

I: State Information

State Information

Plan Year

Start Year:

2014

End Year:

2015

State SAPT DUNS Number

Number

927049767

Expiration Date

6/30/2018 12:00:00 AM

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

Agency Name

Cabinet for Health and Family Services

Organizational Unit

Department for Behavioral Health, Developmental and Intellectual Disabilities

Mailing Address

275 East Main Street

City

Frankfort

Zip Code

40621

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

First Name

Michele

Last Name

Blevins

Agency Name

Department for Behavioral Health, Developmental and Intellectual Disabilities

Mailing Address

275 East Main Street 4 WG

City

Frankfort

Zip Code

40621

Telephone

502-782-6150

Fax

502-564-9010

Email Address

Michele.Blevins@ky.gov

State CMHS DUNS Number

Number

927049767

Expiration Date

6/30/2018 12:00:00 AM

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

Agency Name

Cabinet for Health and Family Services

Organizational Unit

Department for Behavioral Health, Developmental and Intellectual Disabilities

Mailing Address

275 East Main Street 4 WG

City

Frankfort

Zip Code

40621

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

First Name

Michele

Last Name

Blevins

Agency Name

Department for Behavioral Health, Developmental and Intellectual Disabilities

Mailing Address

275 East Main Street 4W-G

City

Frankfort

Zip Code

40621

Telephone

502-782-6150

Fax

502-564-9010

Email Address

michele.blevins@ky.gov

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

From

To

IV. Date Submitted

NOTE: this field will be automatically populated when the application is submitted.

Submission Date

9/2/2014 4:31:02 PM

Revision Date

3/19/2015 9:08:26 AM

V. Contact Person Responsible for Application Submission

First Name

Michele

Last Name

Blevins

Telephone

502-782-6150

Fax

502-564-9010

Email Address

michele.blevins@ky.gov

Footnotes:

I: State Information

Assurance - Non-Construction Programs

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

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

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

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).

14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

Name

Title

Organization

Signature: _____ Date: _____

Footnotes:

A signed copy is attached.

I: State Information

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 45 CFR Part 76, and its principals:

- a. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- b. have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- c. are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- d. have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion--Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with subgrantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

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 45 CFR Part 76 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).

For purposes of paragraph, regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management
Office of Grants Management

3. Certifications 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).

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)

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 sub-awards 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.

Name	Audrey Tayse Haynes
Title	Secretary
Organization	Cabinet for Health and Family Services

Signature: _____ Date: _____

Footnotes:

I: State Information

Chief Executive Officer's Funding Agreements (Form 3) - [SA]

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

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

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.

Name of Chief Executive Officer (CEO) or Designee

Title

Signature of CEO or Designee¹: _____ Date: _____

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

Footnotes:

Signed Copy is Attached

I: State Information

Chief Executive Officer's Funding Agreements (Form 3) - [MH]

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administrations
Funding Agreements
as required by
Community Mental Health Services Block Grant Program
as authorized by
Title XIX, Part B, Subpart I and Subpart III of the Public Health Service Act
and
Tile 42, Chapter 6A, Subchapter XVII of the United States Code

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

Section	Title	Chapter
Section 1911	Formula Grants to States	42 USC § 300x
Section 1912	State Plan for Comprehensive Community Mental Health Services for Certain Individuals	42 USC § 300x-1
Section 1913	Certain Agreements	42 USC § 300x-2
Section 1914	State Mental Health Planning Council	42 USC § 300x-3
Section 1915	Additional Provisions	42 USC § 300x-4
Section 1916	Restrictions on Use of Payments	42 USC § 300x-5
Section 1917	Application for Grant	42 USC § 300x-6

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

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 I 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.

Name of Chief Executive Officer (CEO) or Designee

Audrey Tayse Haynes

Title

Secretary

Signature of CEO or Designee¹: _____ Date: _____

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

Footnotes:

Signed Copy is Attached

I: State Information

Disclosure of Lobbying Activities

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

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

Name	<input type="text" value="Audrey Tayse Haynes"/>
Title	<input type="text" value="Secretary"/>
Organization	<input type="text" value="Cabinet for Health and Family Services"/>

Signature: _____ Date: _____

Footnotes:

III: Use of Block Grant Dollars for Block Grant Activities

Table 2 State Agency Planned Expenditures [MH]

Planning Period - From 07/01/2014 to 06/30/2015

Activity (See instructions for using Row 1.)	A.Substance Abuse Block Grant	B.Mental Health Block Grant	C.Medicaid (Federal, State, and Local)	D.Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E.State Funds	F.Local Funds (excluding local Medicaid)	G.Other
1. Substance Abuse Prevention* and Treatment							
a. Pregnant Women and Women with Dependent Children*							
b. All Other							
2. Substance Abuse Primary Prevention							
3. Tuberculosis Services							
4. HIV Early Intervention Services							
5. State Hospital			\$36,000,000	\$13,200,000	\$62,100,000	\$2,800,000	\$0
6. Other 24 Hour Care		\$0	\$16,400,000	\$700,000	\$7,200,000	\$2,000,000	\$0
7. Ambulatory/Community Non-24 Hour Care		\$5,700,000	\$32,200,000	\$2,500,000	\$49,700,000	\$0	\$0
8. Mental Health Primary Prevention		\$0	\$0	\$0	\$0	\$0	\$0
9. Mental Health Evidenced-based Prevention and Treatment (5% of total award)		\$323,455	\$0	\$0	\$0	\$0	\$0
10. Administration (Excluding Program and Provider Level)		\$100,000	\$600,000	\$800,000	\$8,600,000	\$0	\$0
13. Total	\$0	\$6,123,455	\$85,200,000	\$17,200,000	\$127,600,000	\$4,800,000	\$0

* Prevention other than primary prevention

footnote:

III: Use of Block Grant Dollars for Block Grant Activities

Table 4 SABG Planned Expenditures

Expenditure Period Start Date: 10/1/2014 Expenditure Period End Date: 9/30/2016

Expenditure Category	FY 2014 SA Block Grant Award	FY 2015 SA Block Grant Award
1 . Substance Abuse Prevention* and Treatment		\$15,950,355
2 . Substance Abuse Primary Prevention		\$4,251,930
3 . Tuberculosis Services		
4 . HIV Early Intervention Services**		
5 . Administration (SSA Level Only)		\$45,000
6. Total		\$20,247,285

* Prevention other than primary prevention

** HIV Early Intervention Services

footnote:

III: Use of Block Grant Dollars for Block Grant Activities

Table 5a SABG Primary Prevention Planned Expenditures

Expenditure Period Start Date: 10/1/2014 Expenditure Period End Date: 9/30/2016

Strategy	IOM Target	FY 2014		FY 2015	
		SA Block Grant Award		SA Block Grant Award	
Information Dissemination	Universal			\$602,863	
	Selective			\$12,412	
	Indicated			\$1,215	
	Unspecified				
	Total			\$616,490	
Education	Universal			\$445,793	
	Selective			\$7,449	
	Indicated			\$1,710	
	Unspecified				
	Total			\$454,952	
Alternatives	Universal			\$269,557	
	Selective			\$1,143	
	Indicated				
	Unspecified				
	Total			\$270,700	
Problem Identification and Referral	Universal			\$217,127	
	Selective			\$2,990	
	Indicated			\$514	
	Unspecified				
	Total			\$220,631	

	Total		\$220,631
Community-Based Process	Universal		\$1,283,258
	Selective		\$12,110
	Indicated		\$291
	Unspecified		
	Total		\$1,295,659
Environmental	Universal		\$367,654
	Selective		\$1,923
	Indicated		
	Unspecified		
	Total		\$369,577
Section 1926 Tobacco	Universal		
	Selective		
	Indicated		
	Unspecified		\$100,000
	Total		\$100,000
Other	Universal		
	Selective		
	Indicated		
	Unspecified		\$923,921
	Total		\$923,921
Total Prevention Expenditures			\$4,251,930
Total SABG Award*			\$20,247,285
Planned Primary Prevention Percentage			21.00 %

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

footnote:

Of the \$390,321 allocated to resource development, \$117,100 can be attributed to Universal Information Dissemination; the remaining \$273,221 can be attributed to Universal Community-Based Process.

III: Use of Block Grant Dollars for Block Grant Activities

Table 5b SABG Primary Prevention Planned Expenditures

Expenditure Period Start Date: 10/1/2014 Expenditure Period End Date: 9/30/2016

Activity	FY 2014 SA Block Grant Award	FY 2015 SA Block Grant Award
Universal Direct		\$2,215,737
Universal Indirect		\$1,994,438
Selective		\$38,025
Indicated		\$3,730
Column Total		\$4,251,930
Total SABG Award*		\$20,247,285
Planned Primary Prevention Percentage		21.00 %

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

footnote:

Of the \$390,321 allocated to resource development, \$117,100 can be attributed to Universal Information Dissemination; the remaining \$273,221 can be attributed to Universal Community-Based Process.

III: Use of Block Grant Dollars for Block Grant Activities

Table 5c SABG Planned Primary Prevention Targeted Priorities

Expenditure Period Start Date: Expenditure Period End Date:

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

footnote:

Targeted populations of these priorities are as follows:

Underage Drinking (Alcohol): Age 12-20

Prescription Drugs: Age 12-24

III: Use of Block Grant Dollars for Block Grant Activities

Table 6a SABG Resource Development Activities Planned Expenditures

Expenditure Period Start Date: 10/1/2014 Expenditure Period End Date: 9/30/2016

Activity	FY 2014 SA Block Grant Award				FY 2015 SA Block Grant Award			
	Prevention	Treatment	Combined	Total	Prevention	Treatment	Combined	Total
1. Planning, Coordination and Needs Assessment					\$0	\$0	\$0	
2. Quality Assurance					\$0	\$45,000	\$0	\$45,000
3. Training (Post-Employment)					\$20,000	\$85,000	\$0	\$105,000
4. Education (Pre-Employment)					\$0	\$0	\$0	
5. Program Development					\$148,121	\$145,636	\$0	\$293,757
6. Research and Evaluation					\$222,200	\$46,000	\$0	\$268,200
7. Information Systems					\$0	\$9,000	\$0	\$9,000
8. Enrollment and Provider Business Practices (3 percent of BG award)					\$0	\$0	\$0	
9. Total					\$390,321	\$330,636		\$720,957

footnote:

III: Use of Block Grant Dollars for Block Grant Activities

Table 6b MHBG Non-Direct Service Activities Planned Expenditures

Planning Period - From 07/01/2014 to 06/30/2015

Service	Block Grant
MHA Technical Assistance Activities	\$70,000
MHA Planning Council Activities	\$20,000
MHA Administration	\$20,000
MHA Data Collection/Reporting	\$100,000
Enrollment and Provider Business Practices (3 percent of total award)	\$174,000
MHA Activities Other Than Those Above	\$78,000
Total Non-Direct Services	\$462,000
Comments on Data:	

footnote:

IV: Narrative Plan

W. State Behavioral Health Advisory Council

Narrative Question:

Each state is required to establish and maintain a state Behavioral Health Advisory Council (Council) for services for individuals with a mental disorder. While many states have established a similar Council for individuals with a substance use disorders, that is not required. SAMHSA encourages states to expand their required Council's comprehensive approach by designing and use the same Council to review issues and services for persons with, or at risk of, substance abuse and substance use disorders. In addition to the duties specified under the MHBG statute, a primary duty of this newly formed Council will be to advise, consult with, and make recommendations to SMHAs and SSAs regarding their activities. The Council must participate in the development of the MHBG state plan and is encouraged to participate in monitoring, reviewing, and evaluating the adequacy of services for individuals with substance abuse and mental disorders within the state. SAMHSA's expectation is that the State will provide adequate guidance to the Council to perform their review consistent with the expertise of the members on the Council. States are strongly encouraged to include American Indians and/or Alaska Natives in the Council; however, their inclusion does not suffice as tribal consultation. In the space below describe how the state's Council was actively involved in the plan. Provide supporting documentation regarding this involvement (e.g., meeting minutes, letters of support, etc.)

Additionally, please complete the following forms regarding the membership of your state's Council. The first form is a list of the Council members for the state and second form is a description of each member of the Council.

There are strict state Council membership guidelines. States must demonstrate (1) that the ratio of parents of children with SED to other Council members is sufficient to provide adequate representation of that constituency in deliberations on the Council and (2) that no less than 50 percent of the members of the Council are individuals who are not state employees or providers of mental health services. States must consider the following questions:

- What planning mechanism does the state use to plan and implement substance abuse services?
- How do these efforts coordinate with the SMHA and its advisory body for substance abuse prevention and treatment services?
- Was the Council actively involved in developing the State BG Plan? If so, please describe how it was involved.
- Has the Council successfully integrated substance abuse prevention and treatment or co-occurring disorder issues, concerns, and activities into the work of the Council?
- Is the membership representative of the service area population (e.g., ethnic, cultural, linguistic, rural, suburban, urban, older adults, families of young children)?
- Please describe the duties and responsibilities of the Council, including how it gathers meaningful input from people in recovery, families and other important stakeholders.

Footnotes:

W. State Behavioral Health Advisory Council

Each state is required to establish and maintain a state Behavioral Health Advisory Council (Council) for services for individuals with a mental disorder. While many states have established a similar Council for individuals with a substance use disorders, that is not required. SAMHSA encourages states to expand their required Council's comprehensive approach by designing and use the same Council to review issues and services for persons with, or at risk of, substance abuse and substance use disorders. In addition to the duties specified under the MHBG statute, a primary duty of this newly formed Council will be to advise, consult with, and make recommendations to SMHAs and SSAs regarding their activities. The Council must participate in the development of the MHBG state plan and is encouraged to participate in monitoring, reviewing, and evaluating the adequacy of services for individuals with substance abuse and mental disorders within the state. SAMHSA's expectation is that the State will provide adequate guidance to the Council to perform their review consistent with the expertise of the members on the Council. States are strongly encouraged to include American Indians and/or Alaska Natives in the Council; however, their inclusion does not suffice as tribal consultation. In the space below describe how the state's Council was actively involved in the plan. Provide supporting documentation regarding this involvement (e.g., meeting minutes, letters of support, etc.)

Additionally, please complete the following forms regarding the membership of your state's Council. The first form is a list of the Council members for the state and second form is a description of each member of the Council.

There are strict state Council membership guidelines. States must demonstrate (1) that the ratio of parents of children with SED to other Council members is sufficient to provide adequate representation of that constituency in deliberations on the Council and (2) that no less than 50 percent of the members of the Council are individuals who are not state employees or providers of mental health services. States must consider the following questions:

- **What planning mechanism does the state use to plan and implement substance abuse services?**

The Department holds annual Public Forums to provide information about the SAPT block grant and to solicit feedback from citizens. Department staff also solicit input from the regional substance abuse treatment directors and regional substance abuse prevention directors at quarterly peer group meetings. In August 2009, the Mental Health Block Grant was included on the agenda of the annual Substance Abuse Prevention and Treatment Block Grant Public Forum. The forums have been combined since that time.

- **How do these efforts coordinate with the SMHA and its advisory body for substance abuse prevention and treatment services?**

The Division of Mental Health and the Division of Substance Abuse combined in 2005 to become the Division of Mental Health and Substance Abuse. The name of the Division was more recently changed to the Division of Behavioral Health. Efforts remain ongoing to integrate at the local, regional and state level. It is an ongoing process and efforts have incrementally moved toward integration. DBHDID seeks technical assistance and grant opportunities when available.

The Kentucky Mental Health Planning and Advisory Council began actively integrating substance abuse prevention and treatment into its work in January 2011 when SAMHSA released its guidance for the FFY 2012-2013 Unified Block Grant Application to the states. The Kentucky Mental Health Planning and Advisory Council officially became a Behavioral Health Council in November 2012.

In February 2013, Kentucky submitted an application for the State Planning Council Intensive Technical Assistance Grant and was awarded targeted technical assistance to integrate substance abuse prevention and treatment onto the Council. The following were the three technical assistance goals:

1. Create a membership body that is integrated, balanced, meets federal guidelines, and stays within our logistical restrictions.
2. Review committee structure and determine how it can be restructured to support Council duties.
3. Communicate the transition of the mission of the Council and improve outreach to substance abuse prevention and treatment stakeholders.

Fredrick Sandoval was selected as the consultant to Kentucky. Mr. Sandoval spent two and a half days working with the Council and staff in July 2013. As a result of that work, the Council recommended the following two new Committees to support Council duties:

- Policy and Advocacy Committee – Cathy Epperson, Chair
- Services Committee - Sherry Sexton, Chair

The recommendation was reviewed and approved by the full Council at its August 22, 2013 quarterly meeting.

With Mr. Sandoval's assistance, the Council also created the following two lists in July:

- Prospective new members to represent substance abuse prevention and treatment.
- Communication outlets to improve outreach to prevention and treatment stakeholders.

In the last year the Membership Committee has begun revising the Council member orientation and brochure to reflect the many changes that have taken place during the period of integration, such as:

- Revised Council name
- Expanded membership
- Revised membership categories:
 - Adults with SMI are now Individuals in Recovery from Mental Health, Substance Use or Co-Occurring Disorders
 - Parents of a Child with SED are now Parents of a Child with a Behavioral Health Challenge
 - Family Members of an Adult with SMI are now Family Members of an Adult in Recovery
 - Young Adult with SMI is now Young Adult in Recovery
- Expanded Duties of the Council

The Membership Committee has also begun drafting a Member Handbook. The Handbook will be a companion resource to the half-day Member Orientation held annually. The Committee is being careful to use language that complements the expanded focus of the Council.

Council members and staff continue participate in the monthly National Learning Collaborative conference calls and webinars to learn how member states are advancing. Kentucky's integration efforts will be ongoing for a number of years. Department staff and Council members appreciate the opportunity for technical assistance and to be a part of the National Learning Community.

- **Was the Council actively involved in developing the State BG Plan? If so, please describe how it was involved.**

The Kentucky Behavioral Health Planning and Advisory Council's Finance Committee held a meeting on April 17, 2014. Staff reviewed the Division of Behavioral Health's SFY 2015 budget. Members were provided with the proposed SFY 2015 SABG and MHBG allocations for direct services through the community mental health centers, statewide projects, miscellaneous initiatives (e.g., data collection and advocacy organization deliverables), and audit reserves. Following that discussion, members were asked to review a document with thinking prompts and then indicate their priorities for block grant allocations, and then to turn those documents in to staff. The following were the priorities indicated by Finance Committee members on that date:

Services

- Consumer Operated Peer Services **(3)**
- Suicide Prevention **(2)**
- Supported Housing **(2)**
- Transition Services for Young Adults **(2)**
- Supported Employment **(1)**
- Peer Support **(1)**
- Other (please specify):
 - Adolescent recovery Groups – SAFE ones **(1)**
 - Quality safe child care for parents in treatment at consumer run centers **(1)**

Populations

- Children with SED **(3)**
- Transition-Age Youth **(3)**
- Adults with SMI **(2)**
- Individuals Residing in Rural Areas **(2)**
- Individuals with Co-occurring Disorders **(2)**
- Individuals who are a Racial or Ethnic Minority **(2)**
- Military, Veterans, and Family Members **(2)**
- Individuals with Substance Use Disorders **(1)**
- Individuals Who Are LGBTQ **(1)**
- Individuals Who Are Homeless **(1)**
- Other (please specify):
 - Mental Health Support Groups in Schools **(1)**

The Council's involvement was more limited this year because this year an Application was due instead of a State Plan. Most of the required documents were assurances and funding agreements. Council staff and members are adjusting to SAMHSA's revised reporting requirements of requiring a State Plan every two years, with an Application during the off year. The following is how the Department for Behavioral Health, Developmental and Intellectual Disabilities (BHDID) traditionally prepares State Block Grant Plans and receives feedback:

The process for developing the Plan and the Implementation Report is the same except that a Public Forum is only held for the Plan. Department staff drafts the State Block Grant Plan and Council members and the public are notified and provided with opportunities to provide written and/or verbal feedback. The draft of the Plan and Implementation Report is placed as a Hot Topic on our Department website. The public is invited to provide comments on the draft. For the Plan, a Public Forum is held in Frankfort at the Department for Behavioral Health, Developmental and Intellectual Disorders. Council members are notified of the date of the Public Forum and invited to attend; however, travel reimbursement and stipends are not offered for the event. Staff provides the same presentation to the Council as was provided at the Public Forum. To give members time to review the documents, staff provides the Plan and the Implementation Report to the Council at least 10 days prior to the quarterly meeting. Time is given on the agenda for comment on the Plan and Implementation Report. The Council creates a letter confirming their participation and opportunity to review and provide feedback on them. At the Public Forum and Council meeting, staff encourages the public and members to continue to submit feedback and provides information about how to submit comments via mail, fax, email, and telephone. Comments are encouraged up to the submission date. Comments are included in the final document. An archive of past Block Grant reports is available for members to review at the Planning Council website.

The State Plan and the Public Forum were also advertised by two newspapers this year, one in the eastern half of the state and one in the western half. The newspapers were the following:

- Lexington Herald Leader – paper and online
- Messenger Inquirer (Owensboro) – paper

Per KRS 45.351, the Department provides a draft of the Plan to the Legislative Research Commission (LRC) for their review. The Interim Joint Committee on Health and Welfare of the Kentucky General Assembly holds a public hearing prior to the federal due date. The public is made aware of these hearings by the LRC's Daily Calendar and email notification by the Department and statewide advocacy organizations. Video streaming of Interim Joint Committee meetings is occasionally available through Kentucky Educational Television (KET).

Kentucky's current Plans and Behavioral Health Reports as well as Plans and Reports from previous years are posted on the website of the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID). The status of each document is indicated beside it (draft, submitted or approved). A Plan or Report which indicates "draft" means the document is being made public to solicit comments and has not been submitted to SAMHSA. A Plan or Report that indicates "submitted" means that the document has been submitted to SAMHSA for approval. Once the document is submitted, SAMHSA has the opportunity to request BHDID make revisions on sections of the document. A Plan or Report that indicates "approved" means that the document

has been reviewed by SAMHSA's staff and met eligibility for approval. BHDID welcomes and encourages the public to provide comments on Plans and Reports of any status.

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

The Kentucky Behavioral Health Planning and Advisory Council is actively transitioning toward becoming an integrated council. The following is a timeline of integration initiatives:

- **August 2009** – The Division of Mental Health and Substance Abuse holds a joint Public Forum for public comment on the SAPT and MH block grants.
- **January 2011** – The Membership Committee was provided with an update on changes proposed by SAMHSA and discussed the potential impact on membership and Council proceedings.
- **February 2011** – The Council was provided with an update on changes proposed by SAMHSA to combine the MHBG and SAPT block grants, revise report submission dates, Eight Strategic Initiatives to incorporate into the application, and planning and outreach to additional vulnerable populations.
- **July 2011** – Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities decided to prepare and submit a Unified Block Grant Application on September 1. Staff were educated on new reporting requirements.
- **September 2011** - KDBHDID submitted a Unified Block Grant application for FY 2012.
- **October 2011** – The Council Membership application was revised to parallel membership categories referenced in the FY 2013 Block Grant Application guidance:

Former Membership Category	Current Membership Category
Adult Consumer of Mental Health Services	Individual in Recovery from a Mental Health and/or Substance Use Disorder
Family Member of An Adult with SMI	Family Member of an Individual in Recovery from a Mental Health and/or Substance Use Disorder
Parent of a Child with SED	Parent of a Child with Behavioral Health Challenges
Young Adult Consumer	Young Adult in Recovery from a Mental Health and/or Substance Use Disorder

- **November 2011** – Member categories were revised on selected print and electronic materials, such as name tents, membership roster, and website. Also, the Council asked that the Membership Application be revised to include the following statement: "Recovery is an on-going, non-linear process that may include relapse."
- **January 2012** – Membership Committee made a recommendation to the Bylaws Committee to add a statewide advocacy organization for individuals in recovery from a substance use disorder to the Council membership.
- **February 2012** – Staff reviewed the Consensus Statement on State MHAs and SSAs. The Council recommended forming an ad hoc committee to plan changes for Council transformation. To date, this committee has not convened due to competing priorities (e.g., implementation of Medicaid managed care on November 1, 2011 and January 1, 2013).
- **May 2012** – The Council received a prevention overview – prevention goals, prevention strategies, and Kentucky data.
- **May 2012** – The Council received a substance abuse treatment overview – services, priority populations, importance of integrated treatment and trauma-informed care, and data.
- **November 2012** – The Council adopted the name Kentucky Behavioral Health Planning and Advisory Council.
- **November 2012** – The Council added a membership seat for a statewide advocacy organization for individuals in recovery from substance use disorders.
- **January 2013** – The Executive Committee discussed the State Planning Council Application for Intensive Technical Assistance opportunity and made a recommendation to prepare and submit an application.
- **February 2013** – The Council submitted a State Planning Council Application for Intensive Technical Assistance to the Advocates for Human Potential, Inc.
- **March 2013** – The Council is awarded targeted technical assistance to integrate substance abuse prevention and treatment onto the Council.
- **July 2013** – The Council holds a special meeting with TA Consultant Fredrick Sandoval. It develops a list of prospective members, communication outlets, and two new committees.
- **August 2013** – The Council developed 2 Committees (Advocacy & Policy Committee and Services Committee) and a new committee structure of 5-7 committee members who are more active administratively, less reliant on staff and who use technology to meet on a more regular basis, possibly monthly. The new structure will be less expensive and more productive. Committees are still open meetings per Kentucky's Open Meeting Law.

- **September 2013** – The Membership Committee voted to recommend a representative on the Council from the Regional Prevention Center.
 - **January 2014** – The Membership Committee recommended strengthening the marketing of the Council in order to increase integration and diversity of the Council.
 - **April 2014** – The Membership Committee holds a conference call to begin drafting a Member Handbook and to revise the Council’s brochure.
 - **June 2014** – The Advocacy and Policy Committee submitted their inaugural set of Legislative Priorities to the Council. Members approved the Legislative Priorities and encouraged one another to use the information to engage their representatives in a dialogue.
- **Is the membership representative of the service area population (e.g., ethnic, cultural, linguistic, rural, suburban, urban, older adults, families of young children)?**

Diversity is important to the Kentucky Behavioral Health Planning and Advisory Council. When choosing new members, the Membership Committee pays particular attention to ways each applicant will increase the diversity of voices and experiences on the Council.

In October 2007, the Membership Committee chose to emphasize the importance of diversity by including a diversity statement on the membership application. The statement reads as follows:

The Kentucky Mental Health Planning and Advisory Council has an ongoing commitment to advancing diversity within its membership. We acknowledge that diversity includes any aspect of an individual that makes him or her unique. Our Council values and actively promotes diverse and inclusive participation by its officers, members, and staff. We recognize that diversity is vital to all elements of our mission.

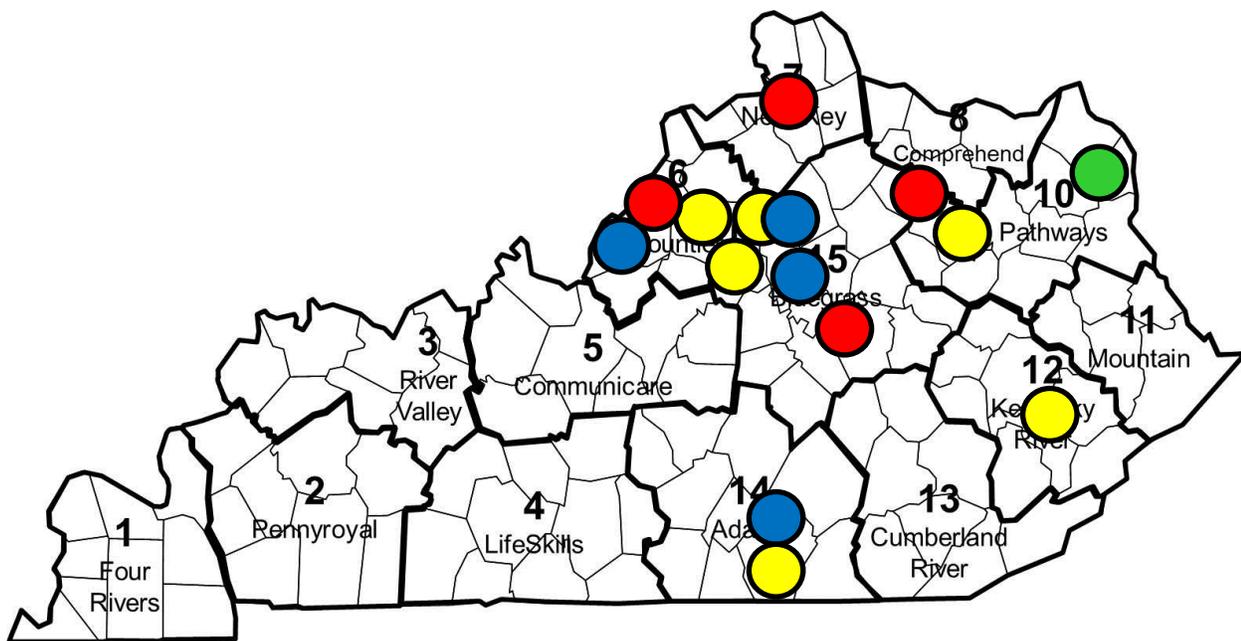
In July 2008, the Membership Committee decided to include space on the membership application for applicants to include information about how they would contribute to the diversity of the Council. The current membership application includes the above language plus the following additional sentence:

At your option, you may state how you would contribute to the diversity of the Council.

Most applicants (88 percent of applicants reviewed in January 2014) choose to answer this question and Committee members find the information valuable as they consider membership.

In 2011 the Membership Committee revised its Member Orientation and included Cultural Awareness as a topic. That section was prepared and presented by a Council member using resources from the NAMI Multicultural Action Center. The Membership Committee plans to review the material and update it prior to the April 2015 Member Orientation.

A tool that the Membership Committee uses to ensure geographic diversity is a state map with the residences of current members indicated. The Committee gives greater consideration to applicants who would represent an area of the state that is not currently represented. As the picture below shows, the Council experiences difficulty recruiting members from the western portion of the state. A different time zone and distance are barriers. Contrary to the roads and interstates approaching Frankfort from the east, north and south, the interstate from the western portion of the state has long stretches of where there are no exits, gas stations, restaurants or rest areas. Joyce Soularie, our June 2014 CMHS Monitoring Visit Peer Reviewer from Arkansas, compared it to frontier territory. The Council plans to strengthen marketing efforts in the West by widely distributing the revised Council brochure in that area, once the brochure is finalized.



- = Family Member Representative
- = Individual in Recovery from Mental Health and/or Substance Use Disorders
- = Parent of a Child with Behavioral Health Challenges
- = Young Adult in Recovery from Mental Health and/or Substance Use Disorders

The Council also values the voices and experiences of transition-age youth and young adults. In 2001 a transition-age youth was added as a voting member of the Council. Today the name of this membership seat is Young Adult in Recovery and applicants must be 18-25 years of age to be considered.

- **Please describe the duties and responsibilities of the Council, including how it gathers meaningful input from people in recovery, families and other important stakeholders**

The following is an excerpt from the Bylaws of the Council duties:

Duties: The Council shall do all of the following:

- Report directly to the Commissioner of the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (BHDID).
- Assist BHDID in designing a comprehensive, recovery-oriented system of care.
- Advise BHDID on the use of Substance Abuse Prevention and Treatment Block Grant (SAPTBG) funds and Mental Health Block Grant (MHBG) funds and on the quality of statewide, recovery-oriented behavioral health services.
- Review the biennial combined SAPTBG and MHBG Application and annual Implementation Report pursuant to Public Law 102-321, Section 1915 (a) and to submit recommendations to BHDID, prior to the April 1 and December 1 due dates, respectively.
- Advocate for individuals in recovery, children and youth with behavioral health challenges, and family members.
- Monitor, review, and evaluate, not less than once a year, the allocation and quality of statewide, recovery-oriented behavioral health services.

Historically in Kentucky, approximately 75-80 percent of MHBG funds and 77 percent of SAPT funds are allocated to the Regional Boards. Each April, the Finance Committee reviews the following applications for funding for each Regional Board:

- Form 115, Adult System of Care Application;
- Form 117, CMHC Spending Plan; and
- Form 118, Children's System of Care Application.

IV: Narrative Plan

Behavioral Health Advisory Council Members

Start Year:
 End Year:

Name	Type of Membership	Agency or Organization Represented	Address, Phone, and Fax	Email (if available)
Gayla Hayes	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		401 Pebbles Avenue Franklin, KY 42134 PH: 270-586-3367	ghayes@accessky.net
Steven Lyons	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		96-9th Street Shelbyville, KY 40065 PH: 502-321-2430	lyonssadsack@aol.com
Betty Jo Moss	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		4029 Briar Creek Drive Lawrenceburg, KY 40342 PH: 502-839-6413	mss_bttyj@yahoo.com
Carmilla Ratliff	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		107 Northwood Road, Apt. 2 Frankfort, KY 40601 PH: 606-369-6896	carmilla@kypartnership.org
Mary Singleton	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		3565 W. Hwy 221 Bledsoe, KY 40810 PH: 606-558-5076	angels2830@gmail.com
Sherry Sexton	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		222 Forge Hill Road Owingsville, KY 40360 PH: 606-336-4101	sherrysexton@windstream.net
Becky Clark	Family Members of Individuals in Recovery (to include family members of adults with SMI)		32 E. Willowdell Drive Ewing, KY 41039 PH: 606-267-4101	beckyclark@yahoo.com
Lynn Haney	Family Members of Individuals in Recovery (to include family members of adults with SMI)		PO Box 54 Florence, KY 41022-0054 PH: 859-282-9166	HaneyL@fuse.net
Mary Sue Klusman	Family Members of Individuals in Recovery (to include family members of adults with SMI)		3004 Piedmont Drive Louisville, KY 40205 PH: 502-459-0581	sueklus@aol.com
Matthew Smith	Family Members of Individuals in Recovery (to include family members of adults with SMI)		2980 Trailside Drive Lexington, KY 40511 PH: 859-233-1243	smithski126@aol.com
Yolonda Clay	Parents of children with SED		413 LaFontenay Court Louisville, KY 40223 PH: 859-359-6482	bridges2hope@yahoo.com
Steve Liles	Parents of children with SED		149 Wheaton Drive Lawrenceburg, KY 40342 PH: 502-839-3180	sml811@bellsouth.net
Jim Reed	Parents of children with SED		367 Park Lane Science Hill, KY 42553 PH: 606-802-2588	Eagle2719501@aol.com
Siena Kennedy	Parents of children with SED		656 Canterbury Lane Edgewood, KY 41017 PH: 859-344-1059	lousiena@fuse.net

Rachael Cartmel	Parents of children with SED	105 Edison Drive #1 Lexington , KY 40503 PH: 859-539-0313	Calliesmomma@gmail.com
Brandon Kelley	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)	5704 Hicks Road Ashland , KY 41102 PH: 606-928-6238	lak77goherd@yahoo.com
Joy Varney	Parents of children with SED	Kentucky Partnership for Families and Children, 207 Holmes Street Frankfort, KY 40601 PH: 502-875-1320	joy@kypartnership.org
Cathy Epperson	Others (Not State employees or providers)	NAMI Kentucky, 808 Monticello Street Somerset , KY 42501 PH: 606-451-6935	Kepperson0009@kctcs.edu
Kelly Gunning	Family Members of Individuals in Recovery (to include family members of adults with SMI)	NAMI Lexington, 869 Sparta Court Lexington , KY 40504 PH: 859-309-2856	Kelly@namilex.org
Michael Barry	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)	People Advocating Recovery, 1425 Story Ave Louisville , KY 40206 PH: 502-552-8573	mike@peopleadvocatingrecovery.org
Jennifer Dudinskie	State Employees	Department for Aging & Independent Living, 275 E. Main Street, 3E-E Frankfort, KY 40601 PH: 502-564-6930	Jennifer.Dudinskie@ky.gov
Kalon Bagby	State Employees	Department for Community Based Services (Protective Services), 275 E Main Street 3E-B Frankfort, KY 40601 PH: 502-564-2136	Kalon.Bagby@ky.gov
Kathie Anderson	State Employees	Department of Education, 500 Mero Street 18th Floor Frankfort, KY 40601 PH: 502-564-4970	kathie.anderson@education.ky.gov
Cheryl Hall	State Employees	Department of Corrections, 2605 W. Highway 146 LaGrange , KY 40031 PH: 502-222-7808	CherylIT.Hall@ky.gov
Bill Heffron	State Employees	Department for Juvenile Justice, 1025 Capital Center Drive, Bldg 3, Third Floor Frankfort, KY 40601 PH: 502-573-2738	BillM.Heffron@ky.gov
Helen Voglesberg	State Employees	Department for Medicaid Services, 275 E Main Street Frankfort , KY 40601 PH: 502-564-1647	Helen.Voglesberg@ky.gov
Natalie Kelly	State Employees	Department for Behavioral Health, Developmental and Intellectual Disabilities, 275 E. Main Street, 4W-G Frankfort, KY 40601 PH: 502-564-4456	Natalie.Kelly@ky.gov
Shelley Adams	State Employees	Department for Public Health, 275 E Main Street HS2WA Frankfort, KY 40601 PH: 502-564-2154	Shelley.Adams@ky.gov
Jim Sparks	State Employees	Kentucky Housing Corporation, 1231 Louisville Road Frankfort, KY 40601 PH: 502-564-7630	jsparks@kyhousing.org

Susan
Abbott State Employees

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susan.abbott@ky.gov

Julie Wade State Employees

Office of Vocational
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PH: 606-677-4116

Julied.wade@ky.gov

Steve
Shannon Providers

Kentucky Association of
Regional Programs, 152 W.
Zandale Drive, Suite 201
Lexington , KY 40503
PH: 859-272-6700

SShannon.KARP@iglou.com

Footnotes:

IV: Narrative Plan

Behavioral Health Council Composition by Member Type

Start Year:

End Year:

Type of Membership	Number	Percentage
Total Membership	35	
Individuals in Recovery* (to include adults with SMI who are receiving, or have received, mental health services)	8	
Family Members of Individuals in Recovery* (to include family members of adults with SMI)	5	
Parents of children with SED*	6	
Vacancies (Individuals and Family Members)	<input type="text" value="3"/>	
Others (Not State employees or providers)	1	
Total Individuals in Recovery, Family Members & Others	23	65.71%
State Employees	11	
Providers	1	
Federally Recognized Tribe Representatives	0	
Vacancies	<input type="text" value="0"/>	
Total State Employees & Providers	12	34.29%
Individuals/Family Members from Diverse Racial, Ethnic, and LGBTQ Populations	<input type="text" value="5"/>	
Providers from Diverse Racial, Ethnic, and LGBTQ Populations	<input type="text" value="0"/>	
Total Individuals and Providers from Diverse Racial, Ethnic, and LGBTQ Populations	5	
Persons in recovery from or providing treatment for or advocating for substance abuse services	<input type="text" value="13"/>	

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

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

The Kentucky Behavioral Health Planning and Advisory Council's Finance Committee held a meeting on April 17, 2014. Staff reviewed the Division of Behavioral Health's SFY 2015 budget. Members were provided with the proposed SFY 2015 SABG and MHBG allocations for direct services through the community mental health centers, statewide projects, miscellaneous initiatives (e.g., data collection and advocacy organization deliverables), and audit reserves. Members were then asked to review a document with thinking prompts then indicate their priorities for block grant allocations and then to turn those documents in to staff.

Footnotes:

I: State Information

Chief Executive Officer's Funding Agreements (Form 3) - [MH]

U.S. Department of Health and Human Services
 Substance Abuse and Mental Health Services Administrations
 Funding Agreements
 as required by
 Community Mental Health Services Block Grant Program
 as authorized by
 Title XIX, Part B, Subpart I 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 I of the Public Health Service Act		
Section	Title	Chapter
Section 1911	Formula Grants to States	42 USC § 300x
Section 1912	State Plan for Comprehensive Community Mental Health Services for Certain Individuals	42 USC § 300x-1
Section 1913	Certain Agreements	42 USC § 300x-2
Section 1914	State Mental Health Planning Council	42 USC § 300x-3
Section 1915	Additional Provisions	42 USC § 300x-4
Section 1916	Restrictions on Use of Payments	42 USC § 300x-5
Section 1917	Application for Grant	42 USC § 300x-6
Title XIX, Part B, Subpart III of the Public Health Service Act		
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 I 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.

Name of Chief Executive Officer (CEO) or Designee
Title

Signature of CEO or Designee: Audrey Tayse Haynes Date: 9/2/14

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

Footnotes:

Signed copy and designation letter is attached at the end of Application

I: State Information

Chief Executive Officer's Funding Agreements (Form 3) - [SA]

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
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

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.

Name of Chief Executive Officer (CEO) or Designee
 Title

Signature of CEO or Designee¹: Audrey Tayse Haynes Date: 9/2/14

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

Footnotes:

Signed copy and Designation Letter attached at end of Application

I: State Information

Assurance - Non-Construction Programs

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

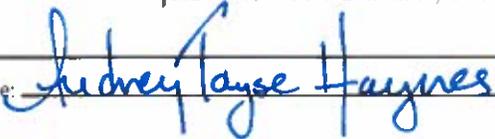
Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

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. §5794), 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 Clear Air Act of 1955, as amended (42 U.S.C. §7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §5469a-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. §52131 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. §54801 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.

Name
Title
Organization

Signature:  Date: 9/2/14

Footnotes:

I: State Information

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 45 CFR Part 76, and its principals:

- a. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- b. have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- c. are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- d. have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion--Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with subgrantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

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 45 CFR Part 76 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).

For purposes of paragraph, regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management
Office of Grants Management

3. Certifications 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).

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)

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.

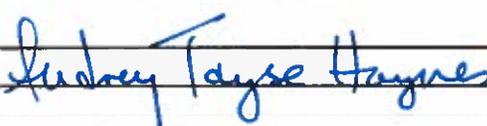
Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

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 sub-awards 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.

Name	Audrey Tayse Haynes
Title	Secretary
Organization	Cabinet for Health and Family Services

Signature:  Date: 9/2/14

Footnotes:



COMMONWEALTH OF KENTUCKY
OFFICE OF THE GOVERNOR

STEVEN L. BESHEAR
GOVERNOR

700 CAPITOL AVENUE
SUITE 100
FRANKFORT, KY 40601
(502) 564-2611
FAX: (502) 564-2517

March 2, 2010

Ms. Barbara Orlando
Grants Management Officer
Office of Program Services
Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road, Room 7-1091
Rockville, Maryland 20857

Dear Ms. Orlando:

I hereby delegate authority to the Secretary of the Cabinet for Health and Family Services, or in his/her absence, the Deputy Secretary of the Cabinet for Health and Family Services, to sign funding agreements and certifications, provide assurances of compliance to the Secretary of the United States Department of Health and Human Services and to perform similar acts relevant to the administration of the Substance Abuse Prevention and Treatment Block Grant until such time as this delegation of authority is rescinded.

Sincerely,

Steven L. Beshear

KentuckyUnbridledSpirit.com



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