

Iowa

UNIFORM APPLICATION

FY 2024/2025 Combined MHBGSUPTRS BG
Application Behavioral Health Assessment and Plan

SUBSTANCE ABUSE PREVENTION AND TREATMENT

and

COMMUNITY MENTAL HEALTH SERVICES

BLOCK GRANT

OMB - Approved 06/15/2023 - Expires 06/30/2026
(generated on 08/21/2024 6.49.00 PM)

Center for Substance Abuse Prevention

Division of Primary Prevention

Center for Substance Abuse Treatment

Division of State and Community Systems (DSCS)

and

Center for Mental Health Services

Division of State and Community Systems Development

State Information

State Information

Plan Year

Start Year 2025
End Year 2026

State SUPTRS BG Unique Entity Identification

Unique Entity ID PVYGD5Y8RN98

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

Agency Name Iowa Department of Health and Human Services
Organizational Unit Division of Behavioral Health
Mailing Address 321 E. 12th St.
City Des Moines
Zip Code 50319-0075

II. Contact Person for the SUPTRS BG Grantee of the Block Grant

First Name DeAnn
Last Name Decker
Agency Name Iowa Department of Health and Human Services
Mailing Address 321 E. 12th St.
City Des Moines
Zip Code 50319-0075
Telephone 515-281-0928
Fax 515-281-4535
Email Address deann.decker@hhs.iowa.gov

State CMHS Unique Entity Identification

Unique Entity ID PVYGD5Y8RN98

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

Agency Name Iowa Department of Health and Human Services
Organizational Unit Division of Behavioral Health
Mailing Address 321 E. 12th St.
City Des Moines
Zip Code 50319

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

First Name Marissa
Last Name Eyanson
Agency Name Iowa Department of Health and Human Services
Mailing Address 321 E. 12th St.
City Des Moines
Zip Code 50319-0114
Telephone 515-901-7598
Fax
Email Address meyanso@dhs.state.ia.us

III. Third Party Administrator of Mental Health Services

Do you have a third party administrator? Yes No

First Name

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

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

From
To

V. Date Submitted

Submission Date

Revision Date 8/16/2024 6:08:43 PM

VI. Contact Person Responsible for Application Submission

First Name Justin
Last Name Edwards
Telephone 515-214-3693
Fax
Email Address justin.edwards@hhs.iowa.gov

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

State Information

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

Fiscal Year 2025

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

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Section 1947	Nondiscrimination	42 USC § 300x-57
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Section 1955	Services Provided by Nongovernmental Organizations	42 USC § 300x-65
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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 19 statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions

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

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

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

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

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

2. Certification Regarding Drug-Free Workplace Requirements

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

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

3. Certifications Regarding Lobbying

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

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

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

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

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

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

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

5. Certification Regarding Environmental Tobacco Smoke

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

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

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

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

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

HHS Assurances of Compliance (HHS 690)

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

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

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

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

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

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

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

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

State: _____

Name of Chief Executive Officer (CEO) or Designee: Kelly Garcia

Signature of CEO or Designee¹: _____

Title: Director, Iowa Dept. of Health and Human Services

Date Signed: _____

mm/dd/yyyy

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

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:



KIM REYNOLDS
GOVERNOR

OFFICE OF THE GOVERNOR

ADAM GREGG
LT GOVERNOR

August 4, 2023

Substance Abuse and Mental Health Services Administration
Division of Grants Management
5600 Fishers Lane
Rockville, MD 20857

To Whom It May Concern:

As the Governor of the State of Iowa, for the duration of my tenure I delegate authority to the current Director of the Iowa Department of Health and Human Services, or anyone officially acting in this role in the instance of a vacancy, for all transactions required to administer the following Substance Abuse and Mental Health Services Administration (SAMHSA) programs:

- Mental Health Block Grant (MHBG)
- Substance Use, Prevention, Treatment and Recovery Services (SUPTRS) Block Grant
- Projects for Assistance in Transitioning from Homelessness (PATH) Grant

Please contact my office if additional information is needed.

Sincerely,

A handwritten signature in black ink that reads "Kim Reynolds".

Kim Reynolds
Governor

State Information

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

Fiscal Year 2025

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Section 1912	State Plan for Comprehensive Community Mental Health Services for Certain Individuals	42 USC § 300x-1
Section 1913	Certain Agreements	42 USC § 300x-2
Section 1914	State Mental Health Planning Council	42 USC § 300x-3
Section 1915	Additional Provisions	42 USC § 300x-4
Section 1916	Restrictions on Use of Payments	42 USC § 300x-5
Section 1917	Application for Grant	42 USC § 300x-6
Section 1920	Early Serious Mental Illness	42 USC § 300x-9
Section 1920	Crisis Services	42 USC § 300x-9
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9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to

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

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

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

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

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

2. Certification Regarding Drug-Free Workplace Requirements

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

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

3. Certifications Regarding Lobbying

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

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

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

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

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

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

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

5. Certification Regarding Environmental Tobacco Smoke

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

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

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

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

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

HHS Assurances of Compliance (HHS 690)

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

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

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

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

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

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

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

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

Name of Chief Executive Officer (CEO) or Designee: Kelly Garcia

Signature of CEO or Designee¹: _____

Title: Director, Iowa Dept. of Health and Human Services

Date Signed: _____

mm/dd/yyyy

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

Please upload your state's Bipartisan Safer Communities Act (BSCA) – 3rd allotment proposal to here in addition to other documents. You may also upload it in the attachments section of this application.

Based on the guidance issued on October 11th, 2022, please submit a proposal that includes a narrative describing how the funds will be used to help individuals with SMI/SED, along with a budget for the total amount of the third allotment. The proposal should also explain any new projects planned with the third allotment and describe ongoing projects that will continue with the third allotment. The performance period for the third allotment is from September 30th, 2024, to September 29th, 2026, and the proposal should be titled "BSCA Funding Plan 2025". The proposed plans are due to SAMHSA by September 1, 2024.

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:



KIM REYNOLDS
GOVERNOR

OFFICE OF THE GOVERNOR

ADAM GREGG
LT GOVERNOR

August 4, 2023

Substance Abuse and Mental Health Services Administration
Division of Grants Management
5600 Fishers Lane
Rockville, MD 20857

To Whom It May Concern:

As the Governor of the State of Iowa, for the duration of my tenure I delegate authority to the current Director of the Iowa Department of Health and Human Services, or anyone officially acting in this role in the instance of a vacancy, for all transactions required to administer the following Substance Abuse and Mental Health Services Administration (SAMHSA) programs:

- Mental Health Block Grant (MHBG)
- Substance Use, Prevention, Treatment and Recovery Services (SUPTRS) Block Grant
- Projects for Assistance in Transitioning from Homelessness (PATH) Grant

Please contact my office if additional information is needed.

Sincerely,

A handwritten signature in black ink that reads "Kim Reynolds".

Kim Reynolds
Governor

FY25 Mental Health Block Grant (MHBG) Supplemental Funding Plan-Bipartisan Safer Communities Act (BSCA)-3rd allotment

The state was allocated \$628,259 in Community Mental Health Block Grant funds from the BSCA. The expenditure period for the funds is 9/30/2024-9/29/2026. The state is required to follow existing federal requirements for use of the MHBG including the 10% set-aside for Early Serious Mental Illness and 5% set aside for crisis services.

1. Proposed expenditures for the 10% ESMI/FEP set aside:

Activities	Budget
The state plans to use the additional funds for expansion of an existing NAVIGATE team to serve an expanded service area. Funding will pay for start-up training costs and team activities during the first and second years of operation.	\$200,000
Total Category 1	\$200,000

2. Proposed expenditures for the 5% crisis set aside:

Activities	Budget
Technical assistance and implementation of crisis services and supports as a result of a study of the statewide crisis system and the implementation of the state’s Behavioral Health Alignment initiative. Services to be implemented are expected to include centralized dispatch for mobile crisis and mobile crisis services compliant with CCBHC criteria and SAMHSA best practices.	\$300,000
Total Category 1	\$300,000

3.Support for Disaster Behavioral Health Team

Activities	Detail	Budget
Continued support for the statewide disaster behavioral health response team in their role as the point of contact for guidance and direction related to any anticipated or unanticipated disaster behavioral health crisis.	SMHA staff currently coordinate a statewide volunteer disaster behavioral health response team (DBHRT) that provides immediate, short-term response to natural disasters and traumatic events for adults with a serious mental illness, children with a serious emotional disturbance and other lowans.. The state proposes to use this funding to continue to recruit new volunteers, train and organize teams, and develop systems for deployment and tracking of the teams.	\$128,259
Total Category 1		\$200,000
Total Category 2		\$300,000
Total Category 3		\$128,259
Total All		\$628,259

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

Title

Organization

Signature:

Date:

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Footnotes:

Planning Tables

Table 2 State Agency Planned Expenditures [MH]

Table 2 addresses funds to be expended during the 12-month period covering SFY 2025 (for most states, July 1, 2024 through June 30, 2025). Table 2 includes columns to capture state expenditures for COVID-19 Relief Supplemental funds, ARP funds, and BSCA funds. Please use these columns to capture how much the state plans to expend over the 12-month period covering SFY 2025 (for most states, July 1, 2024 - June 30, 2025). Please document the use of COVID-19 Relief Supplemental, ARP, and BSCA funds in the footnotes.

Planning Period Start Date: 7/1/2024 Planning Period End Date: 6/30/2025

Activity (See instructions for using Row 1.)	Source of Funds										
	A. Substance Abuse Block Grant	B. Mental Health Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other	H. COVID-19 Relief Funds (MHBG) ^a	I. COVID-19 Relief Funds (SUPTRS) ^a	J. ARP Funds (MHBG) ^b	K. BSCA Funds (MHBG) ^c
1. Substance Abuse Prevention and Treatment											
a. Pregnant Women and Women with Dependent Children											
b. All Other											
2. Primary Prevention											
a. Substance Abuse Primary Prevention											
b. Mental Health Primary Prevention ^d											
3. Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis (10 percent of total award MHBG) ^e		\$775,408.00								\$300,000.00	\$124,388.00
4. Tuberculosis Services											
5. Early Intervention Services for HIV											
6. State Hospital											
7. Other 24-Hour Care											
8. Ambulatory/Community Non-24 Hour Care		\$5,938,185.00								\$2,180,000.00	\$759,000.00
9. Crisis Services (5 percent set-aside) ⁹		\$653,506.00									\$359,754.00
10. Administration (excluding program/provider level) ⁹ MHBG and SABG must be reported separately ^f		\$387,704.00								\$249,000.00	
11. Total	\$0.00	\$7,754,803.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,729,000.00	\$1,243,142.00

^aThe original expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 - March 14, 2023**. But states that have an approved 2nd NCE will have until March 14, 2025 to expend their COVID funds. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

^bThe expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the standard MHBG expenditures captured in Columns A-G are for the state planned expenditure period of July 1, 2024 - June 30, 2025, for most states. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

^cThe expenditure period for the 2nd and 3rd allotments of the Bipartisan Safer Communities Act (BSCA) funding is **September 30, 2023 – September 29, 2025 (2nd increment) and the September 30, 2024 – September 29, 2026 (3rd increment)**. For most states the planned expenditure period for FY2025 will be July 1, 2024, through June 30, 2025. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

^dWhile the state may use state or other funding for prevention services, the MHBG funds must be directed toward adults with SMI or children with SED.

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

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

⁹Per statute, administrative expenditures cannot exceed 5% of the fiscal year award.

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Footnotes:

Column J- ARPA Funds

Line 3-10% set aside ESMI- \$300,000

Line 9-

CCBHC Technical Assistance and Training-\$100,000

Peer-run services/organizations-\$800,000

System of Care -care coordination- \$105,000

Center of Excellence for BH EBPs-\$625,000

Gap Services \$350,000

Project Recovery IA-disaster services training- \$200,000

Line 11- Administrative costs \$249,000

Column K-BSCA

Line 3-10% set aside ESMI-\$124,388

Line 9-Disaster BH support -\$759,000

Line 10-Crisis services implementation- \$359,754



Planning Tables

Table 4 - SUPTRS BG Planned Expenditures

States must project how they will use SUPTRS BG funds to provide authorized services as required by the SUPTRS BG regulations, including the supplemental COVID-19 and ARP funds. Plan Table 4 must be completed for the FFY 2025 SUPTRS BG funding. The totals for each Fiscal Year should match the President’s Budget Final Enacted Allotment for the state.

Planning Period Start Date: 10/1/2024 Planning Period End Date: 9/30/2025

Expenditure Category	FFY 2024			FFY 2025		
	FFY 2024 SUPTRS BG Award	COVID-19 Award ¹	ARP Award ²	FFY 2025 SUPTRS BG Award	COVID-19 Award ¹	ARP Award ²
1 . Substance Use Disorder Prevention and Treatment ⁵	\$8,076,584.00	\$2,229,663.00	\$7,949,233.00	\$9,044,738.00	\$0.00	\$3,075,000.00
2 . Substance Use Primary Prevention	\$3,368,804.00	\$0.00	\$2,119,796.00	\$3,368,804.00	\$0.00	\$820,000.00
3 . Tuberculosis Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4 . Early Intervention Services for HIV ⁶	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5 . Recovery Support Services ⁷	\$2,000,000.00	\$0.00	\$0.00	\$1,000,000.00	\$0.00	\$0.00
6 . Administration (SSA Level Only)	\$672,196.00	\$117,351.00	\$529,949.00	\$705,976.00	\$0.00	\$205,000.00
7. Total	\$14,117,584.00	\$2,347,014.00	\$10,598,978.00	\$14,119,518.00	\$0.00	\$4,100,000.00

¹The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 – March 14, 2023**, which is different from the

expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved No Cost Extension (NCE) for the FY 21 SABG COVID-19 Supplemental Funding, you have until March 14, 2024 to expend the COVID-19 Relief Supplemental Funds.

²The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**, which is different from the expenditure period for the FY 2024 "standard" SUPTRS BG, which is October 1, 2023 - September 30, 2024. The SUPTRS BG ARP planned expenditures for the period of October 1, 2023 - September 30, 2024 should be entered here in the first ARP column, and the SUPTRS BG ARP planned expenditures for the period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

³The original 24-month expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved second No Cost Extension (NCE) for the FY 21 SABG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds.

⁴The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**, which is different from the expenditure period for the FY 2024 "standard" SUPTRS BG, which is October 1, 2023 - September 30, 2024. The SUPTRS BG ARP planned expenditures for the FFY 2024 period of October 1, 2023 - September 30, 2024 should be entered in the first ARP column, and the SUPTRS BG ARP planned expenditures for the FFY 2025 period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

⁵Prevention other than Primary Prevention

⁶For the purpose of determining which states and jurisdictions 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 use disorder Prevention and Treatment Block Grant (SUPTRS BG); Interim Final Rule (45 CFR 96.120-137), SAMHSA relies on the AtlasPlus HIV data report produced by the Centers for Disease Control and Prevention (CDC), National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP). The most recent AtlasPlus HIV data report 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 SUPTRS BG allotments to establish one or more projects to provide early intervention services 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 SUPTRS BG funds with the flexibility to obligate and expend SUPTRS BG funds for EIS/HIV even though the 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 SUPTRS BG 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 will be allowed to obligate and expend SUPTRS BG funds for EIS/HIV if they chose to do so and may elect to do so by providing written notification to the CSAT SPO as a part of the SUPTRS BG Application.

⁷This expenditure category is mandated by Section 1243 of the Consolidated Appropriations Act, 2023

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Footnotes:

8/19/24 JE - SUPTRS planned expenditures based on FFY2024 final allotment amount. ARPA planned expenditures based on estimated remaining balance for July, 2024. Final claim data for ARPA contracts was not available at the time of calculation.

Planning Tables

Table 5a SUPTRS BG Primary Prevention Planned Expenditures

Planning Period Start Date: 10/1/2024 Planning Period End Date: 9/30/2025

Strategy	A		B			B		
	IOM Target	FFY 2024			FFY 2025			
		SUPTRS BG Award	COVID-19 Award ¹	ARP Award ²	SUPTRS BG Award	COVID-19 Award ⁴	ARP Award ⁵	
1. Information Dissemination	Universal							
	Selected							
	Indicated							
	Unspecified							
	Total	\$0	\$0	\$0	\$0	\$0	\$0	
2. Education	Universal							
	Selected							
	Indicated							
	Unspecified							
	Total	\$0	\$0	\$0	\$0	\$0	\$0	
3. Alternatives	Universal							
	Selected							
	Indicated							
	Unspecified							
	Total	\$0	\$0	\$0	\$0	\$0	\$0	
4. Problem Identification and Referral	Universal							
	Selected							
	Indicated							
	Unspecified							
	Total	\$0	\$0	\$0	\$0	\$0	\$0	

5. Community-Based Processes	Universal						
	Selected						
	Indicated						
	Unspecified						
	Total	\$0	\$0	\$0	\$0	\$0	\$0
6. Environmental	Universal						
	Selected						
	Indicated						
	Unspecified						
	Total	\$0	\$0	\$0	\$0	\$0	\$0
7. Section 1926 (Synar) -Tobacco	Universal						
	Selected						
	Indicated						
	Unspecified						
	Total	\$0	\$0	\$0	\$0	\$0	\$0
8. Other	Universal						
	Selected						
	Indicated						
	Unspecified						
	Total	\$0	\$0	\$0	\$0	\$0	\$0
Total Prevention Expenditures				\$0	\$0	\$0	
Total SUPTRS BG Award³	\$14,117,584	\$2,347,014	\$10,598,978	\$14,119,518	\$0	\$4,715,721	
Planned Primary Prevention Percentage	0.00%	0.00%	0.00%	0.00%		0.00%	

¹The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2024 to expend the COVID-19 Relief Supplemental Funds.

²The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 1, 2025**, which is different from the expenditure period for the "standard" SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the planned

expenditure period of October 1, 2023 – September 30, 2025.

³Total SUPTRS BG Award is populated from Table 4 - SUPTRS BG Planned Expenditures

⁴The original 24-month expenditure period for the COVID-19 Relief Supplemental funding was **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the “standard” MHBG/SUPTRS BG. If your state or territory has an approved second No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds.

⁵The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 1, 2025**, which is different from the expenditure period for the “standard” SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the planned expenditure period of October 1, 2023 – September 30, 2025. The SUPTRS BG ARP planned expenditures for the FFY 2024 period of October 1, 2023 - September 30, 2024 should be entered in the first ARP column, and the SUPTRS BG ARP planned expenditures for the FFY 2025 period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

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Footnotes:

Iowa will plan and report activities utilizing IOM categories, however, no SUBG funds will be used for activities targeting individuals or subgroups.

No SUBG funds will be used for Section 1926-Tobacco.

Planning Tables

Table 5b SUPTRS BG Primary Prevention Planned Expenditures by IOM Category

Planning Period Start Date: 10/1/2024 Planning Period End Date: 9/30/2025

Activity	FFY 2024 SUPTRS BG Award	FFY 2024 COVID-19 Award ¹	FFY 2024 ARP Award ²	FFY 2025 SUPTRS BG Award	FFY 2025 COVID-19 Award ³	FFY 2025 ARP Award ⁴
Universal Direct	\$2,757,395	\$0	\$1,732,079	\$2,897,171	\$0	\$705,200
Universal Indirect	\$236,379	\$0	\$144,441	\$235,816	\$0	\$57,400
Selected	\$202,705	\$0	\$123,864	\$202,128	\$0	\$49,200
Indicated	\$27,732	\$0	\$16,946	\$33,688	\$0	\$8,200
Column Total	\$3,224,211		\$2,017,330	\$3,368,803	\$0	\$820,000
Total SUPTRS BG Award⁵	\$14,117,584	\$2,347,014	\$10,598,978	\$14,119,518	\$0	\$4,100,000
Planned Primary Prevention Percentage	22.84%	0.00%	19.03%	23.86%		20.00%

¹The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2022 SUPTRS BG Award amount reflects the 12 month planning period for the standard SUPTRS BG expenditures reflecting the President’s FY 2022 enacted budget for the FFY 2022 SUPTRS BG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

²The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2022 SUPTRS BG Award amount reflects the 12 month planning period for the standard SUPTRS BG expenditures reflecting the President’s FY 2022 enacted budget for the FFY 2022 SUPTRS BG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned ARP expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

³The original 24-month expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the “standard” MHBG/SUPTRS BG. If your state or territory has an approved second No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds.

⁴The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 – September 1, 2025**, which is different from the expenditure period for the “standard” SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the planned expenditure period of October 1, 2023 – September 30, 2025. The SUPTRS BG ARP planned expenditures for the FFY 2024 period of October 1, 2023 - September 30, 2024 should be entered in the first ARP column, and the SUPTRS BG ARP planned expenditures for the FFY 2025 period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

⁵Total SUPTRS BG Award is populated from Table 4 - SUPTRS BG Planned Expenditures

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Footnotes:

Planning Tables

Table 5c SUPTRS BG Planned Primary Prevention Targeted Priorities - Required

States should identify the categories of substances the state BG plans to target with primary prevention set-aside dollars from the FFY 2024 and FFY 2025 SUPTRS BG awards.

Planning Period Start Date: 10/1/2024 Planning Period End Date: 9/30/2025

	SUPTRS BG Award	COVID-19 Award ¹	ARP Award ²
Prioritized Substances			
Alcohol	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tobacco	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Marijuana	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Prescription Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inhalants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Fentanyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prioritized Populations			
Students in College	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Military Families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LGBTQI+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Indians/Alaska Natives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persons Experiencing Homelessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian/Other Pacific Islanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rural	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



¹The original 24-month expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the “standard” MHBG/SUPTRS BG. If your state or territory has an approved second No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds.

²The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 1, 2025**, which is different from the expenditure period for the “standard” SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the planned expenditure period of October 1, 2023 – September 30, 2025. The SUPTRS BG ARP planned expenditures for the FFY 2024 period of **October 1, 2023 - September 30, 2024** should be entered in the first ARP column, and the SUPTRS BG ARP planned expenditures for the FFY 2025 period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

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Footnotes:

8/15/2024 JE - Targeted Priorities not indicated for the COVID-19 award as Iowa has fully expended this award.

Planning Tables

Table 6 Non-Direct-Services/System Development [SUPTRS]

Please enter the total amount of the SUPTRS BG, COVID-19, or ARP funds expended for each activity. Only complete this table if the state plans to fund subrecipient agency expenditures for non-direct services/system development with SUBG or SUPTRS BG, COVID-19, and/or ARP supplemental dollars. Grantees should not include on Table 6 the SSA expenditures of up to 5% that is allowed for the SSA cost of administering the grant. Non-direct services/system development activities exclude expenditures through funding mechanisms for subrecipients providing treatment "direct service" or primary prevention efforts themselves, that are listed on Table 7. Instead, these Table 6 subrecipient agency expenditures provide support to those activities.

Planning Period Start Date: 10/1/2024 Planning Period End Date: 9/30/2025

Expenditure Category	FFY 2024					FFY 2025				
	A. SUPTRS BG Treatment	B. SUPTRS BG Prevention	C. SUPTRS BG Integrated ¹	D. COVID-19 ²	E. ARP ³	A. SUPTRS BG Treatment	B. SUPTRS BG Prevention	C. SUPTRS BG Integrated ¹	D. COVID-19 ⁴	E. ARP ⁵
1. Information Systems	\$498,975.00	\$39,630.00	\$0.00	\$2,229,663.00	\$192,165.00	\$511,254.00	\$29,067.00	\$400,000.00	\$0.00	\$0.00
2. Infrastructure Support	\$210,160.00	\$0.00	\$0.00	\$0.00	\$1,145,000.00	\$211,259.00	\$0.00	\$0.00	\$0.00	\$625,000.00
3. Partnerships, community outreach, and needs assessment	\$160,331.00	\$39,963.00	\$48,726.00	\$0.00	\$110,732.00	\$169,973.00	\$42,026.00	\$27,102.00	\$0.00	\$109,777.00
4. Planning Council Activities (MHBG required, SUPTRS BG optional)	\$2,663.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,815.00	\$0.00	\$0.00	\$0.00	\$0.00
5. Quality Assurance and Improvement	\$83,291.00	\$0.00	\$0.00	\$0.00	\$7,909.00	\$88,019.00	\$32,114.00	\$0.00	\$0.00	\$0.00
6. Research and Evaluation	\$173,000.00	\$20,000.00	\$0.00	\$0.00	\$7,909.00	\$278,218.00	\$0.00	\$0.00	\$0.00	\$0.00
7. Training and Education	\$25,000.00	\$45,000.00	\$0.00	\$0.00	\$286,397.00	\$190,000.00	\$45,000.00	\$0.00	\$0.00	\$0.00
8. Total	\$1,153,420.00	\$144,593.00	\$48,726.00	\$2,229,663.00	\$1,750,112.00	\$1,451,538.00	\$148,207.00	\$427,102.00	\$0.00	\$734,777.00

¹Integrated refers to non-direct service/system development expenditures that support both treatment and prevention systems of care.

²The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved No Cost Extension (NCE) for the FY 21 SABG COVID-19 Supplemental Funding, you have until March 14, 2024 to expend the COVID-19 Relief Supplemental Funds.

³The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**, which is different from the expenditure period for the "standard" SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the federal planned expenditure period of October 1, 2023 - September 30, 2025. Please list ARP planned expenditures for each standard FFY period.

⁴The original 24-month expenditure period for the COVID-19 Relief Supplemental funding was **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved second No Cost Extension (NCE) for the FY 21 SABG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds.

⁵The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**, which is different from the expenditure period for the "standard" SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the federal planned expenditure period of October 1, 2023 - September 30, 2025. The SUPTRS BG ARP planned expenditures for the FFY 2024 period of October 1, 2023 - September 30, 2024 should be entered in the first ARP column, and the SUPTRS BG ARP planned expenditures for the FFY 2025 period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

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Footnotes:

Planning Tables

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

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

MHBG Planning Period Start Date: 07/01/2024

MHBG Planning Period End Date: 06/30/2025

Activity	FY 2024 Block Grant	FY 2024 ¹ COVID Funds	FY 2024 ² ARP Funds	FY 2024 ³ BSCA Funds	FY 2025 Block Grant	FY 2025 ¹ COVID Funds	FY 2025 ² ARP Funds	FY 2025 ³ BSCA Funds
1. Information Systems						\$0.00		
2. Infrastructure Support	\$604,640.00	\$30,000.00	\$1,893,858.00	\$719,508.00	\$1,295,715.00	\$0.00	\$100,000.00	\$918,754.00
3. Partnerships, community outreach, and needs assessment	\$422,000.00				\$525,598.00	\$0.00		
4. Planning Council Activities (MHBG required, SUPTRS BG optional)	\$80,000.00				\$80,000.00	\$0.00		
5. Quality Assurance and Improvement			\$479,167.00		\$0.00	\$0.00	\$625,000.00	
6. Research and Evaluation					\$0.00	\$0.00		
7. Training and Education	\$655,000.00	\$141,116.00	\$441,070.00	\$262,194.00	\$554,300.00	\$0.00	\$475,500.00	\$400,000.00
8. Total	\$1,761,640.00	\$171,116.00	\$2,814,095.00	\$981,702.00	\$2,455,613.00	\$0.00	\$1,200,500.00	\$1,318,754.00

¹ The original expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 - March 14, 2023**. But states that have an approved 2nd NCE will have until **March 14, 2025** to expend their COVID funds. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

² The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the standard MHBG expenditures captured in Columns A - G are for the state planned expenditure period of July 1, 2024 - June 30, 2025, for most states. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

³ The expenditure period for the 2nd and 3rd allotments of the Bipartisan Safer Communities Act (BSCA) funding is **September 30, 2023 - September 29, 2025** (2nd increment) and the **September 30, 2024 - September 29, 2026** (3rd increment). For most states the planned expenditure period for FY2025 will be **July 1, 2024, through June 30, 2025**. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

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Footnotes:

MHBG Grant-

- Line 2-Five Points-psychiatric bed tracking \$38,402
- Line 2 Your Life Iowa-24 hour crisis line \$653,506
- Line 2-Iowa Warm Line-peer operated \$603,807
- Line 3-UI CDD-\$325,598
- Line 3-Office of Recovery Supports \$200,000
- Line 4-Staff support and expenses for Planning Council -\$80,000
- Line 7- ESMI Navigate Training/TA -\$54,300
- Line 7 UI Peer Support Training- \$500,000

ARPA-

- Line 2-CCBHC Technical Assistance/Training \$100,000
- Line 5-Center of Excellence for EBPs-\$625,000

Line 7-Training/TA for ESMI Navigate programs-\$26,500
Line 7-Post Covid and other disaster community mental health training-\$449,000

BSCA-

Line 2-Crisis service implementation \$359,754
Line 2-Disaster BH team infrastructure \$ 359,000
Line 2 Disaster BH state plan development \$200,000
Line 7-Disaster BH team training \$400,000

Environmental Factors and Plan

15. Crisis Services – Required for MHBG, Requested for SUPTRS BG

Narrative Question

Substance Abuse and Mental Health Services Administration (SAMHSA) is directed by Congress to set aside 5 percent of the Mental Health Block Grant (MHBG) allocation for each state to support evidence-based crisis systems. The statutory language outlines the following for the 5 percent set-aside:

....to support evidenced-based programs that address the crisis care needs of individuals with serious mental illnesses and children with serious emotional disturbances, which may include individuals (including children and adolescents) experiencing mental health crises demonstrating serious mental illness or serious emotional disturbance, as applicable.

CORE ELEMENTS: At the discretion of the single State agency responsible for the administration of the program, the funds may be used to expend some or all of the core crisis care service components, as applicable and appropriate, including the following:

- *Crisis call centers*
- *24/7 mobile crisis services*
- *Crisis stabilization programs offering acute care or subacute care in a hospital or appropriately licensed facility, as determined by such State, with referrals to inpatient or outpatient care.*

STATE FLEXIBILITY: In lieu of expanding 5 percent of the amount the State receives pursuant to this section for a fiscal year to support evidence based programs as required a State may elect to expend not less than 10 percent of such amount to support such programs by the end of two consecutive fiscal years.

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

SAMHSA developed [Crisis Services: Meeting Needs, Saving Lives](#), which includes "[National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit](#)" as well as an [Advisory: Peer Support Services in Crisis Care](#) and other related National Association of State Mental Health Programs Directors (NASMHPD) papers on crisis services. SAMHSA also developed "[National Guidelines for Child and Youth Behavioral Health Crisis Care](#)" which offers best practices, implementation strategies, and practical guidance for the design and development of services that meet the needs of children, youth and their families experiencing a behavioral health crisis. Please note that this set aside funding is dedicated for the core set of crisis services as directed by Congress. Nothing precludes states from utilizing more than 5 percent of its MHBG funds for crisis services for individuals with serious mental illness or children with serious emotional disturbances. If states have other investments for crisis services, they are encouraged to coordinate those programs with programs supported by this new 5 percent set aside. This coordination will help ensure services for individuals are swiftly identified and are engaged in the core crisis care elements.

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

Iowa's 12 Mental Health and Disability Services regions are responsible for making a set of crisis services available in each region. These services include mobile crisis response, crisis evaluation, crisis stabilization-residential and community-based, subacute mental health services, and 23 hour observation and holding. The availability of these services is identified in coverage maps at this link: <https://hhs.iowa.gov/programs/mental-health/crisis-services>

Iowa has mobile crisis availability in 98 of 99 counties. Iowa has two 988 centers that answer Iowa calls, chats and texts. The 988 centers have the capacity to warm transfer to mobile crisis response in the caller's area, dependent on dispatching processes in the local area.

Iowa was awarded a CCBHC Demonstration program effective 7/1/2025. The nine CCBHCs are required to provide mobile crisis and crisis stabilization services in their service areas and have developed crisis services for individuals experiencing mental health and substance use related crises.

Iowa is in the process of an external evaluation of the behavioral health crisis system as well as a statewide behavioral health alignment that will integrate mental health and substance use treatment in one statewide system administered through 7 behavioral health districts. The behavioral health alignment will be guided by a state behavioral health plan that is in development and will identify expectations of the statewide

behavioral health crisis system. The move from MHDS Regions to Behavioral Health Districts is effective July 1, 2025.

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

- a) The **Exploration** stage: is the stage when states identify their communities' needs, assess organizational capacity, identify how crisis services meet community needs, and understand program requirements and adaptation.
- b) The **Installation** stage: occurs once the state comes up with a plan and the state begins making the changes necessary to implement the crisis services based on the SAMHSA guidance. This includes coordination, training and community outreach and education activities.
- c) **Initial Implementation** stage: occurs when the state has the three-core crisis services implemented and agencies begin to put into practice the SAMHSA guidelines.
- d) **Full Implementation** stage: occurs once staffing is complete, services are provided, and funding streams are in place.
- e) **Program Sustainability** stage: occurs when full implementation has been achieved, and quality assurance mechanisms are in place to assess the effectiveness and quality of the crisis services.

Other program implementation data that characterizes crisis services system development.

1. Someone to talk to: Crisis Call Capacity
 - a. Number of locally based crisis call Centers in state
 - i. In the 988 Suicide and Crisis lifeline network
 - ii. Not in the suicide lifeline network
 - b. Number of Crisis Call Centers with follow up protocols in place
 - c. Percent of 911 calls that are coded as BH related
2. Someone to respond: Number of communities that have mobile behavioral health crisis mobile capacity (in comparison to the total number of communities)
 - a. Independent of first responder structures (police, paramedic, fire)
 - b. Integrated with first responder structures (police, paramedic, fire)
 - c. Number that employs peers
3. Safe place to go or to be:
 - a. Number of Emergency Departments
 - b. Number of Emergency Departments that operate a specialized behavioral health component
 - c. Number of Crisis Receiving and Stabilization Centers (short term, 23-hour units that can diagnose and stabilize individuals in crisis)

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

	Exploration Planning	Installation	Early Implementation Less than 25% of counties	Partial Implementation About 50% of counties	Majority Implementation At least 75% of counties	Program Sustainment
Someone to talk to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Someone to respond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Safe place to go or to be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Briefly explain your stages of implementation selections here.

Someone to talk to: 988/Your Life Iowa take calls 24/7 statewide for MH /SUD Crisis and for individuals seeking services for themselves or others.
 Someone to respond: 988/Your Life Iowa is available statewide. 988/Your Life Iowa offers warm hand-offs for some services but these are not fully implemented for M/SUD. Iowa has 12 Mobile Crisis Response providers serving 98 of 99 counties in Iowa. 988/Your Life Iowa dispatches a subset of the mobile crisis teams in Iowa. Iowa also has 12 providers of crisis stabilization community based services for adults and children.
 Safe place to go or to be: Iowa is actively developing a system for certifying recovery residences via NARR. Iowa has 13 crisis stabilization residential services for adults and 8 crisis stabilization for children. There are 7 23 hour observation and holding providers. Iowa also has peer-run respite services available in the eastern part of the state although services are available to residents statewide.

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

Iowa is in the process of an external evaluation of the behavioral health crisis system as well as a statewide behavioral health alignment that will integrate mental health and substance use treatment in one statewide system administered through 7 behavioral health districts. The behavioral health alignment will be guided by a state behavioral health plan that is in development and will identify expectations of the statewide behavioral health crisis system that are in alignment with the National Guidelines and the CCBHC Crisis services criteria. The move from MHDS Regions to Behavioral Health Districts is effective July 1, 2025.

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

The state is using 5% set aside funds for Your Life Iowa, the state's 24/7 crisis and referral line.

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

N/A

Footnotes:

Environmental Factors and Plan

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

Narrative Question

Each state is required to establish and maintain a state Mental Health Planning/Advisory Council to carry out the statutory functions as described in 42 U.S. C. 300x-3 for adults with SMI and children with SED. To meet the needs of states that are integrating services supported by MHBG and SUPTRS BG, SAMHSA is recommending that states expand their Mental Health Advisory Council to include substance misuse prevention, SUD treatment, and recovery representation, referred to here as an Advisory/Planning Council (PC). SAMHSA encourages states to expand their required Council's comprehensive approach by designing and implementing regularly scheduled collaborations with an existing substance misuse prevention, SUD treatment, and recovery advisory council to ensure that the council reviews issues and services for persons with, or at risk, for substance misuse and SUDs. To assist with implementing a PC, SAMHSA has created [Best Practices for State Behavioral Health Planning Councils: The Road to Planning Council Integration](#).¹

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

¹<https://www.samhsa.gov/grants/block-grants/resources> [samhsa.gov]

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

1. How was the Council involved in the development and review of the state plan and report? Attach supporting documentation (e.g. meeting minutes, letters of support, etc.)

Iowa HHS planners for the MHBG and the SUPTRS block grants met with the Council on July 17, 2024 to answer Council questions about previous Block Grant goals and priorities and to explain the FY2025 Combined Block Grant application and plan. The FY25 Combined Application and Plan was made available to the Council for review and comment on August 23, 2024.

2. What mechanism does the state use to plan and implement community mental health treatment, substance misuse prevention, SUD treatment, and recovery support services?

The state is in the process of developing a comprehensive statewide behavioral health plan with input from individuals with lived experience, family members and advocates, providers, and other stakeholders as part of HF 2673, the legislatively mandated behavioral health alignment process, enacted into law May 15, 2024. This legislation codified the alignment of mental health and substance-use prevention, treatment, and recovery services under one behavioral health system, and also codified designation of the Iowa Department of Health and Human Services as both the State Mental Health Authority and the Single State Agency for substance abuse.

In alignment with Iowa's first combined Block Grant plan submitted in Sept. 2023, Iowa's Mental Health Planning Council transitioned to an Integrated Planning and Advisory Council in March 2024. The new by-laws for the integrated council are attached reflecting the council's focus on services and supports for individuals with mental health and substance use disorders.

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

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 No

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.

As described in the Council By-Laws as amended March 20, 2024, the duties of the Integrated Health Planning and Advisory Council include:

A. To participate in the development of and subsequently review substance abuse prevention, treatment, and recovery services and mental health plans for Iowa provided to the Council pursuant to 42 USC 300X-4 (a) and to submit to the State of Iowa any recommendations of the Council for modifications to the plans;

B. To serve as an advocate for adults with serious mental illness, substance use disorder, children with serious emotional disturbance, substance use disorder, and other individuals with mental

illnesses or emotional problems and/or substance use disorder;

C. To monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health and substance prevention, treatment, and recovery services within Iowa; and

D. To affiliate, join, and collaborate with groups, organizations, and professional associations that the Council may designate or choose to advance its stated purposes under these bylaws and federal law; and, specifically, to join the National Association of Mental Health Planning and Advisory Councils.

The Council works to recruit representation from various communities and groups to provide an opportunity for meaningful input from people in recovery, families, peer support providers, providers of behavioral health services, and other advocates. The

Council provides regular input on system needs to Iowa HHS representatives who regularly attend Council meetings and provide updates on state behavioral health initiatives. Meeting minutes for the Council are attached to demonstrate the activities of the Council.

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

N/A

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

Mental Health Planning Council
January 17, 2024, 9:00 am to 3:00 pm
via Zoom
Meeting Minutes

MENTAL HEALTH PLANNING COUNCIL MEMBERS PRESENT:

Teresa Bomhoff	Katie McBurney
Rachel Cecil	Mary McKinnell
Jennifer Day	Todd Noack
Linda Dettmann	Hannah Olson
Jim Donoghue	Brad Richardson
Jessica Goltz	Jennifer Riley
Jen Gomez	Kristin Roof
Kyra Hawley-Preston	Brianna Steffe
Theresa Henderson	Dr. Shad Swim
Vienna Hoang	Monica Van Horn
Michael Kaufman	Patricia Whitmarsh
Todd Lange	Edward Wollner
Christina Maulsby	Joel Wulff

MENTAL HEALTH PLANNING COUNCIL MEMBERS ABSENT:

Sen. Claire Celsi	Megan Marsh
Sen. Jeff Elder	Rep. Ann Meyer
Lorien Harker	Nina Richtman

OTHER ATTENDEES:

Brad Anderson	Patti Manna
Theresa Armstrong	Devon McClurken
Ashley Banes	Roxanne Petersen
Wendy DePhillips	Flora Schmidt
Di Findley	Russell Wood
Brenna Koedam	

Materials Referenced:

1.17.24 AARP Presentation - IMHPC
IMHPC Strategic Plan 2023-2025-DRAFT
Mental Health Planning Council Orientation 2024.01.11
MHBG Presentation January 24
MHPC November-15-2023-Meeting-Minutes-DRAFT
MHPC_Bylaws_1-18-23

Welcome

Teresa Bomhoff called the meeting to order at 9:02 am. Quorum was established with 20 members.

Review and Approval of Meeting Minutes

Teresa Bomhoff entertained a motion to approve the November 15, 2023, meeting minutes. Michael Kaufman motioned to approve the minutes. Jen Gomez seconded the motion. There was no discussion, the motion passed, and the minutes were approved.

Review and Approval of Draft Strategic Plan – Vote on Vision & Mission Statements & Service Values and Overall Goal

The IMHPC Strategic Plan 2023-2025-DRAFT, which was developed by the Strategic Plan Steering Committee, was shared with the Council. Changes proposed included members of standing committees can volunteer, rather than needing to be elected while committee chairs will continue to be elected. There was a review of the standing committee duties and proposed changes to the bylaws to align with practice. The Executive Committee will now direct the agenda planning and evaluation processes will be implemented. Also added, conflict of interest statements will need to be completed annually and reviewed by the Executive Committee. There was an opportunity for discussion, which there was none.

Teresa Bomhoff entertained a motion to approve the drafted IMHPC Strategic Plan 2023-2025. Theresa Henderson motioned to approve the plan. Joel Wulf seconded the motion. There was no discussion, the motion passed, and the plan was approved. The Council convened the bylaws work group, which includes Joel Wulf and Michael Kaufman, and they will work on the recommended amendments.

Nominations Committee Report

Jen Gomez welcomed a new member, Jessica Goltz, who fulfills the category of parent, guardian, or primary caretaker of a child/adolescent with serious emotional disturbance. She reported that there are no applications to vote on, with one application in process. Current Vacancies include two for a family member of an adult with serious mental illness or substance use disorder, one for an individual with lived experience or in recovery, and two for other.

Monitoring & Oversight Committee Report – Theresa Henderson

Theresa Henderson reported on the Monitoring & Oversight Committee activities. The Committee met with Julie Maas, HHS contract manager for The Center of Excellence for Behavioral Health (CEBH) contract. The contract started in April 2022, with the first of 2 possible one year extensions beginning in October of 2023.

The goal of the contract is fidelity monitoring and training on evidence based practices (EBP), with three focus areas: Assertive Community Treatment (ACT), Individual Placement and Support (IPS) and Permanent Supportive Housing. An environmental scan and fidelity monitoring was completed in October 2023. A training plan was developed and implemented in response to the findings. No barriers were identified, and positive feedback has been received from providers.

The Monitoring & Oversight Committee is at four members, and requirement is to have five members. Teresa Bomhoff opened up the opportunity to the members of the council and asked for a volunteer. Jessica Goltz volunteered to join the committee.

Recommendations from Name Change/Workgroup Strategic Plan Focus Group

Brad Richardson, Michael Kaufmann, and Kristin Roof shared the work of the Workgroups Workgroup. The goal of the workgroup was to review the Council name and ensure the name would communicate the integration of planning and advocacy for Mental Health and Substance Use Disorder. It was recognized there was a desire to have the name communicate identity, values, and purpose with an opportunity to promote accuracy and evidence-based health parity.

The workgroup considered names that meet the following goals: reduce stigma, recognize social determinants of health, readily inform policy, and respects the expanded biopsychosocial model. The top names considered were Iowa Mental Health and Substance Use Disorder Planning and Advisory Council, Behavioral Health Planning and Advisory Council, Mental and Behavioral Health Planning and Advisory Council and Integrated Health Planning and Advisory Council. Pros and cons of each name were discussed, and the recommendation of the committee is to change the name to Iowa Integrated Health Planning and Advisory Council (I-PAC). Discussion was opened to the Council.

Teresa Bomhoff entertained a motion to change the name of the Iowa Mental Health Planning and Advisory Council. Brad Richardson motioned to change the name to Iowa Integrated Health Planning and Advisory Council (I-PAC). Todd Noack seconded the motion. The motion passed, with 17 members voting to approve. The bylaws workgroup will make the change in the bylaws, distribute the changes to the Council and bring a second reading to the March meeting for a vote.

There was also a discussion on recommended Council workgroups. In addition to the standing committees, the workgroup provided a suggestion to convene an additional nine workgroups, some of which are already established and proposed recommended focus areas for each.

IMHPC Member Orientation

Todd Lange, Todd Noack and Jen Riley provided a member orientation which included an overview of the Mental Health Block Grant including its history, purpose, target populations, and funding structure. They provided an overview of the Mental Health Planning Council's purpose and membership, and reviewed conflict of interest disclosures.

Understanding the Iowa Substance Use Prevention, Treatment, and Recovery Services Mental Health Services (MHBGSUPTRS) Block Grant: A Review in Three Parts

Theresa Henderson, Monica Van Horn, and Christina Maulsby provided the first of a three part series on an overview of the Iowa Substance Abuse Prevention Treatment and Community Mental Health Services Block Grant. This presentation will be continued at the March 2024 Council meeting.

Public Comment

There was an opportunity for public comment, with none offered.

Planning and Advisory Council took a break for lunch from 12:41 p.m. and returned at 1:02 p.m.

Nursing Home Care – Paige Yontz, MHA, LNHA, State Advocacy Manager, AARP and Brad Anderson, Iowa State Director, AARP

Brad Anderson gave an overview of long-term care in Iowa. He described how Iowa is facing a long-term care crisis and shared supporting statistics, identified issues, and areas where changes could be made to improve the system.

Iowa Caregivers Association – Di Findley, Executive Director

Di Findley gave an overview of the Iowa Caregivers Association including its history, vision, and mission. The Iowa Caregivers Association has a goal of providing greater stability to the direct care workforce, so Iowans receive the care and support they need. Recommendations on how to achieve this goal were shared.

HHS/BH Update

Theresa Armstrong provided an update from HHS. Iowa Health and Human Services contracted with Health Management Associates (HMA) to conduct a third-party review of the delivery of 19 health and human service areas in the summer and fall of 2023. Based on HMA's recommendations, HHS will take a phased approach that first focuses on Behavioral Health System Alignment.

Through alignment, HHS plans to ensure Iowans have consistent access to health and human services, use funding more effectively to achieve outcomes, and consolidate and streamline contracting and administration. Legislation, which is expected soon, will direct the framework and this process will take place over the next 2 years. Legislation is also expected to direct spending of opioid settlement dollars.

IMHPC Strategic Plan Next Steps

There was a discussion on the Strategic Plan next steps and future meetings. The Policy & Bylaw Workgroup will make necessary changes to documents based on Council actions at the January

meeting and will send out updated draft documents to the full Council for review and comment prior to voting at the March 2024 meeting.

The Council would like to hear from Iowa HHS Block Grant manager on a breakdown of expenditures, and this is scheduled for March 2024.

Public Comment

There was an opportunity for public comment, with none offered.

Adjourn

Teresa Bomhoff entertained a motion to adjourn the meeting. Jim Donohue motioned and was seconded by Jen Riley There was no discussion and the motion passed. The meeting adjourned at 3:02 pm.

Meeting minutes respectfully submitted by Patti Manna.

Mental Health Planning Council
March 20, 2024, 9:00 am to 3:00 pm
via Zoom
Meeting Minutes

MENTAL HEALTH PLANNING COUNCIL MEMBERS PRESENT:

Teresa Bomhoff	Todd Lange
Rachel Cecil	Megan Marsh
Jennifer Day	Mary McKinnell
Linda Dettmann	Todd Noack
Jessica Goltz	Brad Richardson
Jen Gomez	Jennifer Riley
Lorien Harker	Kristin Roof
Kyra Hawley-Preston	Dr. Shad Swim
Theresa Henderson	Monica Van Horn
Randy Hoover	Edward Wollner
Michael Kaufman	Joel Wulff

MENTAL HEALTH PLANNING COUNCIL MEMBERS ABSENT:

Sen. Claire Celsi	Hannah Olson
Jim Donoghue	Brianna Steffe
Sen. Jeff Elder	Patricia Whitmarsh
Christina Maulsby	
Rep. Ann Meyer	

OTHER ATTENDEES:

Theresa Armstrong	Devon McClurken
Wendy DePhillips	Cayleen Mesecher
Julie Gibbons	Kaelee Otto
Laura Larkin	Flora Schmidt
Patti Manna	

Materials Referenced:

Attachment to Agenda March 2024
Committees and Workgroups March 2024
Community Mental Health Block Grant_3.20.24
Conflict of Interest Statement 2024
IMHPC March 20, 2024 Meeting Agenda
I-PAC Bylaws 2024 Rev.5A
MHPC January 17, 2024 Meeting Minutes DRAFT
MHBG Presentation March 2024
Vacancy Priorities March 2024

Welcome

Teresa Bomhoff called the meeting to order at 9:06 am. Quorum was established with 20 members.

Review and Approval of Meeting Minutes

Teresa Bomhoff entertained a motion to approve the January 17th, 2024, meeting minutes. Todd Noack motioned to approve the minutes. Mary McKinnell seconded the motion. There was no discussion, the motion passed, and the minutes were approved.

Review and Approval of Bylaws Revisions – Vote on Bylaw Revision 5.A

Teresa Bomhoff shared with the Council the drafted I-PAC Bylaws 2024 Rev.5A, which was developed by the Bylaws Workgroup. Changes proposed included changes to the name (becoming Iowa Integrated Health Planning and Advisory Council (I-PAC) and a modification of the Executive Committee's responsibilities (moving new member orientation to the Orientation Committee), and additional changes in wording to align with current terminology. The Conflict of Interest Statement, which has been revised to align with the bylaws, was also reviewed. There was an opportunity for discussion, which there was none.

Teresa Bomhoff entertained a motion to approve the I-PAC Bylaws 2024 Rev.5A. Lorien Harker motioned to approve, and Todd Lange seconded the motion. There was no discussion, the motion passed, and the Bylaws were approved.

Survey Results

Brad Richardson shared the survey results for the Member Orientation, Block Grant Education presentation, and the workgroups proposals from the January meeting. The results for all areas were positive. Suggestions for improving Member Orientation would be to include a mentoring option, with Council members Todd Noack and Todd Lange offering to help. Suggestions for the Block Grant Education would include slides on how the money flows. Suggestions for workgroups included clarity on expectations and outcomes.

Workgroups

Teresa Bomhoff reminded the Council members that according to the Council Bylaws, Council members shall each volunteer to be part of at least one standing committee or workgroup and inquired which workgroups, if any, Council members were interested in joining. The following Council members joined the listed workgroups: CCBHC workgroup; Todd Lange and Mary Mckinnell, SUD workgroup; Todd Lange and Edward Wollner, Strategic Planning workgroup; Todd Noack.

Nominations Committee Report

Jen Gomez welcomed a new member, Randy Hoover, who fulfills the category of an individual with lived experience/in recovery.

Cayleen Mesecher was nominated to fill the category of parent of a child with a Serious Emotional Disturbance (SED). Jen Gomez motioned to approve the nomination, Lorien Harker seconded the motion. The motion passed and Cayleen, who was present, was welcomed to the Council.

Jen Gomez shared there are now 4 Current Vacancies which include two for a family member of an adult with serious mental illness or substance use disorder, and two for other.

Teresa Bomhoff led a discussion on ways to expand on the diversity of the Council. It was noted that Jen Gomez and Brianna Steffe each identify as Hispanic. Todd Noack, Teresa Bomhoff, and Rachel Cecil each shared that they could reach out to individuals to share the vacancies.

Monitoring & Oversight Committee Report – Theresa Henderson

Theresa Henderson reported on the Monitoring & Oversight Committee activities. The Committee met with Laura Larkin, HHS, in February and March to review the Community Mental Health Centers (CMHC), First Episode Psychosis, and Systems of Care (SOC) contracts.

CMHCs are designated by the Department of Human Services to provide mental health services for individuals of all ages regardless of funding. Each CMHC is designated to serve a specific area and are required to serve the following Iowans in their area. CMHCs to receive block grant funds from the Substance Abuse and Mental Health Services Administration (SAMHSA). Some of the primary uses of the funding are for Evidence Based Practices (EBP), trainings, and service delivery for individuals who

do not have a funding source. There has been an increase in providers using the block grant funding for direct services and community consultations. CMHC's work to maximize the dollars to utilize, to avoid needing to return the dollars to SAMHSA. Most are on track for using funds but only one quarter has been submitted, with a major barrier being staffing.

Block grant funding provided by SAMHSA mandates that 10% of funds be set aside for First Episode Psychosis (FEP) programs. There are four providers for FEP services in Iowa: Eyerly Ball, Siouxland, Prairie Ridge, and Abbe Center. All four programs together served about 100 people with most individuals receiving services for approximately 2 years. A national model, NAVIGATE, is used to provide a comprehensive program designed to provide early and effective treatment to individuals who have experienced a first episode of psychosis. Training and technical assistance not covered by Medicaid is also available. A barrier is the lack of sufficient workforce in the rural areas and a goal of the program is to add peer support programs.

Systems of Care (SOC) contracts provide Integrated Health Home (IHH) coordination and funding for mental health interventions which would normally be funded under Medicaid, but the individuals are either privately insured or enrolled in Hawk-I, which doesn't fund these services. Wraparound care is provided to children with Serious Emotional Disturbance (SED) to access Behavioral Health Intervention Services (BHIS), provide advocacy in schools, and assistance in applying for the Children's Mental Health Waiver with a goal of supporting children in community based settings. There are currently five providers of Systems of Care with six separate contracts: Orchard Place in 2 locations, Tanager, Ellipsis, Four Oaks, University of Iowa Circle of Care. The University of Iowa will be ending their contract in June 2024.

Understanding the Iowa Substance Use Prevention, Treatment, and Recovery Services Mental Health Services (MHBGSUPTRS) Block Grant: A Review in Three Parts

Theresa Henderson continued the presentation of the first of a three part series on an overview, which was partially covered in January of 2024, of the Iowa Substance Abuse Prevention Treatment and Community Mental Health Services Block Grant. Part 2 will be shared at the May 2024 Council meeting.

Public Comment

There was an opportunity for public comment, with none offered.

Planning and Advisory Council took a break for lunch from 11:20 a.m. and returned at 12:30 p.m.

Mental Health Block Grant (MHBG) Review – Laura Larkin, Iowa HHS

Laura Larkin, MHBG State Planner, provided an overview of the Fiscal Year (FY) 2024 MHBG which is awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and funds comprehensive community based mental health services to adults with serious mental illnesses and to children with serious emotional disturbances. The award amounts, spending timelines, award expenditures were shared for FY2022 and FY2023. Covid-19 Supplemental MHBG and American Rescue Plan (ARPA) MHBG expenditures were also reviewed.

HHS/BH Update

Theresa Armstrong provided an update from Iowa Health and Human Services (HHS).

Certified Community Behavioral Health Clinics (CCBHC)

The Certified Community Behavioral Health Clinics (CCBHC) Demonstration Application was submitted March 20th, 2024. The Demonstration Grant, if awarded, will start on July 1, 2024. HHS work has included providing oversight and review of 10 providers identified through procurement process, with each completing a community needs assessment and cost report. On site visits were completed and 9

of 10 providers are provisionally certified. Next steps include ensuring providers can meet 116 federal and state requirements in year one. If the grant is not awarded, work will continue to seek a future demonstration grant award.

System Alignment/Service Delivery Alignment

The Governor's Behavioral Health Alignment Bill was passed unanimously through the House appropriations committee with significant amendments and will now go to the full house floor for voting. The House amended the bill to allow for-profit companies to become Administrative Services Organizations (ASOs). The Senate has not taken up the bill in their appropriations committee.

Crisis System Evaluation

Crisis Service System evaluation work continues with Health Management Associates distributing a survey to stakeholders for use in developing a roadmap to improve Iowa's integrated behavioral health crisis system.

IMHPC Strategic Plan Next Steps

There was a discussion on the Strategic Plan next steps and future meetings. It was suggested to have the policy document updated, and Michael Kaufmann has been asked to do that. The Council would like to hear from Medicaid regarding the Hope and Opportunity in Many Environments (HOME) waiver redesign.

At the May meeting, the Council would like to invite Justin Edwards of Iowa HHS to present on the Substance Use Disorder (SUD) Block Grant and to hear from the Block Grant Education workgroup for part 2 of their presentation.

For July, there was a suggestion from Todd Lange to hear an update from the state's peer run organizations and to learn more about recovery coaches in emergency rooms.

Public Comment

There was an opportunity for public comment. Devon McClurken, Office of Recovery Services Director for NAMI Iowa, shared the Office of Recovery Services annual survey. There was no further public comment.

Adjourn

Teresa Bomhoff entertained a motion to adjourn the meeting. Todd Lange motioned and was seconded by Joel Wulf seconded. There was no discussion and the motion passed. The meeting adjourned at 2:03 pm.

Meeting minutes respectfully submitted by Patti Manna.

Mental Health Planning Council
May 15, 2024, 9:00 am to 11:30 am
via Zoom
Meeting Minutes

MENTAL HEALTH PLANNING COUNCIL MEMBERS PRESENT:

Teresa Bomhoff	Christina Maulsby
Rachel Cecil	Mary McKinnell
Jennifer Day	Cayleen Mesecher
Linda Dettmann	Todd Noack
Jim Donoghue	Hannah Olson
Jen Gomez	Brad Richardson
Kyra Hawley-Preston	Jennifer Riley
Theresa Henderson	Kristin Roof
Vienna Hoang	Patricia Whitmarsh
Michael Kaufman	Edward Wollner
Todd Lange	Joel Wulff
Megan Marsh	

MENTAL HEALTH PLANNING COUNCIL MEMBERS ABSENT:

Sen. Claire Celsi	Rep. Ann Meyer
Sen. Jeff Elder	Brianna Steffe
Jessica Goltz	Dr. Shaad Swim
Lorien Harker	Monica Van Horn
Randy Hoover	

OTHER ATTENDEES:

Jacob Appel
Theresa Armstrong
Justin Edwards
Nancy Hunt
Brenna Koedam
Denise Rathman
Flora Schmidt
William Veltri
Elizabeth Wolfe
Patti Manna

Materials Referenced:

MHPC March 20, 2024, Meeting Minutes DRAFT
I-PAC Policy 4-2024
IPN 101 Presentation May 2024
MHBG Presentation 2
Task 3 - Committees and Workgroups

Welcome

Teresa Bomhoff called the meeting to order at 9:05 am. Quorum was established with 23 members.

Review and Approval of Meeting Minutes

Teresa Bomhoff entertained a motion to approve the March 20th, 2024, meeting minutes. Todd Noack motioned to approve the minutes. Todd Lange seconded the motion. There was no discussion, the motion passed, and the minutes were approved.

Nominations Committee Report

Jen Gomez welcomed a new member, Cayleen Mesecher, who fulfills the category of parent of a child with a Serious Emotional Disturbance (SED).

William Veltri was nominated to fill the category of a consumer. Jen Gomez stated the nominations committee has reviewed his application and motioned to approve the nomination; Joel Wulf seconded the motion. The motion passed and William, who was present, was welcomed to the Council.

Jen Gomez shared there are now 3 Current Vacancies which include two for a family member of an adult with serious mental illness or substance use disorder, and one for other.

Teresa Bomhoff led a discussion on ways to expand on the diversity of the Council. It was noted that all additional members should be non-providers to meet the requirement for 51% non-providers To expand and balance diversity, applicants will ideally be male, from the southwest corner of the state, and have lived SUD experience.

Policy Document Update

Michael Kaufmann shared with the Council the drafted Policy Document 4-2024, which was developed by the Bylaws Workgroup. Changes proposed included changes to the name (becoming Iowa Integrated Health Planning and Advisory Council (I-PAC). The Mission and Vision were reviewed and opened for discussion. There was discussion on the membership section that encourages diversity and a suggestion to be more specific in inclusion in the membership. It was decided to alter Article III.1 to include examples of diversity. The document will be re-presented at the July meeting for consideration for vote of approval. Other changes included changes to now indicate the Orientation workgroup will assist in mentorship, specifying workgroups meeting requirements and reporting expectations, and a listing of the workgroups.

Workgroups

Teresa Bomhoff reviewed the membership of each committee and included a reminder that the 3 standing committees are limited to 5 people. The remaining workgroups do not have a limit on membership. Teresa asked that each meet at least once before the July meeting and prepare a short report.

Monitoring & Oversight Committee Report – Todd Noack

Todd Noack reported on the Monitoring & Oversight Committee activities. The Committee met and prepared a recommendation letter which included the recommendations to:

1. Expand peer support services through peer run organizations.
2. Include language in CCBHC contracts to promote education, trainings and services that focus on the needs of the aging population, transition age youth, and youth discharging from crisis services.
3. Focus on services for the rural population.

There was a suggestion to add support for Direct Support Professionals (DSP's) working in the field of mental health for the next review.

Iowa's Substance Use Block Grant Review – Justin Edwards, HHS

Justin Edwards, HHS Substance Use Block Grant Manager, provided an overview of Iowa's Substance Use Block Grant (SUBG), Integrated Provider Network (IPN) Grant, COVID-19 & ARPA Supplements and SFY 2023 Report Highlights

The SUBG is a SAMHSA grant with a formula-based award intended to plan, implement, and evaluate activities to prevent and substance use.-Iowa's award is approximately \$14 Million, which is an increase from fiscal year 2023 of approximately \$900,000. The SUBG has specific parameters for allocating funding with no less than 20% to be spent on individuals who do not require SUD Treatment services, not less than \$1.39 Million on Women's Services, not less than 100% of the Federal award as a Maintenance of Effort via State Appropriations.

IPN is a competitively procured, statewide grant for Substance Use Prevention, Treatment, & Recovery Services. It is the first project of its kind in Iowa to integrate SUD Prevention, Treatment, and Recovery services into one Request for Proposal (RFP). The project period is 1/1/2019-12/31/2024. HHS has awarded 23 contracts, between 16 providers, covering 19 service areas accounting for all 99 Iowa counties.

IPN includes two supplemental funding opportunities, which were consecutively released for use with the SUBG. The COVID-19 Emergency funds were meant to address gaps in SUD services, as well as hardships incurred by providers during the COVID-19 pandemic. The contract period is 10/1/2021 – 3/14/2023 (18 Months) with a total award of \$10,052,386. The American Rescue Plan Act (ARPA) Supplement contract period is 3/15/2023 – 6/30/2024 (16 Months) with a total award of \$10,598,978.

SUBG-Adjacent Funding has had many different funding opportunities throughout its project period including the State Opioid Response, COVID-19 Mitigation, Social Care Referrals and Zero Suicide. The Council was provided the opportunity to ask questions.

Understanding the Iowa Substance Use Prevention, Treatment, and Recovery Services Mental Health Services (MHBGSUPTRS) Block Grant: A Review in Three Parts

Christina Maulsby continued the presentation of the second of a three part series on an overview, of the Iowa Substance Abuse Prevention Treatment and Community Mental Health Services Block Grant. Part 3 will be shared at the July 2024 Council meeting.

Public Comment

There was an opportunity for public comment, with none offered.

Adjourn

Teresa Bomhoff entertained a motion to adjourn the meeting. Todd Lange motioned and was seconded by Joel Wulf seconded. There was no discussion and the motion passed. The meeting adjourned at 11:30 am.

Meeting minutes respectfully submitted by Patti Manna.

Iowa Integrated Health Planning and Advisory Council

Bylaws

Effective May 28, 2008 as amended July 23, 2010; March 21, 2012; March 21, 2018; September 19, 2018; March 15, 2023; and March 20, 2024

ARTICLE I – NAME

The name of this organization shall be the Iowa Integrated Health Planning and Advisory Council.

ARTICLE II – DUTIES AND ACTIVITIES

The purposes of the Iowa Integrated Health Planning and Advisory Council (hereafter the Council, or I-PAC) shall be as set forth in federal law (42 USC 300x-3, Pub. Law 102-321, July 10, 1992, ADAMHA Reorganization Amendments, Public Health Service Act, 106 Stat. 382).

Section 1. Duties

- A. To participate in the development of and subsequently review substance abuse prevention, treatment, and recovery services and mental health plans for Iowa provided to the Council pursuant to 42 USC 300X-4 (a) and to submit to the State of Iowa any recommendations of the Council for modifications to the plans;
- B. To serve as an advocate for adults with serious mental illness, substance use disorder, children with serious emotional disturbance, substance use disorder, and other individuals with mental illnesses or emotional problems and/or substance use disorder;
- C. To monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health and substance prevention, treatment, and recovery services within Iowa; and
- D. To affiliate, join, and collaborate with groups, organizations, and professional associations that the Council may designate or choose to advance its stated purposes under these bylaws and federal law; and, specifically, to join the National Association of Mental Health Planning and Advisory Councils.

Section 2. Activities

- A. To organize as a proactive and effective working Council;
- B. To actively participate in the development of the State’s application for the Substance Abuse and Mental Health Service Administration’s (SAMHSA) Substance Abuse Prevention, Treatment, and Recovery Services and Community Mental Health Block Grants (hereafter referred to as “Combined Block Grant Application”);
- C. To provide recommendations on State goals according to the criteria of the Combined Block Grant;

D. To advise on the expenditure of monies received by the State Mental Health Authority and Single State Authority (Iowa Department of Health and Human Services, hereafter abbreviated as Iowa HHS) through Combined Block Grant funding;

E. To advise the State Mental Health Authority and Single State Authority on matters that may affect the stated purposes of this Council;

F. To review the annual submission of the Combined Block Grant Application and comment on it to the Director of Behavioral Health Services;

G. To review the annual submission of the Combined Block Grant Application and comment on it to the Governor of the State of Iowa; and

H. To perform other duties as required by federal regulations.

Section 3. Records

A. The State Mental Health Authority and Single State Authority shall maintain all official records of the Council in perpetuity.

(1) At the will of the Council, Iowa HHS staff shall take the minutes of all Council meetings. The minutes of a Council meeting will be made available prior to the next meeting for review and feedback from the Council at the next meeting.

(2) If the Iowa HHS staff person cannot be present or designate a replacement, the Chairperson shall appoint a council member to take minutes.

B. Copies of any records deemed necessary for Council activities shall be maintained by the State Mental Health Authority and Single State Authority.

ARTICLE III – MEMBERSHIP

Section 1. General

The membership of the Council shall represent the diverse population of the State of Iowa.

Section 2. Requirements

The Iowa Integrated Health Planning and Advisory Council shall abide by the following federal requirements:

A. The ratio of parents of children with a serious emotional disturbance and/or substance use disorder to other members of the Council shall be sufficient to provide adequate representation of children with serious emotional disturbance and/or substance use disorder in the deliberations of the Council; and

B. Not less than 50 percent of the members of the Council shall be individuals who are not State employees or providers of mental health or substance abuse prevention, treatment, and recovery services.

(1) A provider of mental health or substance abuse prevention, treatment, and recovery services is an individual who receives money, from any source, to provide said services directly or indirectly to persons with lived experience.

(2) Peer support specialists, although providing paid mental health or substance abuse prevention, treatment, and recovery services, are not, in the spirit of Council representation, to be counted toward the provider total.

(3) Advocacy, educational, and training organizations, and their employees, shall not be considered providers of mental health and substance abuse prevention, treatment, and recovery services under these bylaws. (Unless they also receive funding for the provision of direct services.)

(4) Volunteers and members of advisory and governing boards (of mental health or substance abuse prevention, treatment, and recovery provider organizations) shall not be considered providers solely because of such status.

Section 3. Membership Categories

Membership shall be the following:

A. Seven (7) members representing the principal State agencies with primary responsibility for the following programs:

- Behavioral Health (Mental Health and Substance Abuse Prevention, Treatment, and Recovery Services)
- Education (Dept. of Education)
- Vocational Rehabilitation (Voc-Rehab)
- Criminal Justice (Dept. of Corrections)
- Housing (Iowa Finance Authority)
- Social Services (Aging and Disability Services)
- Medical Services (Title XIX--Medicaid)

(1) Individuals nominated by the principal State agencies shall be accepted by the Council. If the Council has concerns or feedback to provide to a principal State agency, these concerns will be given to IHHS (the State Mental Health Authority and Single State Authority). IHHS will share the concerns with the several state agencies.

(2) Any individual employed by or contracting with the State Mental Health Authority and Single State Authority who directly manages or supervises the SAMHSA Combined Block Grant may not become a voting member of the Council.

B. Six (6) members representing public and private entities concerned with the need, planning, operation, funding, and use of mental health and substance abuse prevention, treatment, and recovery treatment services and related support services statewide.

C. Six (6) members who are adults with serious mental illness and/or substance use disorder and current or past persons with lived experience of mental health and/or substance abuse prevention, treatment, and recovery treatment services.

D. Four (4) members (age 16 and over) who are family members of adults with serious mental illness and/or substance use disorder.

E. Six (6) members who are parents, guardians, or primary caretakers of children with serious emotional disturbance and/or substance use disorder.

F. Four (4) other individuals with an interest in supporting the needs of children with serious emotional disturbance and/or substance use disorder and adults with serious mental illness and/or substance use disorder.

(1) There is an expectation for child advocacy representation provided by a representative knowledgeable about the juvenile justice system.

(2) Iowa Code 225C.4 subsection 1 “t” (2010 General Assembly) provides for one (1) representative by a military veteran who is knowledgeable concerning the mental and behavioral health issues of veterans.

G. Four (4) ex-officio members representing the Iowa General Assembly:

- One representative of Senate Democrats
- One representative of Senate Republicans
- One representative of House Democrats
- One representative of House Republicans

(1) Individuals representing the Iowa General Assembly will be nominated by the Majority and Minority leaders of their respective chambers and shall be accepted by the Council. If the Council has concerns or feedback to provide to Majority or Minority leaders, these can be shared with IHHS. IHHS shall share concerns with the Majority and Minority leaders and inform the Executive Committee of any action to be taken.

(2) Ex-officio members shall attend no less than biannually with at least one attendance coinciding with the fall session of the Assembly and at least one attendance coinciding with the spring Session of the Assembly.

(3) If an ex-officio Assembly member is not able to meet this obligation, the member should notify the Majority or Minority Leader (as appropriate) to nominate a new member.

(4) The Council shall notify IHHS who will notify the Majority or Minority Leader if an ex-officio member is not meeting their obligation, to allow for review of member appointment or making adjustments so that the member can achieve this obligation.

Section 4. Nominations

A. All new members will be subject to a written application process. Renewing members need to notify the nominating committee in writing of their desire to be re-appointed.

B. The State Mental Health Authority and Single State Authority (IHHS) will notify the Council of their designees.

Section 5. Voting Rights

A. Each Council member in attendance shall hold one vote.

B. Members may attend meetings and vote by video conference or telephone, if technically possible at the meeting location and pre-arranged with staff.

C. No proxy voting is allowed.

D. Under General Ethical Principles Regarding Conflict of Interest in Iowa Code Chapter 68B (Conflicts of Interest), members of the Council shall recuse themselves (abstain) from voting when they have, or anticipate having, a direct financial stake in the outcome of a Council decision, related to or independent of their status as a provider of mental health or substance abuse prevention, treatment, and recovery services. (See Article VI – Conflict of Interest)

E. If, in the course of business, a vote arises that a member perceives as potentially directly impacting the policies or operations of the entity that the member is employed by or represents, that member may recuse themselves (abstain) from a vote to allow time to seek further input from their governing bodies or executive management.

Section 6. Vacancies

A. Council membership ends when:

- (1) A member resigns or dies; or
- (2) A member's term ends, and that member does not reapply for another term.
- (3) A member fails to meet the Council's minimum attendance policy as defined in Sec. 6(B);
or
- (4) A majority of the Council terminates the member for just cause, as defined by that majority subject to the procedures required by Sec. 8; or
- (5) In the case of a principal State agency member, the member's term ends when a new individual is nominated by the principal State agency and confirmed by the Council.

B. All Council members will be held to an attendance policy, as follows: Members will, at a minimum, attend one-half of the regular meetings of the Council for each year. A Council member will be contacted and the absence policy reviewed after a second consecutive absence. After three consecutive absences, a member shall be notified that his or her position will be considered vacant. Failure to notify the member does not constitute a waiver of the attendance requirements.

C. Attendance may be accomplished in person (when meetings are held in person rather than virtually), by video conference call, or by telephone conference call.

D. The termination of an individual principal State agency member does not terminate the designated agency's representation on the Council as provided for in Article III, Section 3(A).

E. Resignations by Council members will be automatically accepted and their positions considered vacant immediately.

Section 7. Terms of Membership

A. The membership term of a Council member shall be three years.

B. Membership terms shall be staggered so that one-third of the total number expires each year.

C. To maintain the staggered term structure, each full membership term will begin with the first meeting after the November meeting.

D. Members elected to fill an unexpired term will begin their term at the first meeting following their election.

E. All new members will be subject to a written application process. Renewing members need to notify the nominating committee in writing of their desire to be re-appointed.

F. A member elected to fill an unexpired term who wants to continue as a Council member at the end of their term will notify the Nominating Committee in writing of their desire to be re-appointed.

Section 8. Termination for Just Cause

A. A Council member or members who feel just cause exists for another member of the Council to be terminated pursuant to Section 6(A)(4), must present a written statement of the reasons for the proposed termination to the Executive Committee.

B. The Executive Committee shall review any such written statement and determine if the matter has merit to be presented to the full Council.

C. Only the Executive Committee is empowered to present a motion for termination of a member for just cause before the full Council.

D. A motion for termination for just cause must be accompanied by a written statement of the reasons for the proposed termination.

E. The Council member who is the subject of the motion must be given an opportunity to respond to the written statement before the Council, prior to any action being taken.

ARTICLE IV – MEETINGS

Section 1. General

A. Regular and special meetings of the Council shall be called by either:

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- (1) The Executive Committee; or
- (2) Eight (8) or more Council members

B. The Council shall meet no less than six (6) times a year.

C. Council meetings shall be conducted according to the current version of “Roberts Rules of Order,” as periodically revised, and comply with the requirements of Iowa Code Chapter 21 (Open Meetings) and Iowa Code Chapter 22 (Open Records).

(1) A parliamentarian may be elected by majority vote of the Council to interpret and enforce procedural rules.

D. Members shall be given at least two weeks advance notice of regular meetings. Special meetings may be called and noticed as necessary. Meeting notices must include place, date, and hour. If meetings are virtual or hybrid, notices must also include a link to the virtual meeting space. Meeting agendas shall be posted as required by law.

Section 2. Quorum

A. No less than two-thirds of the Council members eligible to vote will constitute a quorum. The number of members eligible to vote if all Council positions are filled is thirty-three (33).

B. If, during the course of a meeting, the number of members present is reduced below a quorum, the meeting may continue but no vote may be taken.

Section 3. Votes

A. A simple majority of the quorum is needed to accept any matter put to a vote.

B. The Council Chair casts a vote only in the event of a tie.

C. In the process of voting, if a member recuses themselves (abstains) from a vote, it shall count neither for nor against the matter at vote. The vote may then be considered accepted by a majority vote of the remaining quorum of members.

D. Should at any time the passing quorum vote fall below the majority number of the total active council membership due to abstentions, the Council should consider a delay acceptance of the vote until such time as a majority of the active council can be either present or able to affirm the matter of action.

E. If a matter of action does pass with less than a majority number of the total active council, clarification and delineation of such should be made in the minutes of the meeting.

ARTICLE V – OFFICERS AND COMMITTEES

Section 1. Officers

- A. The officers of the Council shall be a Chairperson, a Vice-Chairperson, and Secretary.
- B. The outgoing Chairperson may be retained in an ex-officio capacity at the will of the Council.

Section 2. Nomination and Election

- A. Council Members interested in becoming an officer shall notify the Nominating Committee of their intention prior to the November meeting. The nominating Committee shall bring the list of those interested forward to the full Council.
- B. Officers shall be elected annually for one-year terms.
- C. Election of officers shall normally take place at the Council's November meeting but may be called at another date at the discretion of the Executive Committee, if necessary.
- D. A quorum of Council members shall elect the officers by majority vote.

Section 3. Terms of Office

- A. Officers shall be elected for a one-year term. There shall be no limit to the number of terms an individual member may be elected to office.

Section 4. Duties

- A. The Chairperson shall:
 - (1) Notify members of meetings with the assistance of IHHS designated staff;
 - (2) Preside at Council meetings;
 - (3) Not participate in voting as Chairperson unless called upon in case of tie (Article IV, Section 3 (B)).
- B. The Chairperson, in cooperation with the Executive Committee and with assistance from IHHS designated staff, shall:
 - (1) Establish and publish the agenda for Council meetings;
 - (2) Establish and publish an annual calendar for Council meetings;
 - (3) Report to the federal government (SAMHSA), the Governor of Iowa, and designated persons or organizations;
 - (4) Serve as liaison between the Council and other groups and organizations, including the State Mental Health Authority and Single State Authority;
 - (5) Communicate with and regularly report to the Council;
 - (6) Designate ad hoc workgroup membership and monitor such workgroup's areas of focus;
 - (7) If the Iowa HHS staff person cannot be present or designate a replacement, the Chairperson shall appoint a Council member to take minutes; and
 - (8) Perform other miscellaneous functions, as determined or designated by the Council.

C. The Vice-Chairperson shall:

- (1) Assume the Chairperson's duties for any period of time that the Chairperson is unable to do so;
- (2) In the event that the Chairperson is unable to complete his or her term, act as Temporary Chairperson until the Council elects a new Chairperson;
- (3) In the absence of the Secretary in a meeting, serve as Secretary; and
- (4) Serve as a voting member of the Executive Committee.

D. The Secretary shall:

- (1) Monitor the maintenance of minutes and records of the Council's business and ensure that minutes and records are compiled and maintained by the State Mental Health Authority and Single State Authority to be preserved in perpetuity;
- (2) Assume the Chairperson's duties for any period of time that both the Chairperson and Vice-Chairperson are unable to do so; and
- (3) Serve as a voting member of the Executive Committee;.

Section 5. Standing Committees or Workgroups in General

- A. Council members shall each volunteer to be part of at least one standing committee or workgroup. The Executive Committee may appoint uncommitted members to appropriate committees or workgroups.
- B. Standing committee/workgroup chairs, who are also voting members of the Executive Committee, shall be elected by majority vote of the committee/workgroup members.
- C. In electing standing committee chairs or appointing workgroup members, efforts will be made to reflect the diversity of the Council membership categories.
- D. Three (3) standing committees are authorized by these bylaws:
 - (a) Nominations Committee;
 - (b) Executive Committee;
 - (c) Monitoring and Oversight Committee.

Section 6. Nominations Committee

- A. The Nominations Committee shall consist of five (5) Council members.
- B. The Nominations Committee shall conduct outreach to diverse communities.
- C. The Nominations Committee shall nominate persons for the offices of Chairperson, Vice-Chairperson, and Secretary for consideration by the entire Council.

D. The Nominations Committee shall be responsible for soliciting and reviewing applications for Council membership, and making recommendations to the Council. A Council vote accepts or does not accept the application for membership.

Section 7. Executive Committee

A. The Executive Committee shall consist of: the Chairperson, the Vice-Chairperson, the Secretary, and the Chairs of the Standing Committees. At the will of the Council, the past Chairperson can be an ex-officio member.

B. The Executive Committee shall review Conflict of Interest Disclosures and make recommendations to the full Council on Conflict of Interest issues.

C. The Executive Committee shall establish ad hoc committees and work groups as needed.

D. The Executive Committee shall:

- (1) Establish the agenda for Council meetings;
- (2) Establish an annual calendar for Council meetings;
- (3) Report, on behalf of the Council, to the federal government (SAMHSA), the Governor of the State of Iowa, and designated persons or organizations;
- (4) Serve as liaison between the Council and other groups and organizations, including the State Mental Health Authority and Single State Authority;
- (5) Communicate with and regularly report to the Council;
- (6) Monitor the maintenance of records of Council business and deliver any official records to the State Mental Health Authority and Single State Authority to be maintained in perpetuity.
- (7) Perform other miscellaneous functions, as developed or designated by the Council.

Section 8. Monitoring and Oversight Committee

A. The Monitoring and Oversight Committee shall consist of five (5) Council members.

B. The Monitoring and Oversight Committee shall, at their discretion, or on the recommendation of the Council:

- (1) Review and comment on work plans submitted by contractors;
- (2) Review and comment on budget expenditures made pursuant to the Combined Block Grant Application;
- (3) Review and comment on procedural issues connected with the Combined Block Grant Application;
- (4) Monitor and comment on the state of the mental health system in Iowa; and report or make recommendations for action to the full Council; and
- (5) Monitor and comment on the outcomes of recommendations adopted by the full Council.

Section 9. Workgroups

- A. The Executive Committee shall create and appoint workgroups to carry out any necessary Council business or activities that are not expressly provided for in these bylaws.
- B. Workgroups shall reflect the adopted priorities of the Council and may change accordingly.
- C. Members of workgroups shall be responsible for setting and attending meetings, if necessary, beyond any workgroup meeting prior to a Council meeting.
- D. Workgroups shall prepare and present to the full Council their business or activities at regular intervals as directed by the Executive Committee.

ARTICLE VI – CONFLICT OF INTEREST

Section 1. Conflict of Interest Policy

A. The Iowa Integrated Health Planning and Advisory Council (hereafter, “the Council”) respects the rights of all members in their activities outside of their association with the Council, should such activities not conflict with or adversely reflect upon the Council. It is Council policy to place trust in each member’s integrity, judgment, and dedication. It is also important to avoid even the perception of a conflict of interest. Accordingly, the policy set forth below has been adopted:

(1) All Council members are expected to declare any financial or personal affiliations that could interfere with their effectiveness in representing the interests of individuals with serious mental illness or serious emotional disturbance and/or substance use disorder on the Council, or on their effectiveness in representing the Council to the public.

(2) All Council members shall complete a Conflict-of-Interest Disclosure Statement, including information on any of the following situations:

- (a) Holding a financial interest in a company, organization, or agency that provides services to individuals with serious mental illness or serious emotional disturbance and/or substance use disorder.
- (b) Receiving federal Combined Block Grant funding as a contractor, sub-contractor, employee, provider, or in another capacity.
- (c) Membership on other councils, boards, commissions, or public bodies that may have interests conflicting with those of the Council.

(3) In the course of Council business, members will be expected to identify instances when a conflict or the appearance of a conflict of interest exists and voluntarily abstain from voting in those situations.

(4) Each member shall sign and place on file with the Council a Conflict-of-Interest Disclosure Statement annually. (See Appendix A).

(5) Any Conflict-of-Interest Issues that come to the attention of the Council shall be reviewed by the Executive Committee.

ARTICLE VII – BYLAWS

Section 1. Revision

A. These bylaws may be altered, amended, or repealed, by a majority vote of the Council members at any regular or special meeting of the Council, following a reading, provided that:

- (1) The proposed amendments have been given a first reading at a prior meeting, and
- (2) That the amendments were submitted to the membership in writing at least two weeks in advance of the meeting where the vote will take place.

B. A Bylaws Workgroup shall be created by the Executive Committee when necessary for the consideration and development of amendments proposed by Council members or by the officers.

First reading: May 28, 2008

Second reading: Waived May 28, 2008

Adopted: These By-laws are accepted and adopted by vote of the Iowa Mental Health Planning and Advisory Council on May 28, 2008.

Amended:

By majority vote of the Council on July 23, 2010, Art. III, Sect. 3F Membership.

By majority vote of the Council on March 21, 2012, Art. III, Sec. 6B Vacancies; Art. V, Sec. 4B Duties.

By majority vote of the Council on March 21, 2018: Art. III, Secs. D and E; Art. IV, Sec 3; Art. V, Sec. 4A3, Voting.

By majority vote of the Council on September 19, 2018: Art. V, Sec. 6B: Outreach.

By majority vote of the Council on March 15, 2023, all Articles, formatting and grammar.

By majority vote of the Council on March 20, 2024, all Articles: Iowa Integrated Health Planning and Advisory Council name, Iowa Behavioral Health Services name, Block Grant name, formatting, and grammar.

Appendix A:

Conflict of Interest Disclosure Statement

I, _____, have read the Iowa Integrated Health Planning and Advisory Council Conflict of Interest Policy (as outlined in Article VI of the Bylaws) and state by my signature below that I am in compliance with it and will continue to observe this policy carefully throughout my association with the Council. In addition, I am disclosing possible conflicts of interest or the potential for the appearance of conflicts of interest, as follows:

Signed: _____

Date: _____

The information in this Conflict of Interest Disclosure Statement will be reviewed by the Executive Committee of the Integrated Health Planning and Advisory Council and maintained as part of the official record of the Council by the State Mental Health Authority and Single State Authority. If any actual or potential conflict requires attention, the Executive Committee will attempt to resolve the perceived conflict(s).

Ethical Considerations of Council Membership:

Individual Council members have no authority apart from the full Council and cannot act on their own or take action on behalf of the Council without being authorized to do so by the bylaws or an official act of the Council. All Council members are expected to support the decisions of the Council. Council members are discouraged from taking personal action to discredit the dignity and integrity of the Council, staff, or individual members.

Environmental Factors and Plan

Advisory Council Members

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

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

Start Year: 2025 End Year: 2026

Name	Type of Membership*	Agency or Organization Represented	Address,Phone, and Fax	Email(if available)
Teresa Bomhoff	Family Members of Individuals in Recovery (to include family members of adults with SMI)			
Rachel Cecil	Others (Advocates who are not State employees or providers)			
Claire Celsi	Others (Advocates who are not State employees or providers)			
Jennifer Day	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
Linda Dettmann	State Employees			
Jim Donoghue	State Employees			
Jeff Edler	Others (Advocates who are not State employees or providers)			
Jenny Erdman	State Employees			
Jessica Goltz	Parents of children with SED			
Jennifer Gomez	Providers			
Lorien Harker	Family Members of Individuals in Recovery (to include family members of adults with SMI)			
Kyra Hawley-Preston	State Employees			
Theresa Henderson	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
Vienna Hoang	State Employees			
Randy Hoover	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
Michael Kaufmann	State Employees			

Bob Kressig	Others (Advocates who are not State employees or providers)			
Todd Lange	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
Megan Marsh	State Employees			
Christina Maulsby	Parents of children with SED			
Katie McBurney	Family Members of Individuals in Recovery (to include family members of adults with SMI)			
Mary McKinnell	Others (Advocates who are not State employees or providers)			
Cayleen Mesecher	Parents of children with SED			
Todd Noack	Others (Advocates who are not State employees or providers)			
Hannah Olson	State Employees			
Brian Richardson	Others (Advocates who are not State employees or providers)			
Jennifer Riley	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
Kristin Roofff	Providers			
Brianna Steffe	Persons in recovery from or providing treatment for or advocating for SUD services			
Shaad Swim	State Employees			
Monica Van Horn	Providers			
William Veltri	Others (Advocates who are not State employees or providers)			
Patricia Whitmarsh	Parents of children with SED			
Edward Wollner	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
Joel Wulf	Others (Advocates who are not State employees or providers)			

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

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Footnotes:

Environmental Factors and Plan

Advisory Council Composition by Member Type

Start Year: 2025 End Year: 2026

Type of Membership	Number	Percentage of Total Membership
Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)	6	
Family Members of Individuals in Recovery (to include family members of adults with SMI)	3	
Parents of children with SED	4	
Vacancies (individual & family members)	2	
Others (Advocates who are not State employees or providers)	9	
Total Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services), Family Members and Others	24	66.67%
State Employees	9	
Providers	3	
Vacancies	0	
Total State Employees & Providers	12	33.33%
Individuals/Family Members from Diverse Racial and Ethnic Populations	0	
Individuals/Family Members from LGBTQI+ Populations	0	
Persons in recovery from or providing treatment for or advocating for SUD services	1	
Representatives from Federally Recognized Tribes	0	
Youth/adolescent representative (or member from an organization serving young people)	0	
Total Membership (Should count all members of the council)	37	

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Footnotes:

Included in the other category are 3 state legislators who participate as non-voting members of the Council.

Environmental Factors and Plan

22. Public Comment on the State Plan - Required

Narrative Question

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

Please respond to the following items:

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

a) Public meetings or hearings? Yes No

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

If yes, provide URL:

to be added when posted.

If yes for the previous plan year, was the final version posted for the previous year? Please provide that URL:

yes. <https://hhs.iowa.gov/media/9509/download?inline>

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

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

n/a

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Footnotes:

Environmental Factors and Plan

23. Syringe Services Program (SSP) - Required if planning for approved use of SUBG Funding for SSP in FY 25

Planning Period Start Date: 7/1/2024 Planning Period End Date: 6/30/2025

Narrative Question:

The Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) restriction^{1,2} on the use of federal funds for programs distributing sterile needles or syringes (referred to as syringe services programs (SSP)) was modified by the [Consolidated Appropriations Act, 2018](#) (P.L. 115-141) signed by President Trump on March 23, 2018³.

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 SUPTRS BG to fund elements of an SSP other than to purchase sterile needles or syringes. States interested in directing SUPTRS BG funds to SSPs must provide the information requested below and receive approval from the State Project Officer. Please note that the term used in the SUPTRS BG 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 SUPTRS BG 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 SUPTRS BG authorizing legislation and implementing regulation requirements when developing its Plan, specifically, requirements to provide outreach to PWID, SUD treatment and recovery services for PWID, and to routinely collaborate with other healthcare providers, which may include HIV/STD clinics, public health providers, emergency departments, and mental health centers⁴. 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 SSPs⁵: These documents can be found on the Hiv.gov website: <https://www.hiv.gov/federal-response/policies-issues/syringe-services-programs>

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

Please refer to the guidance documents above and follow the steps below when requesting to direct FY 2021 funds to SSPs.

- **Step 1** - Request a Determination of Need from the CDC
- **Step 2** - Include request in the FFY 2021 Mini-Application to expend FFY 2020 - 2021 funds and support an existing SSP or establish a new SSP
 - Include proposed protocols, timeline for implementation, and overall budget
 - Submit planned expenditures and agency information on Table A listed below
- **Step 3** - Obtain State Project Officer Approval

Future years are subject to authorizing language in appropriations bills.

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 SUPTRS BG funds to provide substance use disorder (SUD) treatment services to PWID to also conduct outreach activities to encourage such persons to undergo SUD treatment. Any state or jurisdiction that plans to re-obligate FY 2020-2021 SUPTRS BG funds previously made available such entities for the purposes of providing substance use disorder treatment services to PWID and outreach to such persons may submit a request via its plan to SAMHSA for the purpose of incorporating elements of a SSP in one or more such entities insofar as the plan request is applicable to the FY 2020-2021 SUPTRS BG 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 SUPTRS BG funds to provide PWID with hypodermic needles or syringes so that such persons may inject illegal drugs unless the Surgeon General of the United States determines that a demonstration needle exchange program would be effective in reducing injection drug use and the risk of HIV transmission to others. On February 23, 2011, the Secretary of the U.S. Department of Health and Human Services published a notice in the [Federal Register](#) (76 FR 10038) indicating that the Surgeon General of the United States had made a determination that syringe services programs, when part of a comprehensive HIV prevention strategy, play a critical role in preventing HIV among PWID, facilitate entry into SUD treatment and primary care, and do not increase the illicit use of drugs.

³ Division H Departments of Labor, Health and Human Services and Education and Related Agencies, Title V General Provisions, Section 520 of the Consolidated Appropriations Act, 2018 (P.L. 115-141)

⁴ Section 1924(a) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-24(a)) and 45 CFR § 96.127 requires entities that receives SUPTRS BG 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 SUPTRS BG funds to carry out 1 or more projects to make available early intervention services for HIV as defined in section 1924(b)(7)(B) at the sites at which persons are receiving SUD treatment and recovery services.

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

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

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

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

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

and HBV vaccination, substance use disorder treatment, recovery support services and medical and mental health services;

- Provision of naloxone to reverse opioid overdoses
- Educational materials, including information about safer injection practices, overdose prevention and reversing an opioid overdose with naloxone, HIV and viral hepatitis prevention, treatment and care services, and mental health and substance use disorder treatment including medication-assisted treatment and recovery support services;
- Condoms to reduce sexual risk of sexual transmission of HIV, viral hepatitis, and other STDs;
- Communication and outreach activities; and
- Planning and non-research evaluation activities.

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Footnotes:

8/16/24 JE - Iowa is not planning for approved use of SUBG funding for SPP in FY25.

Environmental Factors and Plan

Syringe Services Program (SSP) Information – Table A - Required if planning for approved use of SUBG Funding for SSP in FY 25

Planning Period Start Date: 7/1/2024 Planning Period End Date: 6/30/2025

Syringe Services Program (SSP) Agency Name	Main Address of SSP	Planned Dollar Amount of SUBG Funds to be Expended for SSP	SUD Treatment Provider (Yes or No)	# of locations (include any mobile location)	Naloxone Provider (Yes or No)
No Data Available					

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Footnotes:

8/16/24 JE - Iowa is not planning for approved use of SUBG funding for SSP in FY25.