Idaho

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 11/21/2018 12.20.09 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 825201486
Expiration Date

I. State Agency to be the SAPT Grantee for the Block Grant
Agency Name Idaho Department of Health and Welfare
Organizational Unit Division of Behavioral Health
Mailing Address POB 83720/3rd
City Boise
Zip Code 83720-0036

II. Contact Person for the SAPT Grantee of the Block Grant
First Name Rosie
Last Name Andueza
Agency Name Idaho Department of Health and Welfare
Mailing Address POB 83720/3rd
City Boise
Zip Code 83720-0036
Telephone 208-334-5553
Fax 208-332-7305
Email Address rosie.andueza@dhw.idaho.gov

State CMHS DUNS Number
Number 825201486
Expiration Date

I. State Agency to be the CMHS Grantee for the Block Grant
Agency Name Idaho Department of Health and Welfare
Organizational Unit Division of Behavioral Health
Mailing Address POB 83720/3rd
City Boise
Zip Code 83720-0036

II. Contact Person for the CMHS Grantee of the Block Grant
First Name Ross
Last Name Edmunds
Agency Name Idaho Department of Health and Welfare
III. Third Party Administrator of Mental Health Services
   First Name  N/A
   Last Name
   Agency Name
   Mailing Address
   City
   Zip Code
   Telephone
   Fax
   Email Address

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

V. Date Submitted
   Submission Date  8/23/2018 3:10:36 PM
   Revision Date     11/21/2018 12:19:14 PM

VI. Contact Person Responsible for Application Submission
   First Name  Jonathan
   Last Name   Meyer
   Telephone   (208) 334-6682
   Fax         (208) 334-5998
   Email Address  Jonathan.Meyer@dhw.idaho.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  

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

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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 732-7328) 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 (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 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 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;

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: RUSSELL S. BARRON ________________________________

Signature of CEO or Designee¹: ________________________________

Title: Director, Department of Health & Welfare Date Signed: ________________________________

mm/dd/yyyy

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

Footnotes:

A copy of the Chief Executive Officer’s signatory authority designation letter is attached.

A copy of the signed SA Certifications and Assurances is attached as SA Certifications Assurances.

A copy of the cover letter that will be mailed to SAMHSA with the the SA Certifications and Assurances and the signatory authority designation letter is attached as 2019 Idaho Block Grant Application Cover Letter.
June 21, 2018

Grants Management Officer
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Rd., Room 7-1109
Rockville, MD 20850

Dear Grants Management Officer:

As the Governor of the State of Idaho, for the duration of my tenure, I delegate signatory authority to the current Director of the Idaho Department of Health and Welfare or anyone officially acting in this role in the instance of a vacancy, for all transactions required to administer the Substance Abuse and Mental Health Services Administration Substance Abuse Prevention and Treatment Block Grant, Community Mental Health Services Block Grant, and Projects for Assistance in Transition from Homelessness (PATH) Grant.

This delegation is effective immediately.

If you have any questions, please contact Alacia Handy at 208.334.5878 or via e-mail at Alacia.Handy@dhw.idaho.gov.

As Always – Idaho, “Esto Perpetua”

C.L. “Butch” Otter
Governor of Idaho
State Information

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

Fiscal Year 2019

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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:

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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;
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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,”

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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 workspace 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 curing 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: Idaho

Name of Chief Executive Officer (CEO) or Designee: RUSSELL S. BARRON

Signature of CEO or Designee: [Signature]

Title: Director

Date Signed: 08/16/18

mm/dd/yyyy

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

Footnotes:
A copy of the Chief Executive Officer's signatory authority designation letter is attached.
August 22, 2018

Grants Management Specialist
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
5600 Fisher Lane, Rm. 17E21
Rockville, MD 20857

To Whom It May Concern:

The state of Idaho’s Department of Health and Welfare has completed Idaho’s Fiscal Year 2019 Substance Abuse Prevention and Treatment and Community Mental Health Services Block Grant mini-application. The application has been submitted through the WcbDGAS system at bgas.samhsa.gov.

Enclosed are:

- The signed Chief Executive Officer’s Funding Agreements/Certifications FY 2019--SA, Assurance Non Construction Programs, and Certifications; and
- The Chief Executive Officer’s signatory authority designation letter.

The Substance Abuse Prevention and Treatment and Community Mental Health Services block grants enable Idaho to implement community-based prevention activities, substance use disorder treatment and mental health services.

If you have any questions about this document please contact Jon Meyer at (208) 334-6682 or Jonathan.Meyer@dhw.idaho.gov.

Sincerely,

Russell S. Barron
Director

RSB/jrm

Enclosures
# 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

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b. 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:  RUSSELL S. BARRON

Signature of CEO or Designee:  

Title:  DIRECTOR, DEPARTMENT OF HEALTH AND WELFARE  

Date Signed:  

mm/dd/yyyy

Footnotes:
A copy of the Chief Executive Officer’s signatory authority designation letter is attached.
8/23/2018- A copy of the Chief Executive Officer’s Funding Agreement-Certifications and Assurances/Letter Designating Signatory Authority (MH) for Fiscal Year 2019 is attached.
June 21, 2018

Grants Management Officer
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Rd., Room 7-1109
Rockville, MD 20850

Dear Grants Management Officer:

As the Governor of the State of Idaho, for the duration of my tenure, I delegate signatory authority to the current Director of the Idaho Department of Health and Welfare or anyone officially acting in this role in the instance of a vacancy, for all transactions required to administer the Substance Abuse and Mental Health Services Administration Substance Abuse Prevention and Treatment Block Grant, Community Mental Health Services Block Grant, and Projects for Assistance in Transition from Homelessness (PATH) Grant.

This delegation is effective immediately.

If you have any questions, please contact Alacia Handy at 208.334.5878 or via e-mail at Alacia.Handy@dhw.idaho.gov.

As Always – Idaho, “Esto Perpetua”

C.L. “Butch” Otter
Governor of Idaho
# 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

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

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

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

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

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

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

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

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

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

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

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


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) Inclusion 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...


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(b):

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
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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).

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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.)

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

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The 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.

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

Name of Chief Executive Officer (CEO) or Designee: RUSSELL S. BARRON

Signature of CEO or Designee: [Signature]

Title: DIRECTOR Date Signed: 08/16/18

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

Footnotes:
A copy of the Chief Executive Officer’s signatory authority designation letter is attached.
## State Information

### Disclosure of Lobbying Activities

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

**Standard Form LLL (click here)**

<table>
<thead>
<tr>
<th>Name</th>
<th>RUSSELL S. BARRON</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Director</td>
</tr>
<tr>
<td>Organization</td>
<td>Idaho Department of Health and Welfare</td>
</tr>
</tbody>
</table>

**Footnotes:**

A signed copy of the Disclosure of Lobbying Activities is attached as Disclosure of Lobbying Activities.
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
RUSSELL S. BARRON

Title
Director

Organization
Idaho Department of Health and Welfare

Signature: Russell S. Barron
Date: 08/16/18

Footnotes:
# 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.

<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></td>
<td>$4,834,700</td>
<td>$0</td>
<td>$31,152,400</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Other 24 Hour Care</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$5,093,200</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Ambulatory/Community Non-24 Hour Care</td>
<td>$3,321,600</td>
<td>$1,838,900</td>
<td>$300,000</td>
<td>$39,169,900</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Mental Health Primary*</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Evidence-Based Practices for Early Serious Mental Illness (10 percent of total award MHBG)</td>
<td></td>
<td></td>
<td></td>
<td>$390,776</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Administration (Excluding Program and Provider Level)</td>
<td>$195,388</td>
<td>$0</td>
<td>$0</td>
<td>$1,128,100</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. MHBG Total (Row 5, 6, 7, 8, 9 and 10)</td>
<td>$0</td>
<td>$3,907,764</td>
<td>$6,673,600</td>
<td>$300,000</td>
<td>$76,543,600</td>
<td></td>
<td></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.
### 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>$6,620,637</td>
<td>$6,636,448</td>
</tr>
<tr>
<td>2. Primary Substance Abuse Prevention</td>
<td>$1,828,000</td>
<td>$1,813,000</td>
</tr>
<tr>
<td>3. Tuberculosis Services</td>
<td>$1,000</td>
<td>$1,000</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>$87,100</td>
<td>$86,700</td>
</tr>
<tr>
<td><strong>6. Total</strong></td>
<td><strong>$8,536,737</strong></td>
<td><strong>$8,537,148</strong></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 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.
Footnotes:
Please note, Idaho is not a designated state.

Table has been updated to reflect the FY 2019 Final Allotment distributed to states as part of a Global Revision Request Nov. 6, 2018.
### Planning Tables

#### Table 5a SABG Primary Prevention Planned Expenditures

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

<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>Information Dissemination</td>
<td>Universal</td>
<td>$277,000</td>
<td>$446,332</td>
</tr>
<tr>
<td></td>
<td>Selective</td>
<td>$23,000</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>$300,000</td>
<td>$446,332</td>
</tr>
<tr>
<td>Education</td>
<td>Universal</td>
<td>$635,000</td>
<td>$689,457</td>
</tr>
<tr>
<td></td>
<td>Selective</td>
<td>$240,000</td>
<td>$130,187</td>
</tr>
<tr>
<td></td>
<td>Indicated</td>
<td></td>
<td>$13,065</td>
</tr>
<tr>
<td></td>
<td>Unspecified</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>$875,000</td>
<td>$832,709</td>
</tr>
<tr>
<td>Alternatives</td>
<td>Universal</td>
<td>$45,271</td>
<td>$26,447</td>
</tr>
<tr>
<td></td>
<td>Selective</td>
<td>$74,729</td>
<td>$56,195</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>$120,000</td>
<td>$82,642</td>
</tr>
<tr>
<td>Problem Identification and Referral</td>
<td>Universal</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Selective</td>
<td>$15,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Indicated</td>
<td>$75,000</td>
<td>$130,000</td>
</tr>
<tr>
<td></td>
<td>Unspecified</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>$90,000</td>
<td>$130,000</td>
</tr>
<tr>
<td>Category</td>
<td>Universal</td>
<td>Selective</td>
<td>Indicated</td>
</tr>
<tr>
<td>---------------------------</td>
<td>-----------</td>
<td>-----------</td>
<td>-----------</td>
</tr>
<tr>
<td>Community-Based Process</td>
<td>$63,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Environmental</td>
<td>$54,788</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Section 1926 Tobacco</td>
<td>$15,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Prevention Expenditures</strong></td>
<td>$1,626,870</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total SABG Award</strong></td>
<td>$8,536,737</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Planned Primary Prevention Percentage</strong></td>
<td>19.06 %</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Footnotes:
Amount of primary prevention funds reported on Table 4, Row 2, that are planned to be expended on Non-Direct-Services/System Development for SABG Prevention (Table 6): $269,362
Idaho did not make any changes to this SABG planning table in response to the Global Revision Request dated Nov. 6, 2018. Planned Expenditures were re-entered Nov. 19, 2018 to correct an apparent rounding error.
### 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></td>
<td></td>
</tr>
<tr>
<td>Universal Indirect</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Selective</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indicated</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Column Total</strong></td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

**Total SABG Award***

<table>
<thead>
<tr>
<th></th>
<th>FY 2018 SA Block Grant Award</th>
<th>FY 2019 SA Block Grant Award</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total SABG Award</strong>*</td>
<td>$8,536,737</td>
<td>$8,537,148</td>
</tr>
</tbody>
</table>

**Planned Primary Prevention Percentage**

<table>
<thead>
<tr>
<th></th>
<th>FY 2018 SA Block Grant Award</th>
<th>FY 2019 SA Block Grant Award</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Planned Primary Prevention Percentage</strong></td>
<td>0.00 %</td>
<td>0.00 %</td>
</tr>
</tbody>
</table>

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

**Footnotes:**

Idaho chose to complete Table 5a for this application.

Idaho did not make any changes to this SABG planning table in response to the Global Revision Request dated Nov. 6, 2018.
### 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>
</tr>
</thead>
</table>
| Alcohol                              | ✓  
| Tobacco                              |  
| Marijuana                            | ✓  
| Prescription Drugs                   | ✓  
| Cocaine                              |  
| Heroin                               |  
| Inhalants                            |  
| Methamphetamine                      |  
| Synthetic Drugs (i.e. Bath salts, Spice, K2) |  

<table>
<thead>
<tr>
<th>Targeted Populations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students in College</td>
</tr>
<tr>
<td>Military Families</td>
</tr>
<tr>
<td>LG8T</td>
</tr>
</tbody>
</table>
| American Indians/Alaska Natives     | ✓  
| African American                     |  
| Hispanic                             | ✓  
| Homeless                             |  
| Native Hawaiian/Other Pacific Islanders |  
| Asian                                |  
| Rural                                | ✓  
| Underserved Racial and Ethnic Minorities |  

Printed: 11/21/2018 12:20 PM - Idaho - OMB No. 0930-0168  Approved: 06/12/2015  Expires: 09/30/2020
### 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>$41,826</td>
<td>$249,200</td>
</tr>
<tr>
<td>2. Infrastructure Support</td>
<td>$432,280</td>
<td>$685,000</td>
</tr>
<tr>
<td>3. Partnerships, community outreach, and needs assessment</td>
<td>$542,000</td>
<td>$210,000</td>
</tr>
<tr>
<td>4. Planning Council Activities (MHBG required, SABG optional)</td>
<td>$40,000</td>
<td></td>
</tr>
<tr>
<td>5. Quality Assurance and Improvement</td>
<td>$430,800</td>
<td>$82,000</td>
</tr>
<tr>
<td>6. Research and Evaluation</td>
<td></td>
<td>$80,000</td>
</tr>
<tr>
<td>7. Training and Education</td>
<td></td>
<td>$21,988</td>
</tr>
<tr>
<td>8. Total</td>
<td>$1,486,906</td>
<td>$1,306,200</td>
</tr>
</tbody>
</table>

*Combined refers to non-direct service/system development expenditures that support both treatment and prevention systems.
Footnotes:
Idaho did not make any changes to columns B or C of the FY 2019 planning table in response to the Global Revision Request dated Nov. 6, 2018.

SABG Primary Prevention:
Amount of SABG Primary Prevention funds to be used for SABG Prevention Non-Direct-Services/System Development activities (from Table 4, row 2) = $269,362

MHBG 7/1/2018-6/30/2019
Information Systems- WITS $24,593
Infrastructure- Suicide Hotline $50,000, Administration $195,388
Partnerships-Consumer and Family Empowerment Contract $235,200, Suicide Prevention Council $10,000, CMH Crisis Development $131,680
Planning Council- $20,000
QA- Certification Contract $253,310
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.

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.

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?

      As noted in the 2018 Block Grant Application, Under Idaho code, the Planning Council is “to serve as an advocate for children and adults with behavioral health disorders; to advise the state behavioral health authority on issues of concern, on policies and on programs and to provide guidance to the state behavioral health authority in the development and implementation of the state behavioral health systems plan; to monitor and evaluate the allocation and adequacy of behavioral health services within the state on an ongoing basis; to monitor and evaluate the effectiveness of state laws that address behavioral health services; to ensure that individuals with behavioral health disorders have access to prevention, treatment and rehabilitation services; to serve as a vehicle for policy and program development; and to present to the governor, the judiciary and the legislature each year a report on the council’s activities and an evaluation of the current effectiveness of the behavioral health services provided directly or indirectly by the state to adults and children.”

      The Division of Behavioral Health and the Office of Drug Policy each have a representative sitting on the Planning Council. Other staff attend the Planning Council meetings to seek input on services, target populations, draft legislation and federal applications and reports. Staff also provide updates on services, new initiatives, expanding services, block grant changes etc. Because the Planning Council now covers substance abuse prevention and substance use disorders treatment as well as adult and children’s mental health services, they have the capacity to provide input on a broad range of issues.

      This legislation also established seven Regional Behavioral Health Boards, which are composed of multiple adjoining counties. The Regional Boards are responsible to “advise the state behavioral health authority and the state planning council on local behavioral health needs of adults and children within the region.” These boards provide the foundation for the Division’s annual assessment of need.

      Annually the Planning Council requires each Regional Board to submit a report of gaps and needs within the region. These reports form the foundation of the Planning Council’s annual report to the governor and legislature. The reports provide an “on-the-ground” assessment of need for the Division of Behavioral Health. The information covers service gaps, underserved populations and emerging behavioral health issues in each of the seven regions. This information is combined with client, criminal justice and public health data to identify new or emerging concerns, areas of greatest need and populations at risk and develop state service plans. The Regional Behavioral Health Board and Planning Council reports were attached in the 2018 application.
The draft block grant documents are made available to the Planning Council members and the public by being posted on the Substance Use Disorders, Mental Health and Planning Council webpages. The Planning Council receives notice when new block grant documents have been posted on their website and are available for comment and input. This includes the draft Behavioral Health Block Grant applications and updates as well as SAPT and CMHS block grant reports prior to submission to SAMHSA. Likewise, Regional Behavioral Health Boards are also notified about draft block grant documents and locations where the document can be accessed. The notices are also sent to the Office of Drug Policy and the State Epidemiological Outcomes Workgroup, as well as to Regional DBH staff through a Behavioral Health newsletter article. Using these methods, the Division ensures that representatives from the primary prevention, early intervention and the mental health and substance use disorders treatment and recovery communities can review and comment on the block grant documents.

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

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.
   As noted in the Behavioral Health Block Grant Application for 2018, the duties of the Planning Council are established in Idaho code (Title 39 Health and Safety: Chapter 31 Regional Behavioral Health Services). Per the statute, the planning council is to advocate for children and adults with behavioral health disorders; to advise the state behavioral health authority on issues of concern, on policies and on programs and to provide guidance to the state behavioral health authority in the development and implementation of the state behavioral health systems plan; to monitor and evaluate the allocation and adequacy of behavioral health services within the state on an ongoing basis; to monitor and evaluate the effectiveness of state laws that address behavioral health services; to ensure that individuals with behavioral health disorders have access to prevention, treatment and rehabilitation services; to serve as a vehicle for policy and program development; and to submit the aforementioned annual report.

The Planning Council completes these tasks in a variety of ways. The first method used is the membership itself. The individuals recommended to the governor for membership in the Planning Council encompass a broad range of disciplines and personal experiences. Under code, required membership includes consumers, families of adults with serious mental illness or substance use disorders; families of children with mental health disorders; behavioral health advocates; health and welfare, education, vocational rehabilitation, adult correction, juvenile justice and law enforcement, entitlement programs; public and private entities concerned with the need, planning, operation, funding and use of mental health services or substance use disorders, and related support services; and a member of the regional behavioral health board in each health and welfare region. This range of members ensures the Planning Council is receiving input from all the entities/populations involved in the behavioral health prevention and treatment system as well as ensuring all areas in the state are considered.

The Planning Council focuses its advocacy efforts at the state level, while the Regional Behavioral Health Boards focus is on the local and regional levels. The Planning Council supported a number of the Division’s initiatives during the Idaho 2018 legislative session. These individuals have the capacity, as members of the Planning Council to advocate for behavioral health issues. They provide education to local, regional and state level groups, work to build broad support for behavioral health initiatives and provide technical assistance in developing behavioral health services, programs and resources as well as legislation. They also attend legislative committee hearings and advocate for behavioral health-related legislation.

With the Planning Council’s advocacy, the Division was able to get approval for the infrastructure needed to certify Family Support Partners as well as Certified Peer Specialists who are peers trained to work with individuals recovering from SMI and families who have a child diagnosed with SED.

Idaho continues to re-build the state’s children’s mental health program, now known as the Youth Empowerment Services Project (YES). With the support of the Planning Council and the families of children diagnosed with SED, the Division received new funding for the implementation of the YES project, including 18 new positions, funding for contracts with universities to assist in components of YES, and the establishment of a new income eligibility category in Medicaid for children with SED.

The Planning Council’s advocacy also successfully supported continuation of funding for Residential Assisted Living Facilities caring for patients with serious and persistent mental illness as well as a pilot project to test a new intensive residential living program called Homes with Adult Residential Treatment (HART).

Finally, with the Planning Council’s support at Legislature also approved funding necessary to fully fund the crisis centers in Twin Falls and Boise. The Planning Council and Regional Behavioral Health Board member advocacy provided education to legislators within the community as well as during the session, which resulted in the passage of significant behavioral health legislation.

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

The Idaho Behavioral Health Planning Council has successfully integrated mental health and substance use disorders as well as primary substance abuse prevention into their scope. Representatives from substance use disorders and substance abuse...
professionals as well as recovering individuals are included into the Planning Council under state statute Title 39, Chapter 31 Regional Behavioral Health Services §39-3125.

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

NA

Additionally, please complete the Behavioral Health Advisory Council Members and Behavioral Health Advisory Council Composition by Member Type forms.\(^7\)

\(^7\)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.

Footnotes:
# 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>Rosie Andueza</td>
<td>State Employees</td>
<td>Division of Behavioral Health</td>
<td>450 W State St Boise ID, 83720 PH: 208-334-5934</td>
<td><a href="mailto:rosie.andueza@dhw.idaho.gov">rosie.andueza@dhw.idaho.gov</a></td>
</tr>
<tr>
<td>Abraham Broncheau</td>
<td>Federally Recognized Tribe Representatives</td>
<td></td>
<td>803 Hill Street Kamiah ID, 83536 PH: 208-935-8028</td>
<td><a href="mailto:abebwolfis@gmail.com">abebwolfis@gmail.com</a></td>
</tr>
<tr>
<td>Denise Chapin</td>
<td>State Employees</td>
<td>Idaho Division of Vocational Rehabilitation</td>
<td>650 Addison Ave W Twin Falls ID, 83301 PH: 208-736-2156</td>
<td><a href="mailto:Denise.chapin@vr.idaho.gov">Denise.chapin@vr.idaho.gov</a></td>
</tr>
<tr>
<td>Debi Dockins</td>
<td>Providers</td>
<td></td>
<td>PO Box 65 Viola ID, 83872 PH: 208-858-2118</td>
<td><a href="mailto:debi.dockins.cci@gmail.com">debi.dockins.cci@gmail.com</a></td>
</tr>
<tr>
<td>Brady Ellis</td>
<td>Providers</td>
<td>Idaho Housing &amp; Finance</td>
<td>PO Box 7899 Boise ID, 83707 PH: 208-331-4839</td>
<td><a href="mailto:bradye@ihfa.org">bradye@ihfa.org</a></td>
</tr>
<tr>
<td>Melanie Fowers</td>
<td>Others (Not State employees or providers)</td>
<td></td>
<td>4831 Greystone Ln Idaho Falls ID, 83404 PH: 208-709-3925</td>
<td><a href="mailto:melaniefowers@gmail.com">melaniefowers@gmail.com</a></td>
</tr>
<tr>
<td>Judy Gabert</td>
<td>Others (Not State employees or providers)</td>
<td>SPAN Idaho</td>
<td>18314 Madison Nampa ID, 83687 PH: 208-866-1703</td>
<td><a href="mailto:jgabert@spanidaho.org">jgabert@spanidaho.org</a></td>
</tr>
<tr>
<td>Jennifer Haddad</td>
<td>State Employees</td>
<td>Division of Family and Community Services</td>
<td>450 W State St Boise ID, 83720 PH: 208-334-6953</td>
<td><a href="mailto:Jen.Haddad@dhw.idaho.gov">Jen.Haddad@dhw.idaho.gov</a></td>
</tr>
<tr>
<td>Magni Hamso</td>
<td>Providers</td>
<td></td>
<td>300 S 23rd St Boise ID, 83702 PH: 208-344-3512</td>
<td><a href="mailto:Magni.hamso@gmail.com">Magni.hamso@gmail.com</a></td>
</tr>
<tr>
<td>Kim Hokanson</td>
<td>Parents of children with SED</td>
<td></td>
<td>1940 Dove Dr. Ammon ID, 83406 PH: 208-390-5468</td>
<td><a href="mailto:gkhokanson@gmail.com">gkhokanson@gmail.com</a></td>
</tr>
<tr>
<td>Rick Lee Huber</td>
<td>Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)</td>
<td></td>
<td>309 Pashermakay Court Rupert ID, 83350 PH: 208-436-1841</td>
<td><a href="mailto:Rick2727272000@yahoo.com">Rick2727272000@yahoo.com</a></td>
</tr>
<tr>
<td>Marianne C King</td>
<td>State Employees</td>
<td>Office of Drug Policy</td>
<td>PO Box 83720 Boise ID, 83720 PH: 208-854-3043</td>
<td><a href="mailto:Marianne.king@odp.idaho.gov">Marianne.king@odp.idaho.gov</a></td>
</tr>
<tr>
<td>Tiffany Kinzler</td>
<td>State Employees</td>
<td>Medicaid</td>
<td>3232 Elder St. Boise ID, 83705 PH: 208-346-1813</td>
<td><a href="mailto:Tiffany.kinzler@dhw.idaho.gov">Tiffany.kinzler@dhw.idaho.gov</a></td>
</tr>
<tr>
<td>Gregory Lewis</td>
<td>State Employees</td>
<td>Idaho Department of Correction</td>
<td>2400 N 36th St Boise ID, 83703 PH: 208-658-2034</td>
<td><a href="mailto:glewis@idoc.idaho.gov">glewis@idoc.idaho.gov</a></td>
</tr>
<tr>
<td>Name</td>
<td>Organization</td>
<td>Address</td>
<td>Phone</td>
<td>Email</td>
</tr>
<tr>
<td>--------------------</td>
<td>---------------------------------------------------</td>
<td>-------------------------------</td>
<td>--------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>Angenie McCleary</td>
<td>Providers</td>
<td>206 1st Ave S Hailey ID, 83333</td>
<td>PH: 208-788-5500</td>
<td><a href="mailto:AMcCleary@co.blaine.id.us">AMcCleary@co.blaine.id.us</a></td>
</tr>
<tr>
<td>Angela Marie Reynolds</td>
<td>Providers</td>
<td>1200 Ironwood Dr Coeur d’Alene ID, PH: 208-659-2700</td>
<td></td>
<td><a href="mailto:Angelam.reynolds@sequelyouthservices.com">Angelam.reynolds@sequelyouthservices.com</a></td>
</tr>
<tr>
<td>Tammy K Rubino</td>
<td>Family Members of Individuals in Recovery (to include family members of adults with SMI)</td>
<td>Community Coalitions 10617 N Lakeview Dr Hayden ID, 83835 PH: 208-651-6335</td>
<td></td>
<td><a href="mailto:Kcsac2016@gmail.com">Kcsac2016@gmail.com</a></td>
</tr>
<tr>
<td>Judge Jon J Shindurling</td>
<td>State Employees</td>
<td>605 N Capital Ave Idaho Falls ID, 83402 PH: 208-589-2604</td>
<td></td>
<td><a href="mailto:jshindurling@co.bonneville.id.us">jshindurling@co.bonneville.id.us</a></td>
</tr>
<tr>
<td>Jason Stone</td>
<td>State Employees</td>
<td>Idaho Department of Juvenile Corrections 954 W Jefferson St Boise ID, 83720 PH: 208-334-5100</td>
<td></td>
<td><a href="mailto:Jason.stone@idjc.idaho.gov">Jason.stone@idjc.idaho.gov</a></td>
</tr>
</tbody>
</table>

**Footnotes:**

At this time the Idaho Behavioral Health Planning Council recognizes their membership ratios are out of compliance, and the need to actively and strategically recruit members. Their next Council meeting is in October 2018, and they will be focusing their attention on this matter. In addition they are actively working on developing a plan to recruit members for the Behavioral Health Planning Council, specifically engaging the Regional Behavioral Health Boards in assisting to identify potential members from throughout the state.
Environmental Factors and Plan

Behavioral Health Council Composition by Member Type

<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>29</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>1</td>
<td></td>
</tr>
<tr>
<td>Family Members of Individuals in Recovery* (to include family members of adults with SMI)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Parents of children with SED*</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Vacancies (Individuals and Family Members)</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Others (Not State employees or providers)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><strong>Total Individuals in Recovery, Family Members &amp; Others</strong></td>
<td>14</td>
<td>48.28%</td>
</tr>
<tr>
<td>State Employees</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Providers</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Vacancies</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><strong>Total State Employees &amp; Providers</strong></td>
<td>15</td>
<td>51.72%</td>
</tr>
<tr>
<td>Individuals/Family Members from Diverse Racial, Ethnic, and LGBTQ Populations</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Providers from Diverse Racial, Ethnic, and LGBTQ Populations</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td><strong>Total Individuals and Providers from Diverse Racial, Ethnic, and LGBTQ Populations</strong></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Persons in recovery from or providing treatment for or advocating for substance abuse services</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Federally Recognized Tribe Representatives</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Youth/adolescent representative (or member from an organization serving young people)</td>
<td>0</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?

The Planning Council annually collects and reports data needs, gaps, successes and policy recommendations to the Governor, Legislature and Judiciary. The Division of Behavioral Health uses this report for planning. The Planning Council also provides input on new initiatives, and reviews all Division block grant documents. After a block grant application or report is completed, it is posted on the Planning Council’s website (http://healthandwelfare.idaho.gov/Medical/MentalHealth/BehavioralHealthPlanningCouncil/tabid/320/Default.aspx) as well as the Divisions Mental Health and Substance Use Disorders webpages. Email notices are sent to Planning Council members, Regional Behavioral Health Boards, the State Epidemiological Outcomes Workgroup, and an article is included in the Division of Behavioral Health’s newsletter. A copy of the newsletter is attached.
These notices provide information on the document, how to access the document, where to send comments/concerns and who to contact with questions.

The Planning Council did not make any recommendations to modify this application. A copy of a letter of support from the Idaho Behavioral Health Planning Council is attached as 2019 Planning Council Letter of Support.pdf.

Footnotes:

At this time the Idaho Behavioral Health Planning Council recognizes their membership ratios are out of compliance, and the need to actively and strategically recruit members. Their next Council meeting is in October 2018, and they will be focusing their attention on this matter. In addition they are actively working on developing a plan to recruit members for the Behavioral Health Planning Council, specifically engaging the Regional Behavioral Health Boards in assisting to identify potential members from throughout the state.


NOTE: We submitted a Help Desk request on July 27, 2018, because this table does not seem to be including the Council Member designated as a Federally Recognized Tribal Representative toward our total membership number, which should be 30. We received confirmation on July 30, 2018, that the WebBGAS Help Desk Team was looking into the issue. As of August 23, 2018, we have not received any further correspondence, and the issue does not seem to be resolved.
Idaho Behavior Health Planning Council  
Pete T. Cenarrusa Building, 3rd Floor  
P.O. Box 83720  
Boise Idaho 83720-0036

Supervisory Grants Management Specialist  
Office of Financial Resources, Division of Grants Management  
Substance Abuse and Mental Health Services Administration  
5600 Fisher Lane, Rm. 17E201  
Rockville, MD 20857

August 15, 2018

The Idaho Behavioral Health Planning Council (the Council) reviewed, discussed, and had opportunity to provide comment to the proposed Combined Substance Abuse Prevention and Treatment and Community Mental Health block grant application for State Fiscal Year (SFY) 2019 - 2020 at our Council meetings in October 3-4, 2017, April 25-26, 2018, and via email August 1-15, 2018. After review the Council is in agreement and in support of the grant application.

The federal block grant remains a critical resource for providing substance use disorder services, prevention and mental health within the state of Idaho. Reflective in the grant application are several examples of how community's across the state of Idaho are implementing trauma-informed care, evidenced based practices and supporting creative local solutions to improve the behavioral health system. While our Legislature continues to be restrained in its fiscal support of our most vulnerable populations including Idaho's approximately 78,000 uninsured adults, the Council has seen an increase of support among legislators and local officials for community-based, recovery-oriented programs which is helping address the need. We believe that the success of these programs will encourage further investment in mental health and substance use disorder services within our state.

The Idaho Behavioral Health Planning Council is committed to educating the Governor, our Legislature, and other community-elected officials regarding the need for quality behavioral health care in our state. We also support the Department of Health and Welfare and the Regional Behavioral Health Boards as they seek to improve services and promote recovery for children, adults, and families struggling with behavioral health challenges.

The Council is in support of the Division's block grant application for SFY 2019-2020.

Sincerely,

[Signature]

Tammy Rubino, Chair  
Idaho Behavioral Health Planning Council
Environmental Factors and Plan

23. Syringe Services (SSP)

Narrative Question:

The Substance Abuse Prevention and Treatment Block Grant (SABG) restriction 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** , 2016 (P.L. 114-113) signed by President Obama on December 18, 2015.

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 a 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. 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: These documents can be found on the Hiv.gov website: [https://www.hiv.gov/federal-response/policies-issues/syringe-services-programs](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](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 Services Programs, 2016](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 a 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:
The state of Idaho is not proposing to use Substance Abuse Prevention and Treatment Block Grant (SABG) funds to form a Syringe Services Program (SSP) at this time.
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>No Data Available</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Footnotes:
The state of Idaho is not proposing to use Substance Abuse Prevention and Treatment Block Grant (SABG) funds to form a Syringe Services Program (SSP) at this time.
### 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>
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</thead>
<tbody>
<tr>
<td>N/A</td>
<td>0</td>
<td>ONSITE Testing</td>
<td>0</td>
<td>0</td>
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<td>0</td>
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<tr>
<td></td>
<td></td>
<td>Referral to testing</td>
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<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>N/A</td>
<td>0</td>
<td>ONSITE Testing</td>
<td>0</td>
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<td>Referral to testing</td>
<td>0</td>
<td>0</td>
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<td>0</td>
</tr>
</tbody>
</table>

**Footnotes:**
The state of Idaho is not proposing to use Substance Abuse Prevention and Treatment Block Grant (SABG) funds to form a Syringe Services Program (SSP) at this time.
Environmental Factors and Plan

24. Public Comment on the State Plan - Required

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?

b) Posting of the plan on the web for public comment?

If yes, provide URL:

The Idaho Behavioral Health Planning Council, Regional Behavioral Health Boards, and State Epidemiological Outcomes Workgroup receive notice that the application/plan is posted and available for comment on the Behavioral Health Planning Council’s website, prior to submission to SAMHSA. The direct address Behavioral Health Planning Council’s website is:

http://healthandwelfare.idaho.gov/Medical/MentalHealth/BehavioralHealthPlanningCouncil/tabid/320/Default.aspx

The Mini Application was also posted for public comment to the Idaho Department of Health and Welfare’s Mental Health and Substance Use Disorders web sites for comment. The address for the mental health website is:


On the Planning Council’s website and in communications with the Planning Council, Regional Behavioral Health Boards, and State Epidemiological Outcomes Workgroup, instruction was provided on the person to contact if there are questions about the document, or if anyone would like to submit input. Instruction on the person to contact if there are questions about the document, or if anyone would like to submit input was also included on the state’s Mental Health and Substance Use Disorders websites.

An article was also included in the quarterly Behavioral Health newsletter announcing that the 2019 Block Grant Mini Application was available for review and input. The newsletter is distributed to any member of the public that signs up to receive it, and reaches more than 1,000 subscribers, including state staff, state lawmakers, the general public, behavioral health service providers, and system stakeholders. A copy of the Behavioral Health newsletter is attached to this application, named BHNewsletterAugust2018.pdf.

In the newsletter, instruction was provided on the person to contact if there are questions about the document, or if anyone would like to submit input or comments.

No public comments were received for this application.

c) Other (e.g. public service announcements, print media)

Footnotes:

A copy of the August 2018 quarterly Behavioral Health newsletter is attached, named BHNewsletterAugust2018.pdf.
July 1 changes in Idaho’s Children’s Mental Health system of care

By DHW staff from the Divisions of Behavioral Health and Medicaid

Several new and updated Medicaid services are now available through the Idaho Behavioral Health Plan (IBHP). These services are part of the Youth Empowerment Services (YES) System of Care (SoC).

Medicaid mental health providers contracted with Optum Idaho are beginning to use the Child and Adolescent Needs and Strengths (CANS) tool to help determine a child’s mental health needs and strengths as well as the level of functional impairment caused by these needs. Not all providers were certified and using the CANS as of July 1. The implementation of CANS certification and use of CANS will continue over the next year.
The CANS is one of the state-approved functional assessment and communication tools for planning and coordinating children’s mental health services.

**New and Updated Services**

New Services implemented effective July 1, 2018 include:
- The Child and Adolescent Needs and Strengths (CANS), the state-approved functional assessment tool
- Case Consultation
- Child & Family Team (CFT) Interdisciplinary Team Meeting

The following existing services have been updated to meet compliance with the Jeff D. Settlement Agreement:
- Skills Building/Community Based Rehabilitation Services (CBRS) and Respite Care
- Treatment Planning

Providers are receiving communications and training specific to the new services and YES requirements through Optum. Information can be found at [www.optumidaho.com](http://www.optumidaho.com).

**Note:** An article from Optum Idaho including more information about the rollout of new services is on page 8. An article about Phase 3 of the ICANS is included on page 8. An article about an upcoming Transformational Collaborative Outcomes Management conference is on page 10.

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**Enhancements to Youth Empowerment Services [website](http://yes.idaho.gov)**

**By Brenda Bielke**

**YES Public Involvement Coordinator**

The website for Youth Empowerment Services (YES) is undergoing restructuring and content additions.

**Recent changes/additions include:**
- The Project section is now called About YES. You can access the About YES section in the site menu at the top of each page.
- **Resources and Training**, formerly called Communications, now includes Spanish language versions of YES brochures and other new publications.
- Recorded trainings and family webinars, as well as the results of our YES Training Parent Survey, are available on the Training page.
- The News and Announcements page contains updates and links to training, reports, surveys and other information.
- Project Information, a new page in the About YES section, has links to the Jeff D. Settlement Agreement, Project and Implementation Plans, as well as Reports and Updates.
- Contact, formerly called Contact Us, provides YES partner contact information.

**In the coming months, we will be adding:**
- A new section called System of Care, that will offer information on the various components of YES, such as Wraparound, Person-Centered Planning, Child and Adolescent Needs and Strengths (CANS), the Practice Manual and more.
- An option to subscribe to a YES email list to receive updates when new information is available on the YES website.
- Links to YES informational videos that will be posted on the DHW YouTube Channel.
- Youth FAQ page.

Access the YES website at [yes.idaho.gov](http://yes.idaho.gov).
YES Family Training Series

By Valorie Liermann
Training Specialist

A series of free Youth Empowerment Services (YES) training sessions for families is scheduled through the end of 2018 to help parents and caregivers understand and navigate the YES system of care. Each training in the “Getting Started with YES” series will be provided via live stream on the YouTube channel of our partner, the Idaho Federation of Families for Children’s Mental Health. Announcements and registration will be posted on the YES website calendar of events as available and communicated out by the Federation of Families.

Access past training sessions
"YES System Principles of Care" was presented on July 12 by April Auker, LCSW, Children's Mental Health, and Stacey Nelson, of the Parent Network. On July 17 "What to Expect with Coordination of Care" was the topic of a one-hour webinar. All sessions have been recorded and posted online. You can access the recorded trainings through links on the YES website Training Page.

Recorded Trainings Currently Available
1. March 29, 2018 – How Can My Family Access Medicaid Youth Empowerment Services
2. May 29, 2018 – How to Get the Most of a CANS Assessment
3. July 12, 2018 — YES System Principles of Care
4. July 17, 2018 — What to Expect with Coordination of Care

Upcoming Trainings
1. September 20, 2018 – Being a Parent of a Kid with SED.
2. October 30, 2018 – Behavioral Health Insurance: Questions to Ask.

Session information is available on the YES Calendar of Events and registration links will be added when available: YES Calendar of Events.

WICHE Report: System Redesign Status Update and Mental Health Service Array Assessment 2018

By Gina Westcott
HUB Administrator

It has been over 10 years since the original 2008 comprehensive study of the state mental health system was completed by the Western Interstate Commission for Higher Education’s Mental Health Program (WICHE), directed by the 2007 Idaho State Legislature.

Founded in 1953, WICHE is a collaborative Interstate Compact with 15 western states, and a regional governmental entity. The current 2018 report, System Redesign Status Update and Mental Health Service Array Assessment 2018, reflects the two primary objectives. The first, to understand the status of each of the recommendations in the 2008 Report and facilitate planning for updated action on any of the recommendations, and second, to set forth a series of recommendations for the array of services that should be provided primarily to adults with behavioral health needs.

In the development of this report, interviews with the Department of Health and Welfare’s leadership were conducted and input was gathered from relevant stakeholder groups both in person and through emailed surveys. Questions posed included: what is working with the
current service array; what is not working; what system barriers exist; and what services should be enhanced or recommended.

In the final analysis, it was recommended that the division adopt a service delivery approach that closely reflects the continuum of care as recommended by Substance Abuse and Mental Health Administration (SAMHSA). To that end, recommendations were made in the areas of promotion, prevention, treatment and recovery.

In the final analysis, it was recommended that the division adopt a service delivery approach that closely reflects the continuum of care as recommended by Substance Abuse and Mental Health Administration (SAMHSA). To that end, recommendations were made in the areas of promotion, prevention, treatment and recovery.

To read the full WICHE report please visit our website. [https://healthandwelfare.idaho.gov/Medical/MentalHealth/tabid/103/Default.aspx](https://healthandwelfare.idaho.gov/Medical/MentalHealth/tabid/103/Default.aspx)

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**Adolescent Treatment Hospital aims for 2020 opening**

*By Gina Westcott*

*HUB Administrator*

The Division of Behavioral Health is on track to open the new Adolescent Treatment Hospital in Nampa in July 2020. The new hospital will provide treatment for up to 16 children, ages 12-17, that are currently being served by the Adolescent Unit at State Hospital South. It is hoped that the new location will allow more families to actively participate in treatment as the highest proportion of children receiving treatment from State Hospital South come from the Treasure Valley.

In June of 2017, the State of Idaho Department of Administration Division of Public Works (DPW) issued a request for qualifications for the new Adolescent Psychiatric Treatment Hospital by the Department of Health and Welfare (DHW) to plan and design a new facility in Nampa, Idaho. In January of this year, DPW, DHW, and LCA Architects met for several months to complete the design and building specifications for the project. Tracey Sessions, former State Hospital South Administrator, and key hospital and Adolescent Treatment Unit staff were instrumental in advising the design team. The design phase and the preliminary construction designs are complete.

The project site is located off 11th Avenue, next to the Juvenile Corrections Center on the Southwest Idaho Treatment Center campus, 1660 11th Avenue North, Nampa, Idaho. There is an existing campus building located on the property which will be demolished by the end of summer.

The bidding process to hire contractors is targeted for August with completion of the facility targeted for Spring/Summer 2020.

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**Administrative rule change proposals initiated**

*By Treena Clark*

*Program Manager*

The Division of Behavioral Health has begun work on proposed changes to IDAPA administrative rule for the 2019 Legislative session. These changes include:

- **IDAPA 16.07.37 “Children’s Mental Health Services”**
  
  The intent of the rule change is to update Diagnostic and Statistical Manual of Mental Disorders (DSM) language and remove the requirement to refer parents to Child Support for payment calculation and payment arrangement when placing a child in alternate care.

- **IDAPA 16.07.50 “Minimum Standards for Nonhospital, Medically Monitored Detoxification/Mental Health Services”**
  
  The intent of the rule change is to update limited sections of the rule that are outdated and
no longer reflect best practice, update staffing requirements
and align program approval
process and fees with other
division rules. Drafts of the text for proposed
changes to the rules are available
for review on the Department of
Health and Welfare website. You
may access these documents on the
following websites:
- Mental Health Website
- Substance Use Disorders
Website

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**Mental Health treatment for the felony probation and parole population**

*By Don Caagbay  
Program Specialist*

During the 2017 Idaho Legislative session, the Joint Finance-Appropriations Committee (JFAC) approved $5.4 million in funding for mental health services to Idaho’s felony probation and parole population. The Division of Behavioral Health was appropriated the funding and appointed to create a service delivery system for these mental health services. The division established a contract with the Community Health Center Network of Idaho (CHCNI) and their network of Federally Qualified Health Centers (FQHCs) to provide mental health services to Idaho’s felony probation and parole population. The division began the second year of this contract on July 1, 2018. The amount of funds for the second year of the contract will remain the same at $5.4 million.

As of April 2018, all seven regions have an FQHC providing mental health services to Idaho’s felony probation and parole population under the contract. The participating FQHCs by region are:

- **Region 1:** Marimn Health, Kaniksu Health Services  
- **Region 2:** CHAS  
- **Region 3:** Terry Reilly Health Services, Adams County Health Center, Valley Family Health Care  
- **Region 4:** Terry Reilly Health Services  
- **Region 5:** Family Health Services  
- **Region 6:** Health West  
- **Region 7:** Community Family Clinic, Grand Peaks Medical and Dental

The division continues to work with CHCNI to encourage more FQHCs to participate in the contract to improve access. As of July 2018, the following mental health services are now being provided under this initiative: Psychiatric Diagnostic Evaluation, Mental Health Treatment Planning, Pharmacological Evaluation, Pharmacological Management, Individual Counseling and Group Counseling, Family Counseling and Care Coordination.

By providing these services, it’s anticipated participating probation and parole clients will be more successful in their reintegration into the community and less likely to re-offend and face subsequent reincarceration. Data collected from CHCNI will be cross-referenced with Idaho Department of Correction (IDOC) data to determine impacts to the recidivism rates for this population as a result of providing these services.

If you have any questions, please e-mail Don Caagbay.
Participant Advisory Councils help improve services

By Crystal Campbell
Program Specialist

In 2013, the Division of Behavioral Health first introduced the Participant Advisory Council (PAC), a team of individuals who have an interest in improving behavioral health services. The team may include current clients, former clients, family members, advocates, providers, or other community stakeholders.

One goal of the PAC is to provide feedback for current service delivery systems to make them more consumer friendly and make access to services more welcoming. It is important to the division to provide care that is respectful and responsive to individuals and their family members. The division also wants to guarantee that services are safe, effective, client-centered, timely, efficient, and culturally competent. The other goal of the PAC is to identify events throughout the year that the team can participate in. The PAC may provide outreach, marketing, or other assistance related to organizing the events.

Some examples of PAC involvement include evaluating treatment plan templates utilized by the division and developing a more comprehensive plan to be applied statewide; reviewing the intake process to find ways of increasing hope when participants come in and implementing a Message of Hope campaign; organizing Mental Health Awareness and Recovery month events; and organizing clothing drives.

PACs are either forming or currently available in every region. For information about joining a PAC, please contact the PAC Lead in your area:

- Region 1 – Mike Wraith
- Region 2 – Jessi Noah or Laura Thayer
- Region 3 – April Auker
- Region 4 – Brian Wixom
- Region 5 – Eric Call or Mike Waite
- Region 6 – Melissa Scott or Marty Cooke
- Region 7 – Randy Rodriguez

Idaho Lives Project increases school implementation

By Jennifer Dickey, Katie Walker and Kim Kane

The Idaho Lives Project implements and supports youth suicide prevention and wellness using the Sources of Strength program in middle/junior and senior high schools statewide. The Idaho Lives Project started in schools in the spring of 2014 supported by federal grant funding. Since late 2016, the project has been supported by state funding through a collaboration with the Division of Public Health and the State Department of Education. It received additional state funding this summer to increase school implementation and increase support for existing schools.

As part of the increased support for schools this year, the project is in the process of hiring three Regional Coordinators across Idaho; one in the north, one in the southwest and one in the east. These coordinators will provide suicide prevention and postvention support to schools in their regions.

Sources of Strength is one of the most rigorously evaluated prevention programs in the world. It takes a multi-pronged approach that: instills resilience in youth by identifying, nurturing and relying on their strengths; fosters connections between youth and adults to build an environment of trust and support; trains adults and youth about warning signs for suicide and depression; and connects youth and adults to resources on how to get help when necessary. To date, the Idaho Lives Project team has trained 63 Idaho schools and will add 17 new schools during the 2018-2019 school year.

For more information on Sources of Strength and the Idaho Lives Project, contact us at www.idaholives.org or visit the Sources of Strength program site at: www.sourcesofstrength.org.
ECHO Idaho launches its first virtual training series

By Project ECHO staff
Extension for Community Healthcare Outcomes (ECHO) Idaho opened its virtual doors in March 2018 with a continuing education series focused on opioid addiction and treatment. A panel of specialists use video conferencing to connect with providers from around the state to share a brief lecture on an opioid-related topic followed by a patient-case discussion. The goal of ECHO is to improve healthcare for patients in Idaho by enhancing providers’ knowledge and capacity to treat complex health conditions. Participants report there have been “excellent discussions with lots of ideas about treatment.”

ECHO sessions are open to any clinician interested in learning more about opioid addiction and treatment, including prescribing providers, nurses, behavioral health specialists, pharmacists, community health workers and others. There’s no travel required to attend trainings – participants join sessions using a computer or phone. Sessions are free to join and participants earn free continuing medical education for participating.

Sessions are scheduled from 12:15-1:15 p.m. MST every other Thursday through the end of August 2018. Starting in September, sessions will be held the second and fourth Thursdays of the month. Even though sessions started in March, it isn’t too late to join. Visit www.uidaho.edu/echo to enroll in the training and see a full list of session dates and topics. Once enrolled, you will receive regular emails with agendas, announcements, resources, and information needed to connect to sessions and receive no-cost continuing education credit.

For more information, view the ECHO Idaho Opioid Brochure and ECHO Idaho Opioid Schedule. To learn more or enroll in ECHO visit: www.uidaho.edu/echo, e-mail echoidaho@uidaho.edu, or call 208-364-4698.

ECHO Idaho is led by the University of Idaho and the WWAMI (Washington, Wyoming, Alaska, Montana and Idaho) regional medical education program.

Behavioral Health Planning Council releases annual report

By Idaho Behavioral Health Planning Council
The Idaho Behavioral Health Planning Council looks forward to continued active participation in the improvement of Idaho’s behavioral health system. The Planning Council membership covers the full-spectrum of mental health and substance use disorder services, including members from state agencies, private service providers, and prevention programs, as well as consumers, family members, and others representing the diversity of Idaho citizens.

One of the council’s responsibilities is to present to the Governor, the Judiciary, and the Idaho Legislature an annual report on the Council’s activities and an evaluation of the current effectiveness of the Behavioral Health services provided directly or indirectly by the state of Idaho to adults and children.

Please see the attached link to review the annual published report. If you would like more information or would like to be involved, we encourage you to attend and participate in the local regional behavioral health boards in your community, which occur monthly, or email the Behavioral Health Planning Council using this link.
ICANS Phase 3 now available to Medicaid-Optum network providers

By Seth Schreiber  
Program Manager

The Division of Behavioral Health is excited to announce the Phase 3 release of ICANS, Idaho’s web-based platform for the administration and scoring of the Idaho Children’s Mental Health Child and Adolescent Needs and Strengths (CMH CANS). ICANS sites were updated with the new functionality on Monday, July 2. This updated version includes improved functionality for ICANS, additional Transformational Collaborative Outcomes Management (TCOM) Reports, and new features. With the release of Phase 3, the ICANS is also now available to providers of children’s mental health services within the Medicaid-Optum network. Key updates to the ICANS include:

- **A detailed mode**: This is available when completing an assessment. Detailed mode displays the appropriate CANS Reference Guide information for each question.
- **The Substance Use Sub-Domain**: This is required when the question for the client regarding Substance Use is rated a 2 or a 3.
- **Streamlined CANS sub-domains**
- **A High-Risk Prompt**: This displays and requires confirmation when the question of Suicide Watch is rated a 2 or a 3 under the Risk Behaviors Domain.
- **Consent and Referral functionality**: Agencies may now consent signed CANS assessments to another agency within ICANS electronically. Agencies may also refer clients to another agency within ICANS.
- **Additional TCOM Reports Available**:
  - Key Interventions Needs Over Time Report
  - Strengths Development Over Time Report
  - Caseload Progress Report
  - Clinician’s Support Intensity Report
  - Average Impact Report

To support this release of new functionality for all users, the division’s ICANS Helpdesk provides frequent online training opportunities. To view the current training schedule, and to register for a training, please click here or go to www.icans.dhw.idaho.gov for additional information and resources related to the ICANS.

Optum Idaho details rollout of new, updated mental health benefits to reflect YES

By Optum Idaho

Effective July 1, 2018, Optum rolled out new services and updated existing mental health benefits to better reflect the Youth Empowerment Services (YES) System of Care framework. The new benefits reimburse providers for giving the Child and Adolescent Needs and Strengths (CANS) assessment to children and youth, participating in the Child and Family Team Interdisciplinary meetings, and consulting with professionals from outside.
organizations engaged in a child’s treatment (Case Consultation). Psychotherapy, Medication Management, Skills Building/Community Based Rehabilitation Services (CBRS), Psychological and Neuropsychological Testing, and the Comprehensive Diagnostic Assessment are existing services offered by Optum. Optum and the Division of Medicaid enhanced these services to incorporate the Principles of Care and Practice Model concepts from the Jeff D. Settlement Agreement into the provision of care. The concepts of teaming and collaboration are also now supported in newly modified Child and Family Team benefit. Optum Idaho hosted live webinars in June to provide information to the network mental health providers about the changes. The revised Level of Care Guidelines and the Provider Manual are now available at www.optumidaho.com under “For Network Providers.” The Divisions of Behavioral Health and Medicaid are working with Optum Idaho on the next phases of YES services. Crisis Intervention and Psychoeducation will be introduced this fall. Multi-Family Therapy, Crisis Respite, and Crisis Response will be offered at the beginning of 2019. More information about YES is available online at yes.idaho.gov.

NOTE: Optum Idaho is Idaho’s Medicaid managed care contractor for Behavioral Health services.

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**BPA Health now administering Idaho Peer Support Specialist and Family Support Partner Certification**

**By BPA Health**
BPA Health is now administering Peer Support Specialist (CPSS) and Family Support Partner (CFSP) Certification through a contract with the Department of Health and Welfare. We are excited about this endeavor and would like to inform you about the new certification processes and contact information. **Please note that requirements for certification have not changed.**

**New Electronic Application Forms**
The new certification process uses electronic application forms that can be accessed at www.idahopeercert.com. The electronic forms allow individuals to upload attachments, save and return at a later time if needed, and submit using an electronic signature. Upon submission, individuals will receive email confirmation and a PDF copy of their application.

**New Supervision Tracking Form**
CPSS/CFSP supervisors now have the ability to track each occasion of supervision they provide in the new electronic Supervision and Work/Volunteer Experience Verification Form. Supervisors may use the form to enter a summary of each separate occasion of supervision, then save and return to the form on each subsequent occasion of supervision. While this method of tracking supervision is not required, we encourage supervisors to use it.

**New Contact Information**
Please use the following information to contact the Peer and Family Support Certification Program. We look forward to hearing from you.
- 208-947-1300
- 1-888-239-9759
- info@idahopeercert.com
- www.idahopeercert.com

**NOTE:** BPA Health is the management services contractor for Idaho’s Substance Use Disorder (SUD) treatment and RSS network.
Save the date: TCOM conference in spring 2019

By Holly Riker
Program Specialist
The Department of Health and Welfare is partnering with the State Department of Education, the Department of Juvenile Corrections and the Praed Foundation to plan a Northwest Regional Transformational Collaborative Outcomes Management, or TCOM, Conference to be held in Boise in the Spring of 2019.

TCOM has been adopted by the state to help guide the implementation of the Children's Mental Health Youth Empowerment Services (YES) program. TCOM is an approach grounded in the philosophy of a shared vision to help people achieve wellness goals as they navigate healthcare, child welfare, juvenile justice, behavioral health, education, and other complex systems around the world. Perhaps one of the most well-known TCOM tools, the Child Adolescent Needs and Strengths (CANS), will be used statewide in Idaho to support decision making, including level of care and service planning for youth, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services.

The theme for this conference is Setting the Stage: Creating a Shared Vision through Transformation. This conference will bring together individuals in varying roles, across multiple systems to share their stories, learn from other experiences, and collaborate on how to best meet the needs of children and families served. Clinicians, supervisors, administrators, administrative staff, and family members will be invited and encouraged to attend.

Conference planning is still in the early stages, however the dates and location have been confirmed, so please save the date and look for future communications that include more details.

Dates: May 1–2, 2019; Day 1: 8 am–4 pm, Day 2: 8 am– Noon (optional extended day to 4 pm for technical/special interest topics).
Location: Red Lion Boise Downtowner, Boise ID.

Block Grant 2019 Mini Application available for review

By Jon Meyer
Program Specialist
A draft of the Fiscal Year 2019 Mini Application for the 2018-2019 Combined Behavioral Health Assessment and Plan Block Grant is now available online for review, input and comments.

Follow this link to review the draft plan, which provides an update to the biennial block grant application and outlines the state’s plan for fiscal year 2019 block grant funds.

If you have any questions, input or comments regarding the plan, please submit them to Jon Meyer by Aug. 20.

Behavioral Health Board Contacts

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<thead>
<tr>
<th>Region 1—Website</th>
<th>Region 5—Website</th>
</tr>
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<tbody>
<tr>
<td>Panhandle Health District Jennifer Ugolini <a href="mailto:jugolini@phd1.idaho.gov">jugolini@phd1.idaho.gov</a></td>
<td>Administrative Assistant I Public Health Administration- SCPHD Nancy Andreotti, <a href="mailto:nandreotti@phd5.idaho.gov">nandreotti@phd5.idaho.gov</a></td>
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<tr>
<td>Region 2—Website</td>
<td>Region 6—Website</td>
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<tr>
<td>Public Health – Idaho North Central District Perri Larson <a href="mailto:plarson@phd2.idaho.gov">plarson@phd2.idaho.gov</a></td>
<td>Southeastern Idaho Public Health Administrative Assistant Mandi Nelson <a href="mailto:mnelson@siph.idaho.gov">mnelson@siph.idaho.gov</a></td>
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<td>Region 3—Website</td>
<td>Region 7—Website</td>
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<tr>
<td>Southwest District Health Katrina Williams, <a href="mailto:Katrina.Williams@phd3.idaho.gov">Katrina.Williams@phd3.idaho.gov</a></td>
<td>Eastern Idaho Public Health Board Liaison Mimi Taylor <a href="mailto:mimi_taylor@eiph.idaho.gov">mimi_taylor@eiph.idaho.gov</a></td>
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