# Wisconsin

## UNIFORM APPLICATION
## FY 2020/2021 Block Grant Application

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

OMB - Approved 04/19/2019 - Expires 04/30/2022
(generated on 08/17/2020 11.44.09 AM)

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

NOT FINAL

# State Information

## State Information

### Plan Year

Start Year 2021

End Year 2022

### State SAPT DUNS Number

Number 036448835

Expiration Date

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

Agency Name Department of Health Services

Organizational Unit Division of Care and Treatment Services, Bureau of Prevention Treatment and Recovery

Mailing Address 1 W. Wilson St., Rm 850

City Madison

Zip Code 53703

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

First Name Teresa

Last Name Steinmetz

Agency Name WI Department of Health Services, Division of Care and Treatment Services

Mailing Address 1 W. Wilson St., Rm 850

City Madison

Zip Code 53703

Telephone (608) 266-2861

Fax 608-266-1533

Email Address TeresaJ.Steinmetz@dhs.wisconsin.gov

### State CMHS DUNS Number

Number 03644835

Expiration Date

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

Agency Name Department of Health Services

Organizational Unit Division of Care and Treatment Services, Bureau of Prevention Treatment and Recovery

Mailing Address 1 W. Wilson St. Room 850

City Madison

Zip Code 53703

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

First Name Teresa

Last Name Steinmetz

Agency Name Department of Health Services

NOT FINAL

| | |
|---|---|
| Mailing Address | 1 W. Wilson St., Rm. 850 |
| City | Madison |
| Zip Code | 53703 |
| Telephone | 608-266-2861 |
| Fax | 608-266-1533 |
| Email Address | TeresaJ.Steinmetz@dhs.wisconsin.gov |

## III. Third Party Administrator of Mental Health Services

Do you have a third party administrator? ○ Yes ◉ No

| | |
|---|---|
| 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 | 8/17/2020 11:44:03 AM |

## VI. Contact Person Responsible for Application Submission

| | |
|---|---|
| First Name | Michael |
| Last Name | Derr |
| Telephone | 608-267-7704 |
| Fax | (608) 266-1533 |
| Email Address | Michael.Derr@wisconsin.gov |

OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**

NOT FINAL

## State Information

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

### Fiscal Year 2021

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
Tile 42, Chapter 6A, Subchapter XVII of the United States Code

| Title XIX, Part B, Subpart II of the Public Health Service Act | | |
|---|---|---|
| **Section** | **Title** | **Chapter** |
| Section 1921 | Formula Grants to States | **42 USC § 300x-21** |
| Section 1922 | Certain Allocations | **42 USC § 300x-22** |
| Section 1923 | Intravenous Substance Abuse | **42 USC § 300x-23** |
| Section 1924 | Requirements Regarding Tuberculosis and Human Immunodeficiency Virus | **42 USC § 300x-24** |
| Section 1925 | Group Homes for Recovering Substance Abusers | **42 USC § 300x-25** |
| Section 1926 | State Law Regarding the Sale of Tobacco Products to Individuals Under Age 18 | **42 USC § 300x-26** |
| Section 1927 | Treatment Services for Pregnant Women | **42 USC § 300x-27** |
| Section 1928 | Additional Agreements | **42 USC § 300x-28** |
| Section 1929 | Submission to Secretary of Statewide Assessment of Needs | **42 USC § 300x-29** |
| Section 1930 | Maintenance of Effort Regarding State Expenditures | **42 USC § 300x-30** |
| Section 1931 | Restrictions on Expenditure of Grant | **42 USC § 300x-31** |
| Section 1932 | Application for Grant; Approval of State Plan | **42 USC § 300x-32** |
| Section 1935 | Core Data Set | **42 USC § 300x-35** |
| **Title XIX, Part B, Subpart III of the Public Health Service Act** | | |
| Section 1941 | Opportunity for Public Comment on State Plans | **42 USC § 300x-51** |
| Section 1942 | Requirement of Reports and Audits by States | **42 USC § 300x-52** |

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| Section 1943 | Additional Requirements | **42 USC § 300x-53** |
| Section 1946 | Prohibition Regarding Receipt of Funds | **42 USC § 300x-56** |
| Section 1947 | Nondiscrimination | **42 USC § 300x-57** |
| Section 1953 | Continuation of Certain Programs | **42 USC § 300x-63** |
| Section 1955 | Services Provided by Nongovernmental Organizations | **42 USC § 300x-65** |
| Section 1956 | Services for Individuals with Co-Occurring Disorders | **42 USC § 300x-66** |

# ASSURANCES - NON-CONSTRUCTION PROGRAMS

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

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

to State (Clear Air) Implementation Plans under Section 176(c) of the 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 (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

# LIST of CERTIFICATIONS

**1. Certification Regarding Debarment and Suspension**

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

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

**2. Certification Regarding Drug-Free Workplace Requirements**

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

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

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

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

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

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

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

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

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

State: _____

Name of Chief Executive Officer (CEO) or Designee: Julie A. Willems Van Dijk

Signature of CEO or Designee[1]: _____

Title: Deputy Secretary

Date Signed: _____

mm/dd/yyyy

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

OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**

## State Information

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| Title XIX, Part B, Subpart II of the Public Health Service Act | | |
|---|---|---|
| **Section** | **Title** | **Chapter** |
| Section 1911 | Formula Grants to States | **42 USC § 300x** |
| Section 1912 | State Plan for Comprehensive Community Mental Health Services for Certain Individuals | **42 USC § 300x-1** |
| Section 1913 | Certain Agreements | **42 USC § 300x-2** |
| Section 1914 | State Mental Health Planning Council | **42 USC § 300x-3** |
| Section 1915 | Additional Provisions | **42 USC § 300x-4** |
| Section 1916 | Restrictions on Use of Payments | **42 USC § 300x-5** |
| Section 1917 | Application for Grant | **42 USC § 300x-6** |
| **Title XIX, Part B, Subpart III of the Public Health Service Act** | | |
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8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Costal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to

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

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

# LIST of CERTIFICATIONS

**1. Certification Regarding Debarment and Suspension**

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

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

**2. Certification Regarding Drug-Free Workplace Requirements**

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

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

**3. Certifications Regarding Lobbying**

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

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

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

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

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

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

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

**5. Certification Regarding Environmental Tobacco Smoke**

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

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

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

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

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

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

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

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

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

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

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

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

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

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

Name of Chief Executive Officer (CEO) or Designee: Julie A. Willems Van Dijk

Signature of CEO or Designee[1]: _____

Title: Deputy Secretary

Date Signed: _____

mm/dd/yyyy

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

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**Footnotes:**

# State Information

## Disclosure of Lobbying Activities

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

**Standard Form LLL (click here)**

Name

Julie A. Willems Van Dijk

Title

Deputy Secretary

Organization

Wisconsin Department of Health Services

Signature:

Date:

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**Footnotes:**

## Planning Tables

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

States must project how the SMHA will use available funds to provide authorized services for the planning period for state fiscal years 2020/2021.

Planning Period Start Date: 1/1/2021 Planning Period End Date: 1/1/2022

| Activity (See instructions for using Row 1.) | A. Substance Abuse Block Grant | B. Mental Health Block Grant | C. Medicaid (Federal, State, and Local) | D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.) | E. State Funds | F. Local Funds (excluding local Medicaid) | G. Other |
|---|---|---|---|---|---|---|---|
| 1. Substance Abuse Prevention and Treatment | | | | | | | |
| a. Pregnant Women and Women with Dependent Children | | | | | | | |
| b. All Other | | | | | | | |
| 2. Primary Prevention | | | | | | | |
| a. Substance Abuse Primary Prevention | | | | | | | |
| b. Mental Health Primary Prevention* | | $0 | $0 | $0 | $0 | $0 | $0 |
| 3. Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis (10 percent of total award MHBG)** | | $1,400,000 | $0 | $0 | $0 | $0 | $0 |
| 4. Tuberculosis Services | | | | | | | |
| 5. Early Intervention Services for HIV | | | | | | | |
| 6. State Hospital | | | $11,000,000 | $0 | $105,000,000 | $0 | $0 |
| 7. Other 24 Hour Care | | $0 | $0 | $0 | $2,000,000 | $0 | $0 |
| 8. Ambulatory/Community Non-24 Hour Care | | $10,293,495 | $550,000 | $0 | $29,000,000 | $0 | $0 |
| 9. Administration (Excluding Program and Provider Level)*** | | $100,000 | $0 | $0 | $0 | $0 | $0 |
| **10. Total** | **$0** | **$11,793,495** | **$11,550,000** | **$0** | **$136,000,000** | **$0** | **$0** |

* 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 3B should include Early Serious Mental Illness programs funded through MHBG set aside

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

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NOT FINAL

**Footnotes:**

NOT FINAL

# Planning Tables

## Table 4 SABG Planned Expenditures

Planning Period Start Date: 10/1/2020 Planning Period End Date: 9/30/2022

| Expenditure Category | FFY 2020 SA Block Grant Award | FFY 2021 SA Block Grant Award |
|---|---|---|
| 1 . Substance Abuse Prevention and Treatment* | $20,644,419 | $20,195,021 |
| 2 . Primary Substance Abuse Prevention | $6,455,034 | $6,904,432 |
| 3 . Early Intervention Services for HIV** | | $0 |
| 4 . Tuberculosis Services | | $0 |
| 5 . Administration (SSA Level Only) | $100,000 | $100,000 |
| **6. Total** | **$27,199,453** | **$27,199,453** |

NOT FINAL

* Prevention other than Primary Prevention

** 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.

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**Footnotes:**

NOT FINAL

## Planning Tables

### Table 5a SABG Primary Prevention Planned Expenditures

Planning Period Start Date: 10/1/2020 Planning Period End Date: 9/30/2022

| | A | B | C |
|---|---|---|---|
| **Strategy** | **IOM Target** | **FFY 2020 SA Block Grant Award** | **FFY 2021 SA Block Grant Award** |
| 1. Information Dissemination | Universal | $1,093,181 | $238,602 |
| | Selective | $57,536 | $52,963 |
| | Indicated | | $8,106 |
| | Unspecified | | |
| | **Total** | **$1,150,717** | **$299,671** |
| 2. Education | Universal | $1,352,074 | $2,448,368 |
| | Selective | $575,318 | $543,480 |
| | Indicated | $661,797 | $83,180 |
| | Unspecified | | |
| | **Total** | **$2,589,189** | **$3,075,028** |
| 3. Alternatives | Universal | $316,456 | $69,141 |
| | Selective | $57,516 | $15,348 |
| | Indicated | | $2,349 |
| | Unspecified | | |
| | **Total** | **$373,972** | **$86,838** |
| 4. Problem Identification and Referral | Universal | $86,291 | $63,522 |
| | Selective | $143,851 | $14,100 |
| | Indicated | $86,291 | $2,158 |
| | Unspecified | | |
| | **Total** | **$316,433** | **$79,780** |
| | Universal | $1,352,106 | $2,117,507 |

NOT FINAL

| | | | |
|---|---|---|---|
| 5. Community-Based Process | Selective | $28,769 | $470,037 |
| | Indicated | $57,536 | $71,939 |
| | Unspecified | | |
| | **Total** | **$1,438,411** | **$2,659,483** |
| 6. Environmental | Universal | $86,340 | $183,723 |
| | Selective | | $40,782 |
| | Indicated | | $6,242 |
| | Unspecified | | |
| | **Total** | **$86,340** | **$230,747** |
| 7. Section 1926 Tobacco | Universal | $0 | |
| | Selective | $0 | |
| | Indicated | $0 | |
| | Unspecified | $0 | |
| | **Total** | **$0** | **$0** |
| 8. Other | Universal | $57,603 | $115,922 |
| | Selective | $57,539 | $25,732 |
| | Indicated | $57,537 | $3,938 |
| | Unspecified | | |
| | **Total** | **$172,679** | **$145,592** |
| **Total Prevention Expenditures** | | **$6,127,741** | **$6,577,139** |
| **Total SABG Award*** | | **$27,199,453** | **$27,199,453** |
| **Planned Primary Prevention Percentage** | | **22.53 %** | **24.18 %** |

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

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**Footnotes:**

Table 4 states that total annual Primary Prevention expenses in FY 2021 will be $6,904,432. Of that amount, $6,577,139 will consist of the Universal, Selective and Indicated Prevention annual expenditures reflected in Tables 5a and 5b. The remaining annual $327,293 in prevention expenses will consist of the following System Development Expenditures stated in Table 6 -- (1) $17,000 for Information Systems row/SABG Prevention column expense (SAP-SIS database system maintenance; (2) $216,293 for Partnerships, Community Outreach row/SABG Prevention column expense (UW's Alcohol Policy Project); and (3) $94,000 for Research & Evaluation row/SABG Prevention column expense

NOT FINAL

(UW Population Health Institute prevention research specialist).

NOT FINAL

## Planning Tables

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

Planning Period Start Date: 10/1/2020 Planning Period End Date: 9/30/2022

| Activity | FFY 2020 SA Block Grant Award | FFY 2021 SA Block Grant Award |
|---|---|---|
| Universal Direct | $4,344,051 | $1,983,265 |
| Universal Indirect | | $3,251,791 |
| Selective | $920,529 | $1,163,294 |
| Indicated | $863,161 | $178,789 |
| **Column Total** | **$6,127,741** | **$6,577,139** |
| **Total SABG Award*** | **$27,199,453** | **$27,199,453** |
| **Planned Primary Prevention Percentage** | **22.53 %** | **24.18 %** |

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

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**Footnotes:**

NOT FINAL

## Planning Tables

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

States should identify the categories of substances the state BG plans to target with primary prevention set-aside dollars from the FFY 2020 and FFY 2021 SABG awards.

Planning Period Start Date: 10/1/2020 Planning Period End Date: 9/30/2021

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

NOT FINAL

**Footnotes:**

NOT FINAL

# Planning Tables

## Table 6 Non-Direct-Services/System Development [SA]

Planning Period Start Date: 10/1/2020 Planning Period End Date: 9/30/2022

| Activity | FFY 2020 | | | FFY 2021 | | |
|---|---|---|---|---|---|---|
| | A. SABG Treatment | B. SABG Prevention | C. SABG Combined* | A. SABG Treatment | B. SABG Prevention | C. SABG Combined* |
| 1. Information Systems | | $17,000 | | | $17,000 | |
| 2. Infrastructure Support | | | | | | |
| 3. Partnerships, community outreach, and needs assessment | | $216,293 | | | $216,293 | |
| 4. Planning Council Activities (MHBG required, SABG optional) | | | | | | |
| 5. Quality Assurance and Improvement | | | | | | |
| 6. Research and Evaluation | | $94,000 | | | $94,000 | |
| 7. Training and Education | $110,136 | | | $132,287 | | |
| **8. Total** | **$110,136** | **$327,293** | **$0** | **$132,287** | **$327,293** | **$0** |

NOT FINAL

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

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**Footnotes:**

SABG totals in Table 6 broken down as follows:

Information Systems row/SABG Prevention column -- maintenance of SAP-SIS reporting system ($17,000).

Partnerships row/SABG Prevention column -- University of Wisconsin Alcohol Policy Project ($216,293).

Research & Evaluation row/SABG Prevention column -- University of WI Population Health Inst. specialist ($94,000).

Training & Education row/SABG Treatment column -- Trauma Informed Care training project ($132,287).

NOT FINAL

## Planning Tables

### Table 6 Non-Direct-Services/System Development [MH]

MHBG Planning Period Start Date: 10/01/2020 MHBG Planning Period End Date: 09/30/2021

| Activity | FFY 2020 Block Grant | FFY 2021 Block Grant |
|---|---|---|
| 1. Information Systems | $37,000 | $37,000 |
| 2. Infrastructure Support | $607,000 | $627,000 |
| 3. Partnerships, community outreach, and needs assessment | $560,115 | $545,774 |
| 4. Planning Council Activities (MHBG required, SABG optional) | $20,000 | $20,000 |
| 5. Quality Assurance and Improvement | $734,115 | $1,183,774 |
| 6. Research and Evaluation | $344,077 | $367,850 |
| 7. Training and Education | $360,968 | $442,661 |
| **8. Total** | **$2,663,275** | **$3,224,059** |

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**Footnotes:**

NOT FINAL

# Environmental Factors and Plan

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

Narrative Question

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

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

[69] **https://www.samhsa.gov/sites/default/files/manual-planning-council-best-practices-2014.pdf**

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

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

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

Initial planning steps involve the creation of a Mental Health and Substance Use Needs Assessment. The Bureau of Prevention Treatment and Recovery further collaborates with the State Council on Alcohol and Other Drug Abuse (SCAODA) to inform the state's plans. The SCAODA partnered with the Wisconsin Council on Mental Health (WCMH) at the July 17 2019, WCMH meeting to provide comment on the SABG and MHBG Plan. An executive summary of the 2021 mini application was provided to the SCAODA at their August 7th, 2020 meeting for review.

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

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

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

The WCMH has several duties and responsibilities, as specified Wis. Stat. §51.02. The Council evaluates and reviews the Wisconsin mental health system's progress towards achieving improved client outcomes and the adequacy of mental health services in the state. The Council also oversees state compliance with federal Public Law 102-321. In addition, the Council participates in developing, monitoring, and evaluating the implementation of the state block grant plan. Other duties include reviewing all DHS plans for services affecting persons with mental illness, monitoring implementation of the plans, and serving as an advocate for persons of all ages with mental illness. The Council operates six committees: the Executive Council Committee, the Adult Quality Committee, the Children and Youth Committee, the Criminal Justice Committee, the Legislative and Policy Committee, and the Nominating Committee. Members of the council are joined on these committees by additional advocates, individuals with lived experience, and family members of persons with mental illness.

The WCMH and committees regularly invite outside advocacy groups, researchers, and members of the public to attend, provide information, and comment at their meetings. Members of the WCMH and committees regularly meet with DHS leadership and State lawmakers to discuss behavioral health needs and services in Wisconsin. The WCMH reviews state and federal mental health legislation, and communicates with legislators on behalf of people in recovery, consumers, and families.

SCAODA is statutorily-mandated to provide statewide leadership and coordination on substance use disorder issues. SCAODA is responsible for reviewing pending legislation, developing a four-year plan to implement its priorities, reviewing the biennial

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budget, and making recommendations to the governor and legislature. SCAODA has five standing committees—the Executive Committee, the Diversity Committee, the Intervention and Treatment Committee, the Prevention Committee, and the Planning and Funding Committee. The Diversity Committee has a standing subcommittee on the deaf, deaf/blind, and hard of hearing and a standing subcommittee on cultural competency; the Intervention and Treatment Committee has a standing subcommittee on Children, Youth, and Families; and the Prevention Committee has a standing subcommittee on epidemiology. SCAODA from time to time establishes ad hoc committees.

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

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

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

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**Footnotes:**

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Tony Evers
Governor

Rick Immler
Chair

Kimberlee Coronado
Vice Chair

Lea Collins-Worachek
Second Vice Chair

State of Wisconsin

**Wisconsin Council on Mental Health**
1 West Wilson Street, P.O. Box 7851
Madison, Wisconsin 53707-7851
mhc.wisconsin.gov

**OPEN MEETING NOTICE**

**Meeting of the Wisconsin Council on Mental Health (WCMH)**
**July 15, 2020**
**10:00 am to 3:30 pm**
**Meeting Held via Zoom and Conference Call**
**https://dhswi.zoom.us/j/94622902245**
**Meeting ID: 946 2290 2245**
**1-312-626-6799**

**AGENDA**

1. **Call Meeting to Order**……Rick Immler
   a. Welcome and introductions
   b. Read WCMH guidelines for conduct of meeting (Attachment 1)
   c. Review and approval of the minutes of May 20, 2020 (Attachment 2)
   d. Announcements: Opportunity for Council members to make general announcements
   e. Public Comment: The Council will accept comments from the public relating to any WCMH business

2. **Behavioral Health Gaps Analysis Presentation**……Abra Vigna &Tim Connor, UW Population Health Institute

3. **Lunch Break**

4. **Discussion on Behavioral Health Equity**……Rick Immler

5. **WCMH Committee Reports, Discussion, and Consideration of Motions**
   a. Executive Committee – Rick Immler

   b. Adult Quality Committee – Lynn Harrigan and Kristin Welch

   c. Children and Youth Committee – Members of the Children and Youth Committee

   d. Criminal Justice Committee – Members of the Criminal Justice Committee

   e. Legislative and Policy Committee – Crystal Hester

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f. Nominating Committee – Kimberlee Coronado

6. **Break**

7. **Division of Care and Treatment Services (DCTS) Briefing and Updates**……DCTS Staff
   a. 2021 Mental Health Block Grant Application Review and Discussion

8. **Call for future WCMH agenda items**……..Rick Immler

9. **Adjourn**……Rick Immler

The purpose of this meeting is to conduct the governmental business outlined in the above agenda. The Wisconsin Council on Mental Health (WCMH) is legislatively mandated under Wis. Stat. § 15.197(1), as the mental health planning council for the state. It was created to advise the Governor, the Legislature, and the Department of Health Services (DHS). The WCMH evaluates and reviews the mental health system's progress towards achieving improved client outcomes and the adequacy of mental health services in the state. The council duties are specified in Wis. Stat. § 51.02. The Council oversees state compliance with federal Public Law 102-321. If you need meeting accommodations because of a disability, if you need an interpreter or translator, or if you need this material in another language or in alternative format, you may request assistance to participate by contacting Ryan Stachoviak at 608-261-9316 or Ryan.Stachoviak@wisconsin.gov no fewer than five days prior to the meeting.

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Tony Evers
Governor

Rick Immler
Chair

Kimberlee Coronado
Vice Chair

Lea Collins-Worachek
Second Vice Chair

State of Wisconsin

**Wisconsin Council on Mental Health**
1 West Wilson Street, P.O. Box 7851
Madison, Wisconsin 53707-7851
mhc.wisconsin.gov

August 17, 2020

Anita Everett
Director
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
5600 Fischers Lane
Rockville, MD 20857

Dear Ms. Everett -

The Wisconsin Council on Mental Health (WCMH) is the statutorily-mandated, Governor-appointed mental health advisory council for Wisconsin. The WCMH is authorized to advise the Governor, Legislature and state agencies on the use of state and federal resources as well as provision and administration of mental health programs and services. One of the major duties of the WCMH is advising Wisconsin's Department of Health Services (DHS) on the expenditure of federal funds received under the Community Mental Health Services Block Grant (MHBG). Additionally, the WCMH serves as an advocate for all persons in Wisconsin affected by mental illness.

Wisconsin's 2020-2021 MHBG and Substance Abuse and Prevention Treatment Block Grant (SABG) Plan and Application were provided to the WCMH by staff from the Wisconsin Department of Health Services (DHS) in July of 2019. The materials were also provided the WCMH's partner Council, the State Council on Alcohol and Other Drug Abuse (SCAODA). The plan and application was also posted on the WCMH website for public viewing and comment.

Members of the SCAODA joined the WCMH at the WCMH's July 17, 2019 Council meeting for discussion and comment on the full 2020-2021 MHBG and SABG plan and application. At that meeting state staff briefed the council members on the documents, answered questions, and recorded feedback from the Council members and members of the public. A portion of the meeting was also devoted to a public hearing to allow members of the public to provide comment on the plan and application.

The executive summary of the 2021 mini-application were also provided more recently to the members of the WCMH at their July meeting in 2020. Our partner council SCAODA also received this information at their August 2020 meeting. The 2021 mini-application, along with the complete 2020-2021 SABG and MHBG Plan and Application is posted to the WCMH website to allow for ongoing review and comment by the members of the Council and the public.

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Wisconsin faces many challenges in behavioral health. Relative to neighboring states, there is a significant overutilization of state hospitals for adults and youth (for youth, much higher than the national average). Our rates of deaths related to drugs, alcohol and suicide are disproportionately higher than some neighboring states despite our high-quality healthcare and educational systems.

The Application for Mental Health Block Grant and Substance Abuse Grant guidance and instructions reference collecting performance and outcome data. Our data system relies primarily on County generated data that has challenges in capturing the primary source of public behavioral health funding, Medicaid.

The Application also references the "science to service "lag. Our behavioral health systems struggle with sufficient support for and implementation of evidence-based practices.

Lastly, the Application states "Having the states submit a plan including performance measures allows SAMHSA to hold the states accountable for goals that they have set for themselves. It is SAMHSA's understanding, after consulting with states, that most states already develop such a plan for substance use services for their State legislatures." Our Mental Health Council would find it valuable for our State Mental Health Authority to use meaningful performance measures and successful approaches from other states (that also mandate County authority in mental health) to develop a comprehensive Strategic Plan. It would be helpful is that plan should review and recommend opportunities for more effective use of Block Grant funds.

There are constraints affecting our Mental Health Authority, in part due to funding that limits the focus on adults with Seriously Mentally Illness and children with Severe Emotional Disturbances. This contributes to difficulty addressing access and quality issues that prevent progression to SMI and SED.

Our Council is becoming more active after an unfortunate period of challenges meeting quorum due to delays in appointments. The hope would be that with the next Block Grant application cycle, that there is a more robust process for reviewing the effectiveness of current Block Grant expenditures, the majority of which are mandated by the Legislature. It would be helpful to provide evidence of improved implementation of evidence-based practices and more meaningful reporting using comprehensive data systems such as Medicaid. As the SAMHSA application guidance suggests, it would be important that there be a regularly updated strategic plan generated by our State Mental Health Authority for our Governor and Legislature.

The WCMH plans to continue to work with the DHS this coming year on the development or the 2022-2023 MHBG and SABG Plan and Application.

Sincerely,

Richard Immler, MD DLFAPA
Chair, Wisconsin Council on Mental Health

NOT FINAL

## Environmental Factors and Plan

### Advisory Council Members

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

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

Start Year: 2021 End Year: 2022

| Name | Type of Membership* | Agency or Organization Represented | Address,Phone, and Fax | Email(if available) |
|---|---|---|---|---|
| Holly Audley | State Employees | Wisconsin Department of Health Services | | |
| Jerolynn Bell-Scaggs | Providers | | | |
| Lea Collins-Worachek | State Employees | Department of Workforce Development | | |
| Kimberlee Coronado | Parents of children with SED/SUD | | | |
| Inshirah Farhoud | Others (Advocates who are not State employees or providers) | | | |
| Dennis Hanson | Providers | | | |
| Lynn Harrigan | Family Members of Individuals in Recovery (to include family members of adults with SMI) | | | |
| Tracey Hassinger | Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services) | | | |
| Crystal Hester | Others (Advocates who are not State employees or providers) | NAMI Wisconsin | | |
| Richard Immler | Providers | | | |
| Kevin Kallas | State Employees | Wisconsin Department of Corrections | | |
| Radha Karthik | Family Members of Individuals in Recovery (to include family members of adults with SMI) | | | |
| Carol Keen | Providers | | | |
| Dawn Shelton-Williams | Others (Advocates who are not State employees or providers) | | | |
| Sheryl Smith | Family Members of Individuals in Recovery (to include family members of adults with SMI) | | | |
| May Yer Thao | State Employees | WHEDA | | |
| Peter Thao | Family Members of Individuals in Recovery (to include family members of adults with SMI) | | | |

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| | | | | |
|---|---|---|---|---|
| Kristin Welch | Parents of children with SED/SUD | | | |
| Anna Winton | Others (Advocates who are not State employees or providers) | | | |

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

State Education Agency - Currently Vacant

State Vocational Rehabilitation Agency - Lea Collins-Worachek

State Criminal Justice Agency - Kevin Kallas

State Housing Agency - May yer Thao

State Social Services Agency - Currently Vacant

State Health (MH) Agency - Holly Audley

NOT FINAL

# Environmental Factors and Plan

## Advisory Council Composition by Member Type

Start Year: 2021 End Year: 2022

| Type of Membership | Number | Percentage of Total Membership |
|---|---|---|
| **Total Membership** | **25** | |
| Individuals in Recovery* (to include adults with SMI who are receiving, or have received, mental health services) | 1 | |
| Family Members of Individuals in Recovery* (to include family members of adults with SMI) | 4 | |
| Parents of children with SED/SUD* | 2 | |
| Vacancies (Individuals and Family Members) | 3 | |
| Others (Advocates who are not State employees or providers) | 4 | |
| Persons in recovery from or providing treatment for or advocating for SUD services | 0 | |
| Representatives from Federally Recognized Tribes | 0 | |
| **Total Individuals in Recovery, Family Members & Others** | **14** | **56.00%** |
| State Employees | 4 | |
| Providers | 4 | |
| Vacancies | 3 | |
| **Total State Employees & Providers** | **11** | **44.00%** |
| Individuals/Family Members from Diverse Racial, Ethnic, and LGBTQ Populations | 4 | |
| Providers from Diverse Racial, Ethnic, and LGBTQ Populations | 5 | |
| **Total Individuals and Providers from Diverse Racial, Ethnic, and LGBTQ Populations** | **9** | |
| Youth/adolescent representative (or member from an organization serving young people) | 0 | |

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

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**Footnotes:**

Current Vacancies:

Representatives from the State Medicaid Agency, State Social Services Agency, and State Education Agency.
Three vacancies for Individuals in Recovery, Family Members, or others such as Parents or Advocates.

NOT FINAL

NOT FINAL

# Environmental Factors and Plan

## 22. 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. The state should provide the permanent URL allowing SAMHSA and the public to view the state's Block Grant plan during plan development and after submission 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:

https://mhc.wisconsin.gov/mhbg.htm

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

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**Footnotes:**

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# Environmental Factors and Plan

### 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**, 2018 (P.L. 115-141) signed by President Trump on March 23, 2018[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. States interested in directing SABG funds to SSPs must provide the information requested below and receive approval 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 developing its 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**,

1. **Department of Health and Human Services Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016** from The US Department of Health and Human Services, Office of HIV/AIDS and Infectious Disease Policy **https://www.hiv.gov/sites/default/files/hhs-ssp-guidance.pdf** ,
2. **Centers for Disease Control and Prevention (CDC )Program Guidance for Implementing Certain Components of Syringe ServicesPrograms,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 and follow the steps below when requesting to direct FY 2021 funds to SSPs.

- **Step 1** - Request a Determination of Need from the CDC
- **Step 2** - Include request in the FFY 2021 Mini-Application to expend FFY 2020 - 2021 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
- **Step 3** - Obtain State Project Officer Approval

Future years are subject to authorizing language in appropriations bills.

NOT FINAL

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 2020-2021 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 a request via its plan to SAMHSA for the purpose of incorporating elements of a SSP in one or more such entities insofar as the plan request is applicable to the FY 2020-2021 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 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, 2018 (P.L. 115-141)

[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 an 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 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 an 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;

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- 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.

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**Footnotes:**

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**Environmental Factors and Plan: No. 23 – Syringe Services (SSP)**

The State of Wisconsin has elected not to allocate any SABG funds to establish one or more elements of a Syringe Services Program (SSP) or to establish a relationship with an existing SSP, for either year in its FFY 2020-21 SABG Plan and Application.

NOT FINAL

## Environmental Factors and Plan

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

| Syringe Services Program SSP Agency Name | Main Address of SSP | Planned Dollar Amount of SABG funds used for SSP | SUD Treatment Provider | # Of Locations (include mobile if any) | Narcan Provided |
|---|---|---|---|---|---|
| No Data Available | | | | | |

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**Footnotes:**

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