with mental illness, serious emotional disturbance, substance use disorders, and their families. With the Commissioner, the TDMHSAS Statewide Planning and Policy Council also reports annually to Governor on the service system, including the Department's programs, services, supports, and facilities.

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

Additionally, please complete the Advisory Council Members and Advisory Council Composition by Member Type forms.⁷⁰

⁷⁰There are strict state Council membership guidelines. States must demonstrate: (1) the involvement of people in recovery and their family members; (2) the ratio of parents of children with SED to other Council members is sufficient to provide adequate representation of that constituency in deliberations on the Council; and (3) no less than 50 percent of the members of the Council are individuals who are not state employees or providers of mental health services.

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Footnotes:

**TENNESSEE DEPARTMENT OF MENTAL HEALTH AND
SUBSTANCE ABUSE SERVICES PLANNING AND POLICY COUNCIL**

c/o 500 DEADERICK STREET
ANDREW JACKSON BUILDING, 5th FLOOR
NASHVILLE, TENNESSEE 37243

ALBERT RICHARDSON
CHAIR

RIKKI HARRIS
VICE-CHAIR

July 22, 2022

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

RE: FY 2023 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 the FY 2023 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.

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.

Best regards,

Albert L. Richardson Jr.
Albert Richardson
TDMHSAS Planning and Policy Council Chair

Environmental Factors and Plan

Advisory Council Members

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

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

Start Year: 2023 End Year: 2024

Name	Type of Membership*	Agency or Organization Represented	Address,Phone, and Fax	Email(if available)
Shara Biggs	Providers	Mental Health Cooperative	275 Cumberland Bend Nashville TN, 37228 PH: 615-743-1695	sbiggs@mhc-tn.org
Melissa Birdwell	Providers	Frontier Health	2001 Stonebrook Place Kingsport TN, 37660 PH: 423-224-1000	mbirdwel@frontierhealth.org
Renee Bouchillon	State Employees	Tennessee Department of Human Services District Office	1400 College Avenue Columbia TN, 38401 PH: 931-380-4636	reneeouchillon@tn.gov
Burke Brewer	Others (Advocates who are not State employees or providers)	Disability Rights TN	9050 Executive Park Drive Knoxville TN, 37923 PH: 865-670-2944	burkeb@disabilityrightstn.org
Kimberly Buckley	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		300 Blankenship Street Lexington TN, 38351 PH: 731-343-2806	KimberlyR.Buckley@wth.org
Jim Casey	State Employees	Tennessee Department of Correction	320 6th Avenue North Nashville TN, 37243 PH: 615-253-8163	jim.casey@tn.gov
Ben Dickey	Family Members of Individuals in Recovery (to include family members of adults with SMI)		2390 West Monica Drive Bartlett TN, 38134 PH: 901-517-0681	ben.dickey@vertavahealth.com
Jeff Fladen	Family Members of Individuals in Recovery (to include family members of adults with SMI)		NAMI Tennessee Nashville TN, 37221 PH: 603-785-7110	jfladen@namitn.org
Jessyca Foster	Youth/adolescent representative (or member from an organization serving young people)		6830 Conner Lane Chattanooga TN, 37421 PH: 423-508-7057	jessycafoster1110@gmail.com

Paul Fuchcar	Persons in recovery from or providing treatment for or advocating for SUD services		207 Spears Avenue Chattanooga TN, 37405 PH: 423-667-3311	paul.fuchcar@taadas.org
Megan Gaylord	Providers	Youth Villages	8047 Hillcrest Drive Milan TN, 38358 PH: 901-233-7712	megan.gaylord@youthvillages.org
Shannon Gordon	State Employees	Tennessee Department of Education	710 James Robertson Parkway Nashville TN, 37243 PH: 615-864-1048	Shannon.Gordon@tn.gov
Amber Hampton	Others (Advocates who are not State employees or providers)	Mental Health America of Middle Tennessee	446 Metroplex Drive, A 224 Nashville , 37211 PH: 615-312-3113	ahampton@mhamt.org
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, 37930 PH: 865-584-9125	ben@mhaet.com
Rikki Harris	Others (Advocates who are not State employees or providers)	Tennessee Voices for Children	500 Professional Park Drive Goodlettsville TN, 37072 PH: 615-269-7751	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: 615-427-5207	clarkton.harrison@va.gov
Debbie Hillin	Family Members of Individuals in Recovery (to include family members of adults with SMI)		5465 Village Way Nashville TN, 37211 PH: 615-975-0196	debbiehillin@buffalovalley.org
Amy Irvin	Providers	Omni Community Health	1401 Williams Street, Suite 210 Chattanooga TN, 37408 PH: 423-544-4815	amyirvin@omnicommunityhealth.com
Kayla Jackson	Parents of children with SED/SUD		418 N. Willow Avenue Cookeville TN, 38501 PH: 931-319-7876	kjackson@mhc-tn.org
Elizabeth Jones	State Employees	Tennessee Department of Health	710 James Robertson Parkway Nashville TN, 37243 PH: 615-253-8483	elizabeth.jones@tn.gov
Jennifer Jones	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		1321 Murfreesboro Pike Nashville TN, 37217 PH: 615-780-5901	jennifer@taadas.org
Lynn Julian	Family Members of Individuals in Recovery (to include family members of adults with SMI)		110 Bon Air Circle Jackson TN, 38305 PH: 731-695-2276	vlandrum082@gmail.com
Wayne King	Family Members of Individuals in Recovery (to include family members of adults with SMI)		18730 Alberta Street Oneida TN, 37841 PH: 423-215-2607	trulight@live.com
Eric Landry	Persons in recovery from or providing treatment for or		1620 Hwy. 73 Newport TN, 37821	elandry@metrodrug.org

	advocating for SUD services		PH: 843-509-0764	
Rebekah Lewis	Youth/adolescent representative (or member from an organization serving young people)		2716 Brenda Street Thompson's Station TN, 37179 PH: 615-330-7312	rebekah.l.lewis@vanderbilt.edu
Gayle Lodato	Providers	Helen Ross McNabb Center	9862 Baker Boy Drive Ooltewah TN, 37363 PH: 423-664-2849	gayle.lodato@mcnabb.org
Becky Massey	State Employees	Tennessee Senate	Cordell Hull Building, Suite 776 Nashville TN, 37243 PH: 615-741-1648	sen.becky.massey@capitol.tn.gov
Dawn Mitchell	Parents of children with SED/SUD		1010 Drummond Drive Nashville TN, 37211 PH: 615-293-0676	dawnmmitchell@yahoo.com
Morenike Murphy	Family Members of Individuals in Recovery (to include family members of adults with SMI)	Center of Hope Behavioral Health	909 Meadow Lark Lane Goodlettsville TN, 37072 PH: 615-756-4898	mmurphy@centerofhopebh.org
Michael Myszka	State Employees	Bureau of TennCare	310 Great Circle Road Nashville TN, 37243 PH: 615-507-6630	michael.myszka@tn.gov
Mary Neal	Providers	Connections Counseling	297 Mary Ann Drive Memphis TN, 38117 PH: 901-674-1728]	maryneal.lpc@gmail.com
Robin Nobling	Family Members of Individuals in Recovery (to include family members of adults with SMI)		329 Harding Place, Suite 203 Nashville TN, 37211 PH: 615-891-4724	rnobling@namidavidson.org
Kim Parker	Providers	Pathways	238 Summar Drive Jackson TN, 38301 PH: 731-541-8988	kim.parker@wth.org
Bob Ramsey	State Employees	Tennessee House of Representatives	425 5th Ave. North, Suite 428 Nashville TN, 37243 PH: 615-741-3560	rep.bob.ramsey@capitol.tn.gov
Erin Read	Family Members of Individuals in Recovery (to include family members of adults with SMI)		140 Dameron Avenue Knoxville TN, 37917 PH: 615-585-4066	erinreading@gmail.com
Jacqueline Reid	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		2369 Central Avenue Memphis TN, 38104 PH: 901-287-1841	jayreid@mac.com
Albert Richardson	Persons in recovery from or providing treatment for or advocating for SUD services		4041 Knight Arnold Road, Suite 300 Memphis TN, 38118 PH: 901-360-0442	arichardson@caapincorporated.com
Constandina Savvenas	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		42 Rutledge Street Nashville TN, 37210 PH: 615-707-0257	csavvenas@tamho.org

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
Samantha Slagle	Providers	Frontier Health	26 Midway Street TN, 37620 PH: 423-989-4515	sslagle@frontierhealth.org
Patrick Starnes	Persons in recovery from or providing treatment for or advocating for SUD services		607 Neill Avenue Nashville TN, 37206 PH: 615-330-1832	trucare10@yahoo.com
Don Watt	State Employees	Tennessee Housing Development Agency	502 Deaderick Street Nashville TN, 37243 PH: 615-815-2032	dwatt@thda.org
Eula Whittaker	Family Members of Individuals in Recovery (to include family members of adults with SMI)		3323 Foxwood Drive Memphis TN, 38115 PH: 901-949-0661	e.l.whittaker@att.net
Marie Williams	State Employees	Tennessee Department of Mental Health and Substance Abuse Services	500 Deaderick Street Nashville TN, 37243 PH: 615-532-6500	marie.williams@tn.gov
Rebecca Woods	Others (Advocates who are not State employees or providers)	Tennessee Primary Care Association	710 Spence Lane Nashville TN, 37217 PH: 423-315-0851	rebecca.woods@tnpca.org
Kevin Wright	State Employees	DHS, Division of Rehabilitation Services	James K. Polk Building Nashville TN, 37243 PH: 615-741-3599	kevin.r.wright@tn.gov
Evelyn Yeargin	Family Members of Individuals in Recovery (to include family members of adults with SMI)		275 Cumberland Bend Nashville TN, 37228 PH: 615-743-1467	eryeargin@mhc-tn.org

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

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Footnotes:

Additional ex-officio members include: the Governor of TN, an employee of the Tennessee Department of Intellectual and Developmental Disabilities (TDIDD), an employee of Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), an employee of Tennessee Department of Children Services, an employee of Tennessee Council on Children and Youth (TCCY), and a member of the TN Council on Developmental Disabilities.

Environmental Factors and Plan

Advisory Council Composition by Member Type

Start Year: 2023 End Year: 2024

Type of Membership	Number	Percentage
Total Membership	42	
Individuals in Recovery* (to include adults with SMI who are receiving, or have received, mental health services)	6	
Family Members of Individuals in Recovery* (to include family members of adults with SMI)	10	
Parents of children with SED/SUD*	2	
Vacancies (Individuals and Family Members)	0	
Others (Advocates who are not State employees or providers)	4	
Total Individuals in Recovery, Family Members & Others	22	52.38%
State Employees	10	
Providers	10	
Vacancies	0	
Total State Employees & Providers	20	47.62%
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 SUD services	4	
Representatives from Federally Recognized Tribes	0	
Youth/adolescent representative (or member from an organization serving young people)	2	

* States are encouraged to select these representatives from state Family/Consumer organizations or include individuals with substance misuse prevention, SUD treatment, and recovery expertise in their Councils.

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Footnotes: