

Montana

UNIFORM APPLICATION

FY 2016/2017 - STATE BEHAVIORAL HEALTH ASSESSMENT AND PLAN

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

OMB - Approved 06/12/2015 - Expires 06/30/2018
(generated on 09/14/2016 12.08.08 PM)

Center for Substance Abuse Prevention
Division of State Programs

Center for Substance Abuse Treatment
Division of State and Community Assistance

State Information

State Information

Plan Year

Start Year 2016

End Year 2018

State DUNS Number

Number 051659352

Expiration Date

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

Agency Name Montana Department of Public Health and Human Services

Organizational Unit Addictive & Mental Disorders Division

Mailing Address PO Box 202905

City Helena

Zip Code 59620-2905

II. Contact Person for the Grantee of the Block Grant

First Name Bobbi

Last Name Perkins

Agency Name Montana Department of Public Health and Human Services

Mailing Address PO Box 202905

City Helena

Zip Code 59620-2905

Telephone 406-444-6981

Fax 406-444-9389

Email Address bperkins@mt.gov

III. Expenditure Period

State Expenditure Period

From

To

IV. Date Submitted

Submission Date 9/14/2016 12:07:41 PM

Revision Date

V. Contact Person Responsible for Application Submission

First Name Jackie

Last Name Jandt

Telephone 406-444-9656

Fax 406-444-9389

Email Address jjandt@mt.gov

Footnotes:

State Information

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

Fiscal Year 2017

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 | | |
|---|--|------------------|
| Section | Title | Chapter |
| Section 1921 | Formula Grants to States | 42 USC § 300x-21 |
| Section 1922 | Certain Allocations | 42 USC § 300x-22 |
| Section 1923 | Intravenous Substance Abuse | 42 USC § 300x-23 |
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| 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

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

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

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685- 1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non- discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327- 333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Costal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g)

protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§ 469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
16. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
17. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

LIST of CERTIFICATIONS

1. CERTIFICATION REGARDING LOBBYING

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 (45 CFR Part 93). By signing and submitting this application, the applicant is providing certification set out in Appendix A to 45 CFR Part 93.

2. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

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 Department of Health and Human Services terms and conditions of award if a grant is awarded as a result of this application.

3. 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, day care, 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.

The authorized official signing for the applicant organization 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 sub-awards which contain provisions for children's services and that all sub-recipients shall certify accordingly.

The Department of Health and Human 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 DHHS mission to protect and advance the physical and mental health of the American people.

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: Bobbi Perkins

Signature of CEO or Designee¹: _____

Title: Bureau Chief

Date Signed: _____

mm/dd/yyyy

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

Footnotes:

September 13, 2016

Ms. Virginia Simmons
Supervisory Grants Management Specialist
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
5600 Fisher Lane, Rm 17E20
Rockville MD 20857

Dear Ms. Simmons:

Please accept Montana's 2017 Substance Abuse Prevention and Treatment Block Grant Mini Application.

Montana utilized the WEB-BGAS to complete the FFY 2017 application; therefore, please find enclosed the original of the requested documents:

1. Chief Executive Officer's Funding Agreements FFY 2017 SA, Assurance Non-Construction Programs, and Certifications;
2. Designation Letter from Governor to DPHHS Director; and
3. Designation Letter from DPHHS Director to Bobbi Perkins.

Please note a Lobbying Document was not submitted as no Lobbying occurred.

All other information for the 2017 SABG Behavioral Health Assessment and Plan will be entered and completed within the required timelines, on the WEB-BGAS website. The SYNAR Report and the SABG Behavioral Health Report will be completed in November, 2016. If you have any questions, please contact me at (406) 444-6981 or at bperkins@mt.gov.

Sincerely,



Bobbi Perkins, Bureau Chief
Chemical Dependency Bureau

FedEx Tracking Number: 805305544978

OFFICE OF THE GOVERNOR
STATE OF MONTANA

STEVE BULLOCK
GOVERNOR



JOHN WALSH
LT. GOVERNOR

May 1, 2013

Ms. Virginia Simmons
Grants Management Officer
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road, Room 7-1109
Rockville MD 20857

RE: Substance Abuse Prevention and Treatment (SAPT) Block Grant Single State Agency Designation

Dear Ms. Simmons:

In my capacity as Governor of the State of Montana, I designate Richard Opper, Director of the Department of Public Health and Human Services, the Single State Agency for Montana, as the official responsible for the SAPT Block Grant application and administration. He has my authority to plan, distribute funding, report, sign funding agreements and certifications, provide assurances of compliance to the Secretary of Health and Human Services and to perform similar acts relevant to the administration of the SAPT Block Grant until such time as this delegation of authority is rescinded.

Sincerely,

A handwritten signature in black ink, appearing to be "Steve Bullock", written over a horizontal line.

STEVE BULLOCK
Governor



Department of Public Health and Human Services

Director's Office ♦ PO Box 4210 ♦ Helena, MT 59620 ♦ (406) 444-5622 ♦ Fax: (406) 444-1970 ♦ www.dphhs.mt.gov

Steve Bullock, Governor

Richard H. Opper,
Director

August 12, 2014

Ms. Virginia Simmons
Grants Management Officer
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road, Room 7-1109
Rockville MD 20857

RE: Substance Abuse Prevention and Treatment (SAPT) Block Grant Single State Agency
Designation

Dear Ms. Simmons:

In my capacity, as Director of the Department of Public Health and Human Services of the State of Montana, I hereby delegate authority to Ms. Bobbi Perkins, Bureau Chief of the Chemical Dependency Bureau of the Addictive and Mental Disorders Division, the Single State Agency for Montana, as the official responsible for the SAPT Block Grant application and administration. In the absence of Ms. Perkins, authority is delegated to Ms. Jackie Jandt, Planning and Outcome Officer of the Chemical Dependency Bureau of the Addictive and Mental Disorders Division. Both individuals have my authority to plan, distribute funding, report, sign funding agreements and certifications, provide assurances of compliance to the Secretary and to perform similar acts relevant to the administration of the SAPT Block Grant until such time as this delegation of authority is rescinded.

Sincerely,

Richard H. Opper
Director
MT DPHHS

State Information

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

Fiscal Year 2017

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administrations
Funding Agreements
as required by
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16. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
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LIST of CERTIFICATIONS

1. CERTIFICATION REGARDING LOBBYING

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2. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

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 Department of Health and Human Services terms and conditions of award if a grant is awarded as a result of this application.

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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.

The authorized official signing for the applicant organization 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 sub-awards which contain provisions for children's services and that all sub-recipients shall certify accordingly.

The Department of Health and Human 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 DHHS 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: Bobbi Perkins

Signature of CEO or Designee¹: 

Title: Bureau Chief

Date Signed: 9.13.16
mm/dd/yyyy

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

Footnotes:

State Information

Disclosure of Lobbying Activities

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

[Standard Form LLL \(click here\)](#)

| | |
|--------------|---|
| Name | <input type="text" value="Bobbi Perkins"/> |
| Title | <input type="text" value="Bureau Chief/SSA"/> |
| Organization | <input type="text" value="DPHHS/AMDD"/> |

Signature: _____ Date: _____

Footnotes:

No Lobbing Activities Performed

Planning Tables

Table 4 SABG Planned Expenditures

Planning Period Start Date: 10/1/2016 Planning Period End Date: 9/30/2018

| Expenditure Category | FY 2016 SA Block Grant Award | FY 2017 SA Block Grant Award |
|---|------------------------------|------------------------------|
| 1 . Substance Abuse Prevention* and Treatment | \$5,225,847 | \$5,225,847 |
| 2 . Substance Abuse Primary Prevention | \$1,393,560 | \$1,393,560 |
| 3 . Tuberculosis Services | \$0 | |
| 4 . HIV Early Intervention Services** | \$0 | |
| 5 . Administration (SSA Level Only) | \$348,389 | \$348,389 |
| 6. Total | \$6,967,796 | \$6,967,796 |

* Prevention other than primary prevention

** 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 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 CDC, National Center for HIV/AIDS, Hepatitis, STD and TB Prevention. The HIV Surveillance Report, Volume 24, will be used to determine the states and jurisdictions that will be required to set-aside 5 percent of their respective FY 2016 SABG allotments to establish one or more projects to provide early intervention services for 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 does not meet the AIDS case rate threshold for the fiscal year involved. 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 be allowed to obligate and expend FY 2016 SABG funds for EIS/HIV if they chose to do so.

Footnotes:

Planning Tables

Table 5a SABG Primary Prevention Planned Expenditures

Planning Period Start Date: 10/1/2016 Planning Period End Date: 9/30/2018

| Strategy | IOM Target | FY 2016 | FY 2017 |
|-------------------------------------|--------------|----------------------|----------------------|
| | | SA Block Grant Award | SA Block Grant Award |
| Information Dissemination | Universal | \$5,000 | \$5,000 |
| | Selective | | |
| | Indicated | | |
| | Unspecified | | |
| | Total | \$5,000 | \$5,000 |
| Education | Universal | \$5,000 | \$5,000 |
| | Selective | | |
| | Indicated | | |
| | Unspecified | | |
| | Total | \$5,000 | \$5,000 |
| Alternatives | Universal | \$5,000 | \$5,000 |
| | Selective | | |
| | Indicated | | |
| | Unspecified | | |
| | Total | \$5,000 | \$5,000 |
| Problem Identification and Referral | Universal | \$5,000 | \$5,000 |
| | Selective | | |
| | Indicated | | |
| | Unspecified | | |
| | Total | \$5,000 | \$5,000 |

| | | | |
|--|--------------|--------------------|--------------------|
| Community-Based Process | Universal | \$301,646 | \$301,646 |
| | Selective | | |
| | Indicated | | |
| | Unspecified | | |
| | Total | \$301,646 | \$301,646 |
| Environmental | Universal | \$835,648 | \$835,648 |
| | Selective | | |
| | Indicated | | |
| | Unspecified | | |
| | Total | \$835,648 | \$835,648 |
| Section 1926 Tobacco | Universal | \$236,266 | \$236,266 |
| | Selective | | |
| | Indicated | | |
| | Unspecified | | |
| | Total | \$236,266 | \$236,266 |
| Other | Universal | | |
| | Selective | | |
| | Indicated | | |
| | Unspecified | | |
| | Total | \$0 | \$0 |
| Total Prevention Expenditures | | \$1,393,560 | \$1,393,560 |
| Total SABG Award* | | \$6,967,796 | \$6,967,796 |
| Planned Primary Prevention Percentage | | 20.00 % | 20.00 % |

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

Footnotes:

Montana will be using primary prevention set-aside funds for resource development greater than the reported planned expenditures for

administration. The total primary prevention expenditures on table 5a include the \$400,000 resource development expenditures in the following amounts for each strategy:

Coalition building : \$158,400
Environmental \$237,600
Information Dissemination: \$1,000
Alternatives: \$1,000
Identification and Referral: \$1,000
Education: \$1,000

Planning Tables

Table 5b SABG Primary Prevention Planned Expenditures by IOM Category

Planning Period Start Date: 10/1/2016 Planning Period End Date: 9/30/2018

| Activity | FY 2016 SA Block Grant Award | FY 2017 SA Block Grant Award |
|--|------------------------------|------------------------------|
| Universal Direct | \$341,223 | \$341,223 |
| Universal Indirect | \$1,052,337 | \$1,052,337 |
| Selective | | |
| Indicated | | |
| Column Total | \$1,393,560 | \$1,393,560 |
| Total SABG Award* | \$6,967,796 | \$6,967,796 |
| Planned Primary Prevention Percentage | 20.00 % | 20.00 % |

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

Footnotes:

Montana will be using primary prevention set-aside funds for resource development greater than the reported planned expenditures for administration. The total primary prevention expenditures on table 5b include the \$400,000 resource development expenditures in the following amounts for each IOM category:

Universal Direct: \$100,000
Universal Indirect \$300,000

Planning Tables

Table 5c SABG Planned Primary Prevention Targeted Priorities

Planning Period Start Date: 10/1/2016 Planning Period End Date: 9/30/2018

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

Planning Tables

Table 6a SABG Resource Development Activities Planned Expenditures

Planning Period Start Date: 10/1/2016 Planning Period End Date: 9/30/2018

| Activity | FY 2016 SA Block Grant Award | | | | FY 2017 SA Block Grant Award | | | |
|--|------------------------------|------------------|------------|------------------|------------------------------|------------------|------------|------------------|
| | Prevention | Treatment | Combined | Total | Prevention | Treatment | Combined | Total |
| 1. Planning, Coordination and Needs Assessment | \$100,000 | \$80,000 | | \$180,000 | \$100,000 | \$80,000 | | \$180,000 |
| 2. Quality Assurance | \$50,000 | \$50,000 | | \$100,000 | \$50,000 | \$50,000 | | \$100,000 |
| 3. Training (Post-Employment) | | | | \$0 | | | | \$0 |
| 4. Education (Pre-Employment) | | | | \$0 | | | | \$0 |
| 5. Program Development | \$250,000 | \$100,000 | | \$350,000 | \$250,000 | \$100,000 | | \$350,000 |
| 6. Research and Evaluation | | | | \$0 | | | | \$0 |
| 7. Information Systems | | | | \$0 | | | | \$0 |
| 8. Total | \$400,000 | \$230,000 | \$0 | \$630,000 | \$400,000 | \$230,000 | \$0 | \$630,000 |

Footnotes:

Montana will be using primary prevention set-aside funds for resource development greater than the reported planned expenditures for

administration. The total prevention resource expenditures on table 6a included in the 20% set aside total \$1,393,560 and will be used in the following amounts in the following CSAP strategies:

Coalition Building \$158,400

Environmental \$237,600

Information Dissemination \$1,000

Alternatives \$1,000

Identification and Referral \$1,000

Education \$1,000

Environmental Factors and Plan

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

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 mental health and substance abuse agencies, SAMHSA is recommending that states expand their Mental Health Advisory Council to include substance abuse, 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 abuse prevention and treatment advisory council to ensure that the council reviews issues and services for persons with, or at risk for, substance abuse and substance use disorders. To assist with implementing a BHPC, SAMHSA has created [Best Practices for State Behavioral Health Planning Councils: The Road to Planning Council Integration](#).⁹⁷

Additionally, [Title XIX, Subpart III, section 1941 of the PHS Act \(42 U.S.C. 300x-51\)](#) applicable to the SABG and the MHBG, requires that, 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.

For SABG only - describe the steps the state took to make the public aware of the plan and allow for public comment.

For MHBG and integrated BHPC; States must include documentation that they shared their application and implementation report with the Planning Council; please also describe the steps the state took to make the public aware of the plan and allow for public comment.

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

1. How was the Council actively involved in the state plan? Attach supporting documentation (e.g., meeting minutes, letters of support, etc.).
2. What mechanism does the state use to plan and implement substance abuse services?
3. Has the Council successfully integrated substance abuse prevention and treatment or co-occurring disorder issues, concerns, and activities into its work?
4. Is the membership representative of the service area population (e.g., ethnic, cultural, linguistic, rural, suburban, urban, older adults, families of young children)?
5. Please describe the duties and responsibilities of the Council, including how it gathers meaningful input from people in recovery, families and other important stakeholders, and how it has advocated for individuals with SMI or SED.

*Additionally, please complete the Behavioral Health Advisory Council Members and Behavioral Health Advisory Council Composition by Member Type forms.*⁹⁸

⁹⁷ <http://beta.samhsa.gov/grants/block-grants/resources>

⁹⁸ 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.

Please use the box below to indicate areas of technical assistance needed related to this section:

Footnotes:

Environmental Factors and Plan

State Behavioral Health Advisory Council (22)

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 mental health and substance abuse agencies, SAMHSA is recommending that states expand their Mental Health Advisory Council to include substance abuse, 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 abuse prevention and treatment advisory council to ensure that the council reviews issues and services for persons with, or at risk for, substance abuse and substance use disorders. To assist with implementing a BHPC, SAMHSA has created [Best Practices for State Behavioral Health Planning Councils: The Road to Planning Council Integration.](#)⁹⁷

Additionally, [Title XIX, Subpart III, section 1941 of the PHS Act \(42 U.S.C. 300x-51\)](#) applicable to the SABG and the MHBG, requires that, 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.

For SABG only - describe the steps the state took to make the public aware of the plan and allow for public comment.

For MHBG and integrated BHPC; States must include documentation that they shared their application and implementation report with the Planning Council; please also describe the steps the state took to make the public aware of the plan and allow for public comment.

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

1. How was the Council actively involved in the state plan? Attach supporting documentation (e.g., meeting minutes, letters of support, etc.). MHOAC Minutes and Letter from the Council Chair Attached.

The Council's Executive Committee participates in review of requirements for the Block Grant Plan, and approves the Plan before submission. The full Council provides

recommendation for BG allocation based on their strategic planning process. The full Council approved BG programs and allocation for FY 2016-2018 Block Grant Application.

The Behavioral Health Planning/Advisory Council and Substance Use Disorder Programs were provided an opportunity to review and comment on the 2017 Substance Abuse Prevention and Treatment Block Grant application via an email sent to each council member and provider with the mini-application.

The Addictive and Mental Disorders Division posted the 2017 Substance Abuse Prevention and Treatment Block Grant Mini Application on the Department website. The 2016 Substance Abuse Prevention and Treatment Block Grant Application continues to be posted on this website:

<http://dphhs.mt.gov/amdd/SubstanceAbuse.aspx>

Comments are continuously received and if changes are needed because of suggestions or comments, the SSA will request the appropriate sections of the SABG to be opened for updates through Montana's Federal Project Officer.

2. What mechanism does the state use to plan and implement substance abuse services?

Substate Planning

The statewide philosophy for delivery of substance use disorder treatment and prevention services must be sensitive to situations unique to Montana. While Montana ranks fourth in geographical area (145,388 square miles), it ranks 38th among states in population with approximately 5.5 persons per square mile. The racial distribution of the state is 93 percent white, with the remainder being predominately Native American.

In accord with 53-24-211 MCA, local planning for substance use disorder treatment and prevention services is the responsibility of each county's board of commissioners. County plans are developed every four years with an annual action strategy update. County plan guidelines are provided by the Department and a standardized format is used by each county. Data assembled by the State SEOW and state staff is assembled and presented as part of this packed of information. The Data provides outlines of incidence, prevalence and greatest need at each county level. The guidelines also allow for development of multi-county plans. County plans include the following sections:

- 1) County Data presenting, incidence, prevalence, need, and usage of services
- 2) Documentation of County Collaboration
- 3) County Identification/Action Forms
- 4) Description of Service Area and County Planning Process
- 5) Analysis of County Needs
- 6) Primary Prevention Services
- 7) Early Intervention and Treatment Services

County plans provide the Department with uniform planning information, local needs and priorities and solutions to local service delivery problems. As part of the planning process, counties must determine special population needs including Native Americans, pregnant women and women with dependent children, SSI recipients, HIV/AIDS, youth, and repeat DUI offenders. County alcohol tax monies are allocated as part of each year's county plan update subject to approval by the Department of Public Health and Human Services. As part of the county planning process, public meetings must be held as part of the county commissioners meeting. This information must be presented in the packets. This occurs each April or May of each year.

Definition of Substate Planning Area: The Department of Public Health and Human Services, Addictive and Mental Disorders Division (AMDD) utilizes the five health planning regions for purposes of planning and for this block grant application. The Regional Identification number and the counties contained in each region can be found in the SPA Table of this Grant Application.

3. Has the Council successfully integrated substance abuse prevention and treatment or co-occurring disorder issues, concerns, and activities into its work?

Montana's Substance Use Disorder Treatment and Prevention system is required by Montana Law to have a county planning process as indicated above. Because of the implementation of this process and continued growth and improvement (such as the SEOW), the substance use disorder treatment/prevention process is well implemented. The Chemical Dependency Bureau and the Mental Health Bureau are working in several areas to integrate work. A couple of examples are to expand the SEOW to review mental health data (which there is very little structure) and to include mental health planning input in the county planning process. As information is found, the Chemical Dependency Bureau Chief presents information at the advisory council for information and input. Staff, from both the Chemical Dependency Bureau and the Mental Health Bureau, are located in the same building, work under the same administrator and continue to work together in multiple projects and services to address those in need.

The Council has consistently included a representative with substance use disorder treatment expertise. Representatives from AMDD's Chemical Dependency Bureau plan to attend and actively participate in all Council meetings.

4. Is the membership representative of the service area population (e.g., ethnic, cultural, linguistic, rural, suburban, urban, older adults, families of young children)? Yes – please reference Behavioral Health Advisory Council Members and Council Composition by Member Type.

Yes

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

Although the focus of the Council is Mental Health, substance use disorder treatment and prevention issues are presented to this committee and will continue to do so until state law can be changed to formally recognize the inclusion of substance use disorder treatment and prevention as part of a behavioral health system.

The following is found in Montana law:

The Montana Mental Health Oversight Advisory Council's mission is to serve as *"Partners in planning for recovery based mental health system throughout Montana."*

The Council's vision is: *a collaborative public mental health system that promotes independence, self-determination and recovery through individual, family, advocate and community participation. With effective treatment, knowledge and support, Montanans with mental disorders will achieve education, meaningful work, satisfying family relationships, friendships and participation in the community.*

The purpose of the Council as defined in state law (53-21-701(6) (and) is directed to:

- Provide input to the department in the development and management of any public mental health system.
- Provide a summary of each meeting and a copy of any recommendations made to the Department to the Legislative Finance committee and any other designated appropriate legislative interim committee.
- Fulfill any federal advisory council requirements in order to obtain federal funds for this program.

Montana's Current Mental Health Oversight Advisory Council, through bylaw process, consists of the following committees:

EXECUTIVE COMMITTEE: Consists of the Chair, the Vice-Chair, and chairs of the Standing Committees. Chairs of Special Committees may participate in meetings of the Executive Committee when appropriate business is involved. The Executive Committee is responsible to conduct any business that is necessary between meetings of the full Council and will report such business at the next meeting of the Council. The Executive Committee will develop the proposed agenda for the regular and special meetings. The committee will evaluate and make recommendations to the Council regarding the budget.

DEVELOPMENT COMMITTEE: (part of the Executive Committee) will be the Nominating Committee for election of officers. This committee will maintain awareness of attendance at meetings and note vacancies on the Council with responsibility to seek potential replacements for that same position *except for state agency representatives, representatives of SAA's (Service Area Authority), MACo (Montana Association of Counties, and Community Mental Health Centers (CMHC) and the MASP (Montana Addiction Service Providers).* Applications for membership will be accepted, evaluated and presented to the Director of the Department. The committee will draft any proposed amendments to the By-Laws for presentation to the Council. The committee is responsible for orientation of new members.

ADVOCACY COMMITTEE: will prepare recommendations for legislative action as determined and approved by the Council. Committee members will assist the Department in presentations to the Administration and to candidates and legislators, including

testifying before legislative committees. The Committee will work with System of Care Committee, Service Area Authorities, Local Area Councils and other mental health organizations to promote the Mission.

BLOCK GRANT COMMITTEE: (part of the Executive Committee) will work with the appropriate Department personnel on an on- going basis to draft, revise and evaluate the block grant.

Because 51% of the members of this council are consumers and/or family members, consumer input is readily taken as part of the council. Further input is provided to both the Chemical Dependency Bureau and the Mental Health Bureau through the implementation of a consumer survey that is completed on an annual basis.

Environmental Factors and Plan

Behavioral Health Advisory Council Members

Start Year: 2016 End Year: 2018

| Name | Type of Membership | Agency or Organization Represented | Address,Phone, and Fax | Email(if available) |
|----------------------|--|--|--|-----------------------------------|
| Susan Baily-Anderson | State Employees | Office of Public Instruction | 1300 11th Ave Helena MT, 59620 PH: 406-444-2046 | sbanderson@mt.gov |
| Christine Bates | Providers | ShodairChildren's Hospital | Helena MT, 59648 PH: 406-444-7894 | cbates@shodair.org |
| Sydney Blair | Providers | Center for Mental Health | 915 1st Ave SouthGreat Falls MT, 59403 PH: 406-850-2855 | sydneyb@center4mh.org |
| Bruce Brensdal | State Employees | Department of Commerce - Housing | PO Box 200545 Helena MT, 59620 PH: 406-841-2844 | bbrensdal@mt.gov |
| Barbara N DeBree | Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services) | | 428 Wilder Avenue Helena MT, 59601 PH: 406-461-4450 | barbara.nan@gmail.com |
| Rebeca deCamara | State Employees | Developmental Disabilities Division - Children's Mental Health | 11 N Sanders, Room 307 Helena MT, 59620 PH: 406-444-9055 FX: 406-444-0230 | rdecamara@mt.gov |
| Chris Hartzmann | Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services) | | PO Box 375 Troy MT, 59803 PH: 406-293-1686 | binny2795@yahoo.com |
| Malayia Hill | Parents of children with SED | | 2297 Sherwood Lane Missoula MT, 59801 PH: 406-493-5654 | malayiah@consumerdirectonline.net |
| Bill Hodges | Others (Not State employees or providers) | | 809 N Custer Ave Hardin MT, 59034 PH: 406-665-8723 | bhodges@co.bighorn.mt.us |
| Andy Hunthausen | Others (Not State employees or providers) | | County Commissioner Helena MT, 59623 PH: 406-447-8303 | ahunthausen@co.lewis-clark.mt.us |
| Andrea Lower | Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services) | | 1709 W College Bozeman MT, 59715 PH: 406-582-3704 | Andrea.Lower@gallatin.mt.gov |
| Melinda Mason | Providers | Western Montana Mental Health Center | 5230 Lower Marin Road Florance MT, 59833 | mmason@wmmhc.org |

| | | | | |
|----------------------|--|--|---|--------------------------|
| | | | PH: 406-532-9700 | |
| Dorothy McCartney | Family Members of Individuals in Recovery (to include family members of adults with SMI) | | PO Box 1447Great Falls MT, 59403 PH: 406-836-9078 | doriemac@bresnan.net |
| Lenore Myers | Providers | | PO Box 3024Box Elder MT, 59521 PH: 406-395-4818 | lmyers@rbclinic.org |
| Glenda Oldenburg | State Employees | Montana Department of Public Health and Human Services | 555 Fuller Ave Helena MT, 59620-2905 PH: 406-444-9657 FX: 406-444-9689 | goldenburg@mt.gov |
| Carolyn Pease-Lopez | Parents of children with SED | | 57223 US Highway 575Billings MT, 59101 PH: 406-245-2265 | cpease-lopez-hd42@mt.gov |
| Gary Travis | Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services) | | 211 South E StreetLivingston MT, 59047 PH: 406-223-4652 | leeman.56@gmail.com |
| Roger Webb (Senator) | Others (Not State employees or providers) | | 1132 Ginger AvenueBillings MT, 59102 PH: 406-861-9322 | webb4mt@hotmail.com |
| Connie Winner | State Employees | Department of Corrections | 5 South Last Chance GulchHelena MT, 59620 PH: 406-444-6580 | cwinner@mt.gov |
| Donna Zook | Family Members of Individuals in Recovery (to include family members of adults with SMI) | | 1601 2nd Ave N Ste 620Great Falls MT, 59401 PH: 406-453-5638 | dzook@montana.co |

Footnotes:

Environmental Factors and Plan

Behavioral Health Council Composition by Member Type

Start Year: 2016 End Year: 2018

| Type of Membership | Number | Percentage |
|---|-----------|---------------|
| Total Membership | 20 | |
| Individuals in Recovery* (to include adults with SMI who are receiving, or have received, mental health services) | 4 | |
| Family Members of Individuals in Recovery* (to include family members of adults with SMI) | 2 | |
| Parents of children with SED* | 2 | |
| Vacancies (Individuals and Family Members) | 0 | |
| Others (Not State employees or providers) | 3 | |
| Total Individuals in Recovery, Family Members & Others | 11 | 55.00% |
| State Employees | 5 | |
| Providers | 4 | |
| Federally Recognized Tribe Representatives | 0 | |
| Vacancies | 0 | |
| Total State Employees & Providers | 9 | 45.00% |
| Individuals/Family Members from Diverse Racial, Ethnic, and LGBTQ Populations | 3 | |
| Providers from Diverse Racial, Ethnic, and LGBTQ Populations | 1 | |
| Total Individuals and Providers from Diverse Racial, Ethnic, and LGBTQ Populations | 4 | |
| Persons in recovery from or providing treatment for or advocating for substance abuse services | 0 | |

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

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

The Behavioral Health Planning/Advisory Council and Substance Use Disorder Programs were provided an opportunity to review and comment on the 2017 Substance Abuse Prevention and Treatment Block Grant application via an email sent to each council member and provider with the mini-application.

The Addictive and Mental Disorders Division posted the 2017 Substance Abuse Prevention and Treatment Block Grant Mini Application on the Department website. The 2016 Substance Abuse Prevention and Treatment Block Grant Application continues to be posted on this website:

<http://dphhs.mt.gov/amdd/SubstanceAbuse.aspx>

Comments are continuously received and if changes are needed because of suggestions or comments, the SSA will request the appropriate sections of the SABG to be opened for updates through Montana's Federal Project Officer.

No changes were requested at this time.

Footnotes: