Utah
UNIFORM APPLICATION
FY 2018/2019 - STATE BEHAVIORAL HEALTH ASSESSMENT AND PLAN

SUBSTANCE ABUSE PREVENTION AND TREATMENT
and
COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 06/12/2015 - Expires 09/30/2020
(generated on 08/02/2018 12:30:11 PM)

Center for Substance Abuse Prevention
Division of State Programs

Center for Substance Abuse Treatment
Division of State and Community Assistance

and

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

Plan Year
Start Year 2019
End Year 2020

State SAPT DUNS Number
Number 878593383
Expiration Date

I. State Agency to be the SAPT Grantee for the Block Grant
Agency Name Utah Department of Human Services
Organizational Unit Division of Substance Abuse and Mental Health
Mailing Address 195 North 1950 West
City Salt Lake City
Zip Code 84116

II. Contact Person for the SAPT Grantee of the Block Grant
First Name Doug
Last Name Thomas
Agency Name Division of Substance Abuse and Mental Health
Mailing Address 195 North 1950 West
City Salt Lake City
Zip Code 84116
Telephone 801-538-4298
Fax 801-538-9892
Email Address dothomas@utah.gov

State CMHS DUNS Number
Number 878593383
Expiration Date 8/30/2013

I. State Agency to be the CMHS Grantee for the Block Grant
Agency Name Utah Department of Human Services
Organizational Unit Division of Substance Abuse and Mental Health
Mailing Address 195 North 1950 West
City Salt Lake City
Zip Code 84116

II. Contact Person for the CMHS Grantee of the Block Grant
First Name Doug
Last Name Thomas
Agency Name Division of Substance Abuse and Mental Health
III. Third Party Administrator of Mental Health Services

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

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

From
To

V. Date Submitted
Submission Date
Revision Date

VI. Contact Person Responsible for Application Submission

First Name  Shanel
Last Name  Long
Telephone  801-538-4406
Fax  801-538-9892
Email Address  shlong@utah.gov

Footnotes:
State Information

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

Fiscal Year 2019

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

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Chapter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 1921</td>
<td>Formula Grants to States</td>
<td>42 USC § 300x-21</td>
</tr>
<tr>
<td>Section 1922</td>
<td>Certain Allocations</td>
<td>42 USC § 300x-22</td>
</tr>
<tr>
<td>Section 1923</td>
<td>Intravenous Substance Abuse</td>
<td>42 USC § 300x-23</td>
</tr>
<tr>
<td>Section 1924</td>
<td>Requirements Regarding Tuberculosis and Human Immunodeficiency Virus</td>
<td>42 USC § 300x-24</td>
</tr>
<tr>
<td>Section 1925</td>
<td>Group Homes for Recovering Substance Abusers</td>
<td>42 USC § 300x-25</td>
</tr>
<tr>
<td>Section 1926</td>
<td>State Law Regarding the Sale of Tobacco Products to Individuals Under Age 18</td>
<td>42 USC § 300x-26</td>
</tr>
<tr>
<td>Section 1927</td>
<td>Treatment Services for Pregnant Women</td>
<td>42 USC § 300x-27</td>
</tr>
<tr>
<td>Section 1928</td>
<td>Additional Agreements</td>
<td>42 USC § 300x-28</td>
</tr>
<tr>
<td>Section 1929</td>
<td>Submission to Secretary of Statewide Assessment of Needs</td>
<td>42 USC § 300x-29</td>
</tr>
<tr>
<td>Section 1930</td>
<td>Maintenance of Effort Regarding State Expenditures</td>
<td>42 USC § 300x-30</td>
</tr>
<tr>
<td>Section 1931</td>
<td>Restrictions on Expenditure of Grant</td>
<td>42 USC § 300x-31</td>
</tr>
<tr>
<td>Section 1932</td>
<td>Application for Grant; Approval of State Plan</td>
<td>42 USC § 300x-32</td>
</tr>
<tr>
<td>Section 1935</td>
<td>Core Data Set</td>
<td>42 USC § 300x-35</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Chapter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 1941</td>
<td>Opportunity for Public Comment on State Plans</td>
<td>42 USC § 300x-51</td>
</tr>
<tr>
<td>Section 1942</td>
<td>Requirement of Reports and Audits by States</td>
<td>42 USC § 300x-52</td>
</tr>
<tr>
<td>Section</td>
<td>Requirement</td>
<td>Code</td>
</tr>
<tr>
<td>---------</td>
<td>--------------------------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>1943</td>
<td>Additional Requirements</td>
<td>42 USC § 300x-53</td>
</tr>
<tr>
<td>1946</td>
<td>Prohibition Regarding Receipt of Funds</td>
<td>42 USC § 300x-56</td>
</tr>
<tr>
<td>1947</td>
<td>Nondiscrimination</td>
<td>42 USC § 300x-57</td>
</tr>
<tr>
<td>1953</td>
<td>Continuation of Certain Programs</td>
<td>42 USC § 300x-63</td>
</tr>
<tr>
<td>1955</td>
<td>Services Provided by Nongovernmental Organizations</td>
<td>42 USC § 300x-65</td>
</tr>
<tr>
<td>1956</td>
<td>Services for Individuals with Co-Occurring Disorders</td>
<td>42 USC § 300x-66</td>
</tr>
</tbody>
</table>
Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

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

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM’s Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.

8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.


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.


14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

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

1. Certification Regarding Debarment and Suspension

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

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

2. Certification Regarding Drug-Free Workplace Requirements

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

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee’s work-place and specifying the actions that will be taken against employees for violation of such prohibition;

b. Establishing an ongoing drug-free awareness program to inform employees about--
   1. The dangers of drug abuse in the workplace;
   2. The grantee's policy of maintaining a drug-free workplace;
   3. Any available drug counseling, rehabilitation, and employee assistance programs; and
   4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;

d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
   1. Abide by the terms of the statement; and
   2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
   1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
   2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

3. Certifications Regarding Lobbying

Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. Title 31, United States Code, Section 1352, entitled “Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions,”
generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING $100,000 in total costs.

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

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, “Disclosure of Lobbying Activities,” in accordance with its instructions. (If needed, Standard Form-LLL, “Disclosure of Lobbying Activities,” its instructions, and continuation sheet are included at the end of this application form.)

3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

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

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

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

5. Certification Regarding Environmental Tobacco Smoke

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

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

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

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children’s services and that all subrecipients shall certify accordingly.
The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

**HHS Assurances of Compliance (HHS 690)**


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

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.

2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.

3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.

4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.

5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

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

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.
I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

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

State: ________________________________

Name of Chief Executive Officer (CEO) or Designee: Ann Williamson ________________________________

Signature of CEO or Designee1: ________________________________

Title: Executive Director ________________________________ Date Signed: ________________________________

mm/dd/yyyy

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

Footnotes:
State Information

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

Fiscal Year 2019

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

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Chapter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 1921</td>
<td>Formula Grants to States</td>
<td>42 USC § 300k-21</td>
</tr>
<tr>
<td>Section 1922</td>
<td>Certain Allocations</td>
<td>42 USC § 300k-22</td>
</tr>
<tr>
<td>Section 1923</td>
<td>Intravenous Substance Abuse</td>
<td>42 USC § 300k-23</td>
</tr>
<tr>
<td>Section 1924</td>
<td>Requirements Regarding Tuberculosis and Human Immunodeficiency Virus</td>
<td>42 USC § 300k-24</td>
</tr>
<tr>
<td>Section 1925</td>
<td>Group Homes for Recovering Substance Abusers</td>
<td>42 USC § 300k-25</td>
</tr>
<tr>
<td>Section 1926</td>
<td>State Law Regarding the Sale of Tobacco Products to Individuals Under Age 18</td>
<td>42 USC § 300k-26</td>
</tr>
<tr>
<td>Section 1927</td>
<td>Treatment Services for Pregnant Women</td>
<td>42 USC § 300k-27</td>
</tr>
<tr>
<td>Section 1928</td>
<td>Additional Agreements</td>
<td>42 USC § 300k-28</td>
</tr>
<tr>
<td>Section 1929</td>
<td>Submission to Secretary of Statewide Assessment of Needs</td>
<td>42 USC § 300k-29</td>
</tr>
<tr>
<td>Section 1930</td>
<td>Maintenance of Effort Regarding State Expenditures</td>
<td>42 USC § 300k-30</td>
</tr>
<tr>
<td>Section 1931</td>
<td>Restrictions on Expenditure of Grant</td>
<td>42 USC § 300k-31</td>
</tr>
<tr>
<td>Section 1932</td>
<td>Application for Grant; Approval of State Plan</td>
<td>42 USC § 300k-32</td>
</tr>
<tr>
<td>Section 1935</td>
<td>Core Data Set</td>
<td>42 USC § 300k-35</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Chapter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 1941</td>
<td>Opportunity for Public Comment on State Plans</td>
<td>42 USC § 300k-51</td>
</tr>
<tr>
<td>Section 1942</td>
<td>Requirement of Reports and Audits by States</td>
<td>42 USC § 300k-52</td>
</tr>
<tr>
<td>Section 1943</td>
<td>Additional Requirements</td>
<td>42 USC § 300x·53</td>
</tr>
<tr>
<td>-------------</td>
<td>------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Section 1946</td>
<td>Prohibition Regarding Receipt of Funds</td>
<td>42 USC § 300x·56</td>
</tr>
<tr>
<td>Section 1947</td>
<td>Nondiscrimination</td>
<td>42 USC § 300x·57</td>
</tr>
<tr>
<td>Section 1953</td>
<td>Continuation of Certain Programs</td>
<td>42 USC § 300x·63</td>
</tr>
<tr>
<td>Section 1955</td>
<td>Services Provided by Nongovernmental Organizations</td>
<td>42 USC § 300x·65</td>
</tr>
<tr>
<td>Section 1956</td>
<td>Services for Individuals with Co-Occurring Disorders</td>
<td>42 USC § 300x·66</td>
</tr>
</tbody>
</table>
ASSURANCES - NON-CONSTRUCTION PROGRAMS

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

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

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.

8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.


10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions...
to State (Clear Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.);
g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.
LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

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

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

2. Certification Regarding Drug-Free Workplace Requirements

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

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;

b. Establishing an ongoing drug-free awareness program to inform employees about--
   1. The dangers of drug abuse in the workplace;
   2. The grantee's policy of maintaining a drug-free workplace;
   3. Any available drug counseling, rehabilitation, and employee assistance programs; and
   4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

c. Making it a requirement that each employee 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)**


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

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.

2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.

3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.

4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.

5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

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

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.
I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

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

State: Utah

Name of Chief Executive Officer (CEO) or Designee: Ann Williamson

Signature of CEO or Designee: [Signature]

Title: Executive Director

Date Signed: 07/25/2015

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

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

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

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

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Chapter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 1941</td>
<td>Opportunity for Public Comment on State Plans</td>
<td>42 USC § 300x-51</td>
</tr>
<tr>
<td>Section 1942</td>
<td>Requirement of Reports and Audits by States</td>
<td>42 USC § 300x-52</td>
</tr>
<tr>
<td>Section 1943</td>
<td>Additional Requirements</td>
<td>42 USC § 300x-53</td>
</tr>
<tr>
<td>Section 1946</td>
<td>Prohibition Regarding Receipt of Funds</td>
<td>42 USC § 300x-56</td>
</tr>
<tr>
<td>Section 1947</td>
<td>Nondiscrimination</td>
<td>42 USC § 300x-57</td>
</tr>
<tr>
<td>Section 1953</td>
<td>Continuation of Certain Programs</td>
<td>42 USC § 300x-63</td>
</tr>
<tr>
<td>Section 1955</td>
<td>Services Provided by Nongovernmental Organizations</td>
<td>42 USC § 300x-65</td>
</tr>
<tr>
<td>Section 1956</td>
<td>Services for Individuals with Co-Occurring Disorders</td>
<td>42 USC § 300x-66</td>
</tr>
</tbody>
</table>
ASSURANCES - NON-CONSTRUCTION PROGRAMS

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

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

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


14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

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

1. Certification Regarding Debarment and Suspension

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

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

2. Certification Regarding Drug-Free Workplace Requirements

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

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;

b. Establishing an ongoing drug-free awareness program to inform employees about--
   1. The dangers of drug abuse in the workplace;
   2. The grantee's policy of maintaining a drug-free workplace;
   3. Any available drug counseling, rehabilitation, and employee assistance programs; and
   4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;

d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
   1. Abide by the terms of the statement; and
   2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted?
   1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
   2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

3. Certifications Regarding Lobbying

Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. Title 31, United States Code, Section 1352, entitled “Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions,”
generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING $100,000 in total costs.

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

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)

3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

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

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

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

5. Certification Regarding Environmental Tobacco Smoke

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

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

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

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children’s services and that all subrecipients shall certify accordingly.
The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

**HHS Assurances of Compliance (HHS 690)**


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: Ann Williamson

Signature of CEO or Designee:

Title: Executive Director

Date Signed: mm/dd/yyyy

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

Footnotes:
# State Information

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

**Fiscal Year 2019**

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

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

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

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

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Chapter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 1941</td>
<td>Opportunity for Public Comment on State Plans</td>
<td>42 USC § 300x-51</td>
</tr>
<tr>
<td>Section 1942</td>
<td>Requirement of Reports and Audits by States</td>
<td>42 USC § 300x-52</td>
</tr>
<tr>
<td>Section 1943</td>
<td>Additional Requirements</td>
<td>42 USC § 300x-53</td>
</tr>
<tr>
<td>Section 1946</td>
<td>Prohibition Regarding Receipt of Funds</td>
<td>42 USC § 300x-56</td>
</tr>
<tr>
<td>Section 1947</td>
<td>Nondiscrimination</td>
<td>42 USC § 300x-57</td>
</tr>
<tr>
<td>Section 1953</td>
<td>Continuation of Certain Programs</td>
<td>42 USC § 300x-63</td>
</tr>
<tr>
<td>Section 1955</td>
<td>Services Provided by Nongovernmental Organizations</td>
<td>42 USC § 300x-65</td>
</tr>
<tr>
<td>Section 1956</td>
<td>Services for Individuals with Co-Occurring Disorders</td>
<td>42 USC § 300x-66</td>
</tr>
</tbody>
</table>
ASSURANCES - NON-CONSTRUCTION PROGRAMS

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

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

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.

8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.


10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Costal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to
State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).


14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

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

1. Certification Regarding Debarment and Suspension

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

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

b. Establishing an ongoing drug-free workplace 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;

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 workplace in accordance with 2 CFR Part 182 by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace 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)**


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: Ann Williamson  
Signature of CEO or Designee: [Signature]  
Title: Executive Director  
Date Signed: 07/25/2018  

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

Footnotes:
**State Information**

**Disclosure of Lobbying Activities**

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

*Standard Form LLL (click here)*

<table>
<thead>
<tr>
<th>Name</th>
<th>Ann Williamson</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Executive Director</td>
</tr>
<tr>
<td>Organization</td>
<td>Utah Department of Human Services</td>
</tr>
</tbody>
</table>

| Signature:         | Date: |

**Footnotes:**

Optional form not completed
## Planning Tables

### Table 2 State Agency Planned Expenditures [MH]

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

Planning Period Start Date: 7/1/2017     Planning Period End Date: 6/30/2019

<table>
<thead>
<tr>
<th>Activity (See instructions for using Row 1.)</th>
<th>A. Substance Abuse Block Grant</th>
<th>B. Mental Health Block Grant</th>
<th>C. Medicaid (Federal, State, and Local)</th>
<th>D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare), SAMHSA, etc.)</th>
<th>E. State Funds</th>
<th>F. Local Funds (excluding local Medicaid)</th>
<th>G. Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Substance Abuse Prevention and Treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Pregnant Women and Women with Dependent Children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Syringe Services Program</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. All Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Primary Prevention</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Tuberculosis Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Early Intervention Services for HIV</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. State Hospital</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>6. Other 24 Hour Care</td>
<td></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>7. Ambulatory/Community Non-24 Hour Care</td>
<td></td>
<td>$6,439,030</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>8. Mental Health Primary*</td>
<td></td>
<td></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>9. Evidence-Based Practices for Early Serious Mental Illness (10 percent of total award MHBG)**</td>
<td></td>
<td>$757,533</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>10. Administration (Excluding Program and Provider Level)***</td>
<td></td>
<td>$378,767</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>11. MHBG Total (Row 5, 6, 7, 8, 9 and 10)</td>
<td>$0</td>
<td>$7,575,330</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

* While the state may use state or other funding for these services, the MHBG funds must be directed toward adults with SMI or children with SED
** Column 9B should include Early Serious Mental Illness programs funded through MHBG set aside
*** Per statute, Administrative expenditures cannot exceed 5% of the fiscal year award.

---

**Footnotes:**

Printed: 8/2/2018 12:30 PM - Utah - OMB No. 0930-0168  Approved: 06/12/2015  Expires: 09/30/2020
## Table 4 SABG Planned Expenditures

Planning Period Start Date: 10/1/2018  Planning Period End Date: 9/30/2020

<table>
<thead>
<tr>
<th>Expenditure Category</th>
<th>FY 2018 SA Block Grant Award</th>
<th>FY 2019 SA Block Grant Award</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Substance Abuse Prevention and Treatment</td>
<td>$12,442,746</td>
<td>$12,569,228</td>
</tr>
<tr>
<td>2. Primary Substance Abuse Prevention</td>
<td>$3,318,066</td>
<td>$3,351,794</td>
</tr>
<tr>
<td>3. Tuberculosis Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Early Intervention Services for HIV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Administration (SSA Level Only)</td>
<td>$829,516</td>
<td>$837,949</td>
</tr>
<tr>
<td>6. Total</td>
<td>$16,590,328</td>
<td>$16,758,971</td>
</tr>
</tbody>
</table>

* For the purpose of determining the states and jurisdictions that are considered “designated states” as described in section 1924(b)(2) of Title XIX, Part B, Subpart II of the Public Health Service Act (42 U.S.C. § 300x-24(b)(2)) and section 45 CFR § 96.128(b) of the Substance Abuse Prevention and Treatment Block Grant; Interim Final Rule (45 CFR 96.120-137), SAMHSA relies on the HIV Surveillance Report produced by the Centers for Disease Control and Prevention (CDC), National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention. The most recent HIV Surveillance Report will be published on or before October 1 of the federal fiscal year for which a state is applying for a grant is used to determine the states and jurisdictions that will be are required to set-aside 5 percent of their respective SABG allotments to establish one or more projects to provide early intervention services for regarding the human immunodeficiency virus (EIS/HIV) at the sites at which individuals are receiving SUD treatment services. In FY 2012, SAMHSA developed and disseminated a policy change applicable to the EIS/HIV which provided any state that was a “designated state” in any of the three years prior to the year for which a state is applying for SABG funds with the flexibility to obligate and expend SABG funds for EIS/HIV even though the state a state’s AIDS case rate does not meet the AIDS case rate threshold for the fiscal year involved for which a state is applying for SABG funds. Therefore, any state with an AIDS case rate below 10 or more such cases per 100,000 that meets the criteria described in the 2012 policy guidance would will be allowed to obligate and expend SABG funds for EIS/HIV if they chose to do so.
## Planning Tables

### Table 5a SABG Primary Prevention Planned Expenditures

<table>
<thead>
<tr>
<th>Strategy</th>
<th>IOM Target</th>
<th>FY 2018</th>
<th>FY 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SA Block Grant Award</td>
<td>SA Block Grant Award</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Information Dissemination</strong></td>
<td>Universal</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Selective</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Indicated</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unspecified</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td>Universal</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Selective</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Indicated</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unspecified</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Alternatives</strong></td>
<td>Universal</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Selective</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Indicated</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unspecified</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Problem Identification and Referral</strong></td>
<td>Universal</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Selective</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Indicated</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unspecified</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

Planning Period Start Date: 10/1/2018    Planning Period End Date: 9/30/2020
<table>
<thead>
<tr>
<th></th>
<th>Universal</th>
<th>Selective</th>
<th>Indicated</th>
<th>Unspecified</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community-Based Process</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Environmental</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Section 1926 Tobacco</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$315,000</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Total Prevention Expenditures</td>
<td>$315,000</td>
<td>$315,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total SABG Award*</td>
<td>$16,590,328</td>
<td>$16,758,971</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Planned Primary Prevention</td>
<td>1.90 %</td>
<td>1.88 %</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Footnotes:
**Planning Tables**

**Table 5b SABG Primary Prevention Planned Expenditures by IOM Category**

Planning Period Start Date: 10/1/2018  Planning Period End Date: 9/30/2020

<table>
<thead>
<tr>
<th>Activity</th>
<th>FY 2018 SA Block Grant Award</th>
<th>FY 2019 SA Block Grant Award</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universal Direct</td>
<td>$684,138</td>
<td>$684,138</td>
</tr>
<tr>
<td>Universal Indirect</td>
<td>$278,513</td>
<td>$278,513</td>
</tr>
<tr>
<td>Selective</td>
<td>$924,743</td>
<td>$924,743</td>
</tr>
<tr>
<td>Indicated</td>
<td>$382,472</td>
<td>$382,472</td>
</tr>
<tr>
<td><strong>Column Total</strong></td>
<td><strong>$2,269,866</strong></td>
<td><strong>$2,269,866</strong></td>
</tr>
<tr>
<td><strong>Total SABG Award</strong>*</td>
<td>$16,590,328</td>
<td>$16,758,971</td>
</tr>
<tr>
<td><strong>Planned Primary Prevention Percentage</strong></td>
<td>13.68 %</td>
<td>13.54 %</td>
</tr>
</tbody>
</table>

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

**Footnotes:**
### Planning Tables

#### Table 5c SABG Planned Primary Prevention Targeted Priorities

**Planning Period Start Date:** 10/1/2018  
**Planning Period End Date:** 9/30/2020

<table>
<thead>
<tr>
<th>Targeted Substances</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>✓</td>
</tr>
<tr>
<td>Tobacco</td>
<td>✓</td>
</tr>
<tr>
<td>Marijuana</td>
<td>✓</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>✓</td>
</tr>
<tr>
<td>Cocaine</td>
<td></td>
</tr>
<tr>
<td>Heroin</td>
<td>✓</td>
</tr>
<tr>
<td>Inhalants</td>
<td>✓</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>✓</td>
</tr>
<tr>
<td>Synthetic Drugs (i.e. Bath salts, Spice, K2)</td>
<td>✓</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Targeted Populations</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Students in College</td>
<td>✓</td>
</tr>
<tr>
<td>Military Families</td>
<td>✓</td>
</tr>
<tr>
<td>LGBT</td>
<td>✓</td>
</tr>
<tr>
<td>American Indians/Alaska Natives</td>
<td>✓</td>
</tr>
<tr>
<td>African American</td>
<td>✓</td>
</tr>
<tr>
<td>Hispanic</td>
<td>✓</td>
</tr>
<tr>
<td>Homeless</td>
<td></td>
</tr>
<tr>
<td>Native Hawaiian/Other Pacific Islanders</td>
<td>✓</td>
</tr>
<tr>
<td>Asian</td>
<td>✓</td>
</tr>
<tr>
<td>Rural</td>
<td>✓</td>
</tr>
<tr>
<td>Underserved Racial and Ethnic Minorities</td>
<td>✓</td>
</tr>
</tbody>
</table>
Table 6 Categories for Expenditures for System Development/Non-Direct-Service Activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>FY 2018</th>
<th>FY 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A. MHBG</td>
<td>B. SABG Treatment</td>
</tr>
<tr>
<td>1. Information Systems</td>
<td>$76,500</td>
<td>$200,000</td>
</tr>
<tr>
<td>2. Infrastructure Support</td>
<td>$145,000</td>
<td>$60,000</td>
</tr>
<tr>
<td>3. Partnerships, community outreach, and needs assessment</td>
<td>$160,450</td>
<td>$40,000</td>
</tr>
<tr>
<td>4. Planning Council Activities (MHBG required, SABG optional)</td>
<td>$5,000</td>
<td>$3,200</td>
</tr>
<tr>
<td>5. Quality Assurance and Improvement</td>
<td>$35,100</td>
<td>$10,000</td>
</tr>
<tr>
<td>6. Research and Evaluation</td>
<td>$67,000</td>
<td>$575,000</td>
</tr>
<tr>
<td>7. Training and Education</td>
<td>$618,735</td>
<td>$321,095</td>
</tr>
<tr>
<td>8. Total</td>
<td>$1,072,685</td>
<td>$456,195</td>
</tr>
</tbody>
</table>

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

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

Narrative Question
Each state is required to establish and maintain a state Mental Health Planning/Advisory Council for adults with SMI or children with SED. To meet the needs of states that are integrating services supported by MHBG and SABG, SAMHSA is recommending that states expand their Mental Health Advisory Council to include substance misuse prevention, SUD treatment, and recovery representation, referred to here as a Behavioral Health Advisory/Planning Council (BHPC). SAMHSA encourages states to expand their required Council’s comprehensive approach by designing and implementing regularly scheduled collaborations with an existing substance misuse prevention, SUD treatment, and recovery advisory council to ensure that the council reviews issues and services for persons with, or at risk, for substance misuse and SUDs. To assist with implementing a BHPC, SAMHSA has created Best Practices for State Behavioral Health Planning Councils: The Road to Planning Council Integration.²²

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

²²http://beta.samhsa.gov/grants/block-grants/resources

Please respond to the following items:

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

The Division of Substance Abuse and Mental Health (DSAMH) presents on and provides the State Plan to the Utah Behavioral Health Planning and Advisory Council (UBHPAC). On August 1st, when the plan is submitted for public comment, a printed version of the plan is distributed to members for continued discussion and feedback. Subcommittees have been formed, including a prevention, treatment, and recovery committees, to look over the State Plan and provide feedback. The DSAMH will post a copy of the State Plan on the front page of their website for public comment on August 1st, and UBHPAC will be made aware via email as well as in meeting (August 2, 2018), a hard copy of the State Plan will be provided at the front desk of the DSAMH, and a copy posted on the DSAMH Bulletin Board. The public will be encouraged to provide feedback via email or calling DSAMH.

Minutes for UBHPAC and the UBHPAC executive meetings are posted on the DSAMH website, along with an audio recording of each meeting:
https://dsamh.utah.gov/providers/behavioral-health-planning-council

DSAMH provides guidance to all of the Local Substance Abuse Authorities and Local Mental Health Authorities during a combined Area Plan training in the spring of each year. The Local Authorities use that guidance to develop their Area Plans, in conjunction with their local partners. Each Local Authority also has consumers involved in the development of their plans and priorities. The Local Authorities are responsible for planning for and providing MH and SUD services to the residents of their counties.

Clinical directors for each of the Local Authorities, in conjunction with DSAMH, have a monthly Recovery-Oriented System of Care (ROSC) meeting to facilitate movement of the public behavioral health system to a recovery-oriented model. This includes review and discussion of cost, quality, access, outcomes, integration, engagement and retention for mental health, substance use disorders and prevention.

b) Has the Council successfully integrated substance misuse prevention and treatment or co-occurring disorder issues, concerns, and activities into i

   ☐ Yes ☐ No

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

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

The Public Health Service Act (42 U.S.C.300x) mandates each state establish a State Mental Health Planning Council. The council is required to review and provide feedback on the states Mental Health Block Grant (MHBG) application and submit any
recommendations. The Council monitors, reviews and evaluates the allocation and adequacy of mental health services in the state; and serves as an advocate for adults with serious mental illness (SMI), children with serious emotional disturbances (SED) and other individuals with mental illness or emotional disturbances. UBHPAC is comprised of mental health and substance use disorder providers, peers in recovery, family members of individuals in recovery, advocates, state agencies, and other agencies that interact with the mental health system. From each member’s perspective, issues and concerns are brought up during the meeting and the council works together to better serve individuals with SMI and SED. Four subcommittees have been formed: Executive, Prevention, Treatment, and Recovery. Forming these committees has made it easier to develop priorities, discuss legislative issues, and review the Block Grant.

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

UBHPAC will often provide letters of support to advocate for funding and/or programs that meet the priorities that the council has established.

In FY18, a letter was written in support of increasing the Medicaid reimbursement rate for Certified Peer Support Services. In addition, several members of UBHPAC attended the presentation of the letter during the Medical Care Advisory Committee public comment meeting in June 2018.

As reported previously, the Utah Substance Abuse and Anti Violence Advisory Council to the Governor made a decision to integrate with Mental Health and is now called the Utah Substance Abuse and Mental Health Advisory Council (USAAV+). UBHPAC has become a subcommittee of USAAV+. This has given UBHPAC a voice on this influential advisory council to the Governor. In addition, the state has contracted with a peer run organization to provide administrative support to the UBHPAC. Subcommittees have been formed to help fulfill the UBHPAC duties.

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

TBD

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

Behavioral Health Advisory Council Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Type of Membership</th>
<th>Agency or Organization Represented</th>
<th>Address, Phone, and Fax</th>
<th>Email (if available)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owen Ashton</td>
<td>Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)</td>
<td>1245 E. Privet Dr., 324 Salt Lake City UT, 84121 PH: 801-514-6307</td>
<td><a href="mailto:oa@owenashton.com">oa@owenashton.com</a></td>
<td></td>
</tr>
<tr>
<td>Donna Balsan</td>
<td>Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)</td>
<td></td>
<td><a href="mailto:donnavril@me.com">donnavril@me.com</a></td>
<td></td>
</tr>
<tr>
<td>Dan Braun</td>
<td>Providers</td>
<td>Wasatch Pediatrics, UT, PH: 801-453-9625</td>
<td><a href="mailto:danb@wasatchpeds.net">danb@wasatchpeds.net</a></td>
<td></td>
</tr>
<tr>
<td>Ron Bruno</td>
<td>Others (Not State employees or providers)</td>
<td>CIT Utah, UT, PH: 801-535-4653</td>
<td><a href="mailto:citutah@cit-utah.com">citutah@cit-utah.com</a></td>
<td></td>
</tr>
<tr>
<td>Nettie Byrne</td>
<td>Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)</td>
<td>Allies with Families, Salt Lake City UT, 84101 PH: 801-389-6943</td>
<td><a href="mailto:nettieb@allieswithfamilies.org">nettieb@allieswithfamilies.org</a></td>
<td></td>
</tr>
<tr>
<td>Lori Cerar</td>
<td>Family Members of Individuals in Recovery (to include family members of adults with SMI)</td>
<td>Allies with Families, UT, PH: 801-433-2595 FX: 801-521-0872</td>
<td><a href="mailto:lori@allieswithfamilies.org">lori@allieswithfamilies.org</a></td>
<td></td>
</tr>
<tr>
<td>Jeremy Christensen</td>
<td>State Employees</td>
<td>Assistant Director - DSAMH, UT, PH: 801-538-3939</td>
<td><a href="mailto:jeremy@utah.gov">jeremy@utah.gov</a></td>
<td></td>
</tr>
<tr>
<td>Cathy Davis</td>
<td>State Employees</td>
<td>Utah State Board of Education, UT, PH: 801-538-7861</td>
<td><a href="mailto:cathy.davis@schools.utah.gov">cathy.davis@schools.utah.gov</a></td>
<td></td>
</tr>
<tr>
<td>Colin Dively</td>
<td>Youth/adolescent representative (or member from an organization serving young people)</td>
<td>Utah YES Youth Coordinator, UT, PH: 385-313-4233</td>
<td><a href="mailto:cdively@utah.gov">cdively@utah.gov</a></td>
<td></td>
</tr>
<tr>
<td>Kevin Foote</td>
<td>Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)</td>
<td>871 S Coleman St, Trailer 11 Tooele UT, 84074 PH: 385-495-8137</td>
<td><a href="mailto:chanthkf@gmail.com">chanthkf@gmail.com</a></td>
<td></td>
</tr>
<tr>
<td>Kim Gardner</td>
<td>Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)</td>
<td>National Alliance for Mental Illness - Utah West Valley City UT, 84115 PH: 801-869-2877</td>
<td><a href="mailto:kimg@namiut.org">kimg@namiut.org</a></td>
<td></td>
</tr>
<tr>
<td>Finnigan Green</td>
<td>Youth/adolescent representative (or member from an organization serving young people)</td>
<td>11358 S 1700 E Sandy UT, 84092 PH: 385-210-7636</td>
<td><a href="mailto:finnigangreen@gmail.com">finnigangreen@gmail.com</a></td>
<td></td>
</tr>
<tr>
<td>Peggy Hostetter</td>
<td>Others (Not State employees or providers)</td>
<td>Advocate, 135 S 500 W, 603 Salt Lake City UT, PH: 801-355-3570</td>
<td><a href="mailto:phostetter@gmail.com">phostetter@gmail.com</a></td>
<td></td>
</tr>
<tr>
<td>Nancy Imhoff</td>
<td>Others (Not State employees or providers)</td>
<td>Association for Utah Community Health, UT, PH: 801-716-4616</td>
<td><a href="mailto:nancy@auch.org">nancy@auch.org</a></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Role</td>
<td>Organization</td>
<td>Address</td>
<td>Phone</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-----------------------------</td>
<td>---------------------------------------------------</td>
<td>-----------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Jane Lepisto</td>
<td>Individuals in Recovery</td>
<td></td>
<td>277 E 350 N Alpine UT, 84004</td>
<td>801-368-0271</td>
</tr>
<tr>
<td>Mary Jo McMillen</td>
<td>Providers</td>
<td>Utah Support Advocates for Recovery Awareness</td>
<td>UT, PH: 801-839-9950</td>
<td></td>
</tr>
<tr>
<td>Teresa Molina</td>
<td>Providers</td>
<td>Latino Behavioral Health Services</td>
<td>UT, PH: 801-972-3620</td>
<td></td>
</tr>
<tr>
<td>Rafael Montero</td>
<td>State Employees</td>
<td>Utah State Office of Rehabilitation</td>
<td>UT, PH: 801-446-2560</td>
<td></td>
</tr>
<tr>
<td>Sigrid Nolte</td>
<td>Family Members of Individuals in Recovery</td>
<td></td>
<td>10238 Snow Iris Way Sandy UT, 84092</td>
<td>385-775-1012</td>
</tr>
<tr>
<td>James Park</td>
<td>Individuals in Recovery</td>
<td></td>
<td>1122 Southwest Dr. Tooele UT, 84074</td>
<td>801-841-1653</td>
</tr>
<tr>
<td>Jeanine Park</td>
<td>Individuals in Recovery</td>
<td></td>
<td>1122 Southwest Dr. Tooele UT, 84074</td>
<td>435-841-4989</td>
</tr>
<tr>
<td>Andrew Riggle</td>
<td>Individuals in Recovery</td>
<td>Disability Law Center</td>
<td>205 N 400 W Salt Lake City UT, 84103</td>
<td>801-521-8324</td>
</tr>
<tr>
<td>Ken Rosenbaum</td>
<td>Individuals in Recovery</td>
<td>Utah Support Advocates for Recovery Awareness</td>
<td>North Salt Lake UT, 84054</td>
<td>801-759-0019</td>
</tr>
<tr>
<td>Cami Roundy</td>
<td>State Employees</td>
<td>Peer Support Program Manager - DSAMH</td>
<td>UT, PH: 801-538-3939</td>
<td></td>
</tr>
<tr>
<td>Jacob Russell</td>
<td>Individuals in Recovery</td>
<td>DSAMH</td>
<td>1020 W 1020 S Provo UT, 84061</td>
<td>775-412-7435</td>
</tr>
<tr>
<td>Robert Snarr</td>
<td>State Employees</td>
<td>Housing/Homeless - DSAMH</td>
<td>UT, PH: 801-538-4080</td>
<td></td>
</tr>
<tr>
<td>Rob Wesemann</td>
<td>Providers</td>
<td>National Alliance for Mental Illness - Utah</td>
<td>UT, PH: 801-323-9900</td>
<td></td>
</tr>
<tr>
<td>Dave Wilde</td>
<td>State Employees</td>
<td>Medicaid</td>
<td>UT, PH: 801-783-3853</td>
<td></td>
</tr>
<tr>
<td>Christina Zidow</td>
<td>Individuals in Recovery</td>
<td>Odyssey House of Utah</td>
<td>UT, PH: 801-428-3475</td>
<td>801-322-2831</td>
</tr>
</tbody>
</table>

**Footnotes:**
### Behavioral Health Council Composition by Member Type

Start Year: 2019  
End Year: 2020

<table>
<thead>
<tr>
<th>Type of Membership</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Membership</strong></td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>Individuals in Recovery* (to include adults with SMI who are receiving, or have received, mental health services)</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Family Members of Individuals in Recovery* (to include family members of adults with SMI)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Parents of children with SED*</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Vacancies (Individuals and Family Members)</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Others (Not State employees or providers)</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td><strong>Total Individuals in Recovery, Family Members &amp; Others</strong></td>
<td>18</td>
<td>64.29%</td>
</tr>
<tr>
<td>State Employees</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Providers</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Vacancies</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td><strong>Total State Employees &amp; Providers</strong></td>
<td>10</td>
<td>35.71%</td>
</tr>
<tr>
<td>Individuals/Family Members from Diverse Racial, Ethnic, and LGBTQ Populations</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Providers from Diverse Racial, Ethnic, and LGBTQ Populations</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><strong>Total Individuals and Providers from Diverse Racial, Ethnic, and LGBTQ Populations</strong></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Persons in recovery from or providing treatment for or advocating for substance abuse services</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Federally Recognized Tribe Representatives</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Youth/adolescent representative (or member from an organization serving young people)</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

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

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

**Footnotes:**
23. Syringe Services (SSP)

Narrative Question:

The Substance Abuse Prevention and Treatment Block Grant (SABG) restriction\(^1,2\) on the use of federal funds for programs distributing sterile needles or syringes (referred to as syringe services programs (SSP)) was modified by the Consolidated Appropriations Act, \(^1,2\) 2016 (P.L. 114-113) signed by President Obama on December 18, 2015\(^3\).

Section 520. Notwithstanding any other provisions of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug: Provided, that such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with State and local law.

A state experiencing, or at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, (as determined by CDC), may propose to use SABG to fund elements of an SSP other than to purchase sterile needles or syringes. However, directing FY 2016 SABG funds to SSPs will require a modification of the 2016-2017 SABG Behavioral Assessment and Plan (Plan). States interested in directing SABG funds to SSPs must provide the information requested below and receive approval on the modification from the State Project Officer. Please note that the term used in the SABG statute and regulation, intravenous drug user (IVDU), is being replaced for the purposes of this discussion by the term now used by the federal government, persons who inject drugs (PWID).

States may consider making SABG funds available to either one or more entities to establish elements of a SSP or to establish a relationship with an existing SSP. States should keep in mind the related PWID SABG authorizing legislation and implementing regulation requirements when modifying the Plan, specifically, requirements to provide outreach to PWID, SUD treatment and recovery services for PWID, and to routinely collaborate with other healthcare providers, which may include HIV/STD clinics, public health providers, emergency departments, and mental health centers\(^4\). SAMHSA funds cannot be supplanted, in other words, used to fund an existing SSP so that state or other non-federal funds can then be used for another program.

In the first half of calendar year 2016 the federal government released three guidance documents regarding SSPs\(^5\): These documents can be found on the Hiv.gov website: https://www.hiv.gov/federal-response/policies-issues/syringe-services-programs,

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

Please refer to the guidance documents above when requesting a modification to the state’s 2016-2017 Behavioral Health Assessment and Plan.

Please follow the steps listed below to modify the Plan:

- Request a Determination of Need from the CDC
- Modify the 2016-2017 Plan to expend FFY 2016 and/or FFY 2017\(^*\) funds and support an existing SSP or establish a new SSP
- Include proposed protocols, timeline for implementation, and overall budget
• Submit planned expenditures and agency information on Table A listed below
• Obtain State Project Officer Approval
• Collect all SSP information on Table B listed below to be reported in the FFY 2019 SABG report due December 1, 2018

End Notes

1 Section 1923 (b) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C.? 300x-23(b)) and 45 CFR ? 96.126(e) requires entities that receive SABG funds to provide substance use disorder (SUD) treatment services to PWID to also conduct outreach activities to encourage such persons to undergo SUD treatment. Any state or jurisdiction that plans to re-obligate FY 2016 SABG funds previously made available such entities for the purposes of providing substance use disorder treatment services to PWID and outreach to such persons may submit an amendment to its plan to SAMHSA for the purpose of incorporating elements of a SSP in one or more such entities insofar as the plan amendment is applicable to the FY 2016 SABG funds only and is consistent with guidance issued by SAMHSA.

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

3 Division H Departments of Labor, Health and Human Services and Education and Related Agencies, Title V General Provisions, Section 520 of the Consolidated Appropriations Act, 2016 (P.L. 114-113)

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

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

Section 1928(a) of Title XXI, Part B, Subpart II of the PHS Act (42 U.S.C. 300x-28(c)) and 45 CFR 96.132(c) requires states to ensure that substance abuse prevention and SUD treatment and recovery services providers coordinate such services with the provision of other services including, but not limited to, health services.

5 Department of Health and Human Services Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016 describes a SSP as a comprehensive prevention program for PWID that includes the provision of sterile needles, syringes and other drug preparation equipment and disposal services, and some or all of the following services:

• Comprehensive HIV risk reduction counseling related to sexual and injection and/or prescription drug misuse;
• HIV, viral hepatitis, sexually transmitted diseases (STD), and tuberculosis (TB) screening;
• Provision of naloxone (Narcan?) to reverse opiate overdoses;
• Referral and linkage to HIV, viral hepatitis, STD, and TB prevention care and treatment services;
• Referral and linkage to hepatitis A virus and hepatitis B virus vaccinations; and
• Referral to SUD treatment and recovery services, primary medical care and mental health services.

Centers for Disease Control and Prevention (CDC) Program Guidance for Implementing Certain Components of Syringe Services Programs, 2016 includes a description of the elements of a SSP that can be supported with federal funds.

• Personnel (e.g., program staff, as well as staff for planning, monitoring, evaluation, and quality assurance);
• Supplies, exclusive of needles/syringes and devices solely used in the preparation of substances for illicit drug injection, e.g., cookers;
• Testing kits for HCV and HIV;
• Syringe disposal services (e.g., contract or other arrangement for disposal of bio- hazardous material);
• Navigation services to ensure linkage to HIV and viral hepatitis prevention, treatment and care services, including antiretroviral therapy for HCV and HIV, pre-exposure prophylaxis, post-exposure prophylaxis, prevention of mother to child transmission and partner services; HAV and HBV vaccination, substance use disorder treatment, recovery support services and medical and mental health services;

• Provision of naloxone to reverse opioid overdoses

• Educational materials, including information about safer injection practices, overdose prevention and reversing an opioid overdose with naloxone, HIV and viral hepatitis prevention, treatment and care services, and mental health and substance use disorder treatment including medication-assisted treatment and recovery support services;

• Condoms to reduce sexual risk of sexual transmission of HIV, viral hepatitis, and other STDs;

• Communication and outreach activities; and

• Planning and non-research evaluation activities.

Footnotes:
Utah has had a CDC Needs Assessment completed in 2016 please see attached letter from CDC. The Utah Department of Health has a Syringe Exchange program that is currently funded by other funding sources. Utah does not wish to alter their block grant applications at this time to include Syringe Exchange services.
Dear Ms. Bush:

The Utah Department of Health submitted a determination of need request to the Centers for Disease Control and Prevention (CDC) with data examining whether the jurisdiction is experiencing or at risk for an increase in viral hepatitis or HIV infection due to injection drug use. Consulting with CDC on this data is a requirement in the process of seeking approval to use of federal funds to support syringe services programs (SSPs). All such requests are reviewed by a panel of CDC subject matter experts who evaluate submitted data in accordance with the *U.S Department of Health and Human Services (HHS) Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016.*

After careful review of the Utah Department of Health’s submission, CDC concurs that Utah is at risk for an increase in viral hepatitis or HIV infections due to injection drug use. The submitted data provide sufficient evidence to determine a need for SSPs within the jurisdiction. Specifically, the requestor presented statewide data on epidemiologic trends that indicate increases in unsafe injection of illicit drugs as well as data on statewide increases in HIV and acute HCV infections due to injection drug use. The increase in IDU-associated HIV infections, though small in number, is noteworthy insofar as nationally over the same time period IDU-associated HIV infections have fallen and the fidelity with which HIV infection is diagnosed and transmission risk is determined is high. The narrative makes a compelling case that there are multiple counties within the state where these increases are focused. Increases in opioid-related deaths in the context of increasing seizure of heroin by law enforcement suggest the increase in heroin seizures represents greater supply of drug and consequent opioid deaths and does not necessarily reflect solely increased law enforcement activity.

This notice may be used by state, local, territorial, or tribal health departments or eligible HHS-funded recipients to apply to direct federal funds to support SSPs. As there is no expiration date for this notice, Utah may elect to either (1) immediately request to direct FY 2016 funds to support SSPs or (2) delay requests to direct funds to support SSPs until a subsequent fiscal year. Utah Department of Health is strongly encouraged to discuss their plans to direct funds for SSPs with their respective federal funding agency.

Only CDC directly-funded, eligible awardees should submit a request to CDC to direct funding for SSP activities.

Thank you for your interest in the public health implications of injection drug use in Utah. If you have any questions or require further technical assistance, please do not hesitate to send an email to SSPCoordinator@cdc.gov.

Sincerely,

CDC SSP Determination Panel
Utah Syringe Exchange Program Handbook

Updated
November 2017
Preface

In 2016, the Utah Legislature passed legislation that legalized syringe exchange programs. The legislation provided limited guidance for the structural elements of a syringe exchange program while giving the Utah Department of Health (UDOH) administrative oversight for syringe exchange activities.

As the oversight body, the UDOH recognized the need to provide an educational resource to parties interested in engaging in syringe exchange activities that outlined the requirements of the legislation, provided guidance about establishing a syringe exchange operation, and offered a list of helpful resources for syringe exchange operating entities. This document serves as a comprehensive resource for organizations that wish to engage in syringe exchange operations in Utah.

The information contained in this handbook is the work of Heather Bush, UDOH Syringe Exchange Coordinator, and Kirsten Dodge, Master of Professional Communication student at Westminster College. Ms. Bush developed the Glossary, the Administrative Rule, and the list of additional resources; Ms. Dodge created the Operating Entity Guide and designed the handbook layout. The UDOH will continue to update this handbook as necessary.

We hope organizations wishing to engage in syringe exchange activities find this handbook to be a valuable resource, which enables them to develop a syringe exchange operation that will provide great value to clients and the greater community, while serving the mission of the organization.
Table of Contents

1. List of Abbreviations ........................................ iii
2. Glossary ................................................................ iv
4. Section II: Operating Entity Handbook ............... SII
5. Section III: List of Resources .............................. SIII
List of Abbreviations

CDC ............... Centers for Disease Control and Prevention

HAV ............... Hepatitis A virus

HBV ............... Hepatitis B virus

HCV ............... Hepatitis C virus

HHS ............... U.S. Department of Health and Human Services

HIV ............... Human Immunodeficiency virus

IDU ............... Injection drug user

PWID ............. People who inject drugs

REDCap ........... Research Electronic Data Capture

STD ............... Sexually transmitted disease

SEO ............... Syringe exchange operator

SEP ............... Syringe exchange programs

UDOH ............. Utah Department of Health

USEP .............. Utah Syringe Exchange Program
Glossary

Client
A person who is accessing services through a syringe exchange program.

Department
The Bureau of Epidemiology Prevention, Treatment, and Care Program is a department within the Utah Department of Health responsible for the oversight of the Utah Syringe Exchange Program.

Harm Reduction
Practical strategies and ideas aimed at reducing negative consequences associated with drug use including, but not limited to, safer injection drug use, managed drug use, and abstinence. Strategies are aimed to meet users “where they are” in an effort to gain achievable results for each individual.

Hepatitis A Virus (HAV)
A virus that can cause liver disease of varying severity and duration, which is acquired by ingesting the virus via contact with objects, food, or drink contaminated with fecal matter from an infected individual.

Hepatitis B Virus (HBV)
A virus that can cause liver disease of varying severity and duration. It can be acute, lasting only a few weeks, or can become a serious, lifelong illness. The hepatitis B virus is spread through contact with infected blood, semen, or other bodily fluids. Common routes of infection include birth (mother to child), sex with an infected partner, sharing personal items such as razors or toothbrushes with an infected individual, sharing needles or injection equipment, and exposure to blood from needle sticks. This virus can be prevented if a person receives the HBV vaccine.

Hepatitis C Virus (HCV)
Hepatitis C virus causes liver disease of varying severity and duration. It can be acute, lasting only a few weeks, or can become a serious, lifelong illness. There is no vaccine or cure for HCV.

Human Immunodeficiency Virus (HIV)
The Human Immunodeficiency Virus attacks the body’s immune system, specifically the CD4 cells (T cells), which help the immune system fight off infections. If left untreated, HIV can lead to the disease AIDS (Acquired Immunodeficiency Syndrome). No effective cure for HIV currently exists, but with proper treatment and medical care, HIV can be controlled.
Glossary continued

**Operating Entity**
An agency or organization that has enrolled with and been approved by Utah Department of Health as a syringe exchange operator.

**Opiate Antagonist**
A Food and Drug Administration-approved naloxone hydrochloride or similarly acting drug that is not a controlled substance, and is approved for the diagnosis or treatment of an opiate-related drug overdose.

**Program Participant**
A person who is accessing services through a syringe exchange program.

**Research Electronic Data Capture**
The Research Electronic Data Capture is the software the Utah Department of Health uses to collect and analyze pertinent data on syringe exchange programs and participants.

**Syringe Exchange Operator**
A syringe exchange operator is an entity engaging in the exchange of an individual’s used syringe(s) for one or more new syringes, which are contained in sealed sterile packages. The entity must also provide individuals with verbal and written instructions on preventing the transmission of blood-borne diseases (including HIV/HCV) and options for obtaining substance-use treatment services, testing services, and an opiate antagonist. The syringe exchange operator must report information on program activities annually to Utah Department of Health.

**Syringe Exchange Programs**
Syringe exchange programs provide free, sterile syringes to people who inject drugs. Syringe exchange programs are one component of a comprehensive approach to reducing the spread of blood-borne diseases among people who inject drugs.

**Utah Syringe Exchange Program**
The Utah Syringe Exchange Program was developed by the UDOH to reduce the spread of disease among people who inject drugs in Utah. The program adheres to rules and guidelines established by the Utah legislature. The UDOH acts as an administrative oversight body, and is responsible for collecting data on the program and providing annual reports about the program to the Utah legislature.
Section I: Administrative Rule Guide
## Section I: Table of Contents

1. Background ................................................................. SI:1

2. Utah Syringe Exchange Program Overview ................. SI:4

3. Utah Syringe Exchange Program Enrollment ............. SI:4
   - Eligible agencies ................................................................ SI:5
   - Operating entity ................................................................ SI:5
   - Enrollment requirements .............................................. SI:5
   - Termination of syringe exchange operation .................. SI:6

4. Operating Entity Requirements ................................. SI:7
   - Program element requirements .................................. SI:7
   - Reporting requirements ............................................. SI:8
   - Quarterly reporting information .............................. SI:8
   - Online database ...................................................... SI:9

5. Additional Support ..................................................... SI:10
The Administrative Rule Guide provides an overview of the need for and reasoning behind syringe exchange programs, outlines Utah's approach to syringe exchange, and details state requirements for organizations interested in providing syringe exchange services in Utah.

1. Background

In the early 2000s, the nation began experiencing a growth in the use of illegal opioid drugs brought on by an increase in the number of prescription opioids prescribed to patients for pain management. Many patients became dependent on the prescription opioids and moved on to illegal opioid drugs when they were no longer able to legally obtain the prescription opioids. Illegal opioids are often injected into the blood stream; the increase in injection drug use has led to an increase in unsafe injection practices and has put people who inject drugs (PWID) at risk of contracting HIV and viral hepatitis. Recent surveys undertaken by the Center for Disease Control and Prevention (CDC), indicate that approximately one-third of currently active PWID, ages 18–30 years, are infected with hepatitis C (HCV). Older and/or former PWID typically have a much higher prevalence (approximately 70%–90%) of HCV infection, reflecting the increased risk of continued injection drug use. HCV is one of the most expensive diseases to treat, with costs ranging between $50,000 and $100,000 for twelve weeks of treatment.

In 2010, a study published in the New England Journal of Medicine, surveyed more than 2,500 people who used OxyContin before and after safety measures were added in an attempt to make it more difficult to crush and abuse. The study found that before the anti-abuse measures were put in place, 35.6% of survey respondents admitted abusing the drug. Nearly two years after the deterrent was added, that number dropped to 12.8%; however, 24% of those surveyed still found a way to defeat the tamper-resistant properties of the medicine. The study indicated that although OxyContin abuse had gone down, the use of heroin was on the rise as it is “easier to use, much cheaper and easily available.”
In May 2016, the CDC released information indicating that in 2013 the annual HCV-related mortality rate surpassed the total combined number of deaths from 60 other infectious diseases, including HIV, pneumococcal disease, and tuberculosis. Further, since the studies used data from death certificates, which often underreport hepatitis C, there were likely even more HCV-related deaths than the reports suggest.

One means of preventing transmission of blood-borne infections, such as hepatitis C and HIV, is reducing the sharing of needles, syringes, and other drug injection equipment among PWID. Syringe exchange programs (SEP) allow PWID to exchange used syringes for sterile syringes. SEP are an effective component of a comprehensive approach to preventing the spread of HIV and viral hepatitis among PWID. A large number of scientific studies have found that SEP reduce HIV risk. In 2011, the U.S. Surgeon General determined that SEP are an effective way of reducing HIV transmission among PWID and that there is ample evidence that SEP promote entry to and retention in drug treatment and medical services. SEP are shown to provide a valuable service to PWID without increasing illegal drug use.

Furthermore, SEP support the overall health and well being of PWID by providing links to substance abuse treatment, medical care, disease testing, overdose prevention, and other vital social services. SEP are based on respect and place value on prioritizing the rights and dignity of PWID people who use drugs.

Expanding the reach of SEP is part of a comprehensive approach to addressing the spread of HIV and viral hepatitis among PWID and supports the goals of the National HIV/AIDS Strategy and Viral Hepatitis Action Plan to reduce the number of new HIV and viral hepatitis infections. Additionally, SEP are an important tool in helping connect people to opiate overdose prevention services.

Drug poisoning deaths are a preventable public health problem. The numbers of drug poisoning deaths per year in Utah and in the U.S. have been rising steadily between 1999–2015 as described in “Health Indicator Report of Drug Overdose and Poisoning Incidents.” Deaths from drug poisoning have outpaced deaths due to firearms, falls, and motor vehicle crashes in Utah. In 2015, Utah ranked 9th in the U.S. for drug poisoning deaths with a rate of 23.4 deaths per 100,000 population. Every month, 52 Utah adults die because of a drug poisoning. 83.8% of these deaths are accidental or of undetermined intent; 77.6% of these deaths involve opioids. The United States government recognizes the need to implement programs aimed at stopping the spread of disease and reducing overdose deaths across the country.
The U.S. Department of Health and Human Services (HHS) is committed to working with grantees and partners to reduce the spread of HIV and viral hepatitis in the U.S. In March 2016, HHS issued guidance for HHS-funded programs regarding the use of federal funds to implement or expand SEP. The guidance is the result of the bipartisan budget agreement that was signed into law in December 2015, which revised a previous Congressional ban on the use of federal funds for such programs. Communities that demonstrate a need may now use federal funds for the operational components of SEP.

The HHS guidance describes how health departments can request federal funds to start or expand SEP; it also outlines how the funds can be used. The guidance requires that state, local, tribal, and territorial health departments consult with the CDC and provide evidence that its jurisdiction is (1) experiencing, or (2) at risk for significant increases in viral hepatitis infections or an HIV outbreak due to injection drug use.

On behalf of the state of Utah, the UDOH submitted a “Determination of Need” (DON) to the CDC, identifying Utah as being at risk for significant increases in viral hepatitis infections or an HIV outbreak due to injection drug use. The DON was reviewed and approved by the CDC in June 2016 (see Section III: List of Resources).

The notice of approval to Utah from the CDC states:

“After careful review of the Utah Department of Health’s submission, CDC concurs that Utah is at risk for an increase in viral hepatitis or HIV infections due to injection drug use. The submitted data provide sufficient evidence to determine a need for SEP within the jurisdiction. Specifically, the requestor presented statewide data on epidemiologic trends that indicate increases in unsafe injection of illicit drugs as well as data on statewide increases in HIV and acute HCV infections due to injection drug use. The increase in IDU-associated HIV infections, though small in number, is noteworthy insofar as nationally over the same period IDU-associated HIV infections have fallen and the fidelity with which HIV infection is diagnosed and transmission risk is determined is high. The narrative makes a compelling case that there are multiple counties within the state where these increases are focused. Increases in opioid-related deaths in the context of increasing seizure of heroin by law enforcement suggest the increase in heroin seizures represents a greater supply of drugs and consequent opioid deaths and does not necessarily reflect solely increased law enforcement activity.”
Agencies within the state of Utah may now apply for or reallocate federal HHS funds for syringe exchange activities. Only HHS grantees that have direct HHS funding can request direct funding for SEP activities. For example, a direct grantee of CDC, HRSA, SAMHSA may apply for new funds or re-direct current funds within allowable funding announcements to be used to support SEP activities.

2. Utah Syringe Exchange Program Overview

On March 25, 2016, Governor Gary Herbert signed House Bill 308 into law, which legalized the development of a syringe exchange program in Utah. The Utah Syringe Exchange Statute, which went into effect May 10, 2016, states that agencies in Utah “may operate a syringe exchange program in the state to prevent the transmission of disease and reduce morbidity and mortality among individuals who inject drugs and those individuals' contacts.” The law outlines required activities and reporting guidelines, but does not provide funding or guidance for operating the Utah Syringe Exchange Program. An accompanying Administrative Rule was published on November 7, 2016. This rule provides guidelines for eligible agencies wishing to conduct a syringe exchange in Utah.

The following section describes the requirements of agencies conducting syringe exchange. For additional information, interested parties are encouraged to utilize the UDOH Syringe Exchange Program Website and/or contact syringeexchange@utah.gov with any questions.

3. Syringe Exchange Program Enrollment

In accordance with the Utah Syringe Exchange Statute and the Utah Syringe Exchange Administrative Rule, agencies interested in providing syringe exchange services in Utah must meet the following conditions and requirements prior to being certified as a syringe exchange operator (SEO).
**Eligible agencies**

The Utah Syringe Exchange Statute states that any of the following entities may operate syringe exchange services in the state:

- A government entity, including the Utah Department of Health, a local health department, the Division of Substance Abuse and Mental Health within the Department of Human Services, or a local substance abuse authority

- A nongovernment entity, including a nonprofit organization or a for-profit organization.

Eligible agencies must enroll and meet certain requirements prior to beginning any syringe exchange activities.

**Operating entity**

An operating entity is any eligible agency or program that has been approved to and is conducting syringe exchange activities as outlined in Administrative Rule 386-900.

Agencies that provide other related services, such as HIV/HCV testing, substance abuse treatment, etc., but DO NOT distribute or collect syringes are not considered an operating entity and do not need to enroll.

**Enrollment requirements**

All eligible agencies interested in providing syringe services must enroll with the UDOH. Enrollment requires the submission of the following items: a completed agency enrollment form (see Section III: List of Resources), a safety protocol plan, and a sharps disposal plan.

To request a Utah Syringe Exchange Program Agency Enrollment Form email syringeexchange@utah.gov with your agency’s intent to become an operating entity. A link to the online enrollment form will be sent to the identified contact. The enrollment form provides written notice of intent to conduct syringe exchange activities and must be submitted to the UDOH 15 days prior to conducting syringe exchange activities.
The eligible agency’s safety protocol plan must include details on how the agency will prevent needle sticks and sharps injuries for its workers, volunteers, and clients. Additionally, the plan must include the agency’s procedure for disposing of all spent or used needles it collects. Disposal of used and collected needles is the financial responsibility of the operating entity.

After the UDOH confirms receipt of an eligible agency’s enrollment and safety protocol plan, the eligible agency will be notified of its status as an operating entity. The UDOH will provide the operating entity with a program number and a certificate of enrollment, as well as instructions on how to report information required by R386-900 (see Reporting Requirements). Upon approval by UDOH and having met the requirements of R386-900, the operating entity may begin providing syringe exchange services in Utah.

Operating entities may request available supplies, materials, and training support from the UDOH. Agencies can submit requests using the UDOH Syringe Exchange Program Supplies Order Form. Completed forms should be sent to syringeexchange@utah.gov.

**Termination of syringe exchange operation**

If an operating entity discontinues syringe exchange activities, written notice must be submitted to UDOH by sending an email of intent to terminate to syringeexchange@utah.gov and completing the online disenrollment form that is sent within 15 days of termination of activities.

An operating entity may choose to terminate services due to changes in management, agency priorities, funding, etc.

The Department can terminate an operating entity’s status as a syringe exchange provider if the entity violates a provision of Administrative Rule R386. The Department can assess a penalty to an operating entity as provided in section 26-23-6 of the Administrative Rule.
4. Operating Entity Requirements

All operating entities must follow the requirements as outlined in the Utah Syringe Exchange Statute, the Utah Syringe Exchange Administrative Rule, and by the Department.

Program element requirements

The operating entity must include the following elements in its syringe exchange program:

- Facilitate the exchange of an individual’s used syringes by providing a disposable, medical grade sharps container for the disposal of used syringes. Sharps disposal is the financial responsibility of the operating entity.

- Exchange one or more new syringes in sealed sterile packages with the individual free of charge.

- Provide and make available to all recipients of new syringe(s) verbal and written instruction on
  - Methods for preventing the transmission of blood-borne pathogens, including HIV, HBV and HCV.
  - Information and referral to drug and alcohol treatment.
  - Information and referral for HIV and HCV testing.
  - Instruction on how and where to obtain an opiate antagonist (naloxone).
Reporting requirements

All operating entities must record and report aggregate data elements to the UDOH on a quarterly basis.

Required Data Elements

The following items are required data elements that must be reported quarterly to the UDOH:

- Number of individuals who have exchanged syringes
- A self-reported or approximated number of used syringes exchanged for new syringes
- Number of new syringes provided in exchange for used syringes
- Educational materials distributed
- Number of referrals provided

Optional Data Collection Elements

The following items are optional elements that an operating entity may wish to submit to the UDOH:

- Participant enrollment form
- Event activity log

Quarterly reporting information

In accordance with the Utah Syringe Exchange Statute, all entities engaging in syringe exchange services must submit a quarterly report to the UDOH.

Quarterly Report Form

Refer to the Online Database section found below for detailed information on reporting through the online database. Operating entities will be sent a report form to fill out at the end of the quarter. A paper version, Utah Syringe Exchange Program: Quarterly Report Form can be downloaded from the UDOH website. Operating entities engaging in syringe exchange services must return this form to the Department each quarter.
Online database

The UDOH utilizes the browser-based Research Electronic Data Capture (REDCap) software to collect and analyze pertinent data on syringe exchange programs and participants. Within this software, the USEP utilizes both “surveys” and “forms” to collect data in REDCap.

Surveys are initiated by an outside entity and do not require users to log into REDCap to enter data. For example, UDOH will send surveys to operating entities. However, users will not have access to the data that is entered into the survey.

Individual users from operating entities must log into REDCap in order to enter data. Users are able to see the data they collect and can generate statistics and reports within REDCap.

Agency info and login

The Agency Enrollment Form (see Section III: List of Resources) is available by sending an email to syringeexchange@utah.gov requesting interest in enrollment; the contact will be sent a link to an electronic form.

If an operating entity enrolls electronically through REDCap, it will receive an email from UDOH within 7 business days, indicating whether the agency has been enrolled as an SEP. If an operating entity seeking enrollment has not heard from the UDOH within this time, please email syringeexchange@utah.gov to inquire about enrollment status.

Dates and deadlines

Regardless of when an agency enrolls, it must submit a quarterly report by the next quarter deadline as defined by the Department. The quarterly dates for 2017 are as follows:

**Quarter 1:** January 1-March 31, report due April 15 (if an SEO was operational in December 2016, include that information in the first quarter report.)

**Quarter 2:** April 1-June 30, report due July 15

**Quarter 3:** July 1-September 30, report due October 15

**Quarter 4:** October 1-December 31, report due January 15, 2018
User training

Operating entities that opt-in to using the online database, will be provided training on how to create a login, enter data, and run reports. A UDOH REDCap Access and User Manual can be found in Section III: List of Resources.

5. Additional Support

Technical assistance and capacity building is available for syringe exchange operating entities and program coordinators. For questions regarding syringe exchange, enrollment, operating procedures, or other program-related issues, please contact syringeexchange@utah.gov.

In an effort to provide ongoing support to the enrolled operating entities, the UDOH will provide educational materials, outreach supplies, and information on funding as these items become available.

In order to effectively conduct all of the elements of Administrative Rule 386-900, the UDOH will provide training on the following information to all operating entities upon request:

- Data Collection
- Harm Reduction and Syringe Exchange Basics
- HIV/HCV Basics
- Naloxone Administration
- Online Database
- Overdose Prevention
Section II: Operating Entity Handbook
## Section II: Table of Contents

1. Legal ............................................................................. SII:1

2. Syringe-Exchange Strategy ........................................... SII:1
   - Target population ....................................................... SII:2
   - Syringe exchange delivery models .............................. SII:2

3. Relationship Building .................................................. SII:6
   - Recovery services ..................................................... SII:6
   - Medical and health services ....................................... SII:6
   - Social service agencies ............................................. SII:6
   - Other important stakeholders .................................... SII:7
   - Local community leaders .......................................... SII:7
   - Law enforcement ...................................................... SII:8

4. Program Development ................................................. SII:9
   - Staffing .......................................................................... SII:9
   - Training ......................................................................... SII:11
   - Safety ............................................................................. SII:12
   - Transaction models ................................................... SII:13
   - Supplies ......................................................................... SII:14
   - Disposal ......................................................................... SII:15
   - Data collection ............................................................ SII:16
   - Budget and finance .................................................... SII:17
   - Local community engagement .................................... SII:18
This handbook is a resource for entities interested in conducting a syringe exchange operation in Utah. The information that has been included is based on research gathered from syringe exchange programs across the country and an understanding of the current political and social climate in Utah. Whereas the Utah Syringe Exchange Program Administrative Rule Guide outlines the requirements to become a syringe exchange operating entity and conduct syringe exchange in Utah, this handbook offers suggestions that are intended to help guide and inform interested parties as they develop a syringe exchange operation.

1. Legal

Syringe exchange legislation (H.B. 308) passed during the 2016 Utah Legislative Session. The bill allows approved organizations to conduct syringe exchange in the state. The Utah Department of Health (UDOH) oversees the approval of applications to become syringe exchange operating entities in Utah. Details about the application process can be found in the Utah Syringe Exchange Program Administrative Rule Guidance.

The legislative law legalized syringe exchange operations in the state; however, it does not address the drug-related paraphernalia law. As entities plan for developing the syringe exchange operations, it would be wise to build in strategies to mitigate potential effects of the law.

2. Syringe-Exchange Strategy

Developing a strategic plan for your organization’s syringe exchange operations strengthens your ability to meet the needs of the community with area-appropriate services. As you plan for syringe exchange operations, you may wish to consider the target population, syringe exchange delivery models, and barriers to access.
Target population

Identifying the role syringe exchange services play in your organization's overall mission may help in defining the target population of people who inject drugs (PWID) that you plan to serve. Once the target population for services is established, the next step is understanding the overall habits and needs of the population and ways your organization can best meet these needs. This information will strengthen your organization's ability to provide the needed services in a manner best suited to meet the target population's needs. Answering the following questions can help as you move forward in gaining this understanding:

- What are injecting habits of the target population?
  - What are they injecting?
  - How often are they injecting?
  - Where are they injecting?
- Where is the target population located: centralized in one area or spread across a large geographic area?
- What is the cultural background of the target population?
- How best can your organization serve this population?
- How will you communicate your services to this population?
- How will cultural nuances affect your ability to provide outreach?

A clear understanding of the target population you plan to serve and how your organization can best meet its needs can help inform the syringe exchange delivery model(s) you choose to adopt.

Syringe exchange delivery models

Choosing the best syringe exchange delivery model to serve your target population can help ensure constructive syringe exchange operations. The three most commonly used delivery models are fixed-site services, venue-based services, and delivery services. The following provides a brief description of each delivery method.
Fixed-site model

Fixed-site delivery is located in a building or a specific location, such as an office space, storefront, or other location with street access. This delivery model works well for organizations that already offer other related services to PWID at a fixed site and choose to add syringe exchange services to their mix of services.

Strengths

- Client privacy is easier to accommodate.
- Exchanges can occur in a comfortable setting away from inclement weather.
- The space can be tailored to fit the needs and preferences of clients.
- On-site storage for syringe exchange supplies is likely available.
- A fixed site provides a stable and predictable location for clients.
- Start-up costs may be lower if pre-existing organizational infrastructure can be used for the exchange program.

Weaknesses

- Overhead costs and other ongoing expenses can be too burdensome for some operators.
- The local community and neighbors may respond negatively to a syringe exchange operation in the area.
- Clients may feel stigmatized accessing a known syringe exchange operation site.
- Transportation to the fixed site may decrease the clients’ ability to access the services on a regular basis.
- The location may restrict hours of operations, thereby limiting clients’ ability to access services from the site.
- Existing staff may be resistant to incorporating a syringe exchange program with existing operations.
Venue-based model

Venue-based delivery operations are often conducted out of a van, RV, or movable shelter, such as a tent. This service is usually provided at regularly scheduled locations and times, which provide clients with consistent and reliable access to services. This delivery model works well for organizations targeting PWID who have limited transportation options and who tend to congregate in narrowly defined geographic locations.

Strengths

→ The flexibility and adaptability of the syringe exchange operator to meet the needs of the clients increase.
→ The informal setting may help put clients at ease.
→ Syringe exchange operators have the opportunity to connect with a broader cross-section of clients.
→ The community-at-large may be more willing to accept a temporary structure over a permanent one.

Weaknesses

→ There is less anonymity for clients.
→ It is more difficult to offer ancillary services, such as HIV testing.
→ Off-site supply storage is necessary.
→ Transportation expenses can increase overhead costs.
→ Inclement weather can inhibit or deter client participation and decrease the comfort of the setting.
→ Local area law enforcement may be less tolerant of shifting syringe exchange locations.

It is a good idea to provide a space that allows confidential conversations to occur and provides some anonymity for clients who come to use the syringe exchange services.
**Delivery model**

The delivery model relies on syringe exchange staff to travel from place to place or group to group to expand the availability of the services and reach a broader population of PWID. The goal of this model is to broaden the reach of syringe exchange services to members of populations who may not otherwise come into contact with syringe exchange, build rapport and credibility with clients, and encourage them to participate in venue or fixed-site locations. Clients often access delivery model services by calling a number to arrange a delivery. For the safety of the staff and liability of the organization, it is wise to have at least two staff members present at each delivery.

**Strengths**

- A more discreet and comfortable syringe exchange environment for clients is possible.
- A population that may not otherwise be exposed to syringe exchange operations is afforded access to clean syringes and injection equipment.
- No physical space is needed for the organization, thereby making startup operations easier.
- Information sharing about injection practices and other issues can be discussed privately.
- Staff may have an opportunity to interact with family members or peer networks.

**Weaknesses**

- The staff is exposed to greater personal risk.
- The exchange operator is still liable for employees and their actions without having the ability to maintain oversight of delivery situations.
- Overhead is more variable and may prove costly due to fluctuations in automobile expenses, fuel costs, travel distances, and frequency of delivery.
- On-call staff increases the risk of staff burnout.
- Delivery can be time consuming depending on the demand and geographic location.

Additional consideration: Before ever entering a residence, staff should understand all state and local laws governing reporting requirements for situations such as child endangerment or abuse and elder neglect.
Your organization may wish to consider an integrated approach to syringe exchange operations, meaning offering more than one service model or a hybrid of one or more models. *It is important to recognize that an effective syringe exchange operation will continually assess and understand the changing needs of PWID.* Ultimately, the goal is to meet the needs of the target population within the means of your organization.

3. Relationship Building

Establishing good relationships, with both clients and outside stakeholders, is a key factor in building a successful syringe operation. Clients need to know that a syringe exchange operation is a safe place for them to connect with people who care about each client and are supportive of each client’s journey to making healthier injection drug choices.

Building relationships with outside stakeholder groups can help strengthen your organization’s ability to operate a successful syringe exchange program by broadening the services you provide. For example, service referrals are a key component in supporting clients’ ability to improve their health. Prior to implementing your syringe exchange operations, you may want to establish a working relationship with a variety of groups that can serve as referral resources.

**Recovery services**

Connecting syringe exchange clients interested in recovery with reputable and accessible recovery-service opportunities is a crucial role of a syringe exchange operating entity. Therefore, it is important to have a good working relationship with agencies or organizations that can provide a regular space to your clients.

**Medical and health services**

Identifying local medical, mental health, and dental providers who provide compassionate care to all of their clients, including PWID, allows you to refer clients to a safe medical environment.
Social service agencies

Offering guidance to or information about the appropriate governmental and nonprofit organizations that provide legal, housing, or other social-related assistance can be instrumental in helping clients in need. Building a personal connection with individuals associated with these types of agencies will enable your organization to direct clients to a specific person who can help. Any steps that aid in a PWID’s ability to improve their health or life situation can further enhance building connections with clients.

Other important stakeholders

The premise behind syringe exchange is not always fully understood or accepted by some stakeholder groups; at times, local stakeholders may adamantly oppose syringe exchange operations in their community. It is a good idea to work with all community stakeholders in an attempt to educate them about the role syringe exchange plays in building healthier communities.

Local community leaders

Local community leaders may include mayors, city or county council members, and other elected officials. As leaders in their community, these officials are often key influencers with other stakeholders.

You may wish to consider hosting informational meetings to educate interested parties about the goals of syringe exchange and the benefits of syringe exchange services for PWID and the greater community. Creating a dialog with influential stakeholders that leads to a mutual understanding between parties is a good way to build cooperation—or at least mitigate barriers to entry—when establishing syringe exchange operations in an area.
Law enforcement

The law enforcement community is an important stakeholder in the overall success of syringe exchange operations. Without the cooperation of local law enforcement, it is extremely difficult to carry out an effective syringe exchange operation. Establishing a relationship of trust and mutual understanding with law enforcement prior to beginning syringe exchange operations in an area is a wise undertaking. To build a connection, your organization may wish to work with local law enforcement to provide educational materials for members about the goals of syringe exchange and the positive outcomes that have resulted from syringe exchange in other communities. It is also important to listen to and validate any concerns expressed by law enforcement and to work to find ways to address their concerns.

Once a cooperative relationship is established, you may consider furthering that relationship by identifying a few individuals who can act as liaisons between your organization and the department. Liaisons provide a main point of contact should any difficulties occur between the syringe exchange staff and local police. Resolving any issues between parties quickly and in a mutually agreeable manner is a worthwhile goal.

Identifying potential barriers to entry, prior to implementing a syringe exchange operation, will enable you to decrease potential obstacles. Each community is different, and new barriers may be present in each area.

There are always people or organizations who do not support syringe exchange services. Working to alleviate concerns and creating a dialog of cooperation or understanding is an important first step toward finding common goals and peaceful coexistence.
4. Program Development

A program plan is a foundational tool that provides a framework for consistent operations. Developing a program plan that lays out clear expectations for staff/volunteers, outlines training and safety standards, communicates the program’s transaction model, addresses the management of supplies, details the disposal of collected syringes, outlines data to be gathered, lays out the budget and finances, and proposes local-community engagement efforts is a wise undertaking prior to beginning an exchange operation. The following sections address the various topics you may wish to consider as you develop your program plan.

Staffing

Staffing needs will vary based on the service delivery model and the number of clients regularly served. Your organization may wish to establish a set of general standards that all staff is expected to meet and follow. The following list provides some ideas as to staff standards:

- Have no outstanding warrants.
- Be clean from drugs or alcohol during work hours.
- Maintain a calm and welcoming demeanor when interacting with clients, other staff members, and other stakeholders.
- Have a solid understanding of the full spectrum of your organization’s services and referral options.
- Stay clear of any interactions between clients and law enforcement.
- Maintain a professional relationship with clients, but do not become personally involved.
- Avoid any situations where a client may attempt to procure drugs.

A healthy work force leads to a positive environment; when all staff members are encouraged to stay attuned to their own personal mental and physical health, they can best serve clients in a respectful, appropriate manner. In addition to staff standards, all staff members should receive some sort of syringe-exchange and safety training prior to participating in exchange activities.
Prior to engaging in syringe exchange activities, all staff and volunteers should undergo training. Each operating entity may determine the scope of the training relevant to its operations based on the target population and organizational mission, services, policies, and procedures. In addition to organization-specific information, training should also include general information about harm reduction, an overview of the importance of syringe exchange, and details about the service delivery model including strengths and weakness, overdose prevention, CPR and first aid, and client engagement skills.

**COMMON STAFF JOBS INCLUDE**

**Greeter:** Helps set the tone for the client’s experience and provides guidance as to the resources available at the syringe exchange operation.

**Syringe distributor:** Works with the client to establish syringe needs of the client.

**Syringe collector:** Makes sure all used syringes are disposed of in a safe manner.

**Data tracker:** Keeps a tally of the syringes and other equipment coming in and going out.

**Referral consultant:** Provides educational materials about recovery services and consults with clients who are in need of or desire additional services including medical, social services, and disease testing.
Training

Training on a variety of relevant topics can be accessed on a regular basis through a few local channels:

*Harm Reduction Navigator*

This eight-module training class is taught by local harm reduction specialists. Training opportunities may include all eight modules or can be tailored to specific subjects. Areas covered in the sessions include detailed education on harm reduction, syringe exchange, overdose prevention, naloxone administration, stigma, HIV/HCV, injection safety, outreach, and boundaries. Individuals who complete all eight modules and pass a knowledge assessment are eligible to receive certification as a Harm Reduction Specialist. The certification is valid for two years.

For more on Harm Reduction Navigator training dates, contact syringeexchange@utah.gov.

*HIV/HCV Prevention Counseling and Testing Training*

This training prepares participants to conduct pre- and post-test prevention counseling for HIV and HCV.

For information on training times and dates, contact aafroz@utah.gov.

*REDCap Training*

This training is provided to operating entities that are a part of the REDCap online data system. The UDOH staff oversees REDCap; staff members are happy to provide organization-specific training.

For more information, contact syringeexchange@utah.gov.

*Giving staff and volunteers the tools to act responsibly and compassionately helps build a positive organizational reputation. Additional training that can strengthen your staff’s ability to enhance the effectiveness of interactions with clients includes motivational-interviewing techniques and cultural-sensitivity awareness.*
Safety

Syringe exchange operations should be a safe environment for both clients and workers. In addition to following all state and federal rules regarding contact with used syringes, organizations should develop their own set of organizational safety protocols. Some safety measures are specific to the syringe delivery model; other considerations can be universally applied. Organizations should consider incorporating the following policies for staff safety:

- Staff should wear appropriate clothing including closed-toed, flat-heeled shoes.
- Staff should not come into personal contact with used syringes.
- Staff should use gloves when anticipating possible contact with blood.
- Staff should not get involved in disputes with clients or between two clients.
- Staff should follow organizational procedures for dealing with disruptive or combative clients.
- Staff should use the buddy system when working under the delivery model.
- Staff should always have appropriate communication systems, which allow them to stay in contact with support services in case of an emergency.
- Staff should report any threats or known criminal activity to the local law enforcement authorities.
- Unused syringes should be transported in secure, enclosed packaging, in the trunk of a car or out of sight in the back of a van or SUV.
- Used syringes should be transported in secured and sealed containers, which may include sharps boxes, heavy plastic containers such as laundry detergent containers, or other hazardous-waste–approved containers.
- Delivery model staff should not transport clients or other non-staff members while working.

Staff members should understand and agree to follow safety policies prior to working a syringe exchange. Staff safety is of utmost importance; setting clear boundaries and expectations provides staff members with comprehensive guidance as they carryout syringe-exchange activities.
Transaction models

An overarching goal of syringe exchange services is to prevent the spread of disease and bacteria. In order to meet this goal, PWID need to use a new, clean needle and associated supplies for each injection. Syringe exchange entities should consider this goal when deciding on which syringe transaction model to implement.

*Strict One–for–One Exchange:* Under this model, clients receive one clean needle for every one spent needle returned. This model does not allow clients to receive clean syringes and other supplies if they do not bring in any used syringes. This model does not account for clients who may dispose of used syringes in other manners. It also does not accommodate clients obtaining clean syringes for other injection drug users who may not be able to attend the syringe exchange. This model puts a greater burden on staff members who may recognize the needs of the clients and choose to bend the rules to ensure clean needles for clients.

*One–for–One Plus Exchange:* This model is an adapted version of the Strict One–for–One model that provides a predetermined number of extra syringes beyond the one for one. The number of new syringes may be rounded up to the next unit of 10. For example, 12 used syringes are returned; 20 new syringes are given out. This model provides a balanced approach to encouraging the return of used needles, while still providing all clients with access to clean syringes.

*One–for–One Plus Enhanced Exchange:* This model uses the same methodology as “One–for–One Plus Exchange” to provide new syringes. However, participants are also able to access new syringes in exchange for used syringes that were returned to a community drop box or other collection location. The participant is allowed to self-report the number of used syringes returned to other locations.

*Needs–Based Exchange:* This model provides the most flexibility by focusing on the current injection habits and needs of the client. While syringe exchange strongly encourages clients to bring in used syringes for safe disposal, under this model clients negotiate how many clean syringes and equipment kits they need, regardless of how many used syringes they return. Needs–based exchange allows clients to negotiate their needs based on the frequency of injection, the length of time until they can access clean syringes, and the number of other individuals for whom the client is obtaining clean syringes. Some organizations place an upper limit on the number of clean syringes a client can receive on any given day; 100 syringes is a commonly set upper limit.
When deciding on which transaction model to implement, you should consider the financial implications of the model and any requirements or restrictions from any funding sources from which you may draw. Ensuring you will have the resources to acquire adequate supplies is an important component to providing consistent and reliable services.

**Supplies**

Your organization should determine the breadth of the supplies offered to clients. Supplies fall under two main categories: those necessary or helpful in the prevention of spreading blood-borne diseases and bacteria and educational materials.

**Supplies to Prevent the Spread of Blood-borne Diseases and Bacteria**

Spreading disease or bacteria can occur through multiple instruments used during drug injection; therefore offering clean equipment in addition to clean syringes is important for the prevention of the spread of HIV and HCV. Syringe exchange operators commonly offer clients the following items:

- Alcohol swabs
- Aluminum cooking caps
- Clean syringes in varying barrel sizes
- Cotton filters
- Gauze pads
- Sterile water vials
- Tourniquets: have both latex and non-latex available

Additional supplies to consider offering include

- Antibacterial ointment
- Bag for carrying the new supplies
- Band-aids
- Condoms
- Small bleach kits
Different drugs require different sized needles. It is a good idea to understand the type of drug(s) clients are injecting and the commonly used needle length, gauge, and barrel size.

In addition to injection-related equipment and supplies and in accordance with Utah law, operating entities must provide educational materials to all clients.

**Educational Materials**

Syringe exchanges can serve as a valuable informational resource for clients. As such, all clients should be provided with educational materials on the following topics:

- Blood-borne infectious diseases
- HIV, HCV, and sexually transmitted disease testing materials including facilities that will perform these tests
- Local health centers and clinics
- Overdose prevention and education
- Safer injection practices
- Safety measures to mitigate the spread of blood-borne diseases
- Substance abuse treatment and recovery options

Educational materials should meet the needs of the target population. It is wise to make sure that all materials are written in a clear and simple manner and are available in the native languages of your clients.

**Disposal**

Proper disposal of used syringes is in the interest of good public health. The Utah Division of Solid and Hazardous Waste considers used syringes to be infectious waste because of the possibility of contracting an infectious disease if pricked by a used needle. In accordance with Utah law, all parties interested in conducting syringe exchange services must submit a used syringe disposal plan along with the application to become a syringe exchange operating entity. Operating entities should be sure all staff and volunteers understand and follow the organization's disposal plan.
Data collection

Data collection plays an important role in the ongoing success of syringe exchange operations. The data provide an opportunity to show the impact of your organization in the community and can support organizational efforts in a myriad of ways including planning for the needs of the population it serves, identifying areas where the organization can improve services, setting future goals, and measuring the overall effectiveness of the operation. Additionally, data are useful in explaining budgetary needs when applying for monies from outside funding sources and when soliciting individual donations. Finally, Utah state law requires all operating entities to submit quarterly reports.

State requirements

Quarterly reports to the UDOH must include the number of individuals who have exchanged syringes, a self-reported or approximated number of used syringes exchanged for new syringes, the number of new syringes provided in exchange for used syringes, educational materials distributed, and the number of referrals provided. More information on Utah reporting requirements can be found in the Utah Syringe Exchange Program Administrative Rule Guidance.

Beyond requirements

In addition to the required data, organizations may wish to record additional information to track the ongoing success of the program. Data help to form a greater understanding of program adequacy, exchange volume, and the impact of the public health services your organization is providing in the community.

Useful information may include significant problems encountered, feedback from clients about syringe exchange, client reports about changes in street-drug quality and injection practices, syringes collected during neighborhood or street cleanups, and feedback from local stakeholders, including law enforcement.
Budget and finance

A well-thought-out budget is a necessary component of any successful business. Your budget can vary greatly depending on the syringe exchange model, the breadth of services, the participation numbers, and the service delivery method. While some syringe-exchange budget items are obvious, other costs are not as evident. Beyond expected expenses such as overhead, utilities, insurance (vehicle, physical space, and business liability), syringe exchange supplies, and employee salaries, the following list includes budget items that are often overlooked:

- Travel reimbursement for staff and volunteers
- Stipends for interns or volunteers
- General office supplies including pens, paper, copying, toiletries, etc.
- Staff training and development
- Educational materials
- Extra storage space for supplies
- Space heaters or hand warmers for staff comfort when conducting delivery service or services out of a temporary outdoor shelter

There are many funding sources available for syringe exchange operators. Prior to applying for funding, you will want to verify that the funding sources you reach out to support goals that align with your organization’s goals and/or beliefs. The following are some public and private entities you may wish to investigate as possible funding sources:

- North American Syringe Exchange Network (NASEN)
- Local health departments
- Private foundations that support HIV and/or HCV testing, homelessness, drug recovery, and other related topics
- Universities
- Pharmaceutical companies
- Hospitals or other healthcare centers
- Individual and/or corporate donors
When applying for financial support from private funding sources and government agencies, you will want to determine whether there are restrictions concerning how funds can be used. Keeping track of and recording all incoming money and how it is spent is crucial. Good bookkeeping practices will also help with future budget planning.

**Local community engagement**

The concept of syringe exchange can be a hard sell in some communities despite best efforts to educate individuals about the benefits to both PWID and the greater community. Engaging in relationship-building activities that support the community-at-large is a good way to begin to build bridges and connections.

Each community is unique, and opportunities to engage may vary; finding ways to give back to the community that align with your organization’s resources may be an evolving process. Some ideas that syringe exchange operating entities may wish to consider include the following:

- **Cleanups**: Engage in regularly scheduled park, street, or neighborhood cleanups that include picking up spent needles, condoms, and other trash.

- **Topic talks**: Provide regular educational presentations on preventing the spread of disease among all citizens.

- **Collections**: Host a food collection for the local food pantry, or gather supplies for a local shelter.

- **Local support**: Contribute as a sponsor of local health fairs.

- **Community boards**: Become a member of the local health boards.

Operating entities may benefit from reaching out to local community leaders and/ or related organizations to find ways to partner with local efforts to build healthier communities. The ultimate goal of community engagement is to build strong, trusting relationships with the local community. Taking into consideration the local community’s attitude toward syringe exchange operations and finding creative ways in which your organization can provide the most value outside normal operations are worthwhile endeavors. A Good Neighbor Agreement is one way in which to build a mutual understanding between your organization and the local community.
A Good Neighbor Agreement is a non-binding document that outlines common goals and/or aspirations between a syringe exchange operator and a neighborhood governing or oversight body such as a neighborhood council or association, a town councils, or another similar influential governing body. An example of language and goals that can be used in a Good Neighbor Agreement can be found in Additional Resources.

In addition to the local community, syringe exchange operating entities would benefit from establishing positive working relationships with other stakeholders involved in supporting syringe exchange efforts across the state. These may include other syringe exchange providers, staff at the local and state health departments, and members of the Utah Syringe Exchange Network. Dialog with other entities may enable your organization to identify opportunities that have not yet been explored, areas where duplication of services can be eliminated, and strategic partnerships that could be formed.
The following section contains links to a variety of resources regarding syringe exchange in Utah, local community resources, disease testing, overdose prevention, and national organizations.

**Utah Law and Rules**

- Utah Paraphernalia Law [https://le.utah.gov/xcode/Title58/Chapter37a/58-37a-S5.html](https://le.utah.gov/xcode/Title58/Chapter37a/58-37a-S5.html)
- Utah Syringe Exchange Administrative Rule 386–900 [https://le.utah.gov/xcode/Title26/Chapter7/26-7-S8.html](https://le.utah.gov/xcode/Title26/Chapter7/26-7-S8.html)

**Utah Syringe Exchange Program**

The following forms can be accessed using this link: [http://health.utah.gov/epi/prevention/](http://health.utah.gov/epi/prevention/)

- Agency enrollment form
- Client ID form
- Community clean up form
- Event log form
- Quarterly report form
- REDCap user manual
- Supply order form
- Utah Department of Health, Syringe Exchange Coordinator syringeexchange@utah.gov
Local Resources

- Utah Syringe Exchange Network (USEN) [https://sites.google.com/a/utah.gov/user-network/](https://sites.google.com/a/utah.gov/user-network/)

Disease-Related Resources


Overdose Prevention

- Stop the Opidemic [http://www.opidemic.org/](http://www.opidemic.org/)

→ UDOH - Naloxone  https://naloxone.utah.gov/

→ Use Only As Directed  http://useonlyasdirected.org/

→ Utah Naloxone  http://www.utahnaloxone.org/

National Resources

→ Center for Disease Control and Prevention (CDC)  https://www.cdc.gov/hiv/risk/ssps.html


## Environmental Factors and Plan

### Syringe Services (SSP) Program Information-Table A

<table>
<thead>
<tr>
<th>Syringe Services Program SSP Agency Name</th>
<th>Main Address of SSP</th>
<th>Dollar Amount of SABG funds used for SSP</th>
<th>SUD Treatment Provider</th>
<th>Number Of Locations (include mobile if any)</th>
<th>Narcan Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

No Data Available

**Footnotes:**
### Environmental Factors and Plan

#### Syringe Services (SSP) Program Information-Table B

<table>
<thead>
<tr>
<th>Syringe Service Program Name</th>
<th># of Unique Individuals Served</th>
<th>HIV Testing</th>
<th>Treatment for Substance Use Conditions</th>
<th>Treatment for Physical Health</th>
<th>STD Testing</th>
<th>Hep C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utah Syringe Exchange Program</td>
<td>2007</td>
<td>ONSITE Testing</td>
<td>175</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Referral to testing</td>
<td>12502</td>
<td>12380</td>
<td>7586</td>
<td>76</td>
</tr>
</tbody>
</table>

**Footnotes:**

This is data for FY18 as FY19 data has not been collected.

TB data is for 2017: In 2017, 29 cases of TB were reported in Utah. There have been 10 reported cases of TB from January 2018 to June 2018.
24. Public Comment on the State Plan - Required

Narrative Question

**Title XIX, Subpart III, section 1941 of the PHS Act (42 U.S.C. § 300x-51)** requires, as a condition of the funding agreement for the grant, states will provide an opportunity for the public to comment on the state block grant plan. States should make the plan public in such a manner as to facilitate comment from any person (including federal, tribal, or other public agencies) both during the development of the plan (including any revisions) and after the submission of the plan to SAMHSA.

Please respond to the following items:

1. Did the state take any of the following steps to make the public aware of the plan and allow for public comment?

   a) Public meetings or hearings?  ○ Yes  ○ No

   b) Posting of the plan on the web for public comment?  ○ Yes  ○ No

      If yes, provide URL:

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

Footnotes: