

Hawaii

UNIFORM APPLICATION

FY 2016/2017 - STATE BEHAVIORAL HEALTH ASSESSMENT AND PLAN

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

OMB - Approved 06/12/2015 - Expires 06/30/2018
(generated on 11/10/2016 5.33.09 PM)

Center for Substance Abuse Prevention
Division of State Programs

Center for Substance Abuse Treatment
Division of State and Community Assistance

State Information

State Information

Plan Year

Start Year 2016

End Year 2017

State DUNS Number

Number 90266185

Expiration Date

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

Agency Name Department of Health

Organizational Unit Alcohol and Drug Abuse Division

Mailing Address Kakuhihewa Building, 601 Kamokila Boulevard, Room 360

City Kapolei

Zip Code 96707

II. Contact Person for the Grantee of the Block Grant

First Name Edward

Last Name Mersereau

Agency Name Department of Health, Alcohol and Drug Abuse Division

Mailing Address Kakuhihewa Building, 601 Kamokila Blvd., Room 360

City Kapolei

Zip Code 96707

Telephone 808-692-7507

Fax 808-692-7521

Email Address edward.mersereau@doh.hawaii.gov

III. Expenditure Period

State Expenditure Period

From

To

IV. Date Submitted

Submission Date 9/16/2016 10:11:10 PM

Revision Date 11/10/2016 5:32:56 PM

V. Contact Person Responsible for Application Submission

First Name Jan

Last Name Nishimura

Telephone (808) 692-7541

Fax (808) 692-7521

Email Address jan.bushimura@doh.hawaii.gov

Footnotes:

1. Person Responsible for Substance Abuse Information Relating to Treatment:

Name: Wendy Nihoa

Telephone: (808) 692-7523

Email: wendy.nihoa@doh.hawaii.gov

2. Person Responsible for Substance Abuse Information Relating to Prevention:

Name: Dixie Thompson

Telephone: (808) 692-7510

Email: dixie.thompson@doh.hawaii.gov

3. Written comments on this FFY 2017 Substance Abuse Prevention and Treatment Block Grant Mini-Application may be submitted to the Department of Health, Alcohol and Drug Abuse Division, 601 Kamokila Blvd., Rm. 360, Kapolei, HI 96707, Attention: Block Grant Application.

State Information

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

Fiscal Year 2017

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administrations
Funding Agreements
as required by
Substance Abuse Prevention and Treatment Block Grant Program
as authorized by
Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act
and
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
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Section 1947	Nondiscrimination	42 USC § 300x-57
Section 1953	Continuation of Certain Programs	42 USC § 300x-63
Section 1955	Services Provided by Nongovernmental Organizations	42 USC § 300x-65
Section 1956	Services for Individuals with Co-Occurring Disorders	42 USC § 300x-66

ASSURANCES - NON-CONSTRUCTION PROGRAMS

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

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

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

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

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

LIST of CERTIFICATIONS

1. CERTIFICATION REGARDING LOBBYING

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

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

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

3. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

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

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

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

Name of Chief Executive Officer (CEO) or Designee: Virginia Pressler, M.D.

Signature of CEO or Designee¹: _____

Title: Director of Health

Date Signed: _____

mm/dd/yyyy

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

Footnotes:

State Information

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

Fiscal Year 2017

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administrations
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as required by
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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.
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16. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
17. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

LIST of CERTIFICATIONS

1. CERTIFICATION REGARDING LOBBYING

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

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

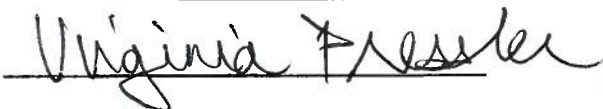
The authorized official signing for the applicant organization certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act. The applicant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

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

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: Virginia Pressler, M.D.

Signature of CEO or Designee¹: 

Title: Director of Health

Date Signed: 09/13/2016

mm/dd/yyyy

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



EXECUTIVE CHAMBERS
HONOLULU

DAVID Y. IGE
GOVERNOR

April 9, 2015

TO: Virginia Pressler, M.D.
Director of Health

SUBJECT: Designation of Signature Authority to the Director of Health for the Substance Abuse Prevention and Treatment Block Grant Application, Annual Synar Report and Related Documents

The Director of the Department of Health is hereby designated as the State of Hawaii's signature authority for the Substance Abuse Prevention and Treatment Block Grant (SABG) Application, Annual Synar Report and related documents that are submitted to the Substance Abuse and Mental Health Services Administration. The Director of Health is hereby authorized to sign all Funding Agreements, Certifications and Assurances that must be signed and submitted for the SABG Application, Annual Synar Report and related documents. This designation will remain in effect until such time as it may be rescinded.

DAVID Y. IGE
Governor, State of Hawai'i



STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. BOX 3378
HONOLULU, HI 96801-3378

In reply, please refer to:
File:

May 14, 2015

MEMORANDUM

TO: Keith Y. Yamamoto
Deputy Director of Health

Lynn N. Fallin
Deputy Director of Behavioral Health Administration

FROM: Virginia Pressler, M.D.
Director of Health

A handwritten signature in blue ink that reads "Virginia Pressler".

SUBJECT: Designation of Alternate Signature Authority for the Substance Abuse Prevention and Treatment Block Grant Application, Annual Synar Report, and Related Documents

Governor David Ige designated signature authority to me, as the Director of the Department of Health (DOH), for the Substance Abuse Prevention and Treatment Block Grant (SABG) Application, Synar Report and related documents required for the SABG. In case of my absence and unavailability, the Deputy Director of Health, who is the DOH second in command, is authorized to sign all Funding Agreements, Certifications and Assurances for the SABG Application, Synar Report, and related documents. If the Deputy Director of Health and I are both absent and unavailable, then the Deputy Director of Behavioral Health Administration (BHA) is authorized to sign all Funding Agreements, Certifications and Assurances for the SABG Application, Synar Report, and related documents because the Alcohol and Drug Abuse Division is directly under the BHA Deputy Director.

State Information

Disclosure of Lobbying Activities

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

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

Name	<input type="text"/>
Title	<input type="text"/>
Organization	<input type="text"/>

Signature: _____ Date: _____

Footnotes:

Planning Tables

Table 4 SABG Planned Expenditures

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

Expenditure Category	FY 2016 SA Block Grant Award	FY 2017 SA Block Grant Award
1 . Substance Abuse Prevention* and Treatment	\$6,034,779	\$6,034,779
2 . Substance Abuse Primary Prevention	\$2,011,594	\$2,011,594
3 . Tuberculosis Services		
4 . HIV Early Intervention Services**		
5 . Administration (SSA Level Only)	\$423,493	\$423,493
6. Total	\$8,469,866	\$8,469,866

* Prevention other than primary prevention

** 1924(b)(2) of Title XIX, Part B, Subpart II of the Public Health Service Act (42 U.S.C. § 300x-24(b)(2)) and section 96.128(b) of the Substance Abuse Prevention and Treatment Block Grant; Interim Final Rule (45 CFR 96.120-137), SAMHSA relies on the HIV Surveillance Report produced by CDC, National Center for HIV/AIDS, Hepatitis, STD and TB Prevention. The HIV Surveillance Report, Volume 24, will be used to determine the states and jurisdictions that will be required to set-aside 5 percent of their respective FY 2016 SABG allotments to establish one or more projects to provide early intervention services for HIV at the sites at which individuals are receiving SUD treatment services. In FY 2012, SAMHSA developed and disseminated a policy change applicable to the EIS/HIV which provided any state that was a "designated state" in any of the three years prior to the year for which a state is applying for SABG funds with the flexibility to obligate and expend SABG funds for EIS/HIV even though the state does not meet the AIDS case rate threshold for the fiscal year involved. Therefore, any state with an AIDS case rate below 10 or more such cases per 100,000 that meets the criteria described in the 2012 policy guidance would be allowed to obligate and expend FY 2016 SABG funds for EIS/HIV if they chose to do so.

Footnotes:

1. Although no separate funds are shown for TB services, all ADAD-funded treatment programs are contractually required to comply with Sec. 1924(a) of P.L. 102-321, regarding availability of TB services.

2. According to CSAT's list of "designated states" for the FFY 2017 SABG, Hawaii is not a "designated state" whose AIDS case rate is equal to or greater than 10 per 100,000. (See 42 USC §300x-24(b) and 45 CFR §96.128). Thus, no SABG funds are allocated for HIV early intervention services. However, ADAD will continue to allocate State general funds to continue the availability of HIV early intervention services at substance abuse treatment programs.

3. Amount of primary prevention funds planned for primary prevention programs: \$2,011,594. Amount of primary prevention funds planned for Prevention-SA resource development: \$310,000.

Footnote #3 revised regarding amount of primary prevention funds planned for primary prevention programs, per BGAS revision request issued on 11/7/16 following conference call with CSAP SABG Team Leader and CSAP State Project Officer:

Amount of primary prevention funds planned for primary prevention programs: \$1,701,594.

Planning Tables

Table 5a SABG Primary Prevention Planned Expenditures

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

Strategy		IOM Target	FY 2016	FY 2017
			SA Block Grant Award	SA Block Grant Award
Information Dissemination	Universal			
	Selective			
	Indicated			
	Unspecified			
	Total		\$0	\$0
Education	Universal			
	Selective			
	Indicated			
	Unspecified			
	Total		\$0	\$0
Alternatives	Universal			
	Selective			
	Indicated			
	Unspecified			
	Total		\$0	\$0
Problem Identification and Referral	Universal			
	Selective			
	Indicated			
	Unspecified			
	Total		\$0	\$0

Community-Based Process	Universal		
	Selective		
	Indicated		
	Unspecified		
	Total	\$0	\$0
Environmental	Universal		
	Selective		
	Indicated		
	Unspecified		
	Total	\$0	\$0
Section 1926 Tobacco	Universal	\$96,540	\$96,540
	Selective		
	Indicated		
	Unspecified		
	Total	\$96,540	\$96,540
Other	Universal		
	Selective		
	Indicated		
	Unspecified		
	Total	\$0	\$0
Total Prevention Expenditures		\$96,540	\$96,540
Total SABG Award*		\$8,469,866	\$8,469,866
Planned Primary Prevention Percentage		1.14 %	1.14 %

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

Footnotes:

1. Table 5a reflects only the portion of primary prevention planned expenditures related to Sec. 1926 of the Public Health Service Act (USC

§300x-26) regarding the Synar program. Primary prevention planned expenditures including planned expenditures related to the Synar program are reported in Table 5b which is based on the Institute of Medicine prevention categories. According to the Instructions for the 2017 SABG Mini-Application, States have the option of completing either Table 5a or 5b. If the State completes Table 5b, then planned expenditures for the Synar program must be reported separately in Table 5a, Sec. 1926 Tobacco.

Planning Tables

Table 5b SABG Primary Prevention Planned Expenditures by IOM Category

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

Activity	FY 2016 SA Block Grant Award	FY 2017 SA Block Grant Award
Universal Direct	\$547,577	\$1,232,594
Universal Indirect	\$1,223,617	\$436,500
Selective	\$120,000	\$32,500
Indicated	\$120,000	
Column Total	\$2,011,194	\$1,701,594
Total SABG Award*	\$8,469,866	\$8,469,866
Planned Primary Prevention Percentage	23.75 %	20.09 %

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

Footnotes:

1. Per BGAS revision request issued on 11/7/16 following conference call with CSAP SABG Team Leader and CSAP State Project Officer, Table 5b was revised to exclude primary prevention funds planned for resource development.

Planning Tables

Table 5c SABG Planned Primary Prevention Targeted Priorities

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

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

Footnotes:

Planning Tables

Table 6a SABG Resource Development Activities Planned Expenditures

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

Activity	FY 2016 SA Block Grant Award				FY 2017 SA Block Grant Award			
	Prevention	Treatment	Combined	Total	Prevention	Treatment	Combined	Total
1. Planning, Coordination and Needs Assessment	\$100,000			\$100,000	\$100,000		\$150,000	\$250,000
2. Quality Assurance	\$96,535	\$188,227		\$284,762		\$2,500	\$336,605	\$339,105
3. Training (Post-Employment)	\$34,000			\$34,000			\$108,500	\$108,500
4. Education (Pre-Employment)				\$0				\$0
5. Program Development	\$2,180	\$10,770		\$12,950			\$12,950	\$12,950
6. Research and Evaluation				\$0				\$0
7. Information Systems	\$210,000	\$581,260		\$791,260	\$210,000	\$607,000		\$817,000
8. Total	\$442,715	\$780,257	\$0	\$1,222,972	\$310,000	\$609,500	\$608,055	\$1,527,555

Footnotes:

1. Per Instructions for the 2017 SABG Mini-Application, States are not limited to using only the Administration portion of the Block Grant for

resource development expenditures. "Resource development expenditures may be part of the SABG funds shown in Table 4 under rows 1 through 5: (1) Substance Abuse Prevention (other than primary prevention) and Treatment, (2) Primary Prevention, (3) Tuberculosis Services, (4) HIV Early Intervention Services, and (5) Administration (state level only)." These instructions are consistent with the historical instructions and guidance for the Resource Development tables in the SABG Uniform Application and Report for both planned and actual SABG expenditures.

Environmental Factors and Plan

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

Narrative Question:

Each state is required to establish and maintain a state Mental Health Planning/Advisory Council for adults with SMI or children with SED. To meet the needs of states that are integrating mental health and substance abuse agencies, SAMHSA is recommending that states expand their Mental Health Advisory Council to include substance abuse, referred to here as a Behavioral Health Advisory/Planning Council (BHPC). SAMHSA encourages states to expand their required Council's comprehensive approach by designing and implementing regularly scheduled collaborations with an existing substance abuse prevention and treatment advisory council to ensure that the council reviews issues and services for persons with, or at risk for, substance abuse and substance use disorders. To assist with implementing a BHPC, SAMHSA has created [Best Practices for State Behavioral Health Planning Councils: The Road to Planning Council Integration](#).⁹⁷

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

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

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

SAMHSA requests that any recommendations for modifications to the application or comments to the implementation report that were received from the Planning Council be submitted to SAMHSA, regardless of whether the state has accepted the recommendations. The documentation, preferably a letter signed by the Chair of the Planning Council, should state that the Planning Council reviewed the application and implementation report and should be transmitted as attachments by the state.

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

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

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

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

⁹⁸There are strict state Council membership guidelines. States must demonstrate: (1) the involvement of people in recovery and their family members; (2) the ratio of parents of children with SED to other Council members is sufficient to provide adequate representation of that constituency in deliberations on the Council; and (3) no less than 50 percent of the members of the Council are individuals who are not state employees or providers of mental health services.

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

Footnotes:

1. SAMHSA's requirement for a State advisory council for services for individuals with a mental disorder does not apply to the SABG. The State Council on Mental Health (SCMH) is a requirement for the MHBG which provides funds for the DOH Adult Mental Health Division and Child and Adolescent Mental Health Division. For a description and the composition of the SCMH, please refer to the 2016-2017 MHBG Application Plan.

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

SAMHSA's requirement for a State advisory council for services for individuals with a mental disorder does not apply to the Substance Abuse Prevention and Treatment Block Grant. The State Council on Mental Health (SCMH) is a requirement for the Center for Mental Health Services (CMHS) Block Grant which provides funds for the Adult Mental Health Division and Child and Adolescent Mental Health Division of the Department of Health. For a description and the composition of the SCMH, please refer to the 2016-2017 Mental Health Block Grant Application Plan.

The Hawaii Advisory Commission on Drug Abuse and Controlled Substances (HACDACS), which is a Governor-appointed commission, advises the Governor, the Director of Health and other State departments on matters relating to substance abuse prevention, treatment and enforcement. Commission membership consists of representatives from pharmacology, medicine, community and business affairs, youth action, education, legal defense, enforcement and the corrections segments of the community. One of the members appointed to HACDACS, who must be knowledgeable about the community and the relationships between mental health, mental illness and substance abuse, is jointly appointed to the SCMH (see Hawaii Revised Statutes (HRS) §329-2). In addition, the Department of Health's Deputy Director of Behavioral Health Administration serves as an ex-officio, non-voting representative to both HACDACS and the SCMH.

Public Input on the SABG Application Plan

ADAD facilitates public and community input and comment through several mechanisms. Periodic meetings are convened with administrators and staff of the community-based organizations contracted by ADAD. ADAD provides information and solicits input on plans, policies, SABG and State funding, and other issues that affect the service providers. ADAD also receives input on service utilization, operational needs, problems and concerns. Information from service providers is used in the development of ADAD's plans for the use and allocation of Block Grant funds.

ADAD staff participate in interagency coalitions, task forces, committees and work groups comprised of government and community-based organizations. These activities help to facilitate public input, ensure ongoing identification of community needs and resources, coordinate substance abuse plans and services, and guide allocation of funds.

ADAD utilizes the State procurement process to direct available Block Grant and State funds to support the provision of services for the substance abuse continuum of care as well as to seek information on service needs in Hawaii's four counties. ADAD follows the State laws, regulations and procedures, i.e., HRS §103F and implementing regulations under Hawaii Administrative Rules (HAR) §3-142, that govern the basic planning, procuring and contracting of health and human services by State agencies. The objective is to ensure the fair and equitable treatment of all service providers delivering health and human services on behalf of State agencies by using a standardized procurement process and by optimizing information-sharing,

planning and service delivery efforts. The State Procurement Office, which is within the Department of Accounting and General Services, serves as the central authority on State procurement statutes and rules.

Community input is an integral part of the planning and procurement process. In particular, State agencies are encouraged to seek information from service providers to improve service specifications for purchased services and progress towards desired outcomes.

As required by the State procurement process, ADAD holds Request for Information (RFI) sessions to obtain community input on services that ADAD intends to procure. It is an opportunity especially for service providers to express what they perceive the gap areas to be in the current system. The information that is acquired through the RFI is then incorporated into requests for proposals (RFPs) that ADAD develops and issues in accordance with State procurement procedures and to ensure compliance with SABG requirements for services for specified target groups. The RFPs also reflect existing needs assessment data and other pertinent data sources, as well as require applicants to substantiate the need for their proposed programs and services and identify their target populations for which services will be provided.

Proposals from community-based organizations are reviewed and scored by ADAD based on evaluation criteria set forth in the RFP requirements, and service contracts are then executed. While procurement and contracting cycles vary depending on the type of service and funding availability, the typical service contract is approximately four years. This would generally commit the State to maintaining these services for the entire contract period. However, after the first contract year, continuation of a contract is subject to the availability of funds, satisfactory performance of the contracted services, and the determination by the State that the services are still needed.

The FFY 2016 SABG award is currently being utilized to support the fourth and last year of the current contract period, i.e., State fiscal year (SFY) 2017 (July 1, 2016-June 30, 2017) for treatment and recovery support services and the first year of the contract period for prevention service contracts awarded in accordance with State procurement procedures and requirements. The FFY 2017 SABG award, subject to SAMHSA's approval of the award notice to ADAD, will be used to support the first year of the next contract period for treatment and recovery support services and the second year of contracts for prevention services.

Contract modifications, in accordance with the State procurement process, are executed throughout the contract period to adjust funding levels of contracts based on availability of SABG and State funds, service needs, and providers' utilization of funds.

This 2017 Mini-Application was made available for public review and comment at ADAD's website <http://health.hawaii.gov/substance-abuse/survey/>, where, as needed, it will be updated to reflect any revisions that may be required by SAMHSA for approval. The 2017 Mini-Application is an extension of the 2016-2017 SABG Application Plan, previously approved by SAMHSA, and also available at <http://health.hawaii.gov/substance-abuse/survey/>.

Environmental Factors and Plan

Behavioral Health Advisory Council Members

Start Year: 2016 End Year: 2017

Name	Type of Membership	Agency or Organization Represented	Address,Phone, and Fax	Email(if available)
No Data Available				
Footnotes:				

Environmental Factors and Plan

Behavioral Health Council Composition by Member Type

Start Year: 2016 End Year: 2017

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

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

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

Footnotes: