

North Carolina

UNIFORM APPLICATION

FY 2024/2025 Only Application Behavioral Health Assessment
and Plan

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 06/15/2023 - Expires 06/30/2026
(generated on 08/05/2025 9.45.46 AM)

Center for Mental Health Services
Division of State and Community Systems Development

State Information

State Information

Plan Year

Start Year 2025
End Year 2026

State Unique Entity Identification

Unique Entity ID DKT3LLBWFVL3

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

Agency Name NC Department of Health and Human Services
Organizational Unit NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services
Mailing Address 3001 Mail Service Center
City Raleigh
Zip Code 27601-3001

II. Contact Person for the Grantee of the Block Grant

First Name Kelly
Last Name Crosbie
Agency Name DMHDDSAS, NC DHHS
Mailing Address 3001 Mail Service Center
City Raleigh
Zip Code 27601-3001
Telephone 8018216154
Fax (919) 508-0951
Email Address petra.mozzetti@dhhs.nc.gov

III. Third Party Administrator of Mental Health Services

Do you have a third party administrator? ☐ Yes ☒ No

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

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

From
To

V. Date Submitted

Submission Date 8/30/2024 2:27:47 PM
Revision Date 7/23/2025 3:51:01 PM

VI. Contact Person Responsible for Application Submission

First Name Petra
Last Name Mozzetti

Telephone

Fax

Email Address petra.mozzetti@dhhs.nc.gov

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

Footnotes:

North Carolina MITIGATION (MHBG ARP) Funding Proposal - Revision 2025

This funding is available to expand dedicated testing and mitigation resources for people with mental health and substance use disorders. These funds will provide resources and flexibility for states to prevent, prepare for, and respond to the coronavirus disease 2019 (COVID-19) public health emergency and ensure the continuity of services to support individuals connected to the behavioral health system. Below are strategies to utilize these funds per the allocation under the MHBG.

MHBG Mitigation Funds	\$1,429,381
Allowable Activities	Amount
Testing for staff and consumers in shelters, group homes, residential treatment facilities, day programs, and room and board programs. Purchase of resources for testing-related operating and administrative costs otherwise borne by these housing programs. Hire workers to coordinate resources, develop strategies and support existing community partners to prevent infectious disease transmission in these settings. States may use this funding to procure COVID-19 tests and other mitigation supplies such as handwashing stations, hand sanitizer and masks for people experiencing homelessness and for those living in congregate settings.	\$521,469
Installing temporary structures, leasing of properties, and retrofitting facilities as necessary to support COVID-19 testing and COVID-19 mitigation.	\$250,000
Create space for quarantine and other COVID mitigation strategies by utilizing funds to support staffing/space allocation for units specific to either COVID or non-COVID space for behavioral health patients.	\$657,912
Recipients may allocate reasonable funds for the administrative management of these grants.	\$0
Total	\$1,429,381

North Carolina MITIGATION (SABG ARP) Funding Proposal- 2025 Revision

This funding is available to expand dedicated testing and mitigation resources for people with mental health and substance use disorders. These funds will provide resources and flexibility for states to prevent, prepare for, and respond to the coronavirus disease 2019 (COVID-19) public health emergency and ensure the continuity of services to support individuals connected to the behavioral health system. Below are strategies to utilize these funds per the allocation under the SABG.

Allowable/Planned Activities	Amount
Develop and implement strategies to address consumer hesitancy around testing. Ensure access for specific community populations to address long-standing systemic health and social inequities that have put some consumers at increased risk of getting COVID-19 or having severe illness. Provide support for utilization of space/staffing to address COVID mitigation.	\$869,400
Testing for staff and consumers in shelters, group homes, residential treatment facilities, day programs, and room and board programs. Purchase of resources for testing-related operating and administrative costs otherwise borne by these housing programs. Hire workers to coordinate resources, develop strategies and support existing community partners to prevent infectious disease transmission in these settings. States may use this funding to procure COVID-19 tests and other mitigation supplies such as handwashing stations, hand sanitizer and masks for people experiencing homelessness and for those living in congregate settings.	\$483,830
Administrative management of these funds (0%)	\$0
TOTAL	\$1,353,230

State Information

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

Fiscal Year 2025

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administrations
Funding Agreements
as required by
Community Mental Health Services Block Grant Program
as authorized by
Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act
and
Tile 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 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
Section 1920	Early Serious Mental Illness	42 USC § 300x-9
Section 1920	Crisis Services	42 USC § 300x-9
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

ASSURANCES - NON-CONSTRUCTION PROGRAMS

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

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

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to

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

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

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

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

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

2. Certification Regarding Drug-Free Workplace Requirements

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

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

3. Certifications Regarding Lobbying

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

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

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

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

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

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

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

5. Certification Regarding Environmental Tobacco Smoke

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

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

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

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

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

HHS Assurances of Compliance (HHS 690)

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

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

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

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

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

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

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

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

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

Signature of CEO or Designee¹: _____

Title: DMHDDSUS Director

Date Signed: _____
mm/dd/yyyy

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

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

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

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

Footnotes:

*Office of the Governor
State of North Carolina*

*Roy Cooper
Governor*



*20301 Mail Service Center
Raleigh, N.C. 27699-0301*

May 15, 2017

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, Maryland 20850

Dear Ms. Simmons:

As the Governor of the State of North Carolina, for the duration of my tenure, I delegate authority to the current Secretary of the North Carolina Department of Health and Human Services, or anyone officially acting in this role in the instance of a vacancy, as the state mental health authority (SMHA), for all transactions required to administer the Substance Abuse and Mental Health Services Administration's (SAMHSA) Community Mental Health Services Block Grant (MHBG).

Very truly yours,

A handwritten signature in black ink, appearing to read "R. Cooper".

Roy Cooper

cc: Mandy Cohen, MD, MPH

*Location: The State Capitol Building, Raleigh, N. C. 27602
Phone: 919-814-2100*

STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER
GOVERNOR

KODY H. KINSLEY
SECRETARY

SECRETARIAL DIRECTIVE 003

DATE: 09/26/22 | 5:02 PM EDT

SUBJECT: Delegation of Authority Concerning Grants, Budget and Financial Matters

1. **SCOPE.** This Directive applies to all divisions, offices, facilities, and units within the North Carolina Department of the Health and Human Services. The provisions of this Directive shall not be construed to interfere with or impede the authorities or duties prescribed by law to specific divisions, offices, facilities or units, or individuals within those units.
2. **SIGNATURE AUTHORITY.** The provisions of Secretarial Directive 001 are incorporated herein. In addition, the following directives shall govern the authority of officers and employees of the Department in seeking grant funding from public and private entities that binds the Department or any division, office, facility or unit, or individual within those units.
 - a. **Department Grant Funding.** For any grant application or proposal for funding, including competitive and non-competitive grant applications, formula and other types of mandatory grants and block grants in which the Department is the named party (as opposed to a specific Division, Office, or Facility), the appropriate Deputy Secretary, including the Chief Deputy Secretary, or their designee shall have the authority to review, approve, and sign all grant applications or proposals for funding. Regardless of the final signatory, in order to ensure strategic use of grant funds, the approval process for grant applications and other associated documents should include leaders from divisions and offices across the Department with a stake in that work. As a part of this directive, the Deputy Secretary shall further ensure that a documented delegation of authority is in place to an authorized organizational representative(s) for the purpose of submitting grant applications and proposals once the grant application or proposals has been approved.
 - i. **State plans and state plan amendments and reporting for grant funding.** The appropriate Deputy Secretary or their designee shall have the authority to review, approve, and sign all state plans, state plan amendments and required reporting.
 - ii. **Grant continuation, application renewals and federal cooperative agreements.** The appropriate Deputy Secretary or their designee shall have the authority to review, approve, and sign all grant continuation, renewals, and federal cooperative agreements.
 - iii. **Block Grants.** The appropriate Deputy Secretary, or their designee, shall have the authority to review, approve block grant plans for each block grant under their purview, including any reporting.

WWW.NCDHHS.GOV

TEL 919-855-4800 • FAX 919-715-4645

LOCATION: 101 BLAIR DRIVE • ADAMS BUILDING • RALEIGH, NC 27603

MAILING ADDRESS: 2001 MAIL SERVICE CENTER • RALEIGH, NC 27699-2000

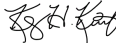
AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

- iv. A Deputy Secretary shall not delegate any actions under (a)(i)-(iii) involving (1) commitment for a new program or service not authorized under the Department's purview or an explicit act of the General Assembly, and/or (2) continuing financial commitment obligating the Department as a consequence of accepting the grant funds beyond the period of the grant or action.
 - v. The Chief Deputy Secretary may sign or, notwithstanding paragraphs (a)(i)-(iii), may specifically designate a Deputy Secretary to sign the subject grant, proposal, agreement or other document. Any grant, proposal, agreement or other document defined above, may also be signed by the Chief Deputy Secretary.
 - vi. Any delegation by a Deputy Secretary for carrying out the above obligations shall be documented in writing and submitted to the General Counsel.
- b. **Budget Formulation.** The appropriate Deputy Secretary shall review primary budget documents for the biennial planning period and recommended adjustments to that budget reflecting change budgets including expansion, block grant plans and supplemental budgets, proposed and submitted by the departmental divisions, facilities and offices, etc. These budget documents may be submitted through the division or office director and/or assistant secretaries, as applicable. After review, the Deputy Secretaries shall make appropriate recommendations to the Chief Deputy Secretary and Secretary regarding modification and approval and submission to the Office of State Budget and Management.
- c. **Budget Execution and Control of Funds.** The appropriate Deputy Secretary, including the Chief Deputy Secretary, shall delegate in writing to appropriate Assistant Secretaries, Senior Directors and/or Division, Office or Facility directors the authority to:
- i. incur obligations and make expenditures within the budgetary resources appropriated, certified and/or authorized to the division, office or facility consistent with applicable State and federal authority;
 - ii. request allotment of funds in accordance with State policy;
 - iii. salary control; and
 - iv. operationalize, adjust and/or realign requirements and revenues in the division, office of facility's base or authorized budget to maintain appropriate operational levels.
- d. The Deputy Secretaries shall have oversight and delegate responsibility to the Division/Office/Facility Director to maintain a system of administrative control of funds including cash management as authorized and in accordance with State accounting and financial policies and procedures of the Division of Budget and Analysis, Office of State Budget and Management, the Office of the DHHS Controller, the Office of State Controller and state statute.
- e. The Deputy Secretaries shall have authority and be responsible for the preparation, review, and the execution of responses to correspondence or inquiries regarding issues of direct relevance to departmental budgetary matters, programmatic issues of direct relevance to the Fiscal Research Division and other relevant legislative divisions of the North Carolina General Assembly, issues of direct relevance to the North Carolina Office of the Governor, Office of State Budget and Management, Office of the State Controller and Department of Administration.

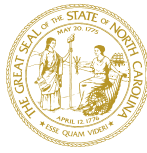
1. **AUTHORITIES.**

- a. N.C. Gen. Stat. § 143B-10
- b. N.C. Gen. Stat. § 143B, Article 3
- c. N.C. Gen. Stat. § 143C

2. **OFFICE OF PRIMARY INTEREST.** The Office of the General Counsel; Division of Budget and Analysis; Office of the Controller
3. **SECRETARY AUTHORITY.** This Directive and any delegation of authority herein shall not deprive the Secretary from performing, in lieu of the Chief Deputy Secretary, Deputy Secretary or any other named official, any of the acts set forth above. This delegation of authority may be amended or withdrawn by the Secretary at any time and without notice. This delegation of authority shall not apply to any actions which by law, regulation or Executive Order, may only be executed by the Secretary.
4. **PRIOR DIRECTIVES AND DELEGATIONS.** This Directive and any delegation of authority herein shall supersede any previously issued directive or delegation, whether by the below signed Secretary or any previous Secretary, that conflicts with the terms set forth above.

DocuSigned by:

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Kody H. Kinsley
Secretary



STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER
GOVERNOR

KODY H. KINSLEY
SECRETARY

August 15, 2024

TO: Kelly Crosbie, Director
Division of Mental Health, Developmental Disabilities, and Substance Use Services

RE: Time-Limited Expansion of Delegated Signature Authority for Health Portfolio

Pursuant to Secretarial Directives 001 and 004, I have the authority to sign and execute Division/Office/Facility contracts and legal agreements of any value. I also have the authority to delegate my signature authority for Division/Office/Facility contracts and legal agreements through a written delegation. This memorandum temporarily supersedes my earlier delegation memorandum dated July 2, 2024, and extends to you the authority to sign and approve contracts and legal agreements of greater value on my behalf while I'm on vacation.

For the period of August 17, 2024 through September 2, 2024, I delegate my signature authority to you for contracts and legal agreements up to \$10,000,000 involving any of the following divisions:

- Division of Mental Health, Developmental Disabilities, and Substance Use Services
- Division of State Operated Healthcare Facilities
- Division of Health Service Regulation
- Division of Public Health

This expanded delegation authority will expire upon my return from vacation on September 3, 2024, and your authority will then be guided by my previous delegation memorandum dated July 2, 2024. In that memorandum, your signature authority is capped at \$5,000,000 and it is limited to DMHDDSUS.

This delegation will remain in effect until September 3, 2024, unless modified or rescinded by me, the Secretary or my successor.

A handwritten signature in black ink that reads "Mark T. Benton".

Mark T. Benton
Chief Deputy Secretary for Health

cc: Julie Cronin
Charles Ingold

State Information

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

Fiscal Year 2025

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administrations
Funding Agreements
as required by
Community Mental Health Services Block Grant Program
as authorized by
Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act
and
Tile 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 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
Section 1920	Early Serious Mental Illness	42 USC § 300x-9
Section 1920	Crisis Services	42 USC § 300x-9
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

ASSURANCES - NON-CONSTRUCTION PROGRAMS

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

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

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to

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

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

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

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

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

2. Certification Regarding Drug-Free Workplace Requirements

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

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

3. Certifications Regarding Lobbying

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

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

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

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

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

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

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

5. Certification Regarding Environmental Tobacco Smoke

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

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

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

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

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

HHS Assurances of Compliance (HHS 690)

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

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

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

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

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

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

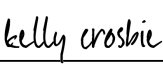
I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by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

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

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

Signature of CEO or Designee¹:

DocuSigned by:



E76DA57E56874AE...

Title: DMHDDSUS Director

Date Signed: 08/29/24 | 3:08 PM EDT
mm/dd/yyyy

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

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

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

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

Footnotes:

*Office of the Governor
State of North Carolina*

*Roy Cooper
Governor*



*20301 Mail Service Center
Raleigh, N.C. 27699-0301*

May 15, 2017

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, Maryland 20850

Dear Ms. Simmons:

As the Governor of the State of North Carolina, for the duration of my tenure, I delegate authority to the current Secretary of the North Carolina Department of Health and Human Services, or anyone officially acting in this role in the instance of a vacancy, as the state mental health authority (SMHA), for all transactions required to administer the Substance Abuse and Mental Health Services Administration's (SAMHSA) Community Mental Health Services Block Grant (MHBG).

Very truly yours,


Roy Cooper

cc: Mandy Cohen, MD, MPH

*Location: The State Capitol Building, Raleigh, N. C. 27602
Phone: 919-814-2100*

STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER
GOVERNOR

KODY H. KINSLEY
SECRETARY

SECRETARIAL DIRECTIVE 003

DATE: 09/26/22 | 5:02 PM EDT

SUBJECT: Delegation of Authority Concerning Grants, Budget and Financial Matters

1. **SCOPE.** This Directive applies to all divisions, offices, facilities, and units within the North Carolina Department of the Health and Human Services. The provisions of this Directive shall not be construed to interfere with or impede the authorities or duties prescribed by law to specific divisions, offices, facilities or units, or individuals within those units.
2. **SIGNATURE AUTHORITY.** The provisions of Secretarial Directive 001 are incorporated herein. In addition, the following directives shall govern the authority of officers and employees of the Department in seeking grant funding from public and private entities that binds the Department or any division, office, facility or unit, or individual within those units.
 - a. **Department Grant Funding.** For any grant application or proposal for funding, including competitive and non-competitive grant applications, formula and other types of mandatory grants and block grants in which the Department is the named party (as opposed to a specific Division, Office, or Facility), the appropriate Deputy Secretary, including the Chief Deputy Secretary, or their designee shall have the authority to review, approve, and sign all grant applications or proposals for funding. Regardless of the final signatory, in order to ensure strategic use of grant funds, the approval process for grant applications and other associated documents should include leaders from divisions and offices across the Department with a stake in that work. As a part of this directive, the Deputy Secretary shall further ensure that a documented delegation of authority is in place to an authorized organizational representative(s) for the purpose of submitting grant applications and proposals once the grant application or proposals has been approved.
 - i. **State plans and state plan amendments and reporting for grant funding.** The appropriate Deputy Secretary or their designee shall have the authority to review, approve, and sign all state plans, state plan amendments and required reporting.
 - ii. **Grant continuation, application renewals and federal cooperative agreements.** The appropriate Deputy Secretary or their designee shall have the authority to review, approve, and sign all grant continuation, renewals, and federal cooperative agreements.
 - iii. **Block Grants.** The appropriate Deputy Secretary, or their designee, shall have the authority to review, approve block grant plans for each block grant under their purview, including any reporting.

WWW.NCDHHS.GOV

TEL 919-855-4800 • FAX 919-715-4645

LOCATION: 101 BLAIR DRIVE • ADAMS BUILDING • RALEIGH, NC 27603

MAILING ADDRESS: 2001 MAIL SERVICE CENTER • RALEIGH, NC 27699-2000

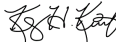
AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

- iv. A Deputy Secretary shall not delegate any actions under (a)(i)-(iii) involving (1) commitment for a new program or service not authorized under the Department's purview or an explicit act of the General Assembly, and/or (2) continuing financial commitment obligating the Department as a consequence of accepting the grant funds beyond the period of the grant or action.
 - v. The Chief Deputy Secretary may sign or, notwithstanding paragraphs (a)(i)-(iii), may specifically designate a Deputy Secretary to sign the subject grant, proposal, agreement or other document. Any grant, proposal, agreement or other document defined above, may also be signed by the Chief Deputy Secretary.
 - vi. Any delegation by a Deputy Secretary for carrying out the above obligations shall be documented in writing and submitted to the General Counsel.
- b. **Budget Formulation.** The appropriate Deputy Secretary shall review primary budget documents for the biennial planning period and recommended adjustments to that budget reflecting change budgets including expansion, block grant plans and supplemental budgets, proposed and submitted by the departmental divisions, facilities and offices, etc. These budget documents may be submitted through the division or office director and/or assistant secretaries, as applicable. After review, the Deputy Secretaries shall make appropriate recommendations to the Chief Deputy Secretary and Secretary regarding modification and approval and submission to the Office of State Budget and Management.
- c. **Budget Execution and Control of Funds.** The appropriate Deputy Secretary, including the Chief Deputy Secretary, shall delegate in writing to appropriate Assistant Secretaries, Senior Directors and/or Division, Office or Facility directors the authority to:
- i. incur obligations and make expenditures within the budgetary resources appropriated, certified and/or authorized to the division, office or facility consistent with applicable State and federal authority;
 - ii. request allotment of funds in accordance with State policy;
 - iii. salary control; and
 - iv. operationalize, adjust and/or realign requirements and revenues in the division, office or facility's base or authorized budget to maintain appropriate operational levels.
- d. The Deputy Secretaries shall have oversight and delegate responsibility to the Division/Office/Facility Director to maintain a system of administrative control of funds including cash management as authorized and in accordance with State accounting and financial policies and procedures of the Division of Budget and Analysis, Office of State Budget and Management, the Office of the DHHS Controller, the Office of State Controller and state statute.
- e. The Deputy Secretaries shall have authority and be responsible for the preparation, review, and the execution of responses to correspondence or inquiries regarding issues of direct relevance to departmental budgetary matters, programmatic issues of direct relevance to the Fiscal Research Division and other relevant legislative divisions of the North Carolina General Assembly, issues of direct relevance to the North Carolina Office of the Governor, Office of State Budget and Management, Office of the State Controller and Department of Administration.

1. **AUTHORITIES.**

- a. N.C. Gen. Stat. § 143B-10
- b. N.C. Gen. Stat. § 143B, Article 3
- c. N.C. Gen. Stat. § 143C

2. **OFFICE OF PRIMARY INTEREST.** The Office of the General Counsel; Division of Budget and Analysis; Office of the Controller
3. **SECRETARY AUTHORITY.** This Directive and any delegation of authority herein shall not deprive the Secretary from performing, in lieu of the Chief Deputy Secretary, Deputy Secretary or any other named official, any of the acts set forth above. This delegation of authority may be amended or withdrawn by the Secretary at any time and without notice. This delegation of authority shall not apply to any actions which by law, regulation or Executive Order, may only be executed by the Secretary.
4. **PRIOR DIRECTIVES AND DELEGATIONS.** This Directive and any delegation of authority herein shall supersede any previously issued directive or delegation, whether by the below signed Secretary or any previous Secretary, that conflicts with the terms set forth above.

DocuSigned by:

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Kody H. Kinsley
Secretary

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	Kelly Crosbie (Designee)
Title	NC DMHDDSUS Director
Organization	NC DHHS

Signature:	<div><div>DocuSigned by:</div><div></div><div>E76DA57E56874AE...</div></div>	Date:	08/29/24 3:08 PM EDT
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OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

BIPARTISAN SAFER COMMUNITIES ACT
North Carolina Proposal
Award Period 10/17/24 – 10/16/26

Introduction

The impact of COVID-19, mass shootings, natural disasters and other traumatic events continues to cause significant trauma for individuals, families and communities across North Carolina. People are reporting increased rates of depression, anxiety, post-traumatic stress and thoughts of self-harm. Some groups have been affected more than others. Individuals with serious mental illness or children with serious emotional disturbance are especially at risk for crisis following these types of events, and historically marginalized communities are less likely to have sufficient access to mental health resources.

A coordinated system of crisis response and mental health services is critical to meeting the growing needs of North Carolinians. Outreach, training and other resources are needed to ensure that people are connected to culturally and linguistically competent mental health services in their communities.

The North Carolina Department of Health and Human Services (NC DHHS) Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMHDDSUS) proposes to use the Bipartisan Safer Communities Act (BSCA) funds to strengthen and enhance the mental health emergency preparedness and crisis response efforts in North Carolina. This multi-year approach will allow NC DHHS to develop a well-coordinated system needed to meet the growing needs.

Requested Information

1. Describe any plans to utilize the BSCA supplemental funds to develop/enhance components of your state's mental health emergency preparedness and response plan that addresses behavioral health. Please include in your discussion how you plan to coordinate with other state and federal agencies to leverage crisis/mental health emergency related resources.

NC DMHDDSUS is working to enhance public safety through community-centered approaches to prevention and intervention as alternatives to policing and the criminal legal system. Further, NC DMHDDSUS is addressing the prevention and response systems following traumatic events including mass shootings and natural disasters. To this aim, NC DMHDDSUS will invest in a community-based model that will provide three primary functions:

- A. Developing a new response model for 9-8-8 calls (including 9-1-1 calls) that can be piloted and then expanded to statewide coverage;*
- B. Partnering with community members, police departments, behavioral health providers and other stakeholders to identify additional approaches to public safety; and*
- C. Evaluating and assessing the effectiveness of the planned model.*

The response model will include four tiers that will provide the following:

- A. Initial Response: 9-8-8 or 9-1-1*
- B. Community Response to crises that are non-violent and behavioral health-related;*
- C. Care Navigation to link consumers to the appropriate community-based resources and supports;*

D. Co-Response: pairing of clinical staff with police officers to respond to specific crises that may pose greater community safety concerns.

The model requires collaborations between behavioral health, first responders, justice systems, local agencies, and public health to ensure that identified services are integrated and sustainable.

NC DHHS will build upon existing partnerships with multiple groups that address behavioral health needs in disaster planning and coordination to leverage crisis/mental health emergency related resources, including:

- **Mental Health in Shelters Workgroup**, led by NC DMHDDSAS, which is focused on responding to resource requests from local communities. This group includes Disaster Response Coordinators from the Behavioral Health Local Management Entities/Managed Care Organizations (LME/MCOs), the State Medicaid agency, Disability Rights North Carolina, Community Independent Living organizations, county Emergency Managers, Social Services, and the American Red Cross.*
 - **Disaster Behavior Health Committee**, led by the NC Psychological Foundation, that coordinates mental health disaster response with partners across the state and advocates for use of best practices in Disaster Mental Health. This committee consists of members across the mental health system in NC, including psychologists, psychiatrists, social workers, NC Emergency Management, the American Red Cross, and DMHDDSAS.*
 - **The North Carolina Office of Emergency Medical Services (NC OEMS)**, within the NC DHHS Division of Health Service Regulation, which fosters emergency medical systems, trauma systems and credentialed Emergency Medical Services (EMS) personnel to improve in providing responses to emergencies and disasters which will result in higher quality emergency medical care being delivered to the residents and visitors of North Carolina.*
2. Describe any plans to utilize the BSCA supplemental funds to develop/enhance a state behavioral health team that coordinates, provides guidance, and gives direction in collaboration with state emergency management planners during a crisis.

NC DHHS plans to use the BSCA funds to develop and implement a coordinated response system to crises that are related to behavioral health challenges and/or natural disasters. This response system will be supported by a state behavioral health team that provides guidance, support and technical assistance to local communities across the state.

3. Describe any plans to utilize the BSCA supplemental funds to develop/enhance a multidisciplinary mobile crisis team that can be deployed 24/7, anywhere in the state to rapidly address any crisis.

In the previous allotment of funds, NC DHHS developed a Disaster Behavioral Health Response Team that can be deployed 24/7 upon request. This team will provide technical assistance, resources and supports to local teams across the state. Further, the team will review and adjust the model to best fit the needs of North Carolina and its consumers. They will also collaborate

with multiple partners including Behavioral Health Local Management Entities/Managed Care Organizations (LME/MCOs), Medicaid Managed Care Organizations (including Standard and Behavioral Health/IDD Tailored Plans), NC Emergency Management, the American Red Cross, NC Healthcare Preparedness Coalition, NC emergency response leaders, local health departments, and State agencies including DMHDDSAS, Medicaid, Public Health and Social Services. These partners would explore and collaboratively determine the mission of the Response Team, training needs, recruitment and vetting of team members, insurance considerations, deployment protocols, payment and sustainability plans.

4. Describe any plans to utilize the BSCA supplemental funds to develop/enhance crisis/mental health emergency services specifically for young adults, youth and children, or their families, including those with justice involvement and having SED/SMI.

NC DHHS plans to use the BSCA funds to develop and implement a coordinated response system to crises that are related to behavioral health challenges and/or natural disasters to meet the behavioral health needs of at-risk children, youth and families. The response system will include clinical staff and peer support to provide the needed expertise, engagement strategies and resources to best support children and families.

NC DHHS plans to use part of the 10% First-Episode Psychosis (FEP) set-aside to continue to provide education and awareness to families, schools, health care providers, and others in the community about the impact of trauma on mental health, risk factors, and early symptoms of first-episode psychosis. NC DHHS also plans to use these funds to provide trauma training to FEP program staff.

5. Describe any plans to utilize the BSCA supplemental funds to develop/enhance services provided to communities that are affected by trauma and mass shootings/school violence.

NC DHHS plans to use the BSCA funds to develop and implement a coordinated response system to crises that are related to behavioral health challenges and/or natural disasters. As part of this response system, NC DHHS plans to build upon previous training provided to increase the state's capacity to appropriately response to disasters, mass shootings, and other behavioral health crises.

Trainings will include (trainings will be provided to those not trained in the initial allotment of funds):

- **Psychological First Aid**, which is an initial disaster response intervention that promotes safety, stabilizes survivors of disasters, and connects individuals to help and resources
- **Skills for Psychological Recovery**, which is designed to follow Psychological First Aid in the weeks and months following disasters and mass violence events
- **Critical Incident Stress Management**, which is an intervention protocol for dealing with traumatic events

6. Describe any plans to utilize the BSCA supplemental funds to develop/enhance culturally and linguistically tailored messaging to provide information about behavioral health in a

crisis/mental health emergency and/or to identify culturally/linguistically appropriate supports for diverse populations

NC DHHS recognizes the need for cultural and linguistic humility in behavioral health care and crisis response. The North Carolina Mental Health, Developmental Disabilities and Substance Abuse Disaster Preparedness, Response & Recovery Plan will include resources for NC's diverse population. Campaign materials used for 988 awareness will be leveraged to create a culturally and linguistically competent education and awareness campaign.

NC DHHS will also make use of its newly formed Equity and Diversity Committee to review and provide technical assistance to any proposed outreach materials.

7. What other mental health emergency/crisis behavioral health practices or activities does the state plan to develop or enhance using BSCA supplemental funds?

n/a

Funded Activities

1. Statewide Crisis and Disaster Behavioral Health Response Model Development and Improvement

NC DHHS will work collaboratively with State and local organizations to continue to develop and improve the statewide mental health emergency preparedness and response plan.

NC DHHS will use BSCA funds to:

- *Expand the newly implemented co-responder crisis intervention model across additional counties within North Carolina.*
- *Training for First Episode Psychosis teams related to crises and trauma responses for those struggling with First Episode Psychosis*

Funds will be used to contract with a additional community provider organizations to expand the co-responder crisis intervention model. Currently, North Carolina has implemented 3 sites across North Carolina with the intention of expanding to 9 sites over the next 2 years.

NC DHHS will identify the contractor through a competitive bid process, which is already in process with the work anticipated to begin by October 1, 2024.

Project	FY 2025 (09/30/23 – 06/30/25)	FY 2026 (07/01/25 – 06/30/26)	FY 2027 (07/01/26 – 09/29/26)	Total
Expansion of the co-responder model to additional implementation sites.	\$382,479	\$509,033	\$134,260	\$1,025,772
TOTAL				\$1,025,772

2. First Episode Psychosis Set Aside (10%)

NC DHHS will use the 10% First Episode Psychosis (FEP) Set Aside to provide education and awareness to families, schools, health care providers, and others in the community about the impact of trauma on mental health, risk factors, and early symptoms of first episode psychosis. Funds will also be used to provide trauma training to FEP program staff

Project	FY 2025 (09/30/23 – 06/30/25)	FY 2026 (07/01/25 – 06/30/26)	FY 2027 (07/01/26 – 09/29/26)	Total
Trauma training for FEP program staff	\$50,137	\$70,782	\$20,645	\$141,564
Total				\$141,564

3. Project Manager

NC DHHS requires an additional FTE to oversee the administration of funds, coordinate with partners, facilitate workgroups, conduct focus groups, ensure deliverables are met and report on outcomes. This position may be filled as either a time-limited State employee or as a temporary staff person.

The Project Manager is expected to travel to participate in community and stakeholder engagement events, attend trainings, and monitor progress on deliverables. It is estimated that the Project Manager will travel 1,800 miles per year. In-State overnight travel is also expected for trips that are more than 120 miles from the Project Manager's usual work site. Travel will be reimbursed at the current determined State rates.

Position	Component	Rate	FY 2025 (09/30/23 – 06/30/25)	FY 2026 (07/01/25 – 06/30/26)	FY 2027 (07/01/26 – 09/29/26)	Total
Project Manager	Salary	\$116,575 annually	82,573	\$116,575	\$43,905	\$243,053
In-State Travel	Mileage Year 1 = 1,200 miles Year 2 = 1,800 miles	.625/mile	\$797	\$1,125	\$328	\$2,250
	Hotel Year 1 = 4 nights Year 2 = 10 nights	\$78.90/day	\$559	\$789	\$230	\$1,578

	Per Diem Year 1 = 4 nights Year 2 = 10 nights	\$41.30/day	\$293	\$413	\$120	\$826
	Other misc.	\$25/month	\$213	\$300	\$88	\$600
Total			\$84,435	\$119,202	\$44,671	\$248,307

4. Other

NC DHHS has a federally approved Public Assistance Cost Allocation Plan and has received approval for amendment 2018-1 from the U.S. DHHS Division of Cost Allocation Services dated October 2018. The NC DMHDSAS allocates costs to administrative costs centers as defined in the approved Public Assistance Cost Allocation Plan. Types of cost include middle and upper management, Information Technology, Accounting, Human Resources, Purchasing, Budget Management and other costs common to multiple benefiting programs. Allocated costs also include the program's allocated portion of the departmental indirect costs and Statewide Cost Allocation Plan, each of which are approved by federal DHHS/Division of Cost Allocation Services.

Project	FY 2025 (09/30/23 – 06/30/25)	FY 2026 (07/01/25 – 06/30/26)	FY 2027 (07/01/26 – 09/29/26)	Total
None				
Total				\$0

State Information

Disclosure of Lobbying Activities

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

Name	
Kelly Crosbie (Designee)	
Title	
NC DMHDDSUS Director	
Organization	
NC DHHS	

Signature:

Date:

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Footnotes:

Planning Tables

Table 2 State Agency Planned Expenditures

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

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

Activity (See instructions for using Row 1.)	Source of Funds										
	A. SUPTRS BG	B. Mental Health Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other	H. COVID-19 Relief Funds (MHBG) ^a	I. COVID-19 Relief Funds (SUPTRS) ^a	J. ARP Funds (MHBG) ^b	K. BSCA Funds (MHBG) ^c
1. Substance Use Prevention and Treatment											
a. Pregnant Women and Women with Dependent Children											
b. Recovery Support Services											
c. All Other											
2. Primary Prevention											
a. Substance Use Primary Prevention											
b. Mental Health Prevention ^{dd}		\$0.00									
3. Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis (10 percent of total award MHBG) ^{ee}		\$2,805,520.00						\$510,368.00		\$2,883,000.00	\$128,000.00
4. Other Psychiatric Inpatient Care										\$0.00	\$0.00
5. Tuberculosis Services											
6. Early Intervention Services for HIV											
7. State Hospital											
8. Other 24-Hour Care		\$0.00						\$0.00			
9. Ambulatory/Community Non-24 Hour Care		\$22,897,149.00						\$5,600,000.00		\$29,000,000.00	\$560,000.00
10. Crisis Services (5 percent set-aside) ^{ff}		\$1,402,670.00						\$0.00		\$0.00	
11. Administration (excluding program/provider level) MHBG and SUPTRS BG must be reported separately ^{gf}		\$949,862.00						\$0.00		\$0.00	
12. Total	\$0.00	\$28,055,201.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,110,368.00	\$0.00	\$31,883,000.00	\$688,000.00

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

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

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

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

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

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

^gPer statute, administrative expenditures cannot exceed 5% of the fiscal year award.

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Planning Tables

Table 6 Non-Direct Services/System Development

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

MHBG Planning Period Start Date: 07/01/2024

MHBG Planning Period End Date: 06/30/2025

Activity	FY 2024 Block Grant	FY 2024 ¹ COVID Funds	FY 2024 ² ARP Funds	FY 2024 ³ BSCA Funds	FY 2025 Block Grant	FY 2025 ¹ COVID Funds	FY 2025 ² ARP Funds	FY 2025 ³ BSCA Funds
1. Information Systems	\$163,020.00	\$0.00	\$0.00	\$0.00	\$81,510.00			
2. Infrastructure Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
3. Partnerships, community outreach, and needs assessment	\$592,800.00	\$0.00	\$0.00	\$0.00	\$296,400.00			
4. Planning Council Activities (MHBG required, SUPTRS BG optional)	\$3,458.00	\$0.00	\$0.00	\$0.00	\$1,729.00			
5. Quality Assurance and Improvement	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
6. Research and Evaluation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
7. Training and Education	\$464,360.00	\$0.00	\$0.00	\$0.00	\$232,180.00			\$60,000.00
8. Total	\$1,223,638.00	\$0.00	\$0.00	\$0.00	\$611,819.00	\$0.00	\$0.00	\$60,000.00

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

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

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

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Environmental Factors and Plan

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

Narrative Question

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

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

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

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

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

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

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

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

The NC DHHS, Division of Mental Health Developmental Disabilities and Substance Use Services (DMH/DD/SUS) has partnered with REAL Crisis Intervention Inc (REAL) since 2012 as the only NC accredited call center for the 988 Suicide and Crisis Lifeline (previously the National Suicide Prevention Lifeline). Calls to 988 are routed to the REAL Crisis Inc Center and are assessed for risk and the appropriate intervention is determined. In NC, all Medicaid health plans are contracted to operate 24-hour crisis receiving call lines. All 100 NC counties are covered by mobile crisis providers. NC has begun implementation of youth and adolescent based mobile crisis called Mobile Outreach Response Engagement and Stabilization (MORES). Currently MORES is operating in eight counties. There are currently nine 24-hour behavioral health urgent care facilities that can serve children and adults in crisis for up to 23 hours. NC also has adult and child crisis receiving centers where individuals stay on average for 7-10 days when needed.

NC is committed to including peers in the crisis system and has recently implemented a statewide 24-hour peer warmline. This warmline connects adults who call to someone with lived experience and can offer support and resources as needed. NC has two peer-operated respite centers. These centers offer support for someone seeking crisis diversion. They are non-clinical homelike environments where individuals are able to

receive support for up to seven days with the goal to prevent a further crisis requiring more intensive care.

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

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

Other program implementation data that characterizes crisis services system development.

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

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

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

- b. Briefly explain your stages of implementation selections here.

The NC DHHS, Division of Mental Health Developmental Disabilities and Substance Use Services (DMH/DD/SUS) has partnered with REAL Crisis Intervention Inc (REAL) since 2012 as the only NC accredited call center for the 988 Suicide and Crisis Lifeline (previously the National Suicide Prevention Lifeline). Calls to 988 are routed to the REAL Crisis Inc Center and are assessed for risk and the appropriate intervention is determined. In NC, all Medicaid health plans are contracted to operate 24-hour crisis receiving call lines. All 100 NC counties are covered by mobile crisis providers. There are currently nine 24-hour behavioral health urgent care facilities that can serve children and adults in crisis for up to 23 hours. NC also has adult and child crisis receiving centers where individuals stay on average for 7-10 days when needed.

NC is committed to including peers in the crisis system and has recently implemented a statewide 24-hour peer warmline. This warmline connects adults who call to someone with lived experience and can offer support and resources as needed. NC has two peer-operated respite centers. These centers offer support for someone seeking crisis diversion. They are non-clinical homelike environments where individuals are able to receive support for up to seven days with the goal to prevent a further crisis requiring more intensive care.

NC continues to work towards greater depth and breadth in its crisis services. The state has made great strides in providing someone to talk to and someone to respond and has additional supports planned to add to its growing network of safe places to go or to be.

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

NC is investing in a Crisis to Care system that encompasses SAMHSA's National Guidelines. NC currently contracts with the 988 suicide and crisis lifeline (funded by SAMHSA and state funds) and continues to increase access and awareness to 988 as well as increasing capacity to respond to North Carolinians in crisis. While NC has mobile crisis available in all 100 counties, there is a need to increase capacity and reduce response times.

To address this, NC is investing in our providers to support additional response teams and addressing policies that align with SAMHSA's national guidelines. NC plans to offer MORES in additional counties starting in SFY25. NC has committed to invest in 12 new behavioral health urgent care centers, 9 new crisis receiving facilities, and at least 1 new peer respite center. These new services will open in the next one to three years.

NC is also committed to advancing the state's crisis system by incorporating culturally responsive and culturally appropriate crisis services.

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

NC has plans to invest in peer respite, increasing technical assistance to MORES providers to support their implementation and expansion, and developing co-responder pilots. NC will also increase its focus on culturally responsive and appropriate crisis services through partnerships with organizations focused on increasing access and awareness to special populations.

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

N/A

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Footnotes:

Environmental Factors and Plan

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

Narrative Question

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

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

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

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

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

The Council Meets six times per year with each meeting occurring for 4-6 hours. The meetings offer both an in-person option as well as a virtual option. The meeting agendas are designed to provide Council members with background on strategic plans for service areas, spend plans, new and recurring funding, and relevant encounter and planning data on all related services. Council members are asked to review information and offer feedback, guidance on reaching priority populations, outreach input, and data to be submitted in future state plan reporting. Meeting agendas reflect reports from NC DMHDDSUS as well as activities specific to reviewing the state plan and report.

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

DMHDDSUS has implemented four Governance Committees to oversee programming and funding requests. Those committees are Policy and Programs, Health Equity, Quality, and Business Operations. DMHDDSUS has also created or grown four committees open to consumers, providers, and advocates for the purpose of seeking input to plan and implement community mental health treatment, substance misuse prevention, SUD treatment, and recovery support services.

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

4. Is the membership representative of the service area population (e.g. ethnic, cultural, linguistic, rural, suburban, urban, older adults, families of young children)? ☒ Yes ☐ No

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

The Planning Council meets bi-monthly. The minutes of the Council meetings reflect that the Council receives regular reports from NC DMHDDSUS on issues such as data and outcomes, trends analysis, needs assessment, service gaps, expenditures, and consumer perception of care and satisfaction. Each November a meeting is held in which the Council reviews the annual report. During the SAMHSA application process, the Council is engaged in each meeting in framing plan components and priorities describing the service system. The Council works during meetings through the year, gathers input in between meetings from their spheres of influence, and invites public comments during each meeting as a standing item of their agenda. Meeting agendas make updates on the state plan, spending considerations, and Council feedback a priority. The Council letter is attached. In 2024, the Council reviewed its bylaws and made clarifications to more closely align with membership requirements and roles. The Council also performed a membership inventory to confirm each individual's representation role on the Council. The membership application was updated and broadly distributed to invite additional members to join the Council with particular emphasis on reaching persons in recovery, families, and other important stakeholders.

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

N/A

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Footnotes:

North Carolina Mental Health Block Grant Planning and Advisory Council

~ A mental health system that works for everyone. ~

August 29, 2024

Director Kelly Crosbie
Division of Mental Health, Developmental Disabilities, and Substance Use Services
NC Department of Health and Human Services
306 N. Wilmington Street
Raleigh, NC 27699


Dear Director Crosbie,

This letter is written in support of the 2024 Mental Health Block Grant planning document. The MH Planning and Advisory Council has been apprised of the Division's plans and priorities for the grant. It meant a great deal to the Council that you have personally met with us on several occasions to share your thoughts and answer questions. We strongly support your focus on peer support, peer respite, and reaching out to underserved communities. The entire Division team has been responsive to our feedback.

The North Carolina Mental Health Planning and Advisory Council envisions a mental health system that works for everyone. Our mission is to advise and make recommendations on the State Behavioral Health Plan for programs that serve children and adults who live with serious mental health conditions, and their families. The Council is focused on learning as much as possible about the system of care, its providers, and outcomes. We are also invested in enhancing Diversity, Equity, and Inclusion in North Carolina and within the Council itself.

Thank you for the opportunity to serve the Council and the mental health community.

Sincerely,

Signed by:

D99A140214AA458...

Peg Morrison

Chair

Mental Health Block Grant Planning Council

08/29/24 | 12:06 PM EDT

Environmental Factors and Plan

Advisory Council Members

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

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

Start Year: 2025 End Year: 2026

Name	Type of Membership*	Agency or Organization Represented	Address,Phone, and Fax	Email(if available)
Thea Craft	State Employees			
Maryann Dantone	Parents of children with SED			
Kent Earnhardt	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
Lacy Flintall	Youth/adolescent representative (or member from an organization serving young people)			
June Freeman	State Employees			
Marcia Gibson	State Employees			
Stacey Harward	State Employees			
Virginia Knowlton Marcus	Others (Advocates who are not State employees or providers)			
Diane Krisanda	Family Members of Individuals in Recovery (to include family members of adults with SMI)			
Peter Kuhns	State Employees			
Nasser Lachichi	Parents of children with SED			
Nina Leger	Others (Advocates who are not State employees or providers)			
Heather McAllister	State Employees			
Jeff McCloud	Family Members of Individuals in Recovery (to include family members of adults with SMI)			
Stacy Morgan	Parents of children with SED			
Peg Morrison	Others (Advocates who are not State employees or providers)			

Dave Roddenberry	Others (Advocates who are not State employees or providers)			
Tiandrea Scriven	Providers			
Trinitee Smith	Youth/adolescent representative (or member from an organization serving young people)			
Lisa Worth	State Employees			

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

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Footnotes:

Environmental Factors and Plan

Advisory Council Composition by Member Type

Start Year: 2025 End Year: 2026

Type of Membership	Number	Percentage of Total Membership
Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)	1	
Family Members of Individuals in Recovery (to include family members of adults with SMI)	2	
Parents of children with SED	3	
Vacancies (individual & family members)	0	
Others (Advocates who are not State employees or providers)	4	
Total Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services), Family Members and Others	10	52.63%
State Employees	7	
Providers	1	
Vacancies	1	
Total State Employees & Providers	9	47.37%
Individuals/Family Members from Diverse Racial and Ethnic Populations	4	
Individuals/Family Members from LGBTQI+ Populations	0	
Persons in recovery from or providing treatment for or advocating for SUD services	0	
Representatives from Federally Recognized Tribes	0	
Youth/adolescent representative (or member from an organization serving young people)	2	
Total Membership (Should count all members of the council)	25	

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Footnotes:

Environmental Factors and Plan

22. Public Comment on the State Plan - Required

Narrative Question

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

Please respond to the following items:

1.

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

a)

Public meetings or hearings?

☒

Yes

☐

No

b)

Posting of the plan on the web for public comment?

☐

Yes

☒

No

If yes, provide URL:

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

c)

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

☐

Yes

☒

No

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

N/A. NC is in process of updating Planning Council web information to invite public comment and post plan.

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Footnotes: