

Montana

UNIFORM APPLICATION

FY 2020/2021 Substance Abuse Prevention and Treatment Block
Grant Application

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

OMB - Approved 04/19/2019 - Expires 04/30/2022
(generated on 02/08/2023 2.29.51 PM)

Center for Substance Abuse Prevention
Division of State Programs

Center for Substance Abuse Treatment
Division of State and Community Assistance

State Information

State Information

Plan Year

Start Year 2020

End Year 2021

State DUNS Number

Number 051659352

Expiration Date 10/1/2020

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

Agency Name Montana Department of Public Health and Human Services

Organizational Unit Addictive & Mental Disorders Division

Mailing Address PO Box 202905

City Helena

Zip Code 59620-2905

II. Contact Person for the Grantee of the Block Grant

First Name Bobbi

Last Name Perkins

Agency Name Montana Department of Public Health and Human Services

Mailing Address PO Box 202905

City Helena

Zip Code 59620-2905

Telephone 406-444-6981

Fax 406-444-9389

Email Address bperkins@mt.gov

III. Expenditure Period

State Expenditure Period

From

To

IV. Date Submitted

Submission Date 9/18/2020 10:31:07 AM

Revision Date 9/8/2021 4:03:35 PM

V. Contact Person Responsible for Application Submission

First Name Dana

Last Name Geary

Telephone 406-444-9657

Fax 406-444-9389

Email Address dgeary@mt.gov

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

Footnotes:

09-02-2020 Start Updates by Dana Geary

DUNS number above will expires on 10/01/2020. The Department will be renewing the DUNS number in September 2020. (Dana Geary
Notified of this status by Terri Johns via email on 8-17-2020).

09-02-2020 Updates Ended by Dana Geary

State Information

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

Fiscal Year 2021

U.S. Department of Health and Human Services
 Substance Abuse and Mental Health Services Administrations
 Funding Agreements
 as required by
 Substance Abuse Prevention and Treatment Block Grant Program
 as authorized by
 Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act
 and
 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 1941 | Opportunity for Public Comment on State Plans | 42 USC § 300x-51 |
| Section 1942 | Requirement of Reports and Audits by States | 42 USC § 300x-52 |

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

ASSURANCES - NON-CONSTRUCTION PROGRAMS

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

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

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

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

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

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

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

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

2. Certification Regarding Drug-Free Workplace Requirements

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

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

3. Certifications Regarding Lobbying

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

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

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

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

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

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

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

5. Certification Regarding Environmental Tobacco Smoke

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

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

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

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

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

HHS Assurances of Compliance (HHS 690)

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

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

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

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

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

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

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

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

State: _____

Name of Chief Executive Officer (CEO) or Designee: Sheila Hogan

Signature of CEO or Designee¹: _____

Title: Director, Montana Dept. of Public 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: 04/19/2019 Expires: 04/30/2022

Footnotes:

08-12-2020 updates by Dana Geary

Chief Executive Officer's Funding Agreement - Certifications and Assurances / Letter Designating Signatory Authority - Signed by Sheila Hogan - uploaded into attachments.

08-12-2020 end updates by Dana Geary

10-01-2020 Updates by Dana Geary

Uploads for the SABG SUD TX FY20-2021: (1) Governor Bullock Letter, (2) Assurances by Sheila Hogan, and (3) State Disclosures by Bobbi Perkins

10-01-2020 End Revisions/Uploads by Dana Geary



Department of Public Health and Human Services

Addictive & Mental Disorders Division ♦ PO Box 202905 / 100 North Park Avenue, Suite 300

♦ Helena, MT 59620-2905 ♦ (406) 444-3964 ♦ Fax: (406) 444-4435

Steve Bullock, Governor

Sheila Hogan, Director

September 27, 2019

Wendy Pang
Grants Management Specialist
DGB/Office of Financial Resources/SAMHSA
5600 Fisher Lane, Rm 17E21C
Rockville, MD 20857

RE: Montana's 2020 Substance Abuse Prevention and Treatment (SAPT) Block Grant Single State Agency (SAA) Designation

Dear Ms. Pang:

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

Sincerely,

Sheila Hogan, Director
Montana DPHHS

OFFICE OF THE GOVERNOR
STATE OF MONTANA

STEVE BULLOCK
GOVERNOR



MIKE COONEY
LT. GOVERNOR

August 9, 2019

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

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

Dear Ms. Simmons,

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

Sincerely,

A handwritten signature in blue ink, appearing to read "Steve Bullock".

STEVE BULLOCK
Governor

State Information

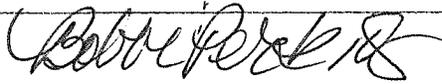
SABG Mini-APP

Disclosure of Lobbying Activities

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

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

Name Robbi Perkins
Title Bureau Chief
Organization MT DPHHS / AMDA

Signature: 

Date: 08/27/2020

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

Footnotes:

State Information

Disclosure of Lobbying Activities

MHBG Mini-App

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

Name **Robbi Perkins**
Title **Bureau Chief**
Organization **MT DPHHS/AMDD**

Signature: 

Date: **08/27/2020**

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

Footnotes:

I. State Information

Chief Executive Officer's Funding Agreements, Assurances Non-Construction Programs and Certifications (Form 3)
Fiscal Year 2020/21

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

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.

State: MONTANA

Name of Chief Executive Officer (CEO) or Designee: BOBBI PERKINS

Signature of CEO or Designee¹: 

Title: Bureau Chief Date Signed: 8-21-20
mm/dd/yyyy

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

ASSURANCES - NON-CONSTRUCTION PROGRAMS

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

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

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685- 1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
8. 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.

9. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
10. Will comply, 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 sub agreements.
11. 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.
12. 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).
13. 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.
14. 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.).
15. 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.
16. 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.
17. 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.

18. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
19. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

LIST of CERTIFICATIONS

1. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93). By signing and submitting this application, the applicant is providing certification set out in Appendix A to 45 CFR Part 93.

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

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

3. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

The authorized official signing for the applicant organization certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act. The applicant organization agrees that it will require that the language of this certification be included in any sub-awards which contain provisions for children's services and that all sub-recipients shall certify accordingly.

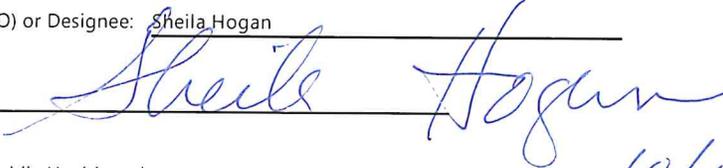
The Department of Health and Human Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the DHHS mission to protect and advance the physical and mental health of the American people.

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

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

State: MONTANA

Name of Chief Executive Officer (CEO) or Designee: Sheila Hogan

Signature of CEO or Designee¹: 

Title: Director, Montana Dept. of Public Health and Human Services

Date Signed: 10/1/2020

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: 04/19/2019 Expires: 04/30/2022

Footnotes:

08-12-2020 updates by Dana Geary

Chief Executive Officer's Funding Agreement - Certifications and Assurances / Letter Designating Signatory Authority - Signed by Sheila Hogan - uploaded into attachments.

08-12-2020 end updates by Dana Geary

COVID-19 Supplemental Funding Plan for FY 21

Montana Substance Abuse Block Grant Plan

Coronavirus Response and Relief Supplement Appropriations Act, 2021

1. Identify the needs and gaps of your state's SUD prevention, treatment, and recovery services systems in the context of COVID-19.

Montana utilizes the SABG funds along with other state and federal funds to provide substance use disorder prevention, treatment, and recovery services to youth and adults at risk for or with a substance use disorder. Unfortunately, the COVID-19 pandemic has impacted individuals with behavioral health issues in MT and AMDD along with key partners and stakeholders have identified the following gaps in the behavioral health system that have existed but have been underscored as major needs due to the pandemic.

The gaps identified within our current behavioral health continuum include:

- Increase mental health and substance use/misuse prevention and early intervention risk messaging and activities. These include more widely available universal and targeted SUD prevention messaging and programming using evidence-based or best practice interventions, as well as early screening for substance use/misuse as well as depression screening for populations with shared risk factors for substance use.
- Increase access to 24/7 crisis response services that include crisis lines, mobile crisis and community outreach services for individuals experiencing a mental health or substance-related crisis. This also includes expanding crisis services provided by peers.
- Increase behavioral health therapy, pharmaceutical, and care coordination services for adults with a diagnosed SUD who are re-entering the community from an inpatient facility and/or jail.
- Increase recovery support services with more coordination around support services that include housing, peer support, transportation, and employment support.

2. Describe how your state's spending plan proposal addresses the needs and gaps.

The Coronavirus Relief and Response Supplemental funds will provide support to address the needs as highlighted above:

- Expand primary SUD prevention services to 16 counties and 3 reservations that currently do not have any prevention funding to dedicate 1.0 FTE to coordination of prevention services in the community. These communities will identify whether the 1.0 FTE will be dedicated to: community-based prevention to identify community priorities and develop and implement messaging and outreach activities addressing youth and adult use/misuse of substances; or dedicated to Communities That Care (CTC) prevention efforts by working through the CTC process for advancing youth substance use prevention. The contractors to cover these 31 new sites will be identified through administrative procurement process and will be awarded approximately \$100,000 for each county to cover personnel expenses, planning and costs associated with implementing universal and/or targeted evidence-based prevention interventions and utilization of texting and mobile health messaging and web-based interventions for juvenile / criminal justice populations.

The funding for this project is \$1,900,000 (Primary Prevention)

- Expand funding to the current 28 counties and 5 reservations with dedicated prevention funding to ensure funding will allow for dedicated 1.0 FTE for either prevention specialist or CTC (in communities where there is only a 0.5 FTE) and add additional intervention funds to implement messaging and outreach activities utilizing texting and mobile health messaging and web-based interventions for juvenile/criminal justice populations. The current counties receive \$56,000 for current services; an additional \$44,000 per county will be provided to cover the recommended services under this supplemental funding.

The funding for this project is \$1,452,000 (Primary Prevention).

- Expand funding to the existing Regional Technical Assistance Leaders who provide technical assistance to the prevention specialists to include funding for an additional 1.0 FTE to develop and implement a statewide communication plan that aligns with the messaging and outreach activities. This plan will be developed in collaboration with AMDD and will be based on effective messaging as developed by SAMHSA or Mountain Plains Prevention Technology Center.

The funding for this project is \$75,000 (Primary Prevention).

- Implement statewide implementation and evaluation of risk messaging campaign, as developed and disseminated in communities, to monitor reach and efficacy of risk messaging campaign. A contract will be awarded by the administrative procurement process for developing mobile health messaging, media dissemination, and evaluation of the media campaign and mobile health outreach.

The funding for this project is \$350,000 (Primary Prevention).

- Implement screening and brief intervention for early substance use/misuse for youth and adults within primary care, hospital, public health or other healthcare settings. This project will include training on validated and recommended screening tools, training on conducting an effective brief intervention based on motivational interviewing, identifying community resources for potential referral needs, as well as identifying system development and technical workflow needs, electronic medical record systems for tracking, outcomes and referral to community resources. This will work in tandem with the screening and brief intervention training provided under the MHBG COVID-19 Planning grant to ensure the healthcare providers are able to successfully implement screening and referral workflows that currently face system barriers and prevent full implementation. A contract will be awarded through administrative procurement process to an entity with experience conducting healthcare training as well as quality improvement processes to support effective implementation and utilization of SBIRT. **The funding for this project is \$250,000 (Treatment).**
- Increase the number of schools implementing PAX Good Behavior Game or similar school-based/family-oriented evidence-based strategies that promote enhanced social-emotional behaviors and self-regulation that have a direct impact on preventing substance use and other behavioral health risks. The training will be targeted for school leaders, paraprofessionals, school counselors, and parents/grandparents/guardians on how to build resiliency skills among MT youth. **The funding for this project will be \$1,000,000 (Primary Prevention).**
- Expand access to Peer-led Recovery Supported Communities by funding four Drop-In Centers in areas that currently have limited resources and demonstrated need for behavioral health services. The Drop-In Centers are a safe place for individuals to gather with peers and engage in activities that support recovery and behavioral health. Montana currently has seven Drop In Centers, four of which are in the larger urban communities (Missoula, Billings) and three are in smaller rural communities. The additional four Drop-In Centers will be located in Northeast, Northwest, Central, Eastern MT and South-Central MT. Each Drop-In Center will be operated by peers and will funded to cover personnel services and low-cost activities that support recovery and social connectedness at \$100,000 per site. **The funding for this funding is \$400,000 (Treatment /Recovery).**

3. If your state plans to utilize the funds for crisis services, describe how the state will advance the development of crisis services based on the *National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit*.

Montana's Addictive and Mental Disorders Division (AMDD) in the Montana Department of Public Health and Human Services (DPHHS) has been partnering with key stakeholders and local communities in our state to plan for and pilot regional crisis receiving and stabilization facilities that align with SAMHSA's National Guidelines for Behavioral Health Crisis Care. With the COVID Supplemental funds, the project can expand to include start-up funding for regional crisis receiving and stabilization facilities that will each serve a multi-county region inclusive of rural and frontier communities. The facilities will provide regions with alternatives to jails, emergency rooms, and the Montana State Hospital by providing 24/7/365 crisis care, accepting all referrals, and fulfilling the role of a designated drop-off location for first responders, law enforcement and mobile crisis response teams. Historically, Montana's crisis system solely served those with a mental health need. This project will assist with planning for needs and providing crisis care for persons with a substance use disorder.

The funding for this project is \$200,000 (Treatment/Crisis).

4. If your state plans to utilize the funds for OUD, AUD, and/or TUD MAT services, describe how the state will implement these evidence-based services. Please reference the SAMHSA Evidence-based Practices Resource Center when considering selection of appropriate services.

Montana is a current awardee for the SAMHSA Substance Abuse Block Grant (SABG), State Opioid Response (SOR) Grant, Zero Suicide (ZS) Grant, COVID-19 Grant, and Pregnant and Post-Partum Women (PPW) Pilot Grant, which all are able to adequately cover substance use disorder treatment (including opioid use disorder, stimulant use disorder, alcohol use disorder, and Medication for Opioid Use Disorder) for individuals who do not meet Medicaid eligibility or have access to commercial insurance that covers substance use disorder treatment. Additionally, the SOR and SABG can provide funding for pre-adjudicated individuals needs substance use disorder assessments, therapy, and FDA-approved behavioral health medications in detention centers. SOR funds are available to cover opioid use disorder medications and therapy within correctional settings. Therefore, no funding from the SABG COVID-19 Supplemental grant will be allocated for OUD, AUD, TUD and/or MAT services.

5. Explain how your state plans to collaborate with other departments or agencies to address the identified needs.

The Addictive and Mental Disorder Division (AMDD) is responsible for all oversight of mental health and substance use continuum of care in MT including Medicaid State Plan Amendments, CMS Waivers, provider requirements and reimbursement for behavioral health services. AMDD has established strong working relationships with service providers organizations, including the Children and Family Services Division that manages foster care and child protection services; the DPHHS Public Health and Safety Division, that oversees all Chronic Disease, Tobacco

Prevention and local public health services; the Health Resources Division that oversees all healthcare and hospital / outpatient clinic Medicaid Services; as well as partner agencies outside of the DPHHS, which include the Behavioral Health Alliance of MT, a membership organization of all mental health centers, substance use disorder treatment providers, FQHC and hospitals implementing integrated behavioral health; the MT Primary Care Association; the MT Hospital Association; the MT Peer Network; the Behavioral Health Advisory Council; and the Board of Behavioral Health with the Department of Labor; and the Service Area Authorities (SAA) and Local Advisory Councils (LAC) that represent a consumer perspective on needs and gaps.

Additionally, AMDD also received has been very involved in state and local public health COVID discussions to identify behavioral health impact and/or needs through this existing relationship that have been enhanced due to COVID planning. By working collaboratively with all these partners organizations, AMDD will continue to assess the ongoing needs and identify how these funds are addressing the needs.

6. If your state plans to utilize any of the waiver provisions listed above, please explain how your state will implement them with these funds and how the waiver will facilitate the state's response to COVID-19 pandemic and its deleterious impacts. (These waivers are only applicable to these COVID Relief supplemental funds and not to the standard SABG funds). Grantees will be required to provide documentation and track use of such waivers.

Montana is requesting to use Coronavirus Supplemental funding for the following recommendations as outlined in the March 11, 2021 letter from Tom Coderre, Acting Assistant Secretary:

Recovery community organizations and peer-run organizations to ensure a recovery orientation which expands support networks and recovery services. The proposed Drop-In Center services will be monitored separately under this grant for both expenses as well as data showing the impact to individuals who are impacted by COVID who are socially isolated, depressed, and who self-report an increased substance misuse/abuse. These Drop-In Centers will provide a community-based resource to support recovery and social connectedness that has been impacted due to COVID-19. The proposed locations are areas that have been identified as resource-gap areas in MT where behavioral health therapy is limited and often provided via telehealth, satellite locations from larger areas, or require individuals to travel to the larger communities to receive services. The amount proposed for this project is identified in #2.

7. If your state plans to make provider stabilization payments, the proposal must include at a minimum the following: a. The period that the payments will be made available i.e., start date and end date.

MT does not plan to utilize SABG COVID Supplemental funds for provider stabilization because Montana's Governor's Office through the Department of Public Health and Human Services has been working with behavioral health providers to distribute multiple sources of COVID relief funds including the Behavioral Health Grants to non-profits, HHS Funding directly award to provider applicants, the Quarantine/Isolation Relief Payments and the initial COVID relief funding awarded at the onset of the epidemic.

8. If states plan to use COVID-19 Relief funds for targeted housing costs, the proposal must include at a minimum the following:

MT is initiating a NARR Affiliate under the SOR grant this spring and will award a non-profit a contract through the administrative bid process to establish the affiliate and provide technical assistance to recovery residences in MT to become a member of the affiliate and implement the NARR standards. The SABG Coronavirus Supplemental funds will provide funding to the NARR affiliate member recovery residences to support the initial housing expenses, until the homes can secure sustainable funding.

a. The proposed amount of award amount for this purpose.

The funding amount for this project is \$577,423 (Treatment/Recovery).

b. Methodology for determining rental and security deposit payments.

Affiliated NARR Recovery Residences in MT will submit a funding request application to AMDD requesting funding based on allowable expenses, identified and approved by SAMHSA. The funding will cover allowable housing expenses and will be awarded under a contract, to ensure compliance with federal funding regulations. MT AMDD will work with SAMHSA to determine whether funding will cover direct expense, such as rental expenses for the home or if a room and board rate will be developed, based on allowable expenses, for beds that are filled with a client. There are currently 50 homes that could potentially meet the NARR standards and can become a NARR affiliate member. The average number of beds per recovery residence is five and the average monthly rental payment for the home is \$1000, which averages \$200 per bed.

c. Eligibility criteria for payment of rent or security deposit.

The recovery residence must ensure they are an active NARR affiliate member in order to receive allowable housing funds through this funding opportunity and must have current policies and procedures that support NARR. The recovery residence will additionally be required to utilize the funding as outlined in their contract, that is approved by SAMHSA and aligns with federal regulation.

d. Proposed approach/procedures for individuals to request rental assistance.

The funding will be made available to the MT recovery residence directly and not paid to individuals. The recovery residences will be required to establish clear protocols for determining the admission and continued stay requirements for the home.

6. COVID-19 Supplemental Funding Budget (Table 2)

| SABG Funding Categories | Amount of COVID Supplement Funding | Required* / Allowed Set-Aside |
|---|---|--------------------------------------|
| Primary Prevention | \$4,777,000 | \$1,306,194 * |
| Treatment (Crisis and Recovery Support) | \$1,427,423 | |
| Administration | \$ 326,549 | \$ 326,549 |
| Total | \$6,530,972 | |

Important to note: In 2020, MT voters approved the ballot initiative to allow recreational marijuana use in MT. During the 2021 Legislative Session, the Governor’s office proposed HB701, an initiative to allocate marijuana tax revenue towards behavioral health prevention, of which will sustain continued funding for many, if not all, of the proposed projects in this plan, when tax revenue will begin to be collected, in 2023.

Montana Substance Abuse Block Grant

Coronavirus Response and Relief Supplement Appropriations Act, 2021 Plan

1. Identify the needs and gaps of your state's SUD prevention, treatment, and recovery services systems in the context of COVID-19.

Montana utilizes the SABG funds along with other state and federal funds to provide substance use disorder prevention, treatment, and recovery services to youth and adults at risk for or with a substance use disorder. Unfortunately, the COVID-19 pandemic has impacted individuals with behavioral health issues in MT and AMDD along with key partners and stakeholders have identified the following gaps in the behavioral health system that have existed but have been underscored as major needs due to the pandemic.

The gaps identified within our current behavioral health continuum include:

- Increase substance use/misuse prevention and early intervention risk messaging and activities. These include more widely available universal and targeted SUD prevention messaging and programming using evidence-based or best practice interventions, as well as early screening for substance use/misuse as well as depression screening for populations with shared risk factors for substance use. The state will utilize the Strategic Prevention Framework and the 6 CSAP strategies for implementing SUD prevention efforts.
- Increase access to 24/7 crisis response services that include crisis lines, mobile crisis and community outreach services for individuals experiencing a substance-related or co-occurring behavioral health crisis. This also includes expanding crisis services provided by peers.
- Increase behavioral health therapy, pharmaceutical, and care coordination services for adults with a diagnosed SUD who are re-entering the community from an inpatient facility and/or jail.
- Increase recovery support services with more coordination around support services that include housing, peer support, transportation, and employment support.

2. Describe how your state's spending plan proposal addresses the needs and gaps.

The Coronavirus Relief and Response Supplemental funds will provide support to address the needs as highlighted above:

PRIMARY PREVENTION

- Expand access to primary SUD prevention services across the 16 counties and 3 reservations that currently do not have any prevention funding. Counties and reservations will need to determine readiness for accessing these funds. Upon readiness, the funds can cover 1.0 FTE to coordinate prevention services within the community. These communities will identify whether the 1.0 FTE will be dedicated to: community-based prevention to identify community priorities and develop and implement messaging and outreach activities addressing youth and adult use/misuse of substances; or dedicated to Communities That Care (CTC) prevention efforts by working through the CTC process for advancing youth substance use prevention. The CTC prevention will be based on the availability of CTC Coaching capacity. The contractors to cover these new sites will be identified through administrative procurement process and will be awarded approximately \$100,000 for each county to cover personnel expenses, planning and costs associated with implementing universal and/or targeted evidence-based prevention interventions and utilization of texting and mobile health messaging and web-based interventions for juvenile / criminal justice populations. The 6 CSAP strategies selected for this project will be identified and reported to AMDD.

The funding for this project is \$1,900,000 (Primary Prevention)

- Expand funding to the current 28 counties and 5 reservations with dedicated prevention funding to ensure funding will allow for dedicated 1.0 FTE for either prevention specialist or CTC (in communities where there is only a 0.5 FTE) and add additional intervention funds to implement messaging and outreach activities utilizing texting and mobile health messaging and web-based interventions for juvenile/criminal justice populations. The current counties receive \$56,000 for current services; an additional \$44,000 per county will be provided to cover the recommended services under this supplemental funding. The 6 CSAP strategies selected for this project will be identified and reported to AMDD.

The funding for this project is \$1,452,000 (Primary Prevention).

- Expand funding to the existing Regional Technical Assistance Leaders who provide technical assistance to the prevention specialists to include funding for an additional 1.0 FTE to develop and implement a statewide communication plan that aligns with the messaging and outreach activities. This plan will be developed in collaboration with AMDD and will be based on effective messaging as developed by SAMHSA or Mountain Plains Prevention Technology Center.

The funding for this project is \$75,000 (Primary Prevention).

- Implement statewide implementation and evaluation of risk messaging campaign, as developed and disseminated in communities, to monitor reach and efficacy of risk messaging campaign. A contract will be awarded by the administrative procurement process for developing mobile health

messaging, media dissemination, and evaluation of the media campaign and mobile health outreach. This project will use the CSAP strategy Dissemination of Information.

The funding for this project is \$350,000 (Primary Prevention).

- Increase the number of schools implementing PAX Good Behavior Game or similar school-based/family-oriented evidence-based strategies that promote enhanced social-emotional behaviors and self-regulation that have a direct impact on preventing substance use and other behavioral health risks. Increase the number of PAX GBG schools from 87 schools to 127 schools. Training 20 schools per year and conducting evaluation of implementation. The training will be targeted for school leaders, paraprofessionals, school counselors, and parents/grandparents/guardians on how to build resiliency skills among MT youth. This project will use the CSAP strategy of Prevention Education.

The funding for this project will be \$1,000,000 (Primary Prevention).

TREATMENT

- Implement screening and brief intervention for early substance use/misuse for youth and adults within primary care, hospital, public health or other healthcare settings. Women with children and pregnant women will be a target population, as will all other populations disproportionately impacted by social determinants of health and substance use risk factors. This project will include training on validated and recommended screening tools, training on conducting an effective brief intervention based on motivational interviewing, identifying community resources for potential referral needs, as well as identifying system development and technical workflow needs, electronic medical record systems for tracking, outcomes and referral to community resources. Planning grant to ensure the healthcare providers are able to successfully implement screening and referral workflows that currently face system barriers and prevent full implementation. A contract will be awarded through administrative procurement process to an entity with experience conducting healthcare training as well as quality improvement processes to support effective implementation and utilization of SBIRT.

The funding for this project is \$250,000 (Treatment).

- Expand access to Peer-led Recovery Supported Communities by funding four Drop-In Centers in areas that currently have limited resources and demonstrated need for behavioral health services. The Drop-In Centers are a safe place for individuals to gather with peers and engage in activities that support recovery and strengthen behavioral health through connection to resources and support services. Montana currently has seven Drop In Centers, four of which are in the larger urban communities (Missoula, Billings) and three are in smaller rural communities. The additional four Drop-In Centers will be located in Northeast, Northwest, Central, Eastern MT and South-Central MT. Each Drop-In Center will be operated by peers and will funded to cover personnel services and low-cost activities that support recovery and social connectedness at \$100,000 per site.

The funding for this funding is \$400,000 (Treatment /Recovery).

Important to note: In 2020, MT voters approved the ballot initiative to allow recreational marijuana use in MT. During the 2021 Legislative Session, the Governor's office proposed HB701, an initiative to

allocate marijuana tax revenue towards behavioral health prevention, of which will sustain continued funding for many, if not all, of the proposed projects in this plan, when tax revenue will begin to be collected, in 2023.

3. If your state plans to utilize the funds for crisis services, describe how the state will advance the development of crisis services based on the *National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit*.

Montana's Addictive and Mental Disorders Division (AMDD) in the Montana Department of Public Health and Human Services (DPHHS) has been partnering with key stakeholders and local communities in our state to plan for and pilot regional crisis receiving and stabilization facilities that align with SAMHSA's National Guidelines for Behavioral Health Crisis Care. With the COVID Supplemental funds, the project can expand to include start-up funding for regional crisis receiving and stabilization facilities that will each serve a multi-county region inclusive of rural and frontier communities. The facilities will provide regions with alternatives to jails, emergency rooms, and the Montana State Hospital by providing 24/7/365 crisis care, accepting all referrals, and fulfilling the role of a designated drop-off location for first responders, law enforcement and mobile crisis response teams.

The funding for this project is \$200,000 (Treatment/Crisis).

4. If your state plans to utilize the funds for OUD, AUD, and/or TUD MAT services, describe how the state will implement these evidence-based services. Please reference the SAMHSA Evidence-based Practices Resource Center when considering selection of appropriate services.

Montana is a current awardee for the SAMHSA Substance Abuse Block Grant (SABG), State Opioid Response (SOR) Grant, Zero Suicide (ZS) Grant, COVID-19 Grant, and Pregnant and Post-Partum Women (PPW) Pilot Grant. Collectively, these grants are able to adequately cover substance use disorder treatment (including opioid use disorder, stimulant use disorder, alcohol use disorder, and Medication for Opioid Use Disorder) for individuals who do not meet Medicaid eligibility or have access to commercial insurance. Additionally, the SOR and SABG can provide funding for pre-adjudicated individual's substance use disorder assessments, therapy, and FDA-approved behavioral health medications while residing in a detention centers while waiting to be sentenced. SOR funds are available to cover opioid use disorder medications and therapy within these detention center settings. Therefore, no funding from the SABG COVID-19 Supplemental grant will be allocated for OUD, AUD, TUD and/or MAT services.

5. Explain how your state plans to collaborate with other departments or agencies to address the identified needs.

The Addictive and Mental Disorder Division (AMDD) is responsible for all oversight of mental health and substance use continuum of care in MT including Medicaid State Plan Amendments, CMS Waivers, provider requirements and reimbursement for behavioral health services. AMDD has established strong working relationships with service providers organizations, including the Children and Family Services Division that manages foster care and child protection services; the DPHHS Public Health and Safety

Division, that oversees all Chronic Disease, Tobacco Prevention and local public health services; the Health Resources Division that oversees all healthcare and hospital / outpatient clinic Medicaid Services; as well as partner agencies outside of the DPHHS, which include the Behavioral Health Alliance of MT, a membership organization of all mental health centers, substance use disorder treatment providers, FQHC and hospitals implementing integrated behavioral health; the MT Primary Care Association; the MT Hospital Association; the MT Peer Network; the Behavioral Health Advisory Council; and the Board of Behavioral Health with the Department of Labor; and the Service Area Authorities (SAA) and Local Advisory Councils (LAC) that represent a consumer perspective on needs and gaps.

Additionally, AMDD also received has been very involved in state and local public health COVID discussions to identify behavioral health impact and/or needs through this existing relationship that have been enhanced due to COVID planning. By working collaboratively with all these partners organizations, AMDD will continue to assess the ongoing needs and identify how these funds are addressing the needs.

6. If your state plans to utilize any of the waiver provisions listed above, please explain how your state will implement them with these funds and how the waiver will facilitate the state's response to COVID-19 pandemic and its deleterious impacts. (These waivers are only applicable to these COVID Relief supplemental funds and not to the standard SABG funds). Grantees will be required to provide documentation and track use of such waivers.

Montana is not requesting to use Coronavirus Supplemental funding outside of the required and allowed SABG requirements. All proposed projects are within the SABG regulations and allowances.

7. If your state plans to make provider stabilization payments, the proposal must include at a minimum the following: a. The period that the payments will be made available i.e., start date and end date.

MT does not plan to utilize SABG COVID Supplemental funds for provider stabilization because Montana's Governor's Office through the Department of Public Health and Human Services has been working with behavioral health providers to distribute multiple sources of COVID relief funds including the Behavioral Health Grants to non-profits, HHS Funding directly award to provider applicants, the Quarantine/Isolation Relief Payments and the initial COVID relief funding awarded at the onset of the epidemic.

8. If states plan to use COVID-19 Relief funds for targeted housing costs, the proposal must include at a minimum the following:

MT is initiating a NARR Affiliate under the SOR grant this spring and will award a non-profit a contract through the administrative bid process to establish the affiliate and provide technical assistance to recovery residences in MT to become a member of the affiliate and implement the NARR standards. The SABG Coronavirus Supplemental funds will provide funding to the NARR affiliate member recovery residences to support the initial housing expenses, until the homes can secure sustainable funding. Pregnant women and women with children will be a target population for recovery residence

that have become certified NARR homes. Other homes that will be targeted include homes that serve families, veterans, individuals returning to the community from a correctional setting, and other populations impacted by social determinants of health.

a. The proposed amount of award amount for this purpose.

The funding amount for this project is \$577,423 (Treatment/Recovery).

b. Methodology for determining rental and security deposit payments.

Affiliated NARR Recovery Residences in MT will submit a funding request application to AMDD requesting funding based on allowable expenses, identified and approved by SAMHSA. The funding will cover allowable housing expenses and will be awarded under a contract, to ensure compliance with federal funding regulations. MT AMDD will work with SAMHSA to determine whether funding will cover direct expense, such as rental expenses for the home or if a room and board rate will be developed, based on allowable expenses, for beds that are filled with a client. There are currently 50 homes that could potentially meet the NARR standards and can become a NARR affiliate member. The average number of beds per recovery residence is five and the average monthly rental payment for the home is \$1000, which averages \$200 per bed.

c. Eligibility criteria for payment of rent or security deposit.

The recovery residence must ensure they are an active NARR affiliate member in order to receive allowable housing funds through this funding opportunity and must have current policies and procedures that support NARR. The recovery residence will additionally be required to utilize the funding as outlined in their contract, that is approved by SAMHSA and aligns with federal regulation.

d. Proposed approach/procedures for individuals to request rental assistance.

The funding will be made available to the MT recovery residence directly and not paid to individuals. The recovery residences will be required to establish clear protocols for determining the admission and continued stay requirements for the home.

9. MT Coronavirus Response and Relief Supplemental Funding Budget

Table 2

| SABG Funding Categories | Amount of COVID Supplement Funding | Required* / Allowed Set-Aside |
|---|------------------------------------|-------------------------------|
| Primary Prevention | \$4,777,000 | \$1,306,194 * |
| Treatment (Crisis and Recovery Support) | \$1,427,423 | |
| Administration | \$ 326,549 | \$ 326,549 |
| Total | \$6,530,972 | |

Detailed Budget and Justification

| Category | Current Budget | Proposed Re-budgeted Amount | *Non-Federal Match (if applicable) | Total COVID-19 Revised Budget |
|---|--------------------|-----------------------------|------------------------------------|-------------------------------|
| ADMINISTRATION | | | | |
| Personnel | \$80,247 | N/A | N/A | \$80,247 |
| Fringe | \$33,199 | N/A | N/A | \$33,199 |
| Supplies | \$1,200 | N/A | N/A | \$1,200 |
| Equipment | \$0 | N/A | N/A | \$0 |
| Travel | \$10,000 | N/A | N/A | \$10,000 |
| Other | \$201,903 | N/A | N/A | \$201,903 |
| ADMINISTRATION SUBTOTAL | 326,549 | | | 326,549 |
| DIRECT SERVICE | | | | |
| Primary Prevention Contractual | \$4,777,000 | N/A | N/A | \$4,777,000 |
| Treatment Contractual | \$1,427,423 | N/A | N/A | \$1,427,423 |
| DIRECT SERVICE SUBTOTAL | \$6,204,423 | | | \$6,204,423 |
| GRAND TOTAL (ADMIN & DIRECT SERVICE) | \$6,530,972 | | | \$6,530,972 |

Administration Cost Justification

Personnel – Additional 1.5 FTE will be hired to administer the expansion of primary prevention services including additional Communities that Care and PAX Good Behavior Game. The half time FTE will be split between the Mental Health Block Grant COVID 19 Supplemental funding to support the social media awareness campaign and early intervention services to implement SBIRT trainings.

Fringe – Payroll taxes and fringe benefits are calculated at 17.63% of base salary and a lump sum of \$12,701.00 for health insurance. The taxes and fringe details include Medicare (1.45%); Social Security (6.20 %); Workers' Compensation (.76%); Retirement (8.87%); and Unemployment (0.25%).

Supplies – General office supplies are calculated at \$100/month.

Equipment – N/A

Travel – Local site visits allows the program manager to visit the sub-contractors and ensure all needs and requirements are being met. Travel is estimated at 400 miles to 20 sub-contractors. This includes mileage, per diem and lodging for up to 10 nights.

Other – Montana DPHHS is a public assistance agency because it administers programs like Medicaid, TANF, SNAP, and as such does not apply a single approved rate to grants or awards as a means of allocating indirect costs. There is a federal regulation [2 CFR 200. Appendix VI] that states all public assistance agencies will develop, document, and implement a public assistance cost allocation plan (PACAP).

Direct Service Cost Justification

| <u>Contractual</u> | | Total Cost |
|------------------------------|--|-------------------|
| SABG Funding Category | Project Description | |
| Primary Prevention | Expanding Primary SUD Prevention Services to new communities | \$ 1,900,000.00 |
| Primary Prevention | Expanding primary SUD Services to increase current prevention specialists and increase capacity | \$ 1,452,000.00 |
| Primary Prevention | Increasing the capacity for training and technical assistance to support expanded prevention infrastructure | \$ 75,000.00 |
| Primary Prevention | Implement statewide implementation and evaluation of risk messaging campaign, as developed and disseminated in communities, to monitor reach and efficacy of risk messaging campaign | \$ 350,000.00 |
| Primary Prevention | Increase the number of PAX GBG schools from 87 schools to 127 schools. Training 20 schools per year and conducting evaluation of implementation. | \$ 1,000,000.00 |
| Treatment | Implement screening and brief intervention for early substance use/misuse for youth and adults within primary care, hospital, public health or other healthcare settings. | \$ 250,000.00 |

| | | |
|---------------------------|--|----------------------|
| <i>Treatment/Recovery</i> | <i>Expand access to Peer-led Recovery Supported Communities by funding four Drop-In Centers in areas that currently have limited resources and demonstrated need for behavioral health services.</i> | <i>\$ 400,000.00</i> |
| <i>Treatment</i> | <i>Plan and pilot regional crisis receiving and stabilization facilities that align with SAMHSA's National Guidelines for Behavioral Health Crisis Care</i> | <i>\$ 200,000.00</i> |
| <i>Treatment</i> | <i>Provide funding to the NARR affiliate member recovery residences to support the initial housing expenses, until the homes can secure sustainable funding.</i> | <i>\$ 577,423.00</i> |

Montana Substance Abuse Block Grant

Coronavirus Response and Relief Supplement Appropriations Act, 2021 Plan

1. Identify the needs and gaps of your state's SUD prevention, treatment, and recovery services systems in the context of COVID-19.

Montana utilizes the SABG funds along with other state and federal funds to provide substance use disorder prevention, treatment, and recovery services to youth and adults at risk for or with a substance use disorder. Unfortunately, the COVID-19 pandemic has impacted individuals with behavioral health issues in MT and AMDD along with key partners and stakeholders have identified the following gaps in the behavioral health system that have existed but have been underscored as major needs due to the pandemic.

The gaps identified within our current behavioral health continuum include:

- Increase substance use/misuse prevention and early intervention risk messaging and activities. These include more widely available universal and targeted SUD prevention messaging and programming using evidence-based or best practice interventions, as well as early screening for substance use/misuse as well as depression screening for populations with shared risk factors for substance use. The state will utilize the Strategic Prevention Framework and the 6 CSAP strategies for implementing SUD prevention efforts.
- Increase access to 24/7 crisis response services that include crisis lines, mobile crisis and community outreach services for individuals experiencing a substance-related or co-occurring behavioral health crisis. This also includes expanding crisis services provided by peers.
- Increase behavioral health therapy, pharmaceutical, and care coordination services for adults with a diagnosed SUD who are re-entering the community from an inpatient facility and/or jail.
- Increase recovery support services with more coordination around support services that include housing, peer support, transportation, and employment support.

2. Describe how your state's spending plan proposal addresses the needs and gaps.

The Coronavirus Relief and Response Supplemental funds will provide support to address the needs as highlighted above:

PRIMARY PREVENTION

- Expand access to primary SUD prevention services across the 16 counties and 3 reservations that currently do not have any prevention funding. Counties and reservations will need to determine readiness for accessing these funds. Upon readiness, the funds can cover 1.0 FTE to coordinate prevention services within the community. These communities will identify whether the 1.0 FTE will be dedicated to: community-based prevention to identify community priorities and develop and implement messaging and outreach activities addressing youth and adult use/misuse of substances; or dedicated to Communities That Care (CTC) prevention efforts by working through the CTC process for advancing youth substance use prevention. The CTC prevention will be based on the availability of CTC Coaching capacity. The contractors to cover these new sites will be identified through administrative procurement process and will be awarded approximately \$100,000 for each county to cover personnel expenses, planning and costs associated with implementing universal and/or targeted evidence-based prevention interventions and utilization of texting and mobile health messaging and web-based interventions for juvenile / criminal justice populations. The 6 CSAP strategies selected for this project will be identified and reported to AMDD.

The funding for this project is \$1,900,000 (Primary Prevention)

- Expand funding to the current 28 counties and 5 reservations with dedicated prevention funding to ensure funding will allow for dedicated 1.0 FTE for either prevention specialist or CTC (in communities where there is only a 0.5 FTE) and add additional intervention funds to implement messaging and outreach activities utilizing texting and mobile health messaging and web-based interventions for juvenile/criminal justice populations. The current counties receive \$56,000 for current services; an additional \$44,000 per county will be provided to cover the recommended services under this supplemental funding. The 6 CSAP strategies selected for this project will be identified and reported to AMDD.

The funding for this project is \$1,452,000 (Primary Prevention).

- Expand funding to the existing Regional Technical Assistance Leaders who provide technical assistance to the prevention specialists to include funding for an additional 1.0 FTE to develop and implement a statewide communication plan that aligns with the messaging and outreach activities. This plan will be developed in collaboration with AMDD and will be based on effective messaging as developed by SAMHSA or Mountain Plains Prevention Technology Center.

The funding for this project is \$75,000 (Primary Prevention).

- Implement statewide implementation and evaluation of risk messaging campaign, as developed and disseminated in communities, to monitor reach and efficacy of risk messaging campaign. A contract will be awarded by the administrative procurement process for developing mobile health

messaging, media dissemination, and evaluation of the media campaign and mobile health outreach. This project will use the CSAP strategy Dissemination of Information.

The funding for this project is \$350,000 (Primary Prevention).

- Increase the number of schools implementing PAX Good Behavior Game or similar school-based/family-oriented evidence-based strategies that promote enhanced social-emotional behaviors and self-regulation that have a direct impact on preventing substance use and other behavioral health risks. Increase the number of PAX GBG schools from 87 schools to 127 schools. Training 20 schools per year and conducting evaluation of implementation. The training will be targeted for school leaders, paraprofessionals, school counselors, and parents/grandparents/guardians on how to build resiliency skills among MT youth. This project will use the CSAP strategy of Prevention Education.

The funding for this project will be \$1,000,000 (Primary Prevention).

TREATMENT

- Implement screening and brief intervention for early substance use/misuse for youth and adults within primary care, hospital, public health or other healthcare settings. Women with children and pregnant women will be a target population, as will all other populations disproportionately impacted by social determinants of health and substance use risk factors. This project will include training on validated and recommended screening tools, training on conducting an effective brief intervention based on motivational interviewing, identifying community resources for potential referral needs, as well as identifying system development and technical workflow needs, electronic medical record systems for tracking, outcomes and referral to community resources. Planning grant to ensure the healthcare providers are able to successfully implement screening and referral workflows that currently face system barriers and prevent full implementation. A contract will be awarded through administrative procurement process to an entity with experience conducting healthcare training as well as quality improvement processes to support effective implementation and utilization of SBIRT.

The funding for this project is \$250,000 (Treatment).

- Expand access to Peer-led Recovery Supported Communities by funding four Drop-In Centers in areas that currently have limited resources and demonstrated need for behavioral health services. The Drop-In Centers are a safe place for individuals to gather with peers and engage in activities that support recovery and strengthen behavioral health through connection to resources and support services. Montana currently has seven Drop In Centers, four of which are in the larger urban communities (Missoula, Billings) and three are in smaller rural communities. The additional four Drop-In Centers will be located in Northeast, Northwest, Central, Eastern MT and South-Central MT. Each Drop-In Center will be operated by peers and will funded to cover personnel services and low-cost activities that support recovery and social connectedness at \$100,000 per site.

The funding for this funding is \$400,000 (Treatment /Recovery).

Important to note: In 2020, MT voters approved the ballot initiative to allow recreational marijuana use in MT. During the 2021 Legislative Session, the Governor's office proposed HB701, an initiative to

allocate marijuana tax revenue towards behavioral health prevention, of which will sustain continued funding for many, if not all, of the proposed projects in this plan, when tax revenue will begin to be collected, in 2023.

3. If your state plans to utilize the funds for crisis services, describe how the state will advance the development of crisis services based on the *National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit*.

Montana's Addictive and Mental Disorders Division (AMDD) in the Montana Department of Public Health and Human Services (DPHHS) has been partnering with key stakeholders and local communities in our state to plan for and pilot regional crisis receiving and stabilization facilities that align with SAMHSA's National Guidelines for Behavioral Health Crisis Care. With the COVID Supplemental funds, the project can expand to include start-up funding for regional crisis receiving and stabilization facilities that will each serve a multi-county region inclusive of rural and frontier communities. The facilities will provide regions with alternatives to jails, emergency rooms, and the Montana State Hospital by providing 24/7/365 crisis care, accepting all referrals, and fulfilling the role of a designated drop-off location for first responders, law enforcement and mobile crisis response teams.

The funding for this project is \$200,000 (Treatment/Crisis).

4. If your state plans to utilize the funds for OUD, AUD, and/or TUD MAT services, describe how the state will implement these evidence-based services. Please reference the SAMHSA Evidence-based Practices Resource Center when considering selection of appropriate services.

Montana is a current awardee for the SAMHSA Substance Abuse Block Grant (SABG), State Opioid Response (SOR) Grant, Zero Suicide (ZS) Grant, COVID-19 Grant, and Pregnant and Post-Partum Women (PPW) Pilot Grant. Collectively, these grants are able to adequately cover substance use disorder treatment (including opioid use disorder, stimulant use disorder, alcohol use disorder, and Medication for Opioid Use Disorder) for individuals who do not meet Medicaid eligibility or have access to commercial insurance. Additionally, the SOR and SABG can provide funding for pre-adjudicated individual's substance use disorder assessments, therapy, and FDA-approved behavioral health medications while residing in a detention centers while waiting to be sentenced. SOR funds are available to cover opioid use disorder medications and therapy within these detention center settings. Therefore, no funding from the SABG COVID-19 Supplemental grant will be allocated for OUD, AUD, TUD and/or MAT services.

5. Explain how your state plans to collaborate with other departments or agencies to address the identified needs.

The Addictive and Mental Disorder Division (AMDD) is responsible for all oversight of mental health and substance use continuum of care in MT including Medicaid State Plan Amendments, CMS Waivers, provider requirements and reimbursement for behavioral health services. AMDD has established strong working relationships with service providers organizations, including the Children and Family Services Division that manages foster care and child protection services; the DPHHS Public Health and Safety

Division, that oversees all Chronic Disease, Tobacco Prevention and local public health services; the Health Resources Division that oversees all healthcare and hospital / outpatient clinic Medicaid Services; as well as partner agencies outside of the DPHHS, which include the Behavioral Health Alliance of MT, a membership organization of all mental health centers, substance use disorder treatment providers, FQHC and hospitals implementing integrated behavioral health; the MT Primary Care Association; the MT Hospital Association; the MT Peer Network; the Behavioral Health Advisory Council; and the Board of Behavioral Health with the Department of Labor; and the Service Area Authorities (SAA) and Local Advisory Councils (LAC) that represent a consumer perspective on needs and gaps.

Additionally, AMDD also received has been very involved in state and local public health COVID discussions to identify behavioral health impact and/or needs through this existing relationship that have been enhanced due to COVID planning. By working collaboratively with all these partners organizations, AMDD will continue to assess the ongoing needs and identify how these funds are addressing the needs.

6. If your state plans to utilize any of the waiver provisions listed above, please explain how your state will implement them with these funds and how the waiver will facilitate the state's response to COVID-19 pandemic and its deleterious impacts. (These waivers are only applicable to these COVID Relief supplemental funds and not to the standard SABG funds). Grantees will be required to provide documentation and track use of such waivers.

Montana is not requesting to use Coronavirus Supplemental funding outside of the required and allowed SABG requirements. All proposed projects are within the SABG regulations and allowances.

7. If your state plans to make provider stabilization payments, the proposal must include at a minimum the following: a. The period that the payments will be made available i.e., start date and end date.

MT does not plan to utilize SABG COVID Supplemental funds for provider stabilization because Montana's Governor's Office through the Department of Public Health and Human Services has been working with behavioral health providers to distribute multiple sources of COVID relief funds including the Behavioral Health Grants to non-profits, HHS Funding directly award to provider applicants, the Quarantine/Isolation Relief Payments and the initial COVID relief funding awarded at the onset of the epidemic.

8. If states plan to use COVID-19 Relief funds for targeted housing costs, the proposal must include at a minimum the following:

MT is initiating a NARR Affiliate under the SOR grant this spring and will award a non-profit a contract through the administrative bid process to establish the affiliate and provide technical assistance to recovery residences in MT to become a member of the affiliate and implement the NARR standards. The SABG Coronavirus Supplemental funds will provide funding to the NARR affiliate member recovery residences to support the initial housing expenses, until the homes can secure sustainable funding. Pregnant women and women with children will be a target population for recovery residence

that have become certified NARR homes. Other homes that will be targeted include homes that serve families, veterans, individuals returning to the community from a correctional setting, and other populations impacted by social determinants of health.

a. The proposed amount of award amount for this purpose.

The funding amount for this project is \$577,423 (Treatment/Recovery).

b. Methodology for determining rental and security deposit payments.

Affiliated NARR Recovery Residences in MT will submit a funding request application to AMDD requesting funding based on allowable expenses, identified and approved by SAMHSA. The funding will cover allowable housing expenses and will be awarded under a contract, to ensure compliance with federal funding regulations. MT AMDD will work with SAMHSA to determine whether funding will cover direct expense, such as rental expenses for the home or if a room and board rate will be developed, based on allowable expenses, for beds that are filled with a client. There are currently 50 homes that could potentially meet the NARR standards and can become a NARR affiliate member. The average number of beds per recovery residence is five and the average monthly rental payment for the home is \$1000, which averages \$200 per bed.

c. Eligibility criteria for payment of rent or security deposit.

The recovery residence must ensure they are an active NARR affiliate member in order to receive allowable housing funds through this funding opportunity and must have current policies and procedures that support NARR. The recovery residence will additionally be required to utilize the funding as outlined in their contract, that is approved by SAMHSA and aligns with federal regulation.

d. Proposed approach/procedures for individuals to request rental assistance.

The funding will be made available to the MT recovery residence directly and not paid to individuals. The recovery residences will be required to establish clear protocols for determining the admission and continued stay requirements for the home.

9. MT Coronavirus Response and Relief Supplemental Funding Budget

Table 2

| SABG Funding Categories | Amount of COVID Supplement Funding | Required* / Allowed Set-Aside |
|---|------------------------------------|-------------------------------|
| Primary Prevention | \$4,777,000 | \$1,306,194 * |
| Treatment (Crisis and Recovery Support) | \$1,427,423 | |
| Administration | \$ 326,549 | \$ 326,549 |
| Total | \$6,530,972 | |

Detailed Budget and Justification

| Category | Current Budget | Proposed Re-budgeted Amount | *Non-Federal Match (if applicable) | Total COVID-19 Revised Budget |
|---|--------------------|-----------------------------|------------------------------------|-------------------------------|
| ADMINISTRATION | | | | |
| Personnel | \$80,247 | N/A | N/A | \$80,247 |
| Fringe | \$33,199 | N/A | N/A | \$33,199 |
| Supplies | \$1,200 | N/A | N/A | \$1,200 |
| Equipment | \$0 | N/A | N/A | \$0 |
| Travel | \$10,000 | N/A | N/A | \$10,000 |
| Other | \$201,903 | N/A | N/A | \$201,903 |
| ADMINISTRATION SUBTOTAL | 326,549 | | | 326,549 |
| DIRECT SERVICE | | | | |
| Primary Prevention Contractual | \$4,777,000 | N/A | N/A | \$4,777,000 |
| Treatment Contractual | \$1,427,423 | N/A | N/A | \$1,427,423 |
| DIRECT SERVICE SUBTOTAL | \$6,204,423 | | | \$6,204,423 |
| GRAND TOTAL (ADMIN & DIRECT SERVICE) | \$6,530,972 | | | \$6,530,972 |

Administration Cost Justification

Personnel – Additional 1.5 FTE will be hired to administer the expansion of primary prevention services including additional Communities that Care and PAX Good Behavior Game. The half time FTE will be split between the Mental Health Block Grant COVID 19 Supplemental funding to support the social media awareness campaign and early intervention services to implement SBIRT trainings.

Fringe – Payroll taxes and fringe benefits are calculated at 17.63% of base salary and a lump sum of \$12,701.00 for health insurance. The taxes and fringe details include Medicare (1.45%); Social Security (6.20 %); Workers' Compensation (.76%); Retirement (8.87%); and Unemployment (0.25%).

Supplies – General office supplies are calculated at \$100/month.

Equipment – N/A

Travel – Local site visits allows the program manager to visit the sub-contractors and ensure all needs and requirements are being met. Travel is estimated at 400 miles to 20 sub-contractors. This includes mileage, per diem and lodging for up to 10 nights.

Other – Montana DPHHS is a public assistance agency because it administers programs like Medicaid, TANF, SNAP, and as such does not apply a single approved rate to grants or awards as a means of allocating indirect costs. There is a federal regulation [2 CFR 200. Appendix VI] that states all public assistance agencies will develop, document, and implement a public assistance cost allocation plan (PACAP).

Direct Service Cost Justification

| <u>Contractual</u> | | Total Cost |
|------------------------------|--|-------------------|
| SABG Funding Category | Project Description | |
| Primary Prevention | Expanding Primary SUD Prevention Services to new communities | \$ 1,900,000.00 |
| Primary Prevention | Expanding primary SUD Services to increase current prevention specialists and increase capacity | \$ 1,452,000.00 |
| Primary Prevention | Increasing the capacity for training and technical assistance to support expanded prevention infrastructure | \$ 75,000.00 |
| Primary Prevention | Implement statewide implementation and evaluation of risk messaging campaign, as developed and disseminated in communities, to monitor reach and efficacy of risk messaging campaign | \$ 350,000.00 |
| Primary Prevention | Increase the number of PAX GBG schools from 87 schools to 127 schools. Training 20 schools per year and conducting evaluation of implementation. | \$ 1,000,000.00 |
| Treatment | Implement screening and brief intervention for early substance use/misuse for youth and adults within primary care, hospital, public health or other healthcare settings. | \$ 250,000.00 |

| | | |
|---------------------------|--|----------------------|
| <i>Treatment/Recovery</i> | <i>Expand access to Peer-led Recovery Supported Communities by funding four Drop-In Centers in areas that currently have limited resources and demonstrated need for behavioral health services.</i> | <i>\$ 400,000.00</i> |
| <i>Treatment</i> | <i>Plan and pilot regional crisis receiving and stabilization facilities that align with SAMHSA's National Guidelines for Behavioral Health Crisis Care</i> | <i>\$ 200,000.00</i> |
| <i>Treatment</i> | <i>Provide funding to the NARR affiliate member recovery residences to support the initial housing expenses, until the homes can secure sustainable funding.</i> | <i>\$ 577,423.00</i> |

Montana Substance Abuse Block Grant
American Rescue Plan Act FUNDING PLAN

1. Identify the needs and gaps of your state’s SUD prevention, treatment, and recovery services systems in the context of COVID-19.

Montana utilizes the SABG funds along with other state and federal funds to provide substance use disorder prevention, treatment, and recovery services to youth and adults at risk for or with a substance use disorder. Unfortunately, the COVID-19 pandemic has impacted individuals with behavioral health issues in MT and AMDD along with key partners and stakeholders have identified the following gaps in the behavioral health system that have existed but have been underscored as major needs due to the pandemic.

The gaps identified within our current behavioral health continuum include:

- Increase substance use/misuse prevention and early intervention risk messaging and activities. These include more widely available universal and targeted SUD prevention messaging and programming using evidence-based or best practice interventions, as well as early screening for substance use/misuse as well as depression screening for populations with shared risk factors for substance use. The state will utilize the Strategic Prevention Framework and the 6 CSAP strategies for implementing SUD prevention efforts.
- Increase access to 24/7 crisis response services that include crisis lines, mobile crisis and community outreach services for individuals experiencing a substance-related or co-occurring behavioral health crisis. This also includes expanding crisis services provided by peers.
- Increase behavioral health therapy, pharmaceutical, and care coordination services for adults with a diagnosed SUD who are re-entering the community from an inpatient facility and/or jail.
- Increase recovery support services with more coordination around support services that include housing, peer support, transportation, and employment support.

2. Describe how your state's spending plan proposal addresses the needs and gaps.

The American Rescue Plan Act funds will provide support to address the needs as highlighted above:

PRIMARY PREVENTION

- Expand access to primary SUD prevention services across the counties and reservations that were funded with Coronavirus Response and Relief Supplemental Appropriation funds and any additional counties not funded by CRRSAA will be eligible for funding under ARPA. Counties and reservations will need to determine readiness for accessing these funds. Upon readiness, the funds can cover 1.0 FTE to coordinate prevention services within the community. These communities will identify whether the 1.0 FTE will be dedicated to: community-based prevention to identify community priorities and develop and implement messaging and outreach activities addressing youth and adult use/misuse of substances; or dedicated to Communities That Care (CTC) prevention efforts by working through the CTC process for advancing youth substance use prevention. The CTC prevention will be based on the availability of CTC Coaching capacity. The contractors to cover these new sites will be identified through administrative procurement process and will be awarded approximately \$85,000 for each county to cover personnel expenses, planning and costs associated with implementing universal and/or targeted evidence-based prevention interventions and utilization of texting and mobile health messaging and web-based interventions for juvenile / criminal justice populations. The 6 CSAP strategies selected for this project will be identified and reported to AMDD.

The funding for this project is \$4,000,000 (Primary Prevention)

- Continue funding to the existing Regional Technical Assistance Leaders who provide technical assistance to the prevention specialists to include funding for an additional 1.0 FTE to develop and implement a statewide communication plan that aligns with the messaging and outreach activities. This plan will be developed in collaboration with AMDD and will be based on effective messaging as developed by SAMHSA or Mountain Plains Prevention Technology Center.

The funding for this project is \$75,000 (Primary Prevention).

- Continue the implementation of a statewide implementation and evaluation of risk messaging campaign as developed under the CRRSAA, to be disseminated in communities, to monitor reach and efficacy of risk messaging campaign. A contract will be awarded by the administrative procurement process for developing mobile health messaging, media dissemination, and evaluation of the media campaign and mobile health outreach. This project will use the CSAP strategy Dissemination of Information.

The funding for this project is \$150,000 (Primary Prevention).

- Increase the number of schools implementing an evidence-based substance use primary prevention program that promotes enhanced social-emotional behaviors and self-regulation that have a direct impact on preventing substance use and other behavioral health risks. Currently, MT has been promoting PAX Good Behavior Game in schools and the number of schools

implementing this program has increased from 127 schools to 147 (16% increase) schools. Our intention is to allow schools to select the EBP that best meets their needs. These funds will support training 20 schools per year and conducting evaluation of the EBP implementation. The training will be targeted for school leaders, paraprofessionals, school counselors, and parents/grandparents/guardians on how to build resiliency skills among MT youth. This project will use the CSAP strategy of Prevention Education.

The funding for this project is \$1,000,000 to be split 50/50 with the ARPA MHBG and ARPA SABG \$500,000 (Primary Prevention).

TREATMENT

- MT will continue to support the CRRSAA funded Recovery Residence project for homes that become certified NARR Affiliates. The SABG ARPA funds will provide funding to the NARR affiliate member recovery residences to support the housing expenses, until the homes can secure sustainable funding. Pregnant women and women with children will be a target population for recovery residence that have become certified NARR homes. Other homes that will be targeted include homes that serve families, veterans, individuals returning to the community from a correctional setting, and other populations impacted by social determinants of health.

The funding amount for this project is \$433,366 (Treatment/Recovery).

Important to note: In 2020, MT voters approved the ballot initiative to allow recreational marijuana use in MT. During the 2021 Legislative Session, the Governor's office proposed HB701, an initiative to allocate marijuana tax revenue towards behavioral health prevention, of which will sustain continued funding for many, if not all, of the proposed projects in this plan, when tax revenue will begin to be collected, in 2023.

3. If your state plans to utilize the funds for crisis services, describe how the state will advance the development of crisis services based on the *National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit*.

Montana's Addictive and Mental Disorders Division (AMDD) in the Montana Department of Public Health and Human Services (DPHHS) has been partnering with key stakeholders and local communities in our state to plan for and pilot regional crisis receiving and stabilization facilities that align with SAMHSA's National Guidelines for Behavioral Health Crisis Care. With the COVID Supplemental funds, the project can expand to include start-up funding for regional crisis receiving and stabilization facilities that will each serve a multi-county region inclusive of rural and frontier communities. The facilities will provide regions with alternatives to jails, emergency rooms, and the Montana State Hospital by providing 24/7/365 crisis care, accepting all referrals, and fulfilling the role of a designated drop-off location for first responders, law enforcement and mobile crisis response teams.

The funding for this project is \$200,000 (Treatment/Crisis).

4. If your state plans to utilize the funds for OUD, AUD, and/or TUD MAT services, describe how the state will implement these evidence-based services. Please reference the SAMHSA Evidence-based Practices Resource Center when considering selection of appropriate services.

Montana is a current awardee for the SAMHSA Substance Abuse Block Grant (SABG), State Opioid Response (SOR) Grant, Zero Suicide (ZS) Grant, COVID-19 Grant, and Pregnant and Post-Partum Women (PPW) Pilot Grant. Collectively, these grants are able to adequately cover substance use disorder treatment (including opioid use disorder, stimulant use disorder, alcohol use disorder, and Medication for Opioid Use Disorder) for individuals who do not meet Medicaid eligibility or have access to commercial insurance. Additionally, the SOR and SABG can provide funding for pre-adjudicated individual's substance use disorder assessments, therapy, and FDA-approved behavioral health medications while residing in a detention centers while waiting to be sentenced. SOR funds are available to cover opioid use disorder medications and therapy within these detention center settings. Therefore, no funding from the SABG COVID-19 Supplemental grant will be allocated for OUD, AUD, TUD and/or MAT services.

5. Explain how your state plans to collaborate with other departments or agencies to address the identified needs.

The Addictive and Mental Disorder Division (AMDD) is responsible for all oversight of mental health and substance use continuum of care in MT including Medicaid State Plan Amendments, CMS Waivers, provider requirements and reimbursement for behavioral health services. AMDD has established strong working relationships with service providers organizations, including the Children and Family Services Division that manages foster care and child protection services; the DPHHS Public Health and Safety Division, that oversees all Chronic Disease, Tobacco Prevention and local public health services; the Health Resources Division that oversees all healthcare and hospital / outpatient clinic Medicaid Services; as well as partner agencies outside of the DPHHS, which include the Behavioral Health Alliance of MT, a membership organization of all mental health centers, substance use order treatment providers, FQHC and hospitals implementing integrated behavioral health; the MT Primary Care Association; the MT Hospital Association; the MT Peer Network; the Behavioral Health Advisory Council; and the Board of Behavioral Health with the Department of Labor; and the Service Area Authorities (SAA) and Local Advisory Councils (LAC) that represent a consumer perspective on needs and gaps.

Additionally, AMDD also received has been very involved in state and local public health COVID discussions to identify behavioral health impact and/or needs through this existing relationship that have been enhanced due to COVID planning. By working collaboratively with all these partners organizations, AMDD will continue to assess the ongoing needs and identify how these funds are addressing the needs.

6. If your state plans to utilize any of the waiver provisions listed above, please explain how your state will implement them with these funds and how the waiver will facilitate the state's response to COVID-19 pandemic and its deleterious impacts. (These waivers are only applicable to these

COVID Relief supplemental funds and not to the standard SABG funds). Grantees will be required to provide documentation and track use of such waivers.

Montana is not requesting to use Coronavirus Supplemental funding outside of the required and allowed SABG requirements. All proposed projects are within the SABG regulations and allowances.

7. If your state plans to make provider stabilization payments, the proposal must include at a minimum the following: a. The period that the payments will be made available i.e., start date and end date.

MT does not plan to utilize SABG COVID Supplemental funds for provider stabilization because Montana's Governor's Office through the Department of Public Health and Human Services has been working with behavioral health providers to distribute multiple sources of COVID relief funds including the Behavioral Health Grants to non-profits, HHS Funding directly award to provider applicants, the Quarantine/Isolation Relief Payments and the initial COVID relief funding awarded at the onset of the epidemic.

8. If states plan to use COVID-19 Relief funds for targeted housing costs, the proposal must include at a minimum the following:

MT is initiating a NARR Affiliate under the SOR grant this spring and will award a non-profit a contract through the administrative bid process to establish the affiliate and provide technical assistance to recovery residences in MT to become a member of the affiliate and implement the NARR standards. The SABG Coronavirus Supplemental funds will provide funding to the NARR affiliate member recovery residences to support the initial housing expenses, until the homes can secure sustainable funding. Pregnant women and women with children will be a target population for recovery residence that have become certified NARR homes. Other homes that will be targeted include homes that serve families, veterans, individuals returning to the community from a correctional setting, and other populations impacted by social determinants of health.

a. The proposed amount of award amount for this purpose.

The funding amount for this project is \$433,366 and listed above under TREATMENT.

b. Methodology for determining rental and security deposit payments.

Affiliated NARR Recovery Residences in MT will submit a funding request application to AMDD requesting funding based on allowable expenses, identified and approved by SAMHSA. The funding will cover allowable housing expenses and will be awarded under a contract, to ensure compliance with federal funding regulations. MT AMDD will work with SAMHSA to determine whether funding will cover direct expense, such as rental expenses for the home or if a room and board rate will be developed, based on allowable expenses, for beds that are filled with a client. There are currently 50 homes that could potentially meet the NARR standards and can become a NARR affiliate member. The average number of beds per recovery residence is five and the average monthly rental payment for the home is \$1000, which averages \$200 per bed.

c. Eligibility criteria for payment of rent or security deposit.

The recovery residence must ensure they are an active NARR affiliate member in order to receive allowable housing funds through this funding opportunity and must have current policies and procedures

that support NARR. The recovery residence will additionally be required to utilize the funding as outlined in their contract, that is approved by SAMHSA and aligns with federal regulation.

d. Proposed approach/procedures for individuals to request rental assistance.

The funding will be made available to the MT recovery residence directly and not paid to individuals. The recovery residences will be required to establish clear protocols for determining the admission and continued stay requirements for the home.

9. MT American Rescue Plan Act Funding Budget

Table 2

| SABG Funding Categories | Amount of ARPA Supplement Funding | Required* / Allowed Set-Aside |
|---|-----------------------------------|-------------------------------|
| Primary Prevention | \$4,725,000 | \$1,128,077 * |
| Treatment (Crisis and Recovery Support) | \$633,366 | |
| Administration | \$ 282,019 | \$ 282,019 * |
| Total | \$5,640,385 | |

Detailed Budget and Justification

| Category | Current Budget | Proposed Re-budgeted Amount | *Non-Federal Match (if applicable) | Total ARPA Revised Budget |
|---|--------------------|-----------------------------|------------------------------------|---------------------------|
| ADMINISTRATION | | | | |
| Personnel | \$80,247 | N/A | N/A | \$80,247 |
| Fringe | \$33,199 | N/A | N/A | \$33,199 |
| Supplies | \$1,200 | N/A | N/A | \$1,200 |
| Equipment | \$0 | N/A | N/A | \$0 |
| Travel | \$10,000 | N/A | N/A | \$10,000 |
| Other | \$157,373 | N/A | N/A | \$157,373 |
| ADMINISTRATION SUBTOTAL | 282,019 | | | 282,019 |
| DIRECT SERVICE | | | | |
| Primary Prevention Contractual | \$4,725,000 | N/A | N/A | \$4,725,000 |
| Treatment Contractual | \$633,366 | N/A | N/A | \$633,366 |
| DIRECT SERVICE SUBTOTAL | \$5,358,366 | | | \$5,358,366 |
| GRAND TOTAL (ADMIN & DIRECT SERVICE) | \$5,640,385 | | | \$5,640,385 |

Administration Cost Justification

Personnel – Additional 1.5 FTE will be hired to administer the expansion of primary prevention services including additional Communities that Care and PAX Good Behavior Game. The half time FTE will be split between the Mental Health Block Grant COVID 19 Supplemental funding to support the social media awareness campaign and early intervention services to implement SBIRT trainings.

Fringe – Payroll taxes and fringe benefits are calculated at 17.63% of base salary and a lump sum of \$12,701.00 for health insurance. The taxes and fringe details include Medicare (1.45%); Social Security (6.20 %); Workers' Compensation (.76%); Retirement (8.87%); and Unemployment (0.25%).

Supplies – General office supplies are calculated at \$100/month.

Equipment – N/A

Travel – Local site visits allows the program manager to visit the sub-contractors and ensure all needs and requirements are being met. Travel is estimated at 400 miles to 20 sub-contractors. This includes mileage, per diem and lodging for up to 10 nights.

Other – Montana DPHHS is a public assistance agency because it administers programs like Medicaid, TANF, SNAP, and as such does not apply a single approved rate to grants or awards as a means of allocating indirect costs. There is a federal regulation [2 CFR 200. Appendix VI] that states all public assistance agencies will develop, document, and implement a public assistance cost allocation plan (PACAP).

Direct Service Cost Justification

| <u>Contractual</u> | | Total Cost |
|------------------------------|--|-------------------|
| SABG Funding Category | Project Description | |
| Primary Prevention | Continue Primary SUD Prevention Services to communities under CRRSAA and new communities | \$ 4,000,000.00 |
| Primary Prevention | Continue the capacity for training and technical assistance to support expanded prevention infrastructure | \$ 75,000.00 |
| Primary Prevention | Implement statewide implementation and evaluation of risk messaging campaign, as developed and disseminated in communities, to monitor reach and efficacy of risk messaging campaign | \$ 150,000.00 |
| Primary Prevention | Increase the number of schools implementing substance use primary prevention by training 20 schools per year and conducting evaluation of implementation. Since this intervention prevents suicide, the funding for this project will be braided with MHBG ARPA funds at 50%. The total cost is \$1,000,000. | \$ 500,000.00 |
| Treatment | Continue the pilot regional crisis receiving and stabilization facilities that align with SAMHSA's National Guidelines for Behavioral Health Crisis Care | \$ 200,000.00 |
| Treatment | Continue to provide funding to the NARR affiliate member recovery residences to support the initial housing expenses, until the homes can secure sustainable funding. | \$ 433,366.00 |

Montana Substance Abuse Block Grant
American Rescue Plan Act FUNDING PLAN

1. Identify the needs and gaps of your state’s SUD prevention, treatment, and recovery services systems in the context of COVID-19.

Montana utilizes the SABG funds along with other state and federal funds to provide substance use disorder prevention, treatment, and recovery services to youth and adults at risk for or with a substance use disorder. Unfortunately, the COVID-19 pandemic has impacted individuals with behavioral health issues in MT and AMDD along with key partners and stakeholders have identified the following gaps in the behavioral health system that have existed but have been underscored as major needs due to the pandemic.

The gaps identified within our current behavioral health continuum include:

- Increase substance use/misuse prevention and early intervention risk messaging and activities. These include more widely available universal and targeted SUD prevention messaging and programming using evidence-based or best practice interventions, as well as early screening for substance use/misuse as well as depression screening for populations with shared risk factors for substance use. The state will utilize the Strategic Prevention Framework and the 6 CSAP strategies for implementing SUD prevention efforts.
- Increase access to 24/7 crisis response services that include crisis lines, mobile crisis and community outreach services for individuals experiencing a substance-related or co-occurring behavioral health crisis. This also includes expanding crisis services provided by peers.
- Increase behavioral health therapy, pharmaceutical, and care coordination services for adults with a diagnosed SUD who are re-entering the community from an inpatient facility and/or jail.
- Increase recovery support services with more coordination around support services that include housing, peer support, transportation, and employment support.

2. Describe how your state's spending plan proposal addresses the needs and gaps.

The American Rescue Plan Act funds will provide support to address the needs as highlighted above:

PRIMARY PREVENTION

- Expand access to primary SUD prevention services across the counties and reservations that were funded with Coronavirus Response and Relief Supplemental Appropriation funds and any additional counties not funded by CRRSAA will be eligible for funding under ARPA. Counties and reservations will need to determine readiness for accessing these funds. Upon readiness, the funds can cover 1.0 FTE to coordinate prevention services within the community. These communities will identify whether the 1.0 FTE will be dedicated to: community-based prevention to identify community priorities and develop and implement messaging and outreach activities addressing youth and adult use/misuse of substances; or dedicated to Communities That Care (CTC) prevention efforts by working through the CTC process for advancing youth substance use prevention. The CTC prevention will be based on the availability of CTC Coaching capacity. The contractors to cover these new sites will be identified through administrative procurement process and will be awarded approximately \$85,000 for each county to cover personnel expenses, planning and costs associated with implementing universal and/or targeted evidence-based prevention interventions and utilization of texting and mobile health messaging and web-based interventions for juvenile / criminal justice populations. The 6 CSAP strategies selected for this project will be identified and reported to AMDD.

The funding for this project is \$4,000,000 (Primary Prevention)

- Continue funding to the existing Regional Technical Assistance Leaders who provide technical assistance to the prevention specialists to include funding for an additional 1.0 FTE to develop and implement a statewide communication plan that aligns with the messaging and outreach activities. This plan will be developed in collaboration with AMDD and will be based on effective messaging as developed by SAMHSA or Mountain Plains Prevention Technology Center.
The funding for this project is \$75,000 (Primary Prevention).
- Continue the implementation of a statewide implementation and evaluation of risk messaging campaign as developed under the CRRSAA, to be disseminated in communities, to monitor reach and efficacy of risk messaging campaign. A contract will be awarded by the administrative procurement process for developing mobile health messaging, media dissemination, and evaluation of the media campaign and mobile health outreach. This project will use the CSAP strategy Dissemination of Information.
The funding for this project is \$150,000 (Primary Prevention).
- Increase the number of schools implementing an evidence-based substance use primary prevention program that promotes enhanced social-emotional behaviors and self-regulation that have a direct impact on preventing substance use and other behavioral health risks. Currently, MT has been promoting PAX Good Behavior Game in schools and the number of schools

implementing this program has increased from 127 schools to 147 (16% increase) schools. Our intention is to allow schools to select the EBP that best meets their needs. These funds will support training 20 schools per year and conducting evaluation of the EBP implementation. The training will be targeted for school leaders, paraprofessionals, school counselors, and parents/grandparents/guardians on how to build resiliency skills among MT youth. This project will use the CSAP strategy of Prevention Education.

The funding for this project is \$1,000,000 to be split 50/50 with the ARPA MHBG and ARPA SABG \$500,000 (Primary Prevention).

TREATMENT

- MT will continue to support the CRRSAA funded Recovery Residence project for homes that become certified NARR Affiliates. The SABG ARPA funds will provide funding to the NARR affiliate member recovery residences to support the housing expenses, until the homes can secure sustainable funding. Pregnant women and women with children will be a target population for recovery residence that have become certified NARR homes. Other homes that will be targeted include homes that serve families, veterans, individuals returning to the community from a correctional setting, and other populations impacted by social determinants of health.
The funding amount for this project is \$433,366 (Treatment/Recovery).

Important to note: In 2020, MT voters approved the ballot initiative to allow recreational marijuana use in MT. During the 2021 Legislative Session, the Governor's office proposed HB701, an initiative to allocate marijuana tax revenue towards behavioral health prevention, of which will sustain continued funding for many, if not all, of the proposed projects in this plan, when tax revenue will begin to be collected, in 2023.

3. If your state plans to utilize the funds for crisis services, describe how the state will advance the development of crisis services based on the *National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit*.

Montana's Addictive and Mental Disorders Division (AMDD) in the Montana Department of Public Health and Human Services (DPHHS) has been partnering with key stakeholders and local communities in our state to plan for and pilot regional crisis receiving and stabilization facilities that align with SAMHSA's National Guidelines for Behavioral Health Crisis Care. With the ARPA funds, the project can expand to include start-up funding for regional crisis receiving and stabilization facilities that will each serve a multi-county region inclusive of rural and frontier communities. The facilities will provide regions with alternatives to jails, emergency rooms, and the Montana State Hospital by providing 24/7/365 crisis care, accepting all referrals, and fulfilling the role of a designated drop-off location for first responders, law enforcement and mobile crisis response teams.

The funding for this project is \$200,000 (Treatment/Crisis).

4. If your state plans to utilize the funds for OUD, AUD, and/or TUD MAT services, describe how the state will implement these evidence-based services. Please reference the SAMHSA Evidence-based Practices Resource Center when considering selection of appropriate services.

Montana is a current awardee for the SAMHSA Substance Abuse Block Grant (SABG), State Opioid Response (SOR) Grant, Zero Suicide (ZS) Grant, COVID-19 Grant, and Pregnant and Post-Partum Women (PPW) Pilot Grant. Collectively, these grants are able to adequately cover substance use disorder treatment (including opioid use disorder, stimulant use disorder, alcohol use disorder, and Medication for Opioid Use Disorder) for individuals who do not meet Medicaid eligibility or have access to commercial insurance. Additionally, the SOR and SABG can provide funding for pre-adjudicated individual's substance use disorder assessments, therapy, and FDA-approved behavioral health medications while residing in a detention centers while waiting to be sentenced. SOR funds are available to cover opioid use disorder medications and therapy within these detention center settings. Therefore, no funding from the SABG ARPA grant will be allocated for OUD, AUD, TUD and/or MAT services.

5. Explain how your state plans to collaborate with other departments or agencies to address the identified needs.

The Addictive and Mental Disorder Division (AMDD) is responsible for all oversight of mental health and substance use continuum of care in MT including Medicaid State Plan Amendments, CMS Waivers, provider requirements and reimbursement for behavioral health services. AMDD has established strong working relationships with service providers organizations, including the Children and Family Services Division that manages foster care and child protection services; the DPHHS Public Health and Safety Division, that oversees all Chronic Disease, Tobacco Prevention and local public health services; the Health Resources Division that oversees all healthcare and hospital / outpatient clinic Medicaid Services; as well as partner agencies outside of the DPHHS, which include the Behavioral Health Alliance of MT, a membership organization of all mental health centers, substance use order treatment providers, FQHC and hospitals implementing integrated behavioral health; the MT Primary Care Association; the MT Hospital Association; the MT Peer Network; the Behavioral Health Advisory Council; and the Board of Behavioral Health with the Department of Labor; and the Service Area Authorities (SAA) and Local Advisory Councils (LAC) that represent a consumer perspective on needs and gaps.

Additionally, AMDD also received has been very involved in state and local public health COVID discussions to identify behavioral health impact and/or needs through this existing relationship that have been enhanced due to COVID planning. By working collaboratively with all these partners organizations, AMDD will continue to assess the ongoing needs and identify how these funds are addressing the needs.

6. If your state plans to utilize any of the waiver provisions listed above, please explain how your state will implement them with these funds and how the waiver will facilitate the state's response to COVID-19 pandemic and its deleterious impacts. (These waivers are only applicable to these

COVID Relief supplemental funds and not to the standard SABG funds). Grantees will be required to provide documentation and track use of such waivers.

Montana is not requesting to use ARPA funding outside of the required and allowed SABG requirements. All proposed projects are within the SABG regulations and allowances.

7. If your state plans to make provider stabilization payments, the proposal must include at a minimum the following: a. The period that the payments will be made available i.e., start date and end date.

MT does not plan to utilize SABG ARPA funds for provider stabilization because Montana's Governor's Office through the Department of Public Health and Human Services has been working with behavioral health providers to distribute multiple sources of COVID relief funds including the Behavioral Health Grants to non-profits, HHS Funding directly award to provider applicants, the Quarantine/Isolation Relief Payments and the initial COVID relief funding awarded at the onset of the epidemic.

8. If states plan to use ARPA funds for targeted housing costs, the proposal must include at a minimum the following:

MT is initiating a NARR Affiliate under the SOR grant this spring and will award a non-profit a contract through the administrative bid process to establish the affiliate and provide technical assistance to recovery residences in MT to become a member of the affiliate and implement the NARR standards. The SABG ARPA funds will provide funding to the NARR affiliate member recovery residences to support the initial housing expenses, until the homes can secure sustainable funding. Pregnant women and women with children will be a target population for recovery residence that have become certified NARR homes. Other homes that will be targeted include homes that serve families, veterans, individuals returning to the community from a correctional setting, and other populations impacted by social determinants of health.

a. The proposed amount of award amount for this purpose.

The funding amount for this project is \$433,366 and listed above under TREATMENT.

b. Methodology for determining rental and security deposit payments.

Affiliated NARR Recovery Residences in MT will submit a funding request application to AMDD requesting funding based on allowable expenses, identified and approved by SAMHSA. The funding will cover allowable housing expenses and will be awarded under a contract, to ensure compliance with federal funding regulations. MT AMDD will work with SAMHSA to determine whether funding will cover direct expense, such as rental expenses for the home or if a room and board rate will be developed, based on allowable expenses, for beds that are filled with a client. There are currently 50 homes that could potentially meet the NARR standards and can become a NARR affiliate member. The average number of beds per recovery residence is five and the average monthly rental payment for the home is \$1000, which averages \$200 per bed.

c. Eligibility criteria for payment of rent or security deposit.

The recovery residence must ensure they are an active NARR affiliate member in order to receive allowable housing funds through this funding opportunity and must have current policies and procedures

that support NARR. The recovery residence will additionally be required to utilize the funding as outlined in their contract, that is approved by SAMHSA and aligns with federal regulation.

d. Proposed approach/procedures for individuals to request rental assistance.

The funding will be made available to the MT recovery residence directly and not paid to individuals. The recovery residences will be required to establish clear protocols for determining the admission and continued stay requirements for the home.

9. MT American Rescue Plan Act Funding Budget

Table 2

| SABG Funding Categories | Amount of ARPA Supplement Funding | Required* / Allowed Set-Aside |
|---|-----------------------------------|-------------------------------|
| Primary Prevention | \$4,725,000 | \$1,128,077 * |
| Treatment (Crisis and Recovery Support) | \$633,366 | |
| Administration | \$ 282,019 | \$ 282,019 * |
| Total | \$5,640,385 | |

Detailed Budget and Justification

| Category | Current Budget | Proposed Re-budgeted Amount | *Non-Federal Match (if applicable) | Total ARPA Revised Budget |
|---|--------------------|-----------------------------|------------------------------------|---------------------------|
| ADMINISTRATION | | | | |
| Personnel | \$80,247 | N/A | N/A | \$80,247 |
| Fringe | \$33,199 | N/A | N/A | \$33,199 |
| Supplies | \$1,200 | N/A | N/A | \$1,200 |
| Equipment | \$0 | N/A | N/A | \$0 |
| Travel | \$10,000 | N/A | N/A | \$10,000 |
| Other | \$157,373 | N/A | N/A | \$157,373 |
| ADMINISTRATION SUBTOTAL | 282,019 | | | 282,019 |
| DIRECT SERVICE | | | | |
| Primary Prevention Contractual | \$4,725,000 | N/A | N/A | \$4,725,000 |
| Treatment Contractual | \$633,366 | N/A | N/A | \$633,366 |
| DIRECT SERVICE SUBTOTAL | \$5,358,366 | | | \$5,358,366 |
| GRAND TOTAL (ADMIN & DIRECT SERVICE) | \$5,640,385 | | | \$5,640,385 |

Administration Cost Justification

Personnel – Additional 1.5 FTE will be hired to administer the expansion of primary prevention services including additional Communities that Care and PAX Good Behavior Game. The half time FTE will be split between the Mental Health Block Grant COVID 19 Supplemental funding to support the social media awareness campaign and early intervention services to implement SBIRT trainings.

Fringe – Payroll taxes and fringe benefits are calculated at 17.63% of base salary and a lump sum of \$12,701.00 for health insurance. The taxes and fringe details include Medicare (1.45%); Social Security (6.20 %); Workers' Compensation (.76%); Retirement (8.87%); and Unemployment (0.25%).

Supplies – General office supplies are calculated at \$100/month.

Equipment – N/A

Travel – Local site visits allows the program manager to visit the sub-contractors and ensure all needs and requirements are being met. Travel is estimated at 400 miles to 20 sub-contractors. This includes mileage, per diem and lodging for up to 10 nights.

Other – Montana DPHHS is a public assistance agency because it administers programs like Medicaid, TANF, SNAP, and as such does not apply a single approved rate to grants or awards as a means of allocating indirect costs. There is a federal regulation [2 CFR 200. Appendix VI] that states all public assistance agencies will develop, document, and implement a public assistance cost allocation plan (PACAP).

Direct Service Cost Justification

| <u>Contractual</u> | | Total Cost |
|------------------------------|--|-------------------|
| SABG Funding Category | Project Description | |
| Primary Prevention | Continue Primary SUD Prevention Services to communities under CRRSAA and new communities | \$ 4,000,000.00 |
| Primary Prevention | Continue the capacity for training and technical assistance to support expanded prevention infrastructure | \$ 75,000.00 |
| Primary Prevention | Implement statewide implementation and evaluation of risk messaging campaign, as developed and disseminated in communities, to monitor reach and efficacy of risk messaging campaign | \$ 150,000.00 |
| Primary Prevention | Increase the number of schools implementing substance use primary prevention by training 20 schools per year and conducting evaluation of implementation. Since this intervention prevents suicide, the funding for this project will be braided with MHBG ARPA funds at 50%. The total cost is \$1,000,000. | \$ 500,000.00 |
| Treatment | Continue the pilot regional crisis receiving and stabilization facilities that align with SAMHSA's National Guidelines for Behavioral Health Crisis Care | \$ 200,000.00 |
| Treatment | Continue to provide funding to the NARR affiliate member recovery residences to support the initial housing expenses, until the homes can secure sustainable funding. | \$ 433,366.00 |

COVID Mitigation Funding Plan 2021 (SA)



Montana Substance Abuse Block Grant (SABG) FY21

Award Number: 1B08TI084592-01

CFDA 93.959

COVID-19 Response Workplan and Overview

The purpose of the COVID mitigation funding plan is to expand and implement dedicated testing and mitigation resources for people with behavioral health disorders. With the availability of these funds, behavioral health providers and recovery support programs can provide testing and virus mitigation services related to the COVID virus.

AMDD's plan to implement the COVID Mitigation Funding activities applies to the entirety of Montana, whether through public health departments, prevention specialists, drop-in centers, behavioral health providers, crisis teams, recovery support programs, and other entities working with individuals living with behavioral health disorders.

AMDD has been involved in state and local public health COVID discussions to identify behavioral health impact and/or needs in response to developing this plan. By working collaboratively with all these partners organizations, AMDD will expedite the release of these funds and coordinate with state and local partners to best align the mitigation resources.

The funds will be allocated for the following activities:

1. Direct Service Mitigation: Disseminate funds through existing behavioral health contracts for the purchase of testing and virus mitigation supplies for the SUD treatment providers and prevention specialists. Providers will be encouraged to utilize the funds to coordinate with the state and local health department on the purchase and training on administering self-test kits. Funds can also be used for promoting behaviors that prevent the spread of COVID which can include implementing temporary structures for handwashing, availability of facemasks, hand sanitizer, and other measures necessary to support the mitigation activities.

The estimated number of contracts is 40 and the projected amount per contract is \$2,500.

Funding for this activity: \$100,000

2. Promote Prevention for COVID Spread: AMDD will work with key partners to expand available messaging through social media, earned media, pamphlets, flyers, and other communication venues to promote healthy hygiene resources, directing individuals to get tested, and strategies around consumer hesitancy for testing. Other activities may include, facilitating support groups, education, prevention, and support services occurring after recovery from COVID infection. These funds will be used to enhance existing public information that will be modified and targeted to the behavioral health population.

Funding for this activity: \$18,750

COVID Mitigation Funding Plan 2021 (SA)



Montana Substance Abuse Block Grant (SABG) FY21

Award Number: 1B08TI084592-01

CFDA 93.959

COVID-19 Response Budget and Budget Justification

Funding Categories

| <i>Mitigation Activities</i> | <i>Funding per Category</i> |
|---|-----------------------------|
| 1. Direct Service Mitigation with Behavioral Health Providers | \$100,000 |
| 2. Promote Prevention for COVID spread | \$18,750 |
| 3. Administration / Indirect (5%) | \$6,250 |
| Total | \$125,000 |

Budget Justification

1. Direct Service Mitigation – approximately 40 contractors with existing contracts will receive funding for allowable mitigation services as outlined in the Workplan. Contractors will work with local and state Public Health on mitigation efforts and avoid duplication of funding or supply purchase.

2. Promote Prevention for COVID Spread – funds will be used to expand access to existing COVID prevention campaigns as outlined above, with modifications to target the behavioral health population. Funds will go to existing contracts in place for general public information for COVID prevention.

3. Administration / Indirect (5%) – the DPHHS cost allocation requires indirect for all grants and 5% will be allocated from this award to cover indirect expenses, per the MT Cost Allocation Rate.

COVID Mitigation Funding Plan 2021 (SA)



Montana Substance Abuse Block Grant (SABG) FY21

Award Number: 1B08TI084592-01

CFDA 93.959

COVID-19 Response Workplan and Overview

The purpose of the COVID mitigation funding plan is to expand and implement dedicated testing and mitigation resources for people with behavioral health disorders. With the availability of these funds, behavioral health providers and recovery support programs can provide testing and virus mitigation services related to the COVID virus.

AMDD's plan to implement the COVID Mitigation Funding activities applies to the entirety of Montana, whether through public health departments, prevention specialists, drop-in centers, behavioral health providers, crisis teams, recovery support programs, and other entities working with individuals living with behavioral health disorders.

AMDD has been involved in state and local public health COVID discussions to identify behavioral health impact and/or needs in response to developing this plan. By working collaboratively with all these partners organizations, AMDD will expedite the release of these funds and coordinate with state and local partners to best align the mitigation resources.

The funds will be allocated for the following activities:

1. Direct Service Mitigation: Disseminate funds through existing behavioral health contracts for the purchase of testing and virus mitigation supplies for the SUD treatment providers and prevention specialists. Providers will be encouraged to utilize the funds to coordinate with the state and local health department on the purchase and training on administering self-test kits. Funds can also be used for promoting behaviors that prevent the spread of COVID which can include implementing temporary structures for handwashing, availability of facemasks, hand sanitizer, and other measures necessary to support the mitigation activities.

The estimated number of contracts is 40 and the projected amount per contract is \$2,500.

Funding for this activity: \$100,000

2. Promote Prevention for COVID Spread: AMDD will work with key partners to expand available messaging through social media, earned media, pamphlets, flyers, and other communication venues to promote healthy hygiene resources, directing individuals to get tested, and strategies around consumer hesitancy for testing. Other activities may include, facilitating support groups, education, prevention, and support services occurring after recovery from COVID infection. These funds will be used to enhance existing public information that will be modified and targeted to the behavioral health population.

Funding for this activity: \$18,750

COVID Mitigation Funding Plan 2021 (SA)



Montana Substance Abuse Block Grant (SABG) FY21

Award Number: 1B08TI084592-01

CFDA 93.959

COVID-19 Response Budget and Budget Justification

Funding Categories

| <i>Mitigation Activities</i> | <i>Funding per Category</i> |
|---|-----------------------------|
| 1. Direct Service Mitigation with Behavioral Health Providers | \$100,000 |
| 2. Promote Prevention for COVID spread | \$18,750 |
| 3. Administration / Indirect (5%) | \$6,250 |
| Total | \$125,000 |

Budget Justification

1. Direct Service Mitigation – approximately 40 contractors with existing contracts will receive funding for allowable mitigation services as outlined in the Workplan. Contractors will work with local and state Public Health on mitigation efforts and avoid duplication of funding or supply purchase.

2. Promote Prevention for COVID Spread – funds will be used to expand access to existing COVID prevention campaigns as outlined above, with modifications to target the behavioral health population. Funds will go to existing contracts in place for general public information for COVID prevention.

3. Administration / Indirect (5%) – the DPHHS cost allocation requires indirect for all grants and 5% will be allocated from this award to cover indirect expenses, per the MT Cost Allocation Rate.

COVID Mitigation Funding Plan 2021 (SA)



Montana Substance Abuse Block Grant (SABG) FY21

Award Number: 1B08TI084592-01

CFDA 93.959

COVID-19 Response Workplan and Overview

The purpose of the COVID mitigation funding plan is to expand and implement dedicated testing and mitigation resources for people with behavioral health disorders. With the availability of these funds, behavioral health providers and recovery support programs can provide testing and virus mitigation services related to the COVID virus.

AMDD's plan to implement the COVID Mitigation Funding activities applies to the entirety of Montana, whether through public health departments, prevention specialists, drop-in centers, behavioral health providers, crisis teams, recovery support programs, and other entities working with individuals living with behavioral health disorders.

AMDD has been involved in state and local public health COVID discussions to identify behavioral health impact and/or needs in response to developing this plan. By working collaboratively with all these partners organizations, AMDD will expedite the release of these funds and coordinate with state and local partners to best align the mitigation resources.

The funds will be allocated for the following activities:

1. Direct Service Mitigation: Disseminate funds through existing behavioral health contracts for the purchase of testing and virus mitigation supplies for the SUD treatment providers and prevention specialists. Providers will be encouraged to utilize the funds to coordinate with the state and local health department on the purchase and training on administering self-test kits. Funds can also be used for promoting behaviors that prevent the spread of COVID which can include implementing temporary structures for handwashing, availability of facemasks, hand sanitizer, and other measures necessary to support the mitigation activities.

The estimated number of contracts is 40 and the projected amount per contract is \$2,500.

Funding for this activity: \$100,000

2. Promote Prevention for COVID Spread: AMDD will work with key partners to expand available messaging through social media, earned media, pamphlets, flyers, and other communication venues to promote healthy hygiene resources, directing individuals to get tested, and strategies around consumer hesitancy for testing. Other activities may include, facilitating support groups, education, prevention, and support services occurring after recovery from COVID infection. These funds will be used to enhance existing public information that will be modified and targeted to the behavioral health population.

Funding for this activity: \$18,750

COVID Mitigation Funding Plan 2021 (SA)



Montana Substance Abuse Block Grant (SABG) FY21

Award Number: 1B08TI084592-01

CFDA 93.959

COVID-19 Response Budget and Budget Justification

Funding Categories

| <i>Mitigation Activities</i> | <i>Funding per Category</i> |
|---|-----------------------------|
| 1. Direct Service Mitigation with Behavioral Health Providers | \$100,000 |
| 2. Promote Prevention for COVID spread | \$18,750 |
| 3. Administration / Indirect (5%) | \$6,250 |
| Total | \$125,000 |

Budget Justification

1. Direct Service Mitigation – approximately 40 contractors with existing contracts will receive funding for allowable mitigation services as outlined in the Workplan. Contractors will work with local and state Public Health on mitigation efforts and avoid duplication of funding or supply purchase.

2. Promote Prevention for COVID Spread – funds will be used to expand access to existing COVID prevention campaigns as outlined above, with modifications to target the behavioral health population. Funds will go to existing contracts in place for general public information for COVID prevention.

3. Administration / Indirect (5%) – the DPHHS cost allocation requires indirect for all grants and 5% will be allocated from this award to cover indirect expenses, per the MT Cost Allocation Rate.

Department of Public Health and Human Services

Addictive & Mental Disorders Division ♦ PO Box 202905 / 100 North Park Avenue, Suite 300

♦ Helena, MT 59620-2905 ♦ (406) 444-3964 ♦ Fax: (406) 444-7391 / 444-9389

Greg Gianforte, Governor

Adam Meier, Director

September 29, 2021

Theresa Mitchell Hampton
Public Health Advisory / State Project Officer
SAMHSA
Center for Substance Abuse Treatment
5600 Fishers Lane, Station 13N 16-E
Rockville, MD 20857

Dear Dr. Mitchell Hampton,

This letter is to request a targeted housing waiver that will enhance the behavioral health continuum of care in Montana by providing a safe and supportive living environment centered around recovery from alcohol and other drugs. This request is in conjunction with the Montana SABG Coronavirus Response and Relief Supplement and American Rescue Plan Act funding plans.

To fill a critical gap in the behavioral health continuum, Montana is in the process of initiating a National Alliance for Recovery Residences (NARR) Affiliate, the first of its kind for our state. By having a NARR Affiliate, current recovery residences can aim to achieve a high set of national standards for ensuring safe and supportive housing for individuals in or working towards recovery from a substance use disorder.

Within the next month, a NARR Affiliate will be selected through the state procurement process and will begin establishing the components for recruiting and providing training to existing recovery residences and developing credentialing processes. The development of a MT NARR Affiliate is funded with the SAMHSA State Opioid Response (SOR) grant and over the course of the next 9 months, the NARR Affiliate will prepare existing recovery residences through certification to meet NARR standards. Once homes become NARR certified, they would be eligible for Federal Funds, if this targeted housing waiver is approved.

The Targeted Housing Waiver for using COVID-19 SABG funds is outlined below:

The proposed amount of award amount for this purpose.

Coronavirus Response and Relief Supplemental Act: \$577,423

American Rescue Plan Act: \$433,366

Methodology for determining rental and security deposit payments.

Certified NARR Recovery Residences in MT will submit a request for funding to the DPHHS Addictive and Mental Disorders Division (AMDD) requesting SABG funding for recovery residence expenses, as allowed by SAMHSA and SABG statute. The funding will be awarded through a contract to ensure compliance with federal

funding regulations. At this time, allowable expenses have not been determined but in conjunction with consultation from SAMHSA, could include one or more of the following:

* salary for parttime house manager

* daily room and board rate

There are currently 60 homes that could potentially meet the NARR standards and become certified. The average number of beds per recovery residence is five and the average monthly rental payment for the home is \$1000, which averages \$200 per bed. Most individuals living in the home currently assist with covering the costs associated with monthly rent, utilities, and food, but additional funding could support a house manager and other recovery support services. Funding levels for each recovery residence would be based on the total number of certified recovery residences requesting funding, to determine how much each home could receive, which would be estimated at \$10,000 per year.

Eligibility criteria for payment of rent or security deposit.

Recovery residences must achieve NARR certification in order to receive housing funds through this funding opportunity. As a certified NARR recovery residence, the home will have current policies, procedures, and culture in place to provide a safe, healthy and recovery-oriented living environment. The certified recovery residence will additionally be required to utilize the funding as outlined in their contract, that is approved by SAMHSA and aligns with federal regulation.

Proposed approach/procedures for individuals to request rental assistance.

The funding will be awarded directly to the certified NARR Recovery residence, through a contract between AMDD and the home. Funds will not be paid directly to individuals living in the home. The recovery residences will be required to establish clear protocols for determining the admission and continued stay requirements for the home.

Thank you for considering Montana's request for a Targeted Housing Waiver. If you need additional information, please contact me.

Sincerely,

Bobbi Perkins

Bobbi Perkins
Chief, Prevention Bureau
Single State Authority

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

Bobbi Perkins

Title

Prevention Bureau Chief

Organization

Montana Dept. of Public Health and Human Services - AMDD

Signature:

Date:

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

Footnotes:

09-02-2020 updates By Dana Geary

Disclosure of Lobbying Activities - signed Bobbi Perkins uploaded in Attachments.

09-02-2020 updates ended by Dana Geary

State Information

SABG Mini-APP

Disclosure of Lobbying Activities

To View Standard Form LLL. Click the link below (This form is OPTIONAL)
Standard Form LLL (click here)

Name Robbi Perkins
Title Bureau Chief
Organization MT DPHHS / AMDA

Signature:  Date: 08/27/2020

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

Footnotes:

State Information

Disclosure of Lobbying Activities

MHBG Mini-App

To View Standard Form LLL, Click the link below (This form is OPTIONAL)
[Standard Form LLL \(click here\)](#)

Name *Robbi Perkins*
Title *Bureau Chief*
Organization *MT DPHHS/AMDD*

Signature: *Robbi Perkins*

Date: *08/27/2020*

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

Footnotes:

I. State Information

Chief Executive Officer's Funding Agreements, Assurances Non-Construction Programs and Certifications (Form 3)
Fiscal Year 2020/21

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

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.

State: MONTANA

Name of Chief Executive Officer (CEO) or Designee: BOBBI PERKINS

Signature of CEO or Designee¹: 

Title: Bureau Chief Date Signed: 8-21-20
mm/dd/yyyy

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

ASSURANCES - NON-CONSTRUCTION PROGRAMS

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

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

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685- 1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
8. 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.

9. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
10. Will comply, 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 sub agreements.
11. 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.
12. 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).
13. 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.
14. 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.).
15. 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.
16. 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.
17. 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.

18. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
19. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

LIST of CERTIFICATIONS

1. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93). By signing and submitting this application, the applicant is providing certification set out in Appendix A to 45 CFR Part 93.

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

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

3. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

The authorized official signing for the applicant organization certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act. The applicant organization agrees that it will require that the language of this certification be included in any sub-awards which contain provisions for children's services and that all sub-recipients shall certify accordingly.

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

Planning Tables

Table 4 SABG Planned Expenditures

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

| Expenditure Category | FFY 2020 SA Block Grant Award | FFY 2021 SA Block Grant Award | COVID-19 Award ¹ | ARP Award ² |
|--|-------------------------------|-------------------------------|-----------------------------|------------------------|
| 1 . Substance Use Disorder Prevention and Treatment ³ | \$4,529,312 | \$4,062,444 | \$1,427,423 | \$633,366 |
| 2 . Primary Substance Use Disorder Prevention | \$2,090,452 | \$2,557,320 | \$4,777,000 | \$4,725,000 |
| 3 . Tuberculosis Services | \$0 | \$0 | \$0 | \$0 |
| 4 < . Early Intervention Services for HIV ⁴ | \$0 | \$0 | \$0 | \$0 |
| 5 . Administration (SSA Level Only) | \$348,409 | \$348,409 | \$326,549 | \$282,019 |
| 6. Total | \$6,968,173 | \$6,968,173 | \$6,530,972 | \$5,640,385 |

¹The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the planning period for the standard SABG expenditures for the FFY 2021 SABG Award is October 1, 2020 - September 30, 2021. For purposes of this table, all COVID-19 Relief Supplemental expenditures between March 15, 2021 and September 30, 2021 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**, which is different from the expenditure period for the FY 2021 "standard" SABG, which is October 1, 2020 - September 30, 2021. The planned expenditures for the period of September 1, 2021 - September 30, 2021 should be entered here.

³Prevention other than Primary Prevention

⁴For the purpose of determining the states and jurisdictions that are considered "designated states" as described in section 1924(b)(2) of Title XIX, Part B,

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

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

Footnotes:

9-16-2020 Updates by Dana Geary

Per email from Chris Currie, AMDD Fiscal, 9-16-2020 11:11 am. (FY2020 award approved \$6,968,173 in Federal Funds. 5% Amin cap would be \$348,409 rounded up. Section I AWARD DATA - 6B08TI083049-01M001.)

9-16-2020 End Updates by Dana Geary

10-05-2020 Updates by Dana Geary

Added Table 6 Primary Prevention to Row 2 to FY 2021 SA Block Grant Award

End Updates 10-05-2020 By Dana Geary

Planning Tables

Table 5a SABG Primary Prevention Planned Expenditures

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

| Strategy | A | B | C | | |
|--|--------------|----------------------|----------------------|-----------------------|--------------------|
| | IOM Target | FFY 2020 | SA Block Grant Award | FFY 2021 | |
| | | SA Block Grant Award | | COVID-19 ¹ | ARP ² |
| 1. Information Dissemination | Universal | \$475,776 | \$475,776 | \$1,098,710 | \$1,086,750 |
| | Selective | | | | |
| | Indicated | | | | |
| | Unspecified | | | | |
| | Total | \$475,776 | \$475,776 | \$1,098,710 | \$1,086,750 |
| 2. Education | Universal | \$179,789 | \$179,789 | \$400,000 | \$400,000 |
| | Selective | \$8,362 | \$8,362 | \$9,930 | \$5,250 |
| | Indicated | \$20,905 | \$20,905 | \$20,000 | \$20,000 |
| | Unspecified | | | | |
| | Total | \$209,056 | \$209,056 | \$429,930 | \$425,250 |
| 3. Alternatives | Universal | \$180,615 | \$180,615 | \$400,000 | \$400,000 |
| | Selective | \$1,882 | \$1,882 | \$9,930 | \$5,250 |
| | Indicated | \$5,644 | \$5,644 | \$20,000 | \$20,000 |
| | Unspecified | | | | |
| | Total | \$188,141 | \$188,141 | \$429,930 | \$425,250 |
| 4. Problem Identification and Referral | Universal | | | | |
| | Selective | \$10,660 | \$10,660 | \$30,000 | \$30,000 |
| | Indicated | \$36,164 | \$36,164 | \$65,540 | \$64,500 |
| | Unspecified | | | | |
| | Total | \$46,824 | \$46,824 | \$95,540 | \$94,500 |
| | Universal | \$752,563 | \$752,563 | \$1,719,720 | \$1,701,000 |

| | | | | | |
|--|--------------------|--------------------|--------------------|--------------------|--------------------|
| 5. Community-Based Process | Selective | | | | |
| | Indicated | | | | |
| | Unspecified | | | | |
| | Total | \$752,563 | \$752,563 | \$1,719,720 | \$1,701,000 |
| 6. Environmental | Universal | \$181,826 | \$181,826 | \$429,930 | \$425,250 |
| | Selective | | | | |
| | Indicated | | | | |
| | Unspecified | | | | |
| | Total | \$181,826 | \$181,826 | \$429,930 | \$425,250 |
| 7. Section 1926 Tobacco | Universal | \$236,266 | \$236,266 | \$500,000 | \$500,000 |
| | Selective | | | | |
| | Indicated | | | | |
| | Unspecified | | | | |
| | Total | \$236,266 | \$236,266 | \$500,000 | \$500,000 |
| 8. Other | Universal | | | \$73,240 | \$67,000 |
| | Selective | | | | |
| | Indicated | | | | |
| | Unspecified | | | | |
| | Total | \$0 | \$0 | \$73,240 | \$67,000 |
| Total Prevention Expenditures | \$2,090,452 | \$2,090,452 | \$4,777,000 | \$4,725,000 | |
| Total SABG Award* | \$6,968,173 | \$6,968,173 | \$6,530,972 | \$5,640,385 | |
| Planned Primary Prevention Percentage | 30.00 % | 30.00 % | 73.14 % | 83.77 % | |

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

¹The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 – March 14, 2023**. Per the instructions, the planning period for the standard SABG expenditures for the FFY 2021 SABG Award is October 1, 2020 – September 30, 2021. For purposes of this table, all COVID-19 Relief Supplemental expenditures between March 15, 2021 and September 30, 2021 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**, which is different from the expenditure period for the FY 2021 "standard" SABG, which is October 1, 2020 - September 30, 2021. The planned expenditures for the period of September 1, 2021 - September 30, 2021 should be entered here.

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

Footnotes:

No Revisions required. 10-01-2020

Planning Tables

Table 5b SABG Primary Prevention Planned Expenditures by IOM Category

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

| Activity | FFY 2020 SA Block Grant Award | FFY 2021 SA Block Grant Award | COVID-19 Award ¹ | ARP Award ² |
|--|-------------------------------|-------------------------------|-----------------------------|------------------------|
| Universal Direct | \$752,563 | \$752,563 | \$1,709,992 | \$1,694,600 |
| Universal Indirect | \$1,254,272 | \$1,254,272 | \$2,911,608 | \$2,885,400 |
| Selective | \$20,904 | \$20,904 | \$49,860 | \$40,500 |
| Indicated | \$62,713 | \$62,713 | \$105,540 | \$104,500 |
| Column Total | \$2,090,452 | \$2,090,452 | \$4,777,000 | \$4,725,000 |
| Total SABG Award³ | \$6,968,173 | \$6,968,173 | \$6,530,972 | \$5,640,385 |
| Planned Primary Prevention Percentage | 30.00 % | 30.00 % | 73.14 % | 83.77 % |

¹The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the planning period for the standard SABG expenditures for the FFY 2021 SABG Award is October 1, 2020 - September 30, 2021. For purposes of this table, all COVID-19 Relief Supplemental expenditures between March 15, 2021 and September 30, 2021 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**, which is different from the expenditure period for the FY 2021 "standard" SABG, which is October 1, 2020 - September 30, 2021. The planned expenditures for the period of September 1, 2021 - September 30, 2021 should be entered here.

³Total SABG Award is populated from Table 4 - SABG Planned Expenditures

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

Footnotes:

Planning Tables

Table 5c SABG Planned Primary Prevention Targeted Priorities

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

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

| | SABG Award | COVID-19 Award ¹ | ARP Award ² |
|---|-------------------------------------|-------------------------------------|-------------------------------------|
| Targeted Substances | | | |
| Alcohol | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Tobacco | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Marijuana | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Prescription Drugs | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cocaine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Heroin | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Inhalants | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Methamphetamine | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Bath salts, Spice, K2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Targeted Populations | | | |
| Students in College | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Military Families | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| LGBTQ | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| American Indians/Alaska Natives | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| African American | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hispanic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Homeless | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |



¹The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 – March 14, 2023**. Per the instructions, the planning period for the standard SABG expenditures for the FFY 2021 SABG Award is October 1, 2020 – September 30, 2021. For purposes of this table, all COVID-19 Relief Supplemental expenditures between March 15, 2021 and September 30, 2021 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**, which is different from the expenditure period for the FY 2021 "standard" SABG, which is October 1, 2020 - September 30, 2021. The planned expenditures for the period of September 1, 2021 - September 30, 2021 should be entered here.

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

Footnotes:

Planning Tables

Table 6 Non-Direct Services/System Development

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

| Activity | FY 2020 | | | FY 2021 | | | | |
|---|-------------------|--------------------|---------------------------------|-------------------|--------------------|---------------------------------|--------------------------|---------------------|
| | A. SABG Treatment | B. SABG Prevention | C. SABG Integrated ¹ | A. SABG Treatment | B. SABG Prevention | C. SABG Integrated ¹ | D. COVID-19 ² | E. ARP ³ |
| 1. Information Systems | \$62,714 | \$62,714 | | \$62,714 | \$62,714 | | | |
| 2. Infrastructure Support | \$90,586 | \$90,586 | | \$90,586 | \$90,586 | | | |
| 3. Partnerships, community outreach, and needs assessment | \$90,586 | \$90,586 | | \$90,586 | \$90,586 | | | |
| 4. Planning Council Activities (MHBG required, SABG optional) | \$6,968 | \$6,968 | | \$6,968 | \$6,968 | | | |
| 5. Quality Assurance and Improvement | \$459,901 | | | \$459,901 | | | | |
| 6. Research and Evaluation | \$0 | | | \$0 | \$0 | | | |
| 7. Training and Education | \$216,014 | \$216,014 | | \$216,014 | \$216,014 | | | |
| 8. Total | \$926,769 | \$466,868 | \$0 | \$926,769 | \$466,868 | \$0 | \$0 | \$0 |

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**. Per the instructions, the planning period for the standard SABG expenditures for the FFY 2021 SABG Award is October 1, 2020 - September 30, 2021. For purposes of this table, all COVID-19 Relief Supplemental expenditures between March 15, 2021 and September 30, 2021 should be entered in the FY 2021, Column D.

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 FY 2021 "standard" SABG, which is October 1, 2020 - September 30, 2021. The planned expenditures for the period of September 1, 2021 - September 30, 2021 should be entered here.

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

Footnotes:

Revisions 10-01-2020

Per Project Officer's instruction we moved Prevention and Treatment to the Combined Column for a total of \$1,393,637

End Revision 10-01-2020

10-06-2020 updates by Dana Geary

Tables for FY2021 same as previous year in FY2020

End Updates 10-06-2020 by Dana Geary

Environmental Factors and Plan

22. Public Comment on the State Plan - Required

Narrative Question

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

Please respond to the following items:

1. Did the state take any of the following steps to make the public aware of the plan and allow for public comment?
 - a) Public meetings or hearings? Yes No
 - b) Posting of the plan on the web for public comment? Yes No
If yes, provide URL:
<https://dphhs.mt.gov/amdd/SubstanceAbuse.aspx>
 - c) Other (e.g. public service announcements, print media) Yes No

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

Footnotes:

Environmental Factors and Plan

23. Syringe Services (SSP)

Narrative Question:

The Substance Abuse Prevention and Treatment Block Grant (SABG) restriction^{1,2} on the use of federal funds for programs distributing sterile needles or syringes (referred to as syringe services programs (SSP)) was modified by the [Consolidated Appropriations Act](#), 2018 (P.L. 115-141) signed by President Trump on March 23, 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 SABG to fund elements of an SSP other than to purchase sterile needles or syringes. States interested in directing SABG funds to SSPs must provide the information requested below and receive approval from the State Project Officer. Please note that the term used in the SABG statute and regulation, *intravenous drug user* (IVDU) is being replaced for the purposes of this discussion by the term now used by the federal government, *persons who inject drugs* (PWID).

States may consider making SABG funds available to either one or more entities to establish elements of a SSP or to establish a relationship with an existing SSP. States should keep in mind the related PWID SABG authorizing legislation and implementing regulation requirements when developing its Plan, specifically, requirements to provide outreach to PWID, SUD treatment and recovery services for PWID, and to routinely collaborate with other healthcare providers, which may include HIV/STD clinics, public health providers, emergency departments, and mental health 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](https://www.hiv.gov/sites/default/files/hhs-ssp-guidance.pdf) from The US Department of Health and Human Services, Office of HIV/AIDS and Infectious Disease Policy <https://www.hiv.gov/sites/default/files/hhs-ssp-guidance.pdf>,
2. [Centers for Disease Control and Prevention \(CDC\) Program Guidance for Implementing Certain Components of Syringe Services Programs, 2016](http://www.cdc.gov/hiv/pdf/risk/cdc-hiv-syringe-exchange-services.pdf) 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) <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.

¹ Section 1923 (b) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-23(b)) and 45 CFR § 96.126(e) requires entities that receive SABG funds to provide substance use disorder (SUD) treatment services to PWID to also conduct outreach activities to encourage such persons to undergo SUD treatment. Any state or jurisdiction that plans to re-obligate FY 2020-2021 SABG funds previously made available such entities for the purposes of providing substance use disorder treatment services to PWID and outreach to such persons may submit a request via its plan to SAMHSA for the purpose of incorporating elements of a SSP in one or more such entities insofar as the plan request is applicable to the FY 2020-2021 SABG funds **only** and is consistent with guidance issued by SAMHSA.

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

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

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

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

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

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

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

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

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

- 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.

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

Footnotes:

Notes 9-18-2020 by Dana Geary

At this time, AMDD does not provide Syringe Services.

End Notes 9-18-2020

Environmental Factors and Plan

Syringe Services (SSP) Program Information-Table A

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

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

Footnotes:

Notes 9-18-2020 by Dana Geary
At this time, AMDD does not provide Syringe Services.
End Notes 9-18-2020