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STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION FOR BEHAVIORAL HEALTH

105 PLEASANT STREET, CONCORD, NH 03301
603-271-5000 1-800-852-3345 Ext. 5000
Fax: 603-271-5058 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

Lori A. Shibinette
Commissioner

Katja S. Fox
Director

August 26, 2021

The Honorable Ken Weyler, Chairman
Fiscal Committee of the General Court and

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Pursuant to the provisions of RSA 14:30-a, authorize the Department of Health and Human Services, Division for Behavioral Health to accept and expend funds from the Substance Abuse and Mental Health Services Administration (SAMHSA), entitled Block Grants for Community Mental Health Services, in the amount of $4,784,932.00 effective upon Fiscal Committee and Governor and Executive Council approvals through June 30, 2023. Funding source: 100% Federal Funds.

05-92-92-922010-41200000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF MENTAL HEATH SERVICES, MENTAL HEALTH BLOCK GRANT

Class	Description	SFY22 Current Adjusted Authorized	Requested Action	Revised SFY22 Adjusted Authorized
000 - 404551	Federal Funds	$6,247,154	$4,784,932	$11,032,086
		$6,247,154	$4,784,932	$11,032,086
010 - 500100	Personal Services Perm	$95,917	$0	$95,917
020 - 500200	Current Expenses	$4,009	$0	$4,009
021 - 500211	Food Institutions	$4,000	$0	$4,000
022 - 500248	Rents-Leases Other Than State	$1,500	$0	$1,500
030 - 500301	Equipment	$5,000	$0	$5,000
039 - 500190	Telecommunications	$1,736	$0	$1,736
041 - 500801	Audit Fund Set Aside	$6,332	$5,031	$11,363
042 - 500620	Additional Fringe Benefits	$14,602	$0	$14,602
046 - 500464	Consultants	$1,000	$0	$1,000
057 - 500531	Book Periodicals Subscript	$772	$0	$772
060 - 500601	Benefits	$48,200	$0	$48,200
066 - 500546	Employee Training	$1,500	$0	$1,500
067 - 500557	Training of Providers	$6,000	$0	$6,000
068 - 500561	Renumeration	$5,900	$0	$5,900

070 - 500700	In State Travel Reimbursement	$5,075	$0	$5,075
074 - 500585	Grants for Pub Asst and Rel	$5,072,874	$3,734,901	$8,807,775
080 - 500710	Out of State Travel Reimb	$11,000	$0	$11,000
085 - 588546	Interagency Transfer Out of Fed Funds	$88,301	$0	$88,301
102 - 500731	Contracts for Program Services	$873,436	$1,045,000	$1,918,436
	Total	$6,247,154	$4,784,932	$11,032,086

EXPLANATION

The US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) has awarded American Rescue Plan Act (ARPA) of 2021 funding to assist states in responding to the COVID-19 pandemic. The funds were awarded through the Block Grants for Community Mental Health Services program. Through support from New Hampshire Governor Christopher T. Sununu and the NH State Legislature, the Department has been able to support programs and initiatives included in the 10-Year Mental Health Plan and the Children's System of Care. The New Hampshire funding plan for the awarded ARPA funds has been developed to bolster and expand the current system in order to address identified gaps while taking into consideration the 10-Year Mental Health Plan's recommendations. The American Rescue Plan Act funds will be utilized to work in coordination with the Bureau of Drug and Alcohol Services ARPA funding to address the needs of residents experiencing mental health and co-occurring substance use disorders. The SAMHSA guidance and the Department's proposal are included in this request.

The funds are to be budgeted as follows:

Funds in class 041, Audit Fund Set Aside, for financial and compliance audits.

Funds in class 074, Grants for Public Assistance, are to work with providers to address gaps across the system of of care, many of which have been exacerbated by the pandemic.

Funds in class 102, Contracts for Program Services, are to contract for development of data tracking infrastructure, technical assistance services, 9-8-8 planning facilitation and training for providers.

Area served: Statewide.

Source of Funds: 100% Federal Funds

In the event that Federal Funds become no longer available, general funds will not be requested to support the program expenditures.

Respectfully submitted,

Lori A. Shibinette
Commissioner

Division of Behavioral Health
Block Grants for Community Mental Health Services

Fiscal Situation: Account 05-92-92-922010-41200000

Agency Income:	
Grant Award B09SM082617	$2,585,401.00
Grant Award B09SM083816	$2,534,678.00
Grant Award B09SM083987	$2,912,959.00
Grant Award B09SM085371	$5,031,475.00
Total Funds Available	**$13,064,513.00**
SFY 21 Expenses	($1,107,885.31)
Prior Fiscal Year Expenses	**($1,107,885.31)**
SFY 2022 Adjusted Authorized Appropriations	($6,247,154.25)
Allocated Indirect Costs	$0.00
Total Appropriations	**($6,247,154.25)**
Net Grant Funds Remaining	$5,709,473.44
This Request	**$4,784,932.00**

Recipient Information

1. Recipient Name
HEALTH AND HUMAN SERVICES, NEW HAMPSHIRE DEPT OF
129 PLEASANT ST
CONCORD, NH 03301

2. Congressional District of Recipient
02

3. Payment System Identifier (ID)
1026000618B3

4. Employer Identification Number (EIN)
026000618

5. Data Universal Numbering System (DUNS)
011040545

6. Recipient's Unique Entity Identifier

7. Project Director or Principal Investigator
Julianne Carbin

8. Authorized Official

Federal Agency Information

9. Awarding Agency Contact Information
Wendy Pang
Grants Management Specialist
Center for Mental Health Services
wendy.pang@samhsa.hhs.gov
(240) 276-1419

10. Program Official Contact Information
Deborah Rose
Center for Mental Health Services
Deborah.Rose@samhsa.hhs.gov
(240) 276-0300

Federal Award Information

11. Award Number
1B09SM083987-01

12. Unique Federal Award Identification Number (FAIN)
B09SM083987

13. Statutory Authority
Subparts I&III,B,Title XIX,PHS Act/45 CFR Part96

14. Federal Award Project Title
Block Grants for Community Mental Health Services

15. Assistance Listing Number
93.958

16. Assistance Listing Program Title
Block Grants for Community Mental Health Services

17. Award Action Type
New Competing

18. Is the Award R&D?
No

Summary Federal Award Financial Information

19. Budget Period Start Date 03/15/2021 - End Date 03/14/2023

20. Total Amount of Federal Funds Obligated by this Action	$2,912,959
20 a. Direct Cost Amount	$2,912,959
20 b. Indirect Cost Amount	$0
21. Authorized Carryover	
22. Offset	
23. Total Amount of Federal Funds Obligated this budget period	$2,912,959
24. Total Approved Cost Sharing or Matching, where applicable	$0
25. Total Federal and Non-Federal Approved this Budget Period	$2,912,959

26. Project Period Start Date 03/15/2021 - End Date 03/14/2023

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	$2,912,959

28. Authorized Treatment of Program Income
Additional Costs

29. Grants Management Officer - Signature
Odessa Crocker

30. Remarks

Acceptance of this award, including the "Terms and Conditions," is acknowledged by the recipient when funds are drawn down or otherwise requested from the grant payment system.

Award Number: 1B09SM083987-01
FAIN: B09SM083987-01
Contact Person: Julianne Carbin

Program: Block Grants for Community Mental Health Services

HEALTH AND HUMAN SERVICES, NEW HAMPSHIRE DEPT OF
129 PLEASANT ST

CONCORD, NH 03301

Award Period: 03/15/2021 – 03/14/2023

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of $2,912,959 (see "Award Calculation" in Section I) to HEALTH AND HUMAN SERVICES, NEW HAMPSHIRE DEPT OF in support of the above referenced project. This award is pursuant to the authority of Subparts I&III,B,Title XIX,PHS Act/45 CFR Part96 and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact your Grants Management Specialist and your Government Project Officer listed in your terms and conditions.

Sincerely yours,
Odessa Crocker
Grants Management Officer
Division of Grants Management

See additional information below

SECTION I – AWARD DATA – 1B09SM083987-01

FEDERAL FUNDS APPROVED:	$2,912,959
AMOUNT OF THIS ACTION (FEDERAL SHARE):	$2,912,959
CUMULATIVE AWARDS TO DATE:	$2,912,959
UNAWARDED BALANCE OF CURRENT YEAR'S FUNDS:	$0

Fiscal Information:

CFDA Number:	93.958
EIN:	1026000618B3
Document Number:	21B1NHCMHSC5
Fiscal Year:	2021

MC	CAN	01
SM	C96D450	$2,912,959

PCC: CMHS / **OC:** 4115

SECTION II – PAYMENT/HOTLINE INFORMATION – 1B09SM083987-01

Payments under this award will be made available through the HHS Payment Management System (PMS). PMS is a centralized grants payment and cash management system, operated by the HHS Program Support Center (PSC), Division of Payment Management (DPM). Inquiries regarding payment should be directed to: The Division of Payment Management System, PO Box 6021, Rockville, MD 20852, Help Desk Support – Telephone Number: 1-877-614-5533.

The HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. The telephone number is: 1-800-HHS-TIPS (1-800-447-8477). The mailing address is: Office of Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington, DC 20201.

SECTION III – TERMS AND CONDITIONS – 1B09SM083987-01

REMARKS

Correspondence Notice

Please Note: A letter from Acting Assistant Secretary for Mental Health and Substance Use, Tom Coderre, will be sent via eRA Commons.

STANDARD TERMS AND CONDITIONS

MHBG FY2021 COVID emergency funding

Remarks:

This Notice of Award (NoA) provides COVID emergency relief funding for the Community Mental Health Services (MHBG) Block Grant Program, in accordance with the Coronavirus Response and Relief Supplement Appropriations Act, 2021 [P.L. 116-260]. The awarded funds must be used for activities consistent with the MHBG program requirements.

A proposal of the state's spending plan must be submitted by April 5, 2021 via the Web Block Grant Application System (WebBGAS). Further information on this is included in the letter from Acting Assistant Secretary for Mental Health and Substance Use, Tom Coderre.

Standard Terms of Award:

1) Acceptance of the Terms of an Award

By drawing or otherwise obtaining funds from the HHS Payment Management System, the recipient acknowledges acceptance of the terms and conditions of the award and is obligated to perform in accordance with the requirements of the award. Except for any waiver granted explicitly elsewhere in this section, this award does not constitute approval for waiver of any Federal statutory/regulatory requirements for a MHBG. Once an award is accepted by a recipient, the contents of the Notice of Award (NoA) are binding on the recipient unless and until modified by a revised NoA signed by the GMO.

Certification Statement: By drawing down funds, The recipient agrees to abide by the statutory requirements of all sections of the Mental Health Block Grant (MHBG) (Public Health Service Act, Sections 1911-1920 and sections 1941-1957) (42 U.S.C. 300x-1-300x-9 and 300x-51-300x-67, as amended), and other administrative and legal requirements as applicable for the duration of the award.

2) Official Form Designee

The States Chief Executive Officer, or authorized designee is considered the official form designee for this grant. The SAMHSA GMS and the MHBG Program Officer must be notified immediately before any changes in this key position are made. Please note that individuals that are suspended or debarred are prohibited from serving on Federal grant awards.

3) Availability of Funds

Funds provided under this grant must be obligated and expended by March 14, 2023. However, SAMHSA will consider extensions to this period of funding upon request.

4) Administrative Requirements

This award is subject to the administrative requirements for HHS block grants under 45 CFR Part 96, Subpart C, and 45 CFR Part 75, as specified. Except for section 75.202 of Subpart C, and sections 75.351 through 75.353 of Subpart D, the requirements in Subpart C, Subpart D, and Subpart E do not apply to this program (reference 45 CFR Part 75 Subpart B, 75.101(d)).

5) Flow-down of requirements to sub-recipients

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 75.353, Sub-recipient monitoring and management.

6) Early Serious Mental Illness Set-Aside

The 21st Century Cures Act, P.L. 114-255 amended Section 1920(c) of the Public Health Service Act (42 U.S.C. 300x 9(c)). States must set-aside not less than 10 percent of their total MHBG allocation amount for each fiscal year to support evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders, regardless of the age of the individual at onset. In lieu of expending 10 percent of the amount, the State receives for a fiscal year, states have the flexibility to expend not less than 20 percent of such amount by the end of the succeeding fiscal year.

7) Crisis Services 5% set-aside

The Consolidated Appropriations Act, 2021 and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 [P.L. 116-260] requires states to set-aside not less than 5 percent of their total MHBG allocation amount for each fiscal year to support evidence-based crisis care programs addressing the needs of individuals with serious mental illnesses and children with serious mental and emotional disturbances. The set- aside must be used to fund some or all of a set of core crisis care elements including: centrally deployed 24/7 mobile crisis units, short-term residential crisis stabilization beds, evidence-based protocols for delivering services to individuals with suicide risk, and regional or State-wide crisis call centers coordinating in real time.

8) Executive Pay

The Consolidated Appropriations Act, 2021 (Public Law 116-260), signed into law on December 27, 2020 restricts the amount of direct salary to Executive Level II of the Federal Executive Pay scale. Effective January 3, 2021, the salary limitation for Executive Level II is $199,300.

For awards issued prior to this change, if adequate funds are available in active awards, and if the salary cap increase is consistent with the institutional base salary, recipients may re-budget to accommodate the current Executive Level II salary level. However, no additional funds will be provided to these grant awards.

9) Marijuana Restriction:

Grant funds may not be used, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Grant funds also cannot be provided to any individual

who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. See, e.g., 45 C.F.R. 75.300(a) (requiring HHS to ensure that Federal funding is expended . . . in full accordance with U.S. statutory . . . requirements.); 21 U.S.C. 812(c) (10) and 841 (prohibiting the possession, manufacture, sale, purchase or distribution of marijuana). This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the DEA and under an FDA-approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned controlled substance under federal law.

10) SAM and DUNS Requirements

THIS AWARD IS SUBJECT TO REQUIREMENTS AS SET FORTH IN 2 CFR 25.110 CENTRAL CONTRACTOR REGISTRATION CCR) (NOW SAM) AND DATA UNIVERSAL NUMBER SYSTEM (DUNS) NUMBERS. 2 CFR Part 25 - Appendix A4

System of Award Management (SAM) and Universal Identifier Requirements

A. Requirement for System of Award Management:

Unless you are exempted from this requirement under 2 CFR 25.110, you, as the recipient, must maintain the currency of your information in the SAM, until you submit the final financial report required under this award or receive the final payment, whichever is later. This requires that you review and update the information at least annually after the initial registration, and more frequently if required by changes in your information or another award term.

B. Requirement for unique entity identifier If you are authorized (reference project description) to make subawards under this award, you:

1. Must notify potential subrecipients that no entity (see definition in paragraph C of this award term) may receive a subaward from you, unless the entity has provided its unique entity identifier to you.

2. May not make a subaward to an entity, unless the entity has provided its unique entity identifier to you.

C. Definitions. For purposes of this award term:

1. System of Award Management (SAM) means the federal repository into which an entity must provide information required for the conduct of business as a recipient. Additional information about registration procedures may be found at the SAM Internet site (currently at: http://www.sam.gov).

2. Unique entity identifier means the identifier required for SAM registration to uniquely identify business entities.

3. Entity, as it is used in this award term, means all of the following, as defined at 2 CFR Part 25, Subpart C:

a. A governmental organization, which is a state, local government, or Indian Tribe; b. A foreign public entity; c. A domestic or foreign nonprofit organization; d. A domestic or foreign for-profit organization; and e. A Federal agency, but only as a sub-recipient under an award or sub-award to a nonfederal entity.

4. Sub-award:

a. This term means a legal instrument to provide support for the performance of any portion of the substantive project or program for which you received this award and that you as the recipient award to an eligible sub-recipient. b. The term does not

include your procurement of property and services needed to carry out the project or program (for further explanation, see 2 CFR 200.330). c. A sub-award may be provided through any legal agreement, including an agreement that you consider a contract.
5. Sub-recipient means an entity that: a. Receives a sub-award from you under this award; and b. Is accountable to you for the use of the federal funds provided by the sub-award.

11) Federal Financial Accountability and Transparency Act (FFATA)

Reporting Subawards and Executive Compensation, 2 CFR, Appendix A to Part 170

a. Reporting of first tier subawards.

1. Applicability. Unless you are exempt as provided in paragraph d. of this award term, you must report each action that obligates $25,000 or more in Federal funds that does not include Recovery funds (as defined in section 1512(a)(2) of the American Recovery and Reinvestment Act of 2009, Pub. L. 111-5) for a subaward to an entity (see definitions in paragraph e. of this award term).

2. Where and when to report.

i. You must report each obligating action described in paragraph a.1. of this award term to http://www.fsrs.gov.

ii. For subaward information, report no later than the end of the month following the month in which the obligation was made. (For example, if the obligation was made on November 7, 2010, the obligation must be reported by no later than December 31, 2010.)

3. What to report. You must report the information about each obligating action that the submission instructions posted at http://www.fsrs.gov specify.

b. Reporting Total Compensation of Recipient Executives.

1. Applicability and what to report. You must report total compensation for each of your five most highly compensated executives for the preceding completed fiscal year, if

i. the total Federal funding authorized to date under this award is $25,000 or more;

ii. in the preceding fiscal year, you received (A) 80 percent or more of your annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170. 320 (and subawards); and (B) $25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

iii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at http://www.sec.gov/answers/execomp.htm.)

2. Where and when to report. You must report executive total compensation described in paragraph b. 1. of this award term:

i. As part of your registration profile at https://www.sam.gov.

ii. By the end of the month following the month in which this award is made, and annually thereafter.

c. Reporting of Total Compensation of Subrecipient Executives.

1. Applicability and what to report. Unless you are exempt as provided in paragraph d. of this award term, for each first tier subrecipient under this award, you shall report the names and total compensation of each of the subrecipient's five most highly compensated executives for the subrecipient's preceding completed fiscal year, if

i. in the subrecipient's preceding fiscal year, the subrecipient received (A) 80 percent or more of its annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and (B) $25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts), and Federal financial assistance subject to the Transparency Act (and subawards); and

ii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at http://www.sec.gov/answers/execomp.htm.)

2. Where and when to report. You must report subrecipient executive total compensation described in paragraph c. 1. of this award term:

i. To the recipient.

ii. By the end of the month following the month during which you make the subaward. For example, if a subaward is obligated on any date during the month of October of a given year (i.e., between October 1 and 31), you must report any required compensation information of the subrecipient by November 30 of that year.

d. Exemptions If, in the previous tax year, you had gross income, from all sources, under $300,000, you are exempt from the requirements to report:

i. Subawards, and

ii. The total compensation of the five most highly compensated executives of any subrecipient.

e. Definitions. For purposes of this award term:

1. Entity means all of the following, as defined in 2 CFR part 25:

i. A Governmental organization, which is a State, local government, or Indian tribe;

ii. A foreign public entity;

iii. A domestic or foreign nonprofit organization;

iv. A domestic or foreign for-profit organization;

v. A Federal agency, but only as a subrecipient under an award or subaward to a non-Federal entity.

2. Executive means officers, managing partners, or any other employees in management positions.

3. Subaward:

i. This term means a legal instrument to provide support for the performance of any portion of the substantive project or program for which you received this award and that you as the recipient award to an eligible subrecipient.

ii. The term does not include your procurement of property and services needed to carry out the project or program (for further explanation, see Sec. __. 210 of the attachment to OMB Circular A-133, Audits of States, Local Governments, and Nonprofit Organizations).

iii. A subaward may be provided through any legal agreement, including an agreement that you or a subrecipient considers a contract.

4. Subrecipient means an entity that: i. Receives a subaward from you (the recipient) under this award; and ii. Is accountable to you for the use of the Federal funds provided by the subaward.

5. Total compensation means the cash and noncash dollar value earned by the executive during the recipient's or subrecipient's preceding fiscal year and includes the following (for more information see 17 CFR 229.402(c)(2)):

i. Salary and bonus.

ii. Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.

iii. Earnings for services under non-equity incentive plans. This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives and are available generally to all salaried employees.

iv. Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.

v. Above-market earnings on deferred compensation which is not tax-qualified. vi. Other compensation, if the aggregate value of all such other compensation (e.g. severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds $10,000. [75 FR 55669, Sept. 14, 2010, as amended at 79 FR 75879, Dec. 19, 2014]

12) Mandatory Disclosures

Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the HHS Office of Inspector General (OIG), all information related to violations, or suspected violations, of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Subrecipients must disclose, in a timely manner, in writing to the prime recipient (pass through

entity) and the HHS OIG, all information related to violations, or suspected violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Disclosures must be sent in writing to the awarding agency and to the HHS OIG at the following addresses:

U.S. Department of Health and Human Services Office of Inspector General

ATTN: Mandatory Grant Disclosures, Intake Coordinator 330 Independence Avenue,

SW, Cohen Building Room5527 Washington, DC 20201

Fax: (202) 205-0604 (Include "Mandatory Grant Disclosures" in subject line) or email: MandatoryGranteeDisclosures@oig.hhs.gov

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371 remedies for noncompliance, including suspension or debarment (see 2 CFR parts 180 & 376 and 31 U.S.C. 3321).

13) The Trafficking Victims Protection Act of 2000 (22 U.S.C. 7104(G)), as amended, and 2 C.F.R. PART 175

The Trafficking Victims Protection Act of 2000 authorizes termination of financial assistance provided to a private entity, without penalty to the Federal government, if the recipient or subrecipient engages in certain activities related to trafficking in persons. SAMHSA may unilaterally terminate this award, without penalty, if a private entity recipient, or a private entity subrecipient, or their employees: a) Engage in severe forms of trafficking in persons during the period of time that the award is in effect; b) Procure a commercial sex act during the period of time that the award is in effect; or, c) Use forced labor in the performance of the award or subawards under the award. The text of the full award term is available at 2 C.F.R. 175.15(b). See http://www.gpo.gov/fdsys/pkg/CFR-2012-title2-vol1/pdf/CFR-2012-title2-vol1-sec175-15.pdf.

14) Drug-Free Workplace Requirements

The Drug-Free Workplace Act of 1988 (41 U.S.C. 701 et seq.) requires that all organizations receiving grants from any Federal agency agree to maintain a drug-free workplace. When the AR signed the application, the AR agreed that the recipient will provide a drug-free workplace and will comply with the requirement to notify SAMHSA if an employee is convicted of violating a criminal drug statute. Failure to comply with these requirements may be cause for debarment. Government wide requirements for Drug-Free Workplace for Financial Assistance are found in 2 CFR part 182; HHS implementing regulations are set forth in 2 CFR part 382.400. All recipients of SAMHSA grant funds must comply with the requirements in Subpart B (or Subpart C if the recipient is an individual) of Part 382.

15) Lobbying

No funds provided under the attached Notice of Award (NoA) may be used by you or any sub-recipient under the grant to support lobbying activities to influence proposed or pending federal or state legislation or appropriations. The prohibition relates to the use of federal grant funds and is not intended to affect your right or that of any other organization, to petition Congress or any other level of government, through the use of other nonfederal resources. Reference 45 CFR Part 93.

16) Accessibility Provisions

Grant recipients of Federal financial assistance (FFA) from HHS must administer their programs in compliance with Federal civil rights law. This means that recipients of HHS funds must ensure equal access to their programs without regard to a person s race, color, national origin, disability, age, and in some circumstances, sex and religion. This includes ensuring your programs are accessible to persons with limited English proficiency. The HHS Office for Civil Rights also provides guidance on complying with civil rights laws enforced by HHS. Please see http://www.hhs.gov/ocr/civilrights/understanding/section1557/index.html. Recipients of FFA also have specific legal obligations for serving qualified individuals with disabilities. Please see http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html. Please contact the HHS Office for Civil Rights for more information about obligations and prohibitions under Federal civil rights laws at https://www.hhs.gov/civil-rights/index.html or call 1-800-368-1019 or TDD 1-800-537-7697. Also note that it is an HHS Departmental goal to ensure access to quality, culturally competent care, including long-term services and supports, for vulnerable populations. For further guidance on providing culturally and linguistically appropriate services, recipients should review the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care at https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=1&lvlid=6.

17) Audits

Non-Federal recipients that expend $750,000 or more in federal awards during the recipient's fiscal year must obtain an audit conducted for that year in accordance with the provisions of 45 CFR 96.31.
Recipients are responsible for submitting their Single Audit Reports and the Data Collections Forms (SF-FAC) electronically to the to the Federal Audit Clearinghouse Visit disclaimer page (FAC) within the earlier of 30 days after receipt or nine months after the FY s end of the audit period. The FAC operates on behalf of the OMB.

For specific questions and information concerning the submission process: Visit the Federal Audit Clearinghouse at https://harvester.census.gov/facweb or Call FAC at the toll-free number: (800) 253-0696

Reporting Requirements:

Federal Financial Report (FFR)

The recipient is required to submit a Federal Financial Report (FFR) 90 days after the close of the performance period (project period). The SF-425 shall report total funds obligated and total funds expended by the grantee.

Effective January 1, 2021, award recipients are required to submit the SF-425 Federal Financial Report (FFR) via the Payment Management System (PMS). If the individual responsible for FFR submission does not already have an account with PMS, please contact PMS to obtain access.

Recipients must liquidate all obligations incurred under an award not later than ninety

(90) days after the end of the award obligation and expenditure period (i.e., the project period) which also coincides with the due date for submission of the FINAL SF-425, *Federal Financial Report* (FFR). After ninety (90) days, letter of credit accounts are locked. SAMHSA does not approve extensions to the ninety (90) day post-award reconciliation/liquidation period. Therefore, recipients are expected to complete all work and reporting within the approved project period and the aforementioned 90-day post-award reconciliation/liquidation period. Recipients (late) withdrawal requests occurring after the aforementioned periods are denied. In rare instances, SAMHSA may approve an extension to submit a FINAL SF-425 FFR report, but this is *not* an extension of the 90-day post award reconciliation/liquidation period, but rather only an extension to submit the Final SF-425 report (FFR).

Annual Report

Reporting on the COVID emergency relief funding is required. States must prepare and submit their respective reports utilizing WebBGAS. Failure to comply with these requirements may cause the initiation of enforcement actions that can culminate in discontinuation of MHBG grants.

Your assigned MHBG Program Official (PPO) will provide further guidance and additional submission information.

In accordance with the regulatory requirements provided at 45 CFR 75.113 and Appendix XII to 45 CFR Part 75, recipients that have currently active Federal grants, cooperative agreements, and procurement contracts with cumulative total value greater than $10,000,000 must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a Federal award that reached final disposition within the most recent five-year period. The recipient must also make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75.

Staff Contacts:

Deborah Rose, Program Official
Phone: (240) 276-0300 **Email:** Deborah.Rose@samhsa.hhs.gov **Fax:** (240) 276-1770

Wendy Pang, Grants Specialist
Phone: (240) 276-1419 **Email:** wendy.pang@samhsa.hhs.gov **Fax:** (240) 276-1430

Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services

Notice of Award
FAIN # B09SM085371
Federal Award Date
05/17/2021

Recipient Information

1. Recipient Name
HEALTH AND HUMAN SERVICES, NEW HAMPSHIRE, DEPT OF
129 PLEASANT ST
CONCORD, NH 03301

2. Congressional District of Recipient
02

3. Payment System Identifier (ID)
1026000618B3

4. Employer Identification Number (EIN)
026000618

5. Data Universal Numbering System (DUNS)
011040545

6. Recipient's Unique Entity Identifier

7. Project Director or Principal Investigator
Julianne Carbin
julianne.carbin@dhhs.nh.gov

8. Authorized Official

Federal Agency Information

9. Awarding Agency Contact Information
Wendy Pang
Grants Management Specialist
Center for Mental Health Services
wendy.pang@samhsa.hhs.gov
(240) 276-1419

10. Program Official Contact Information
Deborah Rose
Center for Mental Health Services
Deborah.Rose@samhsa.hhs.gov
(240) 276-0300

Federal Award Information

11. Award Number
1B09SM085371-01

12. Unique Federal Award Identification Number (FAIN)
B09SM085371

13. Statutory Authority
Subparts I&III,B,Title XIX,PHS Act/45 CFR Part96

14. Federal Award Project Title
Block Grants for Community Mental Health Services

15. Assistance Listing Number
93.958

16. Assistance Listing Program Title
Block Grants for Community Mental Health Services

17. Award Action Type
New Competing

18. Is the Award R&D?
No

Summary Federal Award Financial Information

19. Budget Period Start Date 09/01/2021 - End Date 09/30/2025	
20. Total Amount of Federal Funds Obligated by this Action	$5,031,475
20 a. Direct Cost Amount	$5,031,475
20 b. Indirect Cost Amount	$0
21. Authorized Carryover	
22. Offset	
23. Total Amount of Federal Funds Obligated this budget period	$5,031,475
24. Total Approved Cost Sharing or Matching, where applicable	$0
25. Total Federal and Non-Federal Approved this Budget Period	$5,031,475
26. Project Period Start Date 09/01/2021 - End Date 09/30/2025	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	$5,031,475

28. Authorized Treatment of Program Income
Additional Costs

29. Grants Management Officer - Signature
Odessa Crocker

30. Remarks
Acceptance of this award, including the "Terms and Conditions," is acknowledged by the recipient when funds are drawn down or otherwise requested from the grant payment system.

MHBG **Issue Date:** 05/17/2021
Department of Health and Human Services
Substance Abuse and Mental Health Services Administration

Center for Mental Health Services

Award Number: 1B09SM085371-01
FAIN: B09SM085371-01
Contact Person: Julianne Carbin

Program: Block Grants for Community Mental Health Services

HEALTH AND HUMAN SERVICES, NEW HAMPSHIRE DEPT OF
129 PLEASANT ST

CONCORD, NH 03301

Award Period: 09/01/2021 – 09/30/2025

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of $5,031,475 (see "Award Calculation" in Section I) to HEALTH AND HUMAN SERVICES, NEW HAMPSHIRE DEPT OF in support of the above referenced project. This award is pursuant to the authority of Subparts I&III,B,Title XIX,PHS Act/45 CFR Part96 and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact your Grants Management Specialist and your Government Project Officer listed in your terms and conditions.

Sincerely yours,
Odessa Crocker
Grants Management Officer
Division of Grants Management

See additional information below

SECTION I – AWARD DATA – 1B09SM085371-01

FEDERAL FUNDS APPROVED:	$5,031,475
AMOUNT OF THIS ACTION (FEDERAL SHARE):	$5,031,475
CUMULATIVE AWARDS TO DATE:	$5,031,475
UNAWARDED BALANCE OF CURRENT YEAR'S FUNDS:	$0

Fiscal Information:

CFDA Number:	93.958
EIN:	1026000618B3
Document Number:	21B1NHCMHSC6
Fiscal Year:	2021

IC	CAN	01
SM	C96D540	$5,031,475

PCC: CMHS / **OC:** 4115

SECTION II – PAYMENT/HOTLINE INFORMATION – 1B09SM085371-01

Payments under this award will be made available through the HHS Payment Management System (PMS). PMS is a centralized grants payment and cash management system, operated by the HHS Program Support Center (PSC), Division of Payment Management (DPM). Inquiries regarding payment should be directed to: The Division of Payment Management System, PO Box 6021, Rockville, MD 20852, Help Desk Support – Telephone Number: 1-877-614-5533.

The HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. The telephone number is: 1-800-HHS-TIPS (1-800-447-8477). The mailing address is: Office of Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington, DC 20201.

SECTION III – TERMS AND CONDITIONS – 1B09SM085371-01

STANDARD TERMS AND CONDITIONS

MHBG FY2021 ARPA funding

Remarks:

This Notice of Award (NoA) provides American Rescue Plan Act of 2021 (ARPA) funding for the Community Mental Health Services (MHBG) Block Grant Program, in accordance with H.R. 1319 – American Rescue Plan Act of 2021 the ARPA Act, 2021 [P.L. 117-2]. Consistent with HHS Disaster Relief Flexibilities, SAMHSA may waive requirements with respect to allowable activities, timelines, or reporting requirements for the MHBG, as deemed necessary to facilitate a grantee's response to coronavirus.

A proposal of the state's spending plan must be submitted by July 2, 2021 via the Web Block Grant Application System (WebBGAS).

Using the WebBGAS Revision Request for the FFY 2021 Block Grant Application, grantees are required to upload the Plan document (Microsoft Word or pdf), using the associated tab in the State Information Section, Chief Executive Officer's Funding Agreement – Certifications and Assurances/Letter Designating Signatory Authority [MH]. Please title this document "ARPA Funding Plan 2021-MH". States must upload separate proposals based on MHBG and SABG guidance into the WebBGAS system.

Further information on this is included in the letter from Acting Assistant Secretary for Mental Health and Substance Use, Tom Coderre

Standard Terms of Award:

1) Acceptance of the Terms of an Award

By drawing or otherwise obtaining funds from the HHS Payment Management System, the recipient acknowledges acceptance of the terms and conditions of the award and is obligated to perform in accordance with the requirements of the award. Except for any waiver granted explicitly elsewhere in this section, this award does not constitute approval for waiver of any Federal statutory/regulatory requirements for a MHBG. Once an award is accepted by a recipient, the contents of the Notice of Award (NoA) are binding on the recipient unless and until modified by a revised NoA signed by the GMO.

Certification Statement: By drawing down funds, The recipient agrees to abide by the statutory requirements of all sections of the Mental Health Block Grant (MHBG) (Public Health Service Act, Sections 1911-1920 and sections 1941-1957) (42 U.S.C. 300x-1-300x-9 and 300x-51-300x-67, as amended), and other administrative and legal requirements as applicable for the duration of the award.

2) Official Form Designee

The States Chief Executive Officer, or authorized designee is considered the official form designee for this grant. The SAMHSA GMS and the MHBG Program Officer must be notified immediately before any changes in this key position are made. Please note that individuals that are suspended or debarred are prohibited from serving on Federal grant awards.

3) Availability of Funds

Funds provided under this grant must be obligated and expended by September 30, 2025.

4) Fiscal and administrative requirements

This award is subject to the administrative requirements for HHS block grants under 45 CFR Part 96, Subpart C, and 45 CFR Part 75, as specified. Except for section 75.202 of Subpart C, and sections 75.351 through 75.353 of Subpart D, the requirements in Subpart C, Subpart D, and Subpart E do not apply to this program (reference 45 CFR Part 75 Subpart B, 75.101(d)).

Fiscal control and accounting procedures - Fiscal control and accounting procedures must be sufficient to (a) permit preparation of reports required by the statute authorizing the block grant and (b) permit the tracing of funds to a level of expenditure adequate to establish that such funds have not been used in violation of the restrictions and prohibitions of the statute authorizing the block grant.

ARPA funding is being issued under a separate grant award number and has a unique subaccount in the Payment Management System. Accordingly, ARPA funds must be tracked and reported separately from other FY 2021 awarded funds, including COVID-19 Supplemental funding and the Annual Block Grant Allotment.

Audits - Grantees and subgrantees are responsible for obtaining audits in accordance with the Single Audit Act Amendments of 1996 (31 U.S.C. 7501-7507) and revised OMB Circular A-133, "Audits of State, Local Governments, and Non-Profit Organizations." The audits shall be made by an independent auditor in accordance with generally accepted Government auditing standards covering financial audits.

5) Flow-down of requirements to sub-recipients

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 75.351-75.353, Sub-recipient monitoring and management.

6) Early Serious Mental Illness Set-Aside

The 21st Century Cures Act, P.L. 114-255 amended Section 1920(c) of the Public Health Service Act (42 U.S.C. 300x 9(c)). States must set-aside not less than 10 percent of their total MHBG allocation amount for each fiscal year to support evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders, regardless of the age of the individual at onset. In lieu of expending 10 percent of the amount, the State receives for a fiscal year, states have the flexibility to expend not less than 20 percent of such amount by the end of the succeeding fiscal year.

7) Executive Pay

The Consolidated Appropriations Act, 2021 (Public Law 116-260), signed into law on December 27, 2020 restricts the amount of direct salary to Executive Level II of the Federal Executive Pay scale. Effective January 3, 2021, the salary limitation for Executive Level II is $199,300.

For awards issued prior to this change, if adequate funds are available in active awards, and if the salary cap increase is consistent with the institutional base salary, recipients may re-budget to accommodate the current Executive Level II salary level. However, no additional funds will be provided to these grant awards.

8) Marijuana Restriction:

Grant funds may not be used, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Grant funds also cannot be provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. See, e.g., 45 C.F.R. 75.300(a) (requiring HHS to ensure that Federal funding is expended . . . in full accordance with U.S. statutory . . . requirements.); 21 U.S.C. 812(c) (10) and 841 (prohibiting the possession, manufacture, sale, purchase or distribution of marijuana). This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the DEA and under an FDA-approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned controlled substance under federal law.

9) SAM and DUNS Requirements

THIS AWARD IS SUBJECT TO REQUIREMENTS AS SET FORTH IN 2 CFR 25.110 CENTRAL CONTRACTOR REGISTRATION CCR) (NOW SAM) AND DATA UNIVERSAL NUMBER SYSTEM (DUNS) NUMBERS. 2 CFR Part 25 - Appendix A4

System of Award Management (SAM) and Universal Identifier Requirements

A. Requirement for System of Award Management:

Unless you are exempted from this requirement under 2 CFR 25.110, you, as the recipient, must maintain the currency of your information in the SAM, until you submit the final financial report required under this award or receive the final payment, whichever is later. This requires that you review and update the information at least annually after the initial registration, and more frequently if required by changes in your information or another award term.

B. Requirement for unique entity identifier If you are authorized (reference project description) to make subawards under this award, you:

1. Must notify potential subrecipients that no entity (see definition in paragraph C of this award term) may receive a subaward from you, unless the entity has provided its unique entity identifier to you.

2. May not make a subaward to an entity, unless the entity has provided its unique entity identifier to you.

C. Definitions. For purposes of this award term:

1. System of Award Management (SAM) means the federal repository into which an entity must provide information required for the conduct of business as a recipient. Additional information about registration procedures may be found at the SAM Internet site (currently at: http://www.sam.gov).

2. Unique entity identifier means the identifier required for SAM registration to uniquely identify business entities.

3. Entity, as it is used in this award term, means all of the following, as defined at 2 CFR Part 25, Subpart C:

a. A governmental organization, which is a state, local government, or Indian Tribe; b. A foreign public entity; c. A domestic or foreign nonprofit organization; d. A domestic or foreign for-profit organization; and e. A Federal agency, but only as a sub-recipient under an award or sub-award to a nonfederal entity.

4. Sub-award:

a. This term means a legal instrument to provide support for the performance of any portion of the substantive project or program for which you received this award and that you as the recipient award to an eligible sub-recipient. b. The term does not include your procurement of property and services needed to carry out the project or program (for further explanation, see 2 CFR 200.330). c. A sub-award may be provided through any legal agreement, including an agreement that you consider a contract.

5. Sub-recipient means an entity that: a. Receives a sub-award from you under this award; and b. Is accountable to you for the use of the federal funds provided by the sub-award.

10) Federal Financial Accountability and Transparency Act (FFATA)

Reporting Subawards and Executive Compensation, 2 CFR, Appendix A to Part 170

a. Reporting of first tier subawards.

1. Applicability. Unless you are exempt as provided in paragraph d. of this award term, you must report each action that obligates $25,000 or more in Federal funds that does not include Recovery funds (as defined in section 1512(a)(2) of the American Recovery and Reinvestment Act of 2009, Pub. L. 111-5) for a subaward to an entity (see definitions in paragraph e. of this award term).

2. Where and when to report.

i. You must report each obligating action described in paragraph a.1. of this award term to http://www.fsrs.gov.

ii. For subaward information, report no later than the end of the month following the month in which the obligation was made. (For example, if the obligation was made on November 7, 2010, the obligation must be reported by no later than December 31, 2010.)

3. What to report. You must report the information about each obligating action that the submission instructions posted at http://www.fsrs.gov specify.

b. Reporting Total Compensation of Recipient Executives.

1. Applicability and what to report. You must report total compensation for each of your five most highly compensated executives for the preceding completed fiscal year, if

i. the total Federal funding authorized to date under this award is $25,000 or more;

ii. in the preceding fiscal year, you received (A) 80 percent or more of your annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170. 320 (and subawards); and (B) $25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

iii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation

information, see the U.S. Security and Exchange Commission total compensation filings at http://www.sec.gov/answers/execomp.htm.)

2. Where and when to report. You must report executive total compensation described in paragraph b. 1. of this award term:

i. As part of your registration profile at https://www.sam.gov.

ii. By the end of the month following the month in which this award is made, and annually thereafter.

c. Reporting of Total Compensation of Subrecipient Executives.

1. Applicability and what to report. Unless you are exempt as provided in paragraph d. of this award term, for each first tier subrecipient under this award, you shall report the names and total compensation of each of the subrecipient's five most highly compensated executives for the subrecipient's preceding completed fiscal year, if

i. in the subrecipient's preceding fiscal year, the subrecipient received (A) 80 percent or more of its annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and (B) $25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts), and Federal financial assistance subject to the Transparency Act (and subawards); and

ii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at http://www.sec.gov/answers/execomp.htm.)

2. Where and when to report. You must report subrecipient executive total compensation described in paragraph c. 1. of this award term:

i. To the recipient.

ii. By the end of the month following the month during which you make the subaward. For example, if a subaward is obligated on any date during the month of October of a given year (i.e., between October 1 and 31), you must report any required compensation information of the subrecipient by November 30 of that year.

d. Exemptions If, in the previous tax year, you had gross income, from all sources, under $300,000, you are exempt from the requirements to report:

i. Subawards, and

ii. The total compensation of the five most highly compensated executives of any subrecipient.

e. Definitions. For purposes of this award term:

1. Entity means all of the following, as defined in 2 CFR part 25:

i. A Governmental organization, which is a State, local government, or Indian tribe;

ii. A foreign public entity;

iii. A domestic or foreign nonprofit organization;

iv. A domestic or foreign for-profit organization;

v. A Federal agency, but only as a subrecipient under an award or subaward to a non-Federal entity.

2. Executive means officers, managing partners, or any other employees in management positions.

3. Subaward:

i. This term means a legal instrument to provide support for the performance of any portion of the substantive project or program for which you received this award and that you as the recipient award to an eligible subrecipient.

ii. The term does not include your procurement of property and services needed to carry out the project or program (for further explanation, see Sec. __. 210 of the attachment to OMB Circular A-133, Audits of States, Local Governments, and Nonprofit Organizations).

iii. A subaward may be provided through any legal agreement, including an agreement that you or a subrecipient considers a contract.

4. Subrecipient means an entity that: i. Receives a subaward from you (the recipient) under this award; and ii. Is accountable to you for the use of the Federal funds provided by the subaward.

5. Total compensation means the cash and noncash dollar value earned by the executive during the recipient's or subrecipient's preceding fiscal year and includes the following (for more information see 17 CFR 229.402(c)(2)):

i. Salary and bonus.

ii. Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.

iii. Earnings for services under non-equity incentive plans. This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives and are available generally to all salaried employees.

iv. Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.

v. Above-market earnings on deferred compensation which is not tax-qualified. vi. Other compensation, if the aggregate value of all such other compensation (e.g. severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds $10,000. [75 FR 55669, Sept. 14, 2010, as amended at 79 FR 75879, Dec. 19, 2014]

11) Mandatory Disclosures

Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the HHS Office of Inspector General (OIG), all information

related to violations, or suspected violations, of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Subrecipients must disclose, in a timely manner, in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations, or suspected violations, of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Disclosures must be sent in writing to the awarding agency and to the HHS OIG at the following addresses:

U.S. Department of Health and Human Services Office of Inspector General

ATTN: Mandatory Grant Disclosures, Intake Coordinator 330 Independence Avenue,

SW, Cohen Building Room5527 Washington, DC 20201

Fax: (202) 205-0604 (Include "Mandatory Grant Disclosures" in subject line) or email: MandatoryGranteeDisclosures@oig.hhs.gov

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371 remedies for noncompliance, including suspension or debarment (see 2 CFR parts 180 & 376 and 31 U.S.C. 3321).

12) The Trafficking Victims Protection Act of 2000 (22 U.S.C. 7104(G)), as amended, and 2 C.F.R. PART 175

The Trafficking Victims Protection Act of 2000 authorizes termination of financial assistance provided to a private entity, without penalty to the Federal government, if the recipient or subrecipient engages in certain activities related to trafficking in persons. SAMHSA may unilaterally terminate this award, without penalty, if a private entity recipient, or a private entity subrecipient, or their employees: a) Engage in severe forms of trafficking in persons during the period of time that the award is in effect; b) Procure a commercial sex act during the period of time that the award is in effect; or, c) Use forced labor in the performance of the award or subawards under the award. The text of the full award term is available at 2 C.F.R. 175.15(b). See http://www.gpo.gov/fdsys/pkg/CFR-2012-title2-vol1/pdf/CFR-2012-title2-vol1-sec175-15.pdf.

13) Drug-Free Workplace Requirements

The Drug-Free Workplace Act of 1988 (41 U.S.C. 701 et seq.) requires that all organizations receiving grants from any Federal agency agree to maintain a drug-free workplace. When the AR signed the application, the AR agreed that the recipient will provide a drug-free workplace and will comply with the requirement to notify SAMHSA if an employee is convicted of violating a criminal drug statute. Failure to comply with these requirements may be cause for debarment. Government wide requirements for Drug-Free Workplace for Financial Assistance are found in 2 CFR part 182; HHS implementing regulations are set forth in 2 CFR part 382.400. All recipients of SAMHSA grant funds must comply with the requirements in Subpart B (or Subpart C if the recipient is an individual) of Part 382.

14) Lobbying

No funds provided under the attached Notice of Award (NoA) may be used by you or any sub-recipient under the grant to support lobbying activities to influence proposed or pending federal or state legislation or appropriations. The prohibition relates to the

use of federal grant funds and is not intended to affect your right or that of any other organization, to petition Congress or any other level of government, through the use of other nonfederal resources. Reference 45 CFR Part 93.

15) Accessibility Provisions

Grant recipients of Federal financial assistance (FFA) from HHS must administer their programs in compliance with Federal civil rights law. This means that recipients of HHS funds must ensure equal access to their programs without regard to a person s race, color, national origin, disability, age, and in some circumstances, sex and religion. This includes ensuring your programs are accessible to persons with limited English proficiency. The HHS Office for Civil Rights also provides guidance on complying with civil rights laws enforced by HHS. Please see http://www.hhs.gov/ocr/civilrights/understanding/section1557/index.html. Recipients of FFA also have specific legal obligations for serving qualified individuals with disabilities. Please see http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html. Please contact the HHS Office for Civil Rights for more information about obligations and prohibitions under Federal civil rights laws at https://www.hhs.gov/civil-rights/index.html or call 1-800-368-1019 or TDD 1-800-537-7697. Also note that it is an HHS Departmental goal to ensure access to quality, culturally competent care, including long-term services and supports, for vulnerable populations. For further guidance on providing culturally and linguistically appropriate services, recipients should review the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care at https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=1&lvlid=6.

16) Audits

Non-Federal recipients that expend $750,000 or more in federal awards during the recipient's fiscal year must obtain an audit conducted for that year in accordance with the provisions of 45 CFR 96.31.
Recipients are responsible for submitting their Single Audit Reports and the Data Collections Forms (SF-FAC) electronically to the to the Federal Audit Clearinghouse Visit disclaimer page (FAC) within the earlier of 30 days after receipt or nine months after the FY s end of the audit period. The FAC operates on behalf of the OMB.

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Reporting Requirements:

Federal Financial Report (FFR)

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responsible for FFR submission does not already have an account with PMS, please contact PMS to obtain access.

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Annual Report

Reporting on the ARPA funding is required. States must prepare and submit their respective reports utilizing WebBGAS. Failure to comply with these requirements may cause the initiation of enforcement actions that can culminate in discontinuation of MHBG grants.

Your assigned MHBG Program Official will provide further guidance and additional submission information.

In accordance with the regulatory requirements provided at 45 CFR 75.113 and Appendix XII to 45 CFR Part 75, recipients that have currently active Federal grants, cooperative agreements, and procurement contracts with cumulative total value greater than $10,000,000 must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a Federal award that reached final disposition within the most recent five-year period. The recipient must also make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75.

Staff Contacts:

Deborah Rose, Program Official
Phone: (240) 276-0300 **Email:** Deborah.Rose@samhsa.hhs.gov **Fax:** (240) 276-1770

Wendy Pang, Grants Specialist
Phone: (240) 276-1419 **Email:** wendy.pang@samhsa.hhs.gov **Fax:** (240) 276-1430

Notice of Award

MHBG **Issue Date:** 09/25/2020
Department of Health and Human Services
Substance Abuse and Mental Health Services Administration

Center for Mental Health Services

Grant Number: 6B09SM082617-01M004
FAIN: B09SM082617-01
Contact Person: Julianne Carbin

Program: Block Grants for Community Mental Health Services

NH STATE DEPT/HLTH STATISTICS/DATA MGMT
Julianne Carbin
Division of Behavioral Health
105 Pleasant Street
Concord, NH 03276

Award Period: 10/01/2019 – 09/30/2021

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of $181,052 (see "Award Calculation" in Section I) to NH STATE DEPT/HLTH STATISTICS/DATA MGMT in support of the above referenced project. This award is pursuant to the authority of Subparts I&III,B,Title XIX,PHS Act/45 CFR Part96 and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact your Grants Management Specialist and your Government Project Officer listed in your terms and conditions.

Sincerely yours,
Odessa Crocker
Grants Management Officer
Division of Grants Management

See additional information below

SECTION I – AWARD DATA – 6B09SM082617-01M004

FEDERAL FUNDS APPROVED:	$2,585,402
AMOUNT OF THIS ACTION (FEDERAL SHARE):	$181,052
CUMULATIVE AWARDS TO DATE:	$2,585,401
UNAWARDED BALANCE OF CURRENT YEAR'S FUNDS:	$1

Fiscal Information:

CFDA Number:	93.958
EIN:	1026000618B3
Document Number:	20B1NHCMHS
Fiscal Year:	2020

IC	CAN	01
SM	C96J662	$181,052

PCC: CMHS / **OC:** 4115

SECTION II – PAYMENT/HOTLINE INFORMATION – 6B09SM082617-01M004

Payments under this award will be made available through the HHS Payment Management System (PMS). PMS is a centralized grants payment and cash management system, operated by the HHS Program Support Center (PSC), Division of Payment Management (DPM). Inquiries regarding payment should be directed to: The Division of Payment Management System, PO Box 6021, Rockville, MD 20852, Help Desk Support – Telephone Number: 1-877-614-5533.

The HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. The telephone number is: 1-800-HHS-TIPS (1-800-447-8477). The mailing address is: Office of Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington, DC 20201.

SECTION III – TERMS AND CONDITIONS – 6B09SM082617-01M004

REMARKS

MHBG TA supplement

A supplement to your FY 2020 Community Mental Health Services Block Grants (MHBG) allotment is being made for providing and/or obtaining training and technical assistance. The authorized amount of the supplement is reflected in Section I – Award Data as AMOUNT OF THIS ACTION (FEDERAL SHARE). Set-aside requirements and administrative limitations do not apply to the supplement amount.

This funding may only be used for technical assistance and training activities, and can range in scope from technical assistance to the state, technical assistance to block grant providers, workforce development meetings and activities. Funds cannot be used for service delivery;

they are strictly limited to training and TA. Funds must be used for technical assistance and training activities related to serving the MHBG target population - adults with Serious Mental Illness and children with Serious Emotional Disturbances.

Funds awarded under this supplement must be obligated and expended by September 30, 2021. Supplement funding must be reported as part of the total FY 2020 allotment on the Federal Financial Report due by December 29, 2021 and MHBG Report due by December 1, 2021.

All prior terms, conditions, and reporting requirements for the FY 2020 allotment are still in effect.

In accordance with the regulatory requirements provided at 45 CFR 75.113 and Appendix XII to 45 CFR Part 75, recipients that have currently active Federal grants, cooperative agreements, and procurement contracts with cumulative total value greater than $10,000,000 must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a Federal award that reached final disposition within the most recent five-year period. The recipient must also make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75.

Staff Contacts:

Deborah Rose, Program Official
Phone: (240) 276-0300 **Email:** Deborah.Rose@samhsa.hhs.gov **Fax:** (240) 276-1770

Wendy Pang, Grants Specialist
Phone: (240) 276-1419 **Email:** wendy.pang@samhsa.hhs.gov **Fax:** (240) 276-1430

Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services

Notice of Award
FAIN # B09SM083816
Federal Award Date
02/03/2021

Recipient Information

1. Recipient Name
HEALTH AND HUMAN SERVICES NEW HAMPSHIRE DEPT OF
129 PLEASANT ST
CONCORD, NH 03301

2. Congressional District of Recipient
02

3. Payment System Identifier (ID)
1026000618B3

4. Employer Identification Number (EIN)
026000618

5. Data Universal Numbering System (DUNS)
011040545

6. Recipient's Unique Entity Identifier

7. Project Director or Principal Investigator
Julianne Carbin
Julianne.carbin@dhhs.nh.gov
(603) 271-8378

8. Authorized Official

Federal Agency Information

9. Awarding Agency Contact Information
Wendy Pang
Grants Management Specialist
Center for Mental Health Services
wendy.pang@samhsa.hhs.gov
(240) 276-1419

10. Program Official Contact Information
Deborah Rose
Center for Mental Health Services
Deborah.Rose@samhsa.hhs.gov
(240) 276-0300

Federal Award Information

11. Award Number
6B09SM083816-01M001

12. Unique Federal Award Identification Number (FAIN)
B09SM083816

13. Statutory Authority
Subparts I&III,B,Title XIX,PHS Act/45 CFR Part96

14. Federal Award Project Title
Block Grants for Community Mental Health Services

15. Assistance Listing Number
93.958

16. Assistance Listing Program Title
Block Grants for Community Mental Health Services

17. Award Action Type
Amendment

18. Is the Award R&D?
No

Summary Federal Award Financial Information

19. Budget Period Start Date 10/01/2020 - End Date 09/30/2022

20. Total Amount of Federal Funds Obligated by this Action	$2,060,300
20 a. Direct Cost Amount	$2,060,300
20 b. Indirect Cost Amount	$0
21. Authorized Carryover	
22. Offset	
23. Total Amount of Federal Funds Obligated this budget period	$2,060,300
24. Total Approved Cost Sharing or Matching, where applicable	$0
25. Total Federal and Non-Federal Approved this Budget Period	$2,060,300

26. Project Period Start Date 10/01/2020 - End Date 09/30/2022

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	$2,534,678

28. Authorized Treatment of Program Income
Additional Costs

29. Grants Management Officer - Signature
Odessa Crocker

30. Remarks

Acceptance of this award, including the "Terms and Conditions," is acknowledged by the recipient when funds are drawn down or otherwise requested from the grant payment system.

MHBG **Issue Date:** 02/03/2021
Department of Health and Human Services
Substance Abuse and Mental Health Services Administration

Center for Mental Health Services

Award Number: 6B09SM083816-01M001
FAIN: B09SM083816-01
Contact Person: Julianne Carbin

Program: Block Grants for Community Mental Health Services

HEALTH AND HUMAN SERVICES, NEW HAMPSHIRE DEPT OF
129 PLEASANT ST

CONCORD, NH 03301

Award Period: 10/01/2020 – 09/30/2022

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of $2,060,300 (see "Award Calculation" in Section I) to HEALTH AND HUMAN SERVICES, NEW HAMPSHIRE DEPT OF in support of the above referenced project. This award is pursuant to the authority of Subparts I&III,B,Title XIX,PHS Act/45 CFR Part96 and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact your Grants Management Specialist and your Government Project Officer listed in your terms and conditions.

Sincerely yours,
Odessa Crocker
Grants Management Officer
Division of Grants Management

See additional information below

SECTION I – AWARD DATA – 6B09SM083816-01M001

FEDERAL FUNDS APPROVED:	$2,534,678
AMOUNT OF THIS ACTION (FEDERAL SHARE):	$2,060,300
CUMULATIVE AWARDS TO DATE:	$2,534,678
UNAWARDED BALANCE OF CURRENT YEAR'S FUNDS:	$0

Fiscal Information:

CFDA Number:	93.958
EIN:	1026000618B3
Document Number:	21B1NHCMHS
Fiscal Year:	2021

IC	CAN	$01
SM	C96J610	$2,060,300

PCC: CMHS / **OC:** 4115

SECTION II – PAYMENT/HOTLINE INFORMATION – 6B09SM083816-01M001

Payments under this award will be made available through the HHS Payment Management System (PMS). PMS is a centralized grants payment and cash management system, operated by the HHS Program Support Center (PSC), Division of Payment Management (DPM). Inquiries regarding payment should be directed to: The Division of Payment Management System, PO Box 6021, Rockville, MD 20852, Help Desk Support – Telephone Number: 1-877-614-5533.

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SECTION III – TERMS AND CONDITIONS – 6B09SM083816-01M001

REMARKS

MHBG FY2021

This Notice of Award (NoA) approves the remaining balance of FY 2021 MHBG allotment.

All prior Terms and Conditions remain in effect.

SPECIAL TERM OF AWARD:

(Crisis Services 5% set-aside)

The Consolidated Appropriations Act, 2021 and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 [P.L. 116-260] requires states to set-aside not less than 5 percent of their total MHBG allocation amount for each fiscal year to support evidence-based crisis care programs addressing the needs of individuals with serious mental illnesses and children with serious mental and emotional disturbances. The set- aside must be used to fund some or all of a set of core crisis care elements including: centrally deployed 24/7 mobile crisis units, short-term residential crisis stabilization beds, evidence-based protocols for delivering services to individuals with suicide risk, and regional or State-wide crisis call centers coordinating in real time.

Please reference the attached Crisis Services Set-aside Guidance. This resource and additional instructions will also be provided via WebBGAS.

FEDERAL FINANCAIL REPORT (SF-425) UPDATES:

Effective January 1, 2021, award recipients are required to submit the SF-425 Federal Financial Report (FFR) via the Payment Management System (PMS). If a recipient or recipient staff responsible for FFR submission does not already have an account with PMS, please Contact PMS to obtain access.

This change is applicable to the FFR due in December 2021 for the FY 2020 Award Period; and all reports thereafter.

Recipients must liquidate all obligations incurred under an award not later than ninety (90) days after the end of the award obligation and expenditure period (i.e., the project period) which-also coincides with the due date for submission of the FINAL SF-425, *Federal Financial Report* (FFR). After ninety (90) days, letter of credit accounts are locked. SAMHSA does not approve extensions to the ninety (90) day post-award reconciliation/liquidation period. Therefore, recipients are expected to complete all work and reporting within the approved project period and the aforementioned 90-day post-award reconciliation/liquidation period. Recipients (late) withdrawal requests occurring after the aforementioned periods are denied. In rare instances, SAMHSA may approve an extension to submit a FINAL SF-425 FFR report, but this is *not* an extension of the 90-day post award reconciliation/liquidation period, but rather only an extension to submit the Final SF-425 report (FFR).

Health - Block Grant Application for the new Crisis Services 5% set-aside

Substance Abuse and Mental Health Services Administration (SAMHSA) is directed by Congress through the Consolidated Appropriations Act, 2021 and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 [P.L. 116-260], to set aside 5 percent of the Mental Health Block Grant (MHBG) allocation for each state to support evidence-based crisis systems. Congress specifically provided an increase to federal fiscal year (FY) 2021 MHBG appropriation over the FY 2020 level to help states meet this new requirement without losing funds for existing services. The appropriation bill has the following requirement for the new 5 percent set-aside.

> *Furthermore, the Committee directs a new five percent set- aside of the total for evidence-based crisis care programs addressing the needs of individuals with serious mental illnesses and children with serious mental and emotional disturbances. The Committee directs SAMHSA to use the set-aside to fund, at the discretion of eligible States and Territories, some or all of a set of core crisis care elements including: centrally deployed 24/7 mobile crisis units, short-term residential crisis stabilization beds, evidence-based protocols for delivering services to individuals with suicide risk, and regional or State-wide crisis call centers coordinating in real time.*

A fully developed crisis response system is responsive any time and any place. What does a person in crisis need? Someone to talk to, or someone to respond, or a safe place to go for evaluation, stabilization and follow up. SAMHSA expects that states will build on the emerging and growing body of evidence for effective community-based crisis-intervention and response systems. SAMHSA recognizes that the development of fully accessible and responsive crises services involves complex problem solving with multiple entities and systems. We also recognize that strategic crisis services implementation can result in better care and cost savings through the reduction in avoidable emergency department visits, psychiatric admissions, police engagement, arrests, incarcerations and 911 calls.

SAMHSA recently developed Crisis Services: Meeting Needs, Saving Lives, which includes "National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit" as well as other related National Association of State Mental Health Programs Directors (NASMHPD) papers on crisis services. 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.

SAMHSA is requesting states to implement this 5 percent set-aside through a "request for revision of the 2020-21 MHBG plan" within the Environmental Factors, Section 15. Crisis Services. States are encouraged to fund programs to meet the needs of persons with crisis services, specifically utilizing the SAMHSA's *National Guidelines for Behavioral Health Crisis Care*, tool kit. States may address the three core services either through enhancing existing program activities or through developing a set of new activities based on the tool kit.

It is expected that the states' capacity to implement crisis services will vary based on the actual funding from the 5% allocation. It is also recognized that with the timing of the allocation distribution, states may need to dedicate the rest of the current fiscal year to planning, training; and/or infrastructure development while targeting program implementation to the following year. Additionally, many states have begun implementing such models or similar approaches and can build on these existing efforts through their proposed MHBG plan revision. States must submit their plan revision request proposal into the FY 2020-2021 MHBG Behavioral Health Assessment and Plan in Section C. Environmental Factors and Plan, 15. Crisis Services. This section initially requested to report how states and local communities identify and effectively respond to, prevent, manage and help individuals, families, and communities recover from crises. States should also complete line 10, Crisis Services (5%) in Table 2 State Agency Planned Expenditures [MH] under Section B: MHBG.

SAMHSA requests states to submit the following with the proposal.

- Update the checkboxes and add any comments in the comment boxes in Section C. Environmental Factors and Plan, 15. Crisis Services
- Update Table 2 to reflect the 5% set-aside funds

Include a description of the current status of your states crisis program as well as proposed plan for expenditure of the 5% set aside. We recommend the following information when submitting the proposals.

- Description of the status of the state's current crisis system. Please describe in terms of the following three elements: current access to local crisis call centers, the availability of mobile crisis behavioral health first responder services and the availability and or utilization of short-term crisis receiving and stabilization centers. The suggested framework for describing your states current system capacity is below. Receipt of this data will enable us to track national development and utilization of each of the crisis components over time.

- Stages of Implementation terms:

a) The ***Exploration-Planning*** 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 has proposed a plan and begins making the changes necessary to implement the service based on the SAMHSA guidance.
This includes coordination, training and community outreach and education activities.

c) ***Early Implementation***: occurs when the state has the core crisis service implemented in some parts of the state, about 25% or less persons have access to that service.

d) ***Middle Implementation*** stage: occurs when the state has the core crisis service implemented such that about half of the people in your state have access to that service.

e) ***Majority Implementation:*** occurs when the state has the core crisis service implemented in most parts of the state so that most people have access.

f) ***Program Sustainment*** stage: occurs when implementation is statewide and has a clear funding plan.

We request that you indicate what stage each of the three elements is in your state and submit this back to us in your application.

	Exploration Planning	Installation	Early implementation Less than 25% of people in state	Middle Implementation About 50% of people in state	Majority Implementation At least 75% of people in state	Program Sustainment
Someone to talk to						
Someone to respond						
Place to go						

Other program implementation data that might be useful to characterize crisis services system development. These are included for your consideration only and we recognize that some of these are not readily available. These are based on data components that some states and localities have found useful in measuring impact and outcome of crisis services.

1. Someone to talk to: Call Center Capacity

a. Number of locally based crisis call Centers in state
   i. In the Suicide lifeline network
   ii. Not in the suicide lifeline network

b. Number of Crisis Call Centers with follow up Protocols in place

c. Total number of calls statewide and by local crisis call center

d. Percent of 911 calls that are identified as MH related

2. Someone to respond: mobile behavioral health crisis capacity

a. Number of mobile responders that are independent of first responder structures (police, paramedic, fire)

b. Number of mobile responders that are integrated with first responder structures (police, paramedic, fire)

c. Number of mobile responders that employ peers

d. Number of police responses to mental health crises

3. Place to Go: Available resources in the state

a. Number of Emergency Departments

b. Number of Emergency Departments that operate a specialized behavior health component.

c. Number of Crisis Receiving and Stabilization Centers (short term, 23 hr units that can diagnose and stabilize individuals in crisis)

d. Number of hours of overtime by law enforcement related to accompaniment of persons with MH conditions in ED or other settings.

e. Number of persons boarded in ED (In ED longer than 24 hours and waiting for psychiatric admission.)

- Clearly describe the proposed/planned activities utilizing the 5% set aside for FY 21, including an estimated budget. States may be at different stages for different geographic locations. States will be required to report on what activities have been completed throughout the grant with this set-aside funding.
- Via the revision request, upload the document (word or pdf) using the upload tab into Section C. Environmental Factors and Plan, 15. Crisis Services. Please title this document "Crisis Services in FY 21". Upon submission, SAMHSA will review the revision proposals to ensure they are complete and responsive. Once the revision proposal is approved by SAMHSA, the allotment for the 5 percent set aside will be awarded to the state.

In accordance with the regulatory requirements provided at 45 CFR 75.113 and Appendix XII to 45 CFR Part 75, recipients that have currently active Federal grants, cooperative agreements, and procurement contracts with cumulative total value greater than $10,000,000 must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a Federal award that reached final disposition within the most recent five-year period. The recipient must also make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75.

Staff Contacts:

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Wendy Pang, Grants Specialist
Phone: (240) 276-1419 **Email:** wendy.pang@samhsa.hhs.gov **Fax:** (240) 276-1430

SAMHSA
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane • Rockville, MD 20857
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

May 18, 2021

Dear Single State Authority Director and State Mental Health Commissioner:

Public Law 117-2, the American Rescue Plan Act of 2021 (ARPA), signed by President Biden on March 11, 2021, directed the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide additional funds to support states through Block Grants to address the effects of the COVID -19 pandemic for Americans with mental illness and substance use disorders. The COVID-19 pandemic has exposed and exacerbated severe and pervasive health and social inequities in America, including the critical importance of supporting people with mental illness and substance use disorders. As the pandemic swept through the states, societal stress and distress over this newly emerging disaster created the need for nimble and evolving policy and planning in addressing mental and substance use disorder services. SAMHSA, through this guidance, is asking states to improve and enhance the mental health and substance use service array that serves the community.

ARPA allocated $1.5 billion each for Mental Health Block Grant (MHBG) and Substance Abuse Prevention and Treatment Block (SABG) grants to the states. States have until September 30, 2025, to expend these funds. Federal block grant monies are provided to support state priorities and SAMHSA asks that states consider the following in developing an ARPA Funding Plan.

A. MHBG Guidance

States must spend the MHBG funds based on 42 U.S.C. Chapter 6A, Subchapter XVII, Part B, Subpart I: Block Grants for Community Mental Health Services for adults with serious mental illness (SMI) and children with serious emotional disturbance (SED). () Consistent with HHS Disaster Relief Flexibilities, SAMHSA may waive requirements with respect to allowable activities, timelines, or reporting requirements for the MHBG, as deemed necessary to facilitate a grantee's response to coronavirus.

The MHBG allocation requires states to set aside ten percent (10%) of their total allocation for first-episode psychosis or early SMI programs.

SAMHSA encourages states to consider a focus on support of a behavioral health crisis continuum. An effective statewide crisis system affords equal access to crisis supports that meet needs anytime, anyplace, and for anyone. This includes those living in remote areas and underserved communities as well as youth, older adults, persons of diverse backgrounds, and other marginalized populations; the crisis service continuum will need to be able to equally and adeptly serve everyone. SAMHSA recommends states consider use of the ARPA MHBG funds to develop, enhance, or improve the following:

- Develop partnerships with the emerging Suicide Lifeline (9-8-8) systems, Law Enforcement, EMS, health care providers, housing authorities, Housing and Urban Development (HUD) Continuum of Care, hospital systems, peer-based recovery organizations, and substance use specific treatment providers, all of whom have a critical role in the crisis continuum.
- Utilize five percent of funds for crisis services, as described in the FY 2021 appropriations language.
- A comprehensive 24/7 crisis continuum for children including screening and assessment; mobile crisis response and stabilization; residential crisis services; psychiatric consultation; referrals and warm hand-offs to home- and community-based services; and ongoing care coordination.
- Provide increased outpatient access, including same-day or next-day appointments, for those in crisis.
- Improve information technology infrastructure, including the availability of broadband and cellular technology for providers, especially in rural and frontier areas; use of GPS, to expedite response times, and to remotely meet with the individual in crisis.
- The adoption and use of health information technology, such as electronic health records, to improve access to and coordination of behavioral health services and care delivery.
- Consider digital platforms, such as Network of Care, which facilitate access to behavioral health services for persons with SMI-SED.
- Advance telehealth opportunities to expand crisis services for hard to reach locations, especially rural and frontier areas. Expand technology options for callers, including the use of texting, telephone, and telehealth. Note: States cannot use the funds to purchase any items for consumers/clients.
- Implement an electronic bed registry that coordinates with existing HHS provider directory efforts and treatment locator system that will help people access information on crisis bed facilities, including their locations, available services, and contact information.
- Support for crisis and school-based services that promote access to care for children with SED.
- Develop medication-assisted treatment (MAT) protocols to assist children and adults who are in crisis, which may leverage telehealth when possible.
- Expand Assisted Outpatient Treatment (AOT) services.
- Develop outpatient intensive Crisis Stabilization Teams to avert and address crisis.
- Technical Assistance for the development of enhanced treatment and recovery support services including planning for Certified Community Behavioral Health Clinics (CCBHC).

SAMHSA requests that the following information is included when submitting the proposals:

1. Identify the needs and gaps of your state's mental health services continuum including prevention, intervention, access to crisis services, treatment, and recovery support services.

2. Identify the needs and gaps of your state's mental health services related to developing a comprehensive crisis continuum. Focus on access to your states services through crisis call centers with local knowledge of available services, availability of mobile crisis response teams and crisis receiving and stabilization services.
3. Describe your state's spending plan proposal, including a budget that addresses the needs and gaps related to crisis and services continuum.
4. Describe how the state will advance the development of crisis and other needed prevention, intervention, treatment and recovery support services so that your state's system is responsive to the needs of your residents with SMI and SED. Refer to the Guidebook on crisis services.
5. Explain how your state plans to collaborate with other departments or agencies to address crisis, treatment, and recovery support services.
6. Describe how the state plans to spend the ten percent set aside for first-episode psychosis/early SMI and, if applicable, the five percent set aside for crisis services.
7. Describe other state priorities or activities that the state plans to fund during the performance period using ARPA funds, with consideration given to disproportionately high rates of MH/SUD in certain communities and disparities in COVID-19 BH-related outcomes by race, ethnicity, and other factors.
8. Describe how the state will use, or consider, health IT standards if using funds for health IT infrastructure or advancement. This includes a description of standards and, as applicable, conformance to Office of the National Coordinator certification criteria in health IT products used or that will be used to support behavioral health clinical priorities and interoperable data exchange. States must use standards identified by the Office of the National Coordinator for Health IT in 45 C.F.R. 170 where applicable and also should consider standards identified in the Interoperability Standards Advisory (https://www.healthit.gov/isa/), including but not limited to those standards described in the, the "Allows for the Exchange of State Prescription Drug Monitoring Program (PDMP) Data" section and the "Social Determinants of Health" section.

Using the WebBGAS Revision Request for the FFY 2021 Block Grant Application, upload the document (Microsoft Word or pdf) using the tab into the State Information Section, Chief Executive Officer's Funding Agreement – Certifications and Assurances/Letter Designating Signatory Authority [MH]. Please title this document "ARPA Funding Plan 2021 (MH)."

B. SABG Guidance

States are required to plan for, expend, and report on the FY 21 SABG ARPA Supplemental Funding based on 42 U.S.C. Chapter 6A, Subchapter XVII, Part B, Subpart II: Block Grants for Prevention and Treatment of Substance Abuse, and 45 CFR, Part 96, Subpart L.

Consistent with HHS Disaster Relief Flexibilities, SAMHSA may waive requirements with respect to allowable activities, timelines, or reporting requirements for the SABG as deemed necessary to facilitate a grantee's response to coronavirus.

Accordingly, all regular provisions of the statute and regulations pertaining to the SABG are fully applicable to the planning and expenditure of the SABG ARPA Supplemental Funding.

This includes, but is not limited to, the definitions, assurances, requirements, and restrictions of the SABG standard funding.

The SABG allocation requires states to expend not less than twenty percent (20%) of their total allocation for substance use disorder (SUD) primary prevention services for individuals who do not require treatment for substance abuse, in accordance with 42 USC 300x-22 and 45 CFR 96.124 and 96.125. The SABG allocation also requires "designated states" to expend five percent (5%) of their total allocation for EIS/HIV Services, in accordance with 42 USC 300x-24(b) and 45 CFR 96.128.

The SUD prevention, intervention, treatment, and recovery support services continuum includes various evidence-based services and supports for individuals, families, and communities. Integral to the SABG are its efforts to support health equity through its priority focus on the provision of SUD prevention, treatment, and recovery support services to identified underserved populations. These underserved and marginalized populations include, but are not limited to, pregnant women and women with dependent children; persons who inject drugs; persons using opioids and/or stimulant drugs associated with drug overdoses; persons at risk for HIV, TB, and Hepatitis; persons experiencing homelessness; persons involved in the justice system; persons involved in the child welfare system; Black, Indigenous, and People of Color (BIPOC); LGBTQ individuals; rural populations; and other underserved groups.

SAMHSA recommends states develop, enhance or improve the following through the SABG ARPA funds:

- Develop and expand the use of FDA-approved medications and digital therapeutics as a part of addiction treatment that can provide interactive, evidence-based behavioral therapies for the treatment of opioid use disorders, alcohol use disorders, and tobacco use disorders, along with the implementation of other evidence-based treatments and practices.
- Provide increased access, including same-day or next-day appointments, and low barrier approaches, for those in need of SUD treatment services.
- Direct critical resources in expanding broad-based state and local community strategies and approaches in addressing the drug overdose epidemic, involving SUD prevention, intervention, treatment, and recovery support services.
- Improve information technology infrastructure, including the availability of broadband and cellular technology for providers, especially in rural and frontier areas, and use of GPS to expedite response times and to remotely meet with the individual in need of services.
- The adoption and use of health information technology to improve access to and coordination of SUD prevention, intervention, treatment, and recovery support services and care delivery, consistent with the provisions of HIPAA and 42 CFR, Part 2.
- Advance telehealth opportunities to expand services for hard-to-reach locations, especially rural and frontier areas. Expand technology options for callers, including the use of texting, telephone, and telehealth. Note: States may not use the funds to purchase any items for consumers/clients.

- Enhance the primary prevention infrastructure within your state and communities using the Strategic Prevention Framework planning model and implementing evidence-based practices, the six CSAP prevention strategies with an emphasis on environmental approaches.
- Consider incorporating strategies around adverse childhood experiences to improve substance misuse outcomes among all populations, but especially young adults 18-25 and those over 26 years of age; preventing and reducing marijuana use by youth below the state's legal age of use; and mitigating the impact of increased alcohol access by youth as identified during the COVID-19 pandemic. It is important to identify and address disparities and describe how you are incorporating equitable approaches.
- Support expansion of peer-based recovery support services (e.g. recovery community organizations, recovery community centers, recovery high schools, collegiate recovery programs, recovery residences, alternative peer group programs) to ensure a recovery orientation which expands support networks and recovery services. These programs are helping people sustain their recovery, engaging families and significant others, bridging the gap between treatment and long-term recovery, and supporting people reentering the community from incarceration.

SAMHSA requests that the following information is included when submitting the proposals:

1. Identify the needs and gaps of your state's SUD services continuum, related to developing a comprehensive prevention, intervention, treatment, and recovery support services continuum.
2. Describe how your state's spending plan proposal will address the state's substance use disorder services continuum, including a budget that addresses the needs and gaps related to this continuum.
3. Describe your state's progress in addressing the rising drug overdose rate in many parts of the country, and what steps the state will be taking to improve access to SUD treatment, by improving identification of persons in need, reducing barriers to admission to treatment, and strengthening mechanisms to promote client engagement and retention in SUD treatment and recovery support services.
4. Describe your state's progress in implementing the increased and widespread use of FDA approved medications for the treatment of opioid use disorder, alcohol use disorder, and tobacco use disorder, in combination with other substance use disorder evidence-based treatments and practices.
5. Explain how your state plans to collaborate with other departments or agencies to address the SUD services continuum.
6. Describe how the state plans to use SABG ARPA funding to promote health equity among identified underserved populations, and how it plans to address heath disparities in the planning, delivery, and evaluation of SUD prevention, intervention, treatment, and recovery support services.
7. Describe the state's efforts and plans to promote an increased emphasis on the development, delivery, and support of widespread SUD recovery support services, systems, and mechanisms across the state.

8. Describe other state priorities or activities that the state plans to fund during the performance period of September 1, 2021 through September 30, 2025 using ARPA funds.
9. Describe your state plans for enhancing your state's prevention infrastructure which may include incorporating work around ACEs and improving substance misuse outcomes among young adults and older adults. (Primary Prevention set-aside)
    a. The impact of increased access to marijuana and the state's strategies to prevent misuse by the underage population.
    b. Strategies to reduce the COVID-19 impact of increased alcohol accessibility and misuse.
    c. How the state is using equitable strategies to reduce disparities in the state's prevention planning and approaches. Using the WebBGAS Revision Request for the FFY 2021 Block Grant Application, upload the document (Microsoft Word or pdf) using the tab into the State Information Section, Chief Executive Officer's Funding Agreement – Certifications and Assurances/Letter Designating Signatory Authority [SA]. Please title this document "ARPA Funding Plan 2021 (SA)."
10. Describe how the state will use, or considered, health IT standards if using funds for health IT infrastructure or advancement. This includes a description of standards and, as applicable, conformance to Office of the National Coordinator certification criteria in health IT products used or that will be used to support SUD clinical priorities and interoperable data exchange. States must use standards identified by the Office of the National Coordinator for Health IT in 45 C.F.R. 170 where applicable and also should consider standards identified in the Interoperability Standards Advisory (https://www.healthit.gov/isa/), including but not limited to those standards described in the "Allows for the Exchange of State Prescription Drug Monitoring Program (PDMP) Data" section and the "Social Determinants of Health" section.

States must upload separate proposals based on MHBG and SABG guidance into the WebBGAS system. Upon submission, SAMHSA will review the proposal to ensure it is complete and responsive. Proposals must be submitted to WebBGAS by Friday, July 2, 2021,11:59 EST.

SAMHSA is ready and willing to assist you in addressing the needs of individuals with mental illness and substance use disorders. Please feel free to contact your SAMHSA state project officers and grants management specialists with any questions that you may have.

Sincerely,

Tom Coderre
Acting Assistant Secretary for
Mental Health and Substance Use

The purpose of this email is to provide directions and an optional template for submitting the American Rescue Plan (ARP) MHBG plan. You may format in a manner that is best for your state.

1. You are asked to address the eight questions found in the attached guidance document as the template for your state's ARP MHBG plan
2. If your department is a Single State Agency , please submit separate plans for MHBG and SABG
3. After you have completed the plan, email the Word document to your Government Project Officer (GPO) by July 2
4. The ARP MHBG plan will be reviewed by your GPO.
5. Revision requests will be emailed to the State Planner for changes, if needed, until the FY22 MHBG application is submitted on 9/1
6. After the GPO has accepted your state's ARP MHBG plan, you will be asked to upload the plan to the FY22 Block Grant Application in WebBGAS.

STATE: New Hampshire

1. **Identify the needs and gaps of your state's mental health services continuum including prevention, intervention, access to crisis services, treatment, and recovery support services.**

New Hampshire has dedicated great efforts, with the assistance of Community Mental Health Block Grant funding, to establish a system of care that meets the needs of all New Hampshire citizens, and considers the unique demographics of the State and the respective challenges those demographics present. This demonstration of commitment to the timely and appropriate service of its residents has been demonstrated throughout many of its programs and initiatives successes, and drives forward the commitment of the Department to continue its work in expanding and growing this system.

In 2019, the New Hampshire Department of Health & Human Services submitted to the Governor, Senate President, and Speaker of the House a 10-Year Mental Health Plan (referenced as Plan hereafter) that provided goals of its mental health services system spread out through the next 10 years. These goals were developed by taking into considerations the recommendations that were made to bolster and expand the current system in order to address identified gaps. Areas of need identified in the Plan include:

Alternatives to Emergency Department and Centralize Access

New Hampshire has seen success in establishing crisis services in targeted regions of the state. A core goal of the Plan is to expand crisis intervention services and supports statewide and improve access to care through a centralized access point. Plans are underway to expand New Hampshire's mobile crisis services to be statewide and integrated (serving all ages with both mental health and substance use disorders). This expansion will also include the development of a single, statewide crisis access point that will serve as a single crisis call center that will provide phone-based triage, intervention, and deployment of regional mobile crisis teams. The vision of this expansion is to align with the national 9-8-8 and Crisis Now model and will be implemented in a step-approach over the next 2 years to include the full continuum of call/text/chat, mobile, and location based crisis intervention. New Hampshire is still in the initial stage of implementation. Infrastructure investments are needed and it is evident that there is a need to expand stabilization services and develop a rural crisis response model for deployment and stabilization that will be practical and sustainable.

Suicide Prevention and Community Education

The Plan identified the need to coordinate suicide prevention efforts with the New Hampshire Suicide Prevention Council, the Department of Education (DOE), community mental health and substance use disorder service providers and advocacy organizations and be in line with the strategies outlined in the NH Suicide Prevention State Plan. Progress has been made but there is a significant need to conduct public outreach and education that follows national best practices of primary prevention. Additionally, as New Hampshire develops and expands services to meet the needs of its residents, we recognize that there has not been consistent marketing or advertising of such programs to aid residents in locating and accessing the services that they need. This is, in part, evidenced by the large numbers of individuals who first access the mental health system through hospital emergency rooms and/or the State hospital. With the promising growth of the service array, a messaging campaign has yet to be designed that will serve to alert and inform the public about what services are available and how to access them on a consistent basis. The Plan recognized this need in its goal of Community Education, focusing on ensuring that, as programs and initiatives develop, residents are informed and know how to access those services. The goal includes launching a multi-media statewide campaign on what individuals can do to access services, recognize the signs of mental distress, suicide, and intervene. This also aligns with the goals established as part of the 9-8-8 implementation efforts to promote use of 9-8-8 and access to care.

Workforce Development & Infusion of Peers Throughout the System

Peers are essential to our system of care but New Hampshire does not have a robust peer workforce infrastructure or enough trained peers to meet the staffing demands. The Plan includes goals to integrate peers and natural supports through the continuum of care by expanding the availability of peers in practice settings through training and education. The Bureau worked with stakeholders to develop a Peer Advancement Work plan that outlines concrete recommendations needed to achieve this goal. The Workforce Advancement Plan was completed in May 2021 and an advisory board will convene in the fall 2021 to begin moving the recommendations forward.

Both the Bureau of Mental Health Services (Bureau) and The Bureau of Drug and Alcohol Services (BDAS) recognize that many of New Hampshire's residents experience mental illness with co-occurring substance use. To this address this reality, both Bureaus have historically worked in tandem to develop systems and services that meet the needs of all such residents experiencing co-occurring mental health and substance use disorders. Gaps continue to exist in large part due to workforce shortages and consequently strategies to cross-train the mental health and substance use workforce is needed. The Bureaus are committed to continuing this integrated work to develop systems and services that best serve the behavioral health needs of New Hampshire's citizens.

Expansion of Community Services and Housing Options

Housing is a significant barrier to recovery for many served through New Hampshire's mental health system so there is a need to address gaps that exist for permanent affordable housing. The Plan calls for an increase in bed capacity for expanded populations, including supervised housing for transition age youth, peer respite beds, crisis apartments, transitional housing and additional slots for the Housing Bridge subsidy program. There is not a centralized application process for individuals seeking mental health supported housing. Specifically the State's Housing Bridge Subsidy program that provides housing vouchers and housing support services to up to 500 individuals with severe mental illness while they await enrollment in a permanent housing voucher. There is a need to create a more accessible way for applications for the Housing Bridge program to be submitted, review, and tracked in order to expedite enrollment and more efficiently track peoples housing status over time.

The development of a data infrastructure and dashboard can assist in tracking all housing data. NH has been undergoing a multi-year data system overhaul to support the ongoing development of consistent data points, reporting, and utilization to inform our system as a whole. By investing in these platforms we can more consistently and effectively manage a multitude of programs in centrally located locations leading to more reliable and informative data.

Prevention and Early Intervention

Currently Early Severe Mental Illness/First Episode Psychosis (ESMI/FEP) is offered in one region of the state. As part of the effort to best support individuals who might be experiencing ESMI/FEP, the Bureau recognizes that services need to be available statewide. Efforts are underway to expand ESMI/FEP services to three additional regions. Infrastructure investments are needed such as provider training, technical assistance for teams to start programs in line with evidence-based practices, and targeted components of the model such as availability of family psychoeducation statewide. In tandem with treatment programs, educating the public on what services are available and how to access them, is a core need.

In an effort to further address prevention and early intervention initiatives, New Hampshire's Infant Mental Health Plan was developed as a result of stakeholder engagement and one of the prioritized recommendations includes developing a new level of care for infants from birth to age five to support caregiver connections to foster health attachments and early mental health.

NH utilizes the Praed Foundation, who provides staff certification and data tracking to the NH Child and Adolescent Needs and Strength Tool/ Adult Needs and Strength Assessment (CANS/ANSA). The Families First Preventive Services ACT (FFSPA) and 42 USC 675a (c) requires that there is an Assessment, documentation, and judicial determination requirements in place for placement in a qualified residential treatment program. In the case of any child who is placed in a qualified residential treatment program or is being considered for treatment, a process for a comprehensive assessment, using a standardized assessment tool, must be conducted. Additionally NH SB 14 was signed into law on 7/11/2019, which requires the DHHS to determine which tool is to be used as a standard assessment tool across the system for Children's Behavioral Health. The tool selected by DHHS is the Child and Adolescent Needs and Strength Tool (CANS) that is already in use in NH by some DHHS providers. The online system for this tool is already in place and utilized by the community mental health system in NH. Due to the system expansion of child and early intervention services, ongoing access dues and increased numbers of those utilize the system leads to a higher cost of maintenance. Funds will support the next year of this increased system access needs.

Enhanced Regional Delivery and Supported Transitions

The Plan has triggered some exciting system transformation in New Hampshire and as the crisis system, children's continuum of care, and integrated mental health and physical health initiatives roll out, it is evident that alternative models need to be examined. NH recognizes that the continuum of care is inclusive of the whole person needs both within mental health and substance use, and physical health. Often times those with mental health and substance use needs struggle to access necessary care where and when needed. Data solutions are being explored and models such as Certified Community Behavioral Health Clinics (CCBHC) are being contemplated. CCBHCs expand access to care through community locations that address the whole person approach. New Hampshire is in need of engaging with a subject matter expert to assess the feasibility to adopt this infrastructure throughout our state, how to meld with the currently established system, and establish a plan that

considers the long-term Medicaid payment models to ensure success. These efforts support the goal to review system models to ensure that there is a centralized infrastructure in place to enable individuals with mental health and or substance use disorders to have immediate access to care and receive support as they transition through levels of care.

Since the Plan's inception, New Hampshire has made ample progress in its work towards achieving these goals but remains focused on improving the system and addressing the gaps identified.

2. **Identify the needs and gaps of your state's mental health services related to developing a comprehensive crisis continuum. Focus on access to your states services through crisis call centers with local knowledge of available services, availability of mobile crisis response teams and crisis receiving and stabilization services.**

New Hampshire's 10 Year Mental Health Plan (Plan) calls for centralization of access to services, including crisis services, an expansion of the crisis continuum, including Mobile Crisis Response Teams (MCRTs), and a renewed focus on suicide prevention. Expansion initiatives are underway to develop a centralized crisis operations center, statewide mobile crisis response system, and a State suicide prevention coordinator.

The current delivery system is comprised of one national suicide prevention lifeline and ten regionally based community mental health centers (CMHCs) that each provide services in their designated community mental health region, each with unique crisis phone number(s). In sum, there are more than 20 crisis phone numbers statewide, which makes accessing crisis services for individuals and families extremely confusing. This identifies the need for a central call center that can be accessed anywhere in the state for those in a crisis and that central location can provide warm handoffs to and deployment of regionally based mobile teams.

Mobile Crisis Response Team services and apartments are only located in the three, more urban regions of Nashua, Manchester and Concord. However, New Hampshire is undergoing a system re-design to expand MCRTs and crisis stabilization services into all regions of the state. These efforts align with goals of the Plan and national roll-out of 9-8-8.

Specifically, there is a need to expand Children's Crisis Stabilization Services and the platform these are provided on. During the Covid-19 pandemic, it became very apparent that children's services did not match the need for those with significant mental illness. While office based services were established, the need for a robust crisis response system and community deployment became apparent. Additionally, these age groups communicate in many different ways on different platforms than most of the adults being served, making it hard to establish lines of communication that felt accessible and comfortable to this age group. New Hampshire does not currently have a chat/text service therefore the Plan proposes to develop and implement this with the ARP funds to allow for increased access for this age group.

New Hampshire has one walk-in behavioral health crisis treatment center located in Concord. Crisis respite centers provide individuals with access 24/7 either by walk-in, through MCRT, via first responders, or any other way that they arrive with a need. By not having a 24/7 walk in centers accessible, individuals experiencing a crisis often find themselves attempting to access mental health

or substance use disorder care through their local emergency rooms. This leads to increased wait times for these individuals as well as those looking for urgent medical care. This is a critical component of the Crisis Now model and something that New Hampshire needs to explore to identify models that will be sustainable and accessible statewide. Models such as crisis apartments, in-home stabilization services, and additional stationary crisis centers all need to be explored as potential solutions.

Additionally, there exists a need to assess and develop a crisis model to meet New Hampshire's unique geographical needs. With a vast Northern region of the State, services can be a challenging to access due to geographical distance to service agencies and reduced or slower access to technology. A response model would look to break down those barriers, allowing residents in all regions immediate and appropriate supports during crisis, in addition to establishing a chat and text function. An assessment will need to be completed to determine the unique needs of the more rural regions of the state, and the development of MCRT delivery options in rural New Hampshire communities.

As a part of the national roll-out of 9-8-8, New Hampshire's planning coalition has identified a need for public messaging, outreach, education, and training to inform the public about this service. Through public, first responders, and natural support system education and training, we can expect to see that those in crisis or who are experiencing mental illness receive support and services that are best suited to their individual needs, and connecting them to service agencies that can support them in the most informed way possible. It also expands the natural supports systems knowledge throughout the state allowing for more educated responses to mental illness needs and knowledge of supports available for those close to them and in their communities. A more robust messaging campaign also needs to be developed and implemented to ensure the public awareness of the 9-8-8 implementation is broadly heard and utilized throughout the state. In this same light, suicide prevention outreach and education have had minimal public messaging. This highlights another goal set in the Plan regarding Community Education. Additionally, in order to successfully implement the full vision of 9-8-8 in New Hampshire, which is inclusive of phone/text/chat, mobile, and location-based response, infrastructure investments are needed. For example, system-wide training of providers and partners; technology upgrades to enable community providers to interface with the centralized call center, law enforcement, and first responders; updates to electronic health records to improve documentation of crisis services; expanding capacity of our national suicide prevention lifeline to offer chat and text functionality; etc.

3. **Describe your state's spending plan proposal, including a budget that addresses the needs and gaps related to crisis and services continuum.**

Mental Health Block Grant – Additional ARP Allocation
September 1, 2021 - September 30, 2025
Total allocation $5,083,896.74

Budget item	**Proposed spending for ARP**
Crisis Expansion & Infrastructure Investments - Expansion of crisis stabilization services via crisis apartments for adults w/SMI and in-home children's stabilization services for youth w/ SED and crisis stabilization centers - Development of a rural crisis response model for deployment and stabilization - Equity investments to ensure crisis system is accessible - Crisis training for providers, law enforcements, first responders, and peers - Expansion of infrastructure for implementation of statewide mobile crisis (e.g. needed technology upgrades such as data platforms, text/chat functionality, updates to EHRs, etc. - 9-8-8 & Crisis Expansion Planning Coalition; facilitate stakeholder and provider engagement for the early implementation phase of crisis system-transformation.	$2,363,432.25 2-4 year timeline
9-8-8 & Suicide Prevention Public Outreach & Education - 9-8-8 roll-out public messaging - Primary suicide prevention and access to care messaging	$400,000 3-4 year project
Peer Workforce Development - Implementation of the NH Peer Workforce Advancement Plan	$236,753 2 year project
Peer Support Services Infrastructure - Develop ethics and boundaries training curriculum - Deliver suicide prevention training - Define data requirements and platform needed for data tracking for peer delivered programs	$250,000 2 year project
Co-occurring disorder trainer - Work with MH providers to train and support the infrastructure for the provision of co-occurring disorder treatment	$250,000 4 year PT position
CANS/ANSA Assessment Access & Training for CMHC providers	$13,500
MH Housing Data Infrastructure & Dashboard - Development of a data system to input and track all MH housing data (Bridge & 811 PRA & Mainstream)	$150,000
CCBHC Enrollment Assessment - Conduct an assessment to determine feasibility for NH to adopt Certified Community Behavioral Health Clinic model of care.	$250,000
Early Serious Mental Illness/First Episode Psychosis (ESMI/FEP) Set-Aside (required) - Funds will support training and technical assistance for providers and family members	$866,216

- Conduct outreach efforts regarding availability of ESMI/FEP services - Provide technical assistance to expansion sites	
Administration Set-Aside -Program Specialist II to provide oversight of implementation and reporting for grant deliverables.	$251,573.75
Mental Health ARP Allocation	**$5,031,475.00**

4. **Describe how the state will advance the development of crisis and other needed prevention, intervention, treatment and recovery support services so that your state's system is responsive to the needs of your residents with SMI and SED. Refer to the Guidebook on crisis services.**

Following the distribution of the New Hampshire 10 Year Mental Health Plan (Plan), a request for information was published to garner input about how to design a comprehensive, accessible, responsive, and sustainable crisis system to meet the needs of both individuals with SMI and SED. Information gained from the more than 15 responses nationwide was used to inform the crisis transformation work that began in early 2020.

On the June 30, 2021 the New Hampshire Governor and Executive Council approved a new contract for the NH Rapid Response Access Point. This agreement, will provide the centralized crisis call center that will also dispatch and deploy Mobile Crisis Teams statewide; the population served includes individuals across the age continuum who experience a behavioral health crisis including individuals with SMI and SED. It is also anticipated that the Access Point will connect with the new national 9-8-8-crisis line and include phone, text and chat functionality. Also on June 30, 2021 Governor and Executive Council approved contracts with all 10 community mental health centers to begin planning for implementation of mobile crisis in all 10 regions. This will integrate crisis services for the general population and individuals with SMI/SED currently served through the community mental health system. New Hampshire's 9-8-8 planning coalition is also working to address access and collaboration efforts between the Access Point and Department of Safety.

Through expansion and infrastructure investments in current initiatives to address the crisis continuum, the State proposes to increase availability and accessibility to crisis apartments for adults with SMI and in-home children's stabilization services for youth with SED and crisis stabilization centers. Additionally, the State plans to explore alternative rural crisis response model(s) for deployment and stabilization while making investments in building equity to ensure the crisis system is accessible to all residents.

New Hampshire's 9-8-8 Planning Coalition guides and informs the implementation of the crisis transformation work that is underway. This multi-sector stakeholder group (as described below) is integral to informing the development of a system that is comprehensive and accessible.

In an effort to further address prevention and early intervention initiatives, New Hampshire's Infant Mental Health Plan was developed as a result of stakeholder engagement and one of the prioritized recommendations includes developing a new level of care for infants from birth to age five to support caregiver connections to foster healthy attachments early mental health. Young children birth to age five (5) can receive a mental health diagnosis and be considered SED if the DC 0-5 Manual (Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and

Early Childhood) is used. DC 0-5 allows clinicians to diagnose infants and young children with mental health disorders and/or developmental disorders-which then allows clinicians to crosswalk the DC 0-5 with the DSM V. DC 0-5 also shows functional impairments, which aligns diagnostically with DSM 5, as well as the designation of SED. The CANS tool will be utilized to help determine eligibility for the proposed program. The CANS is the tool NH's community mental health centers use to determine SED for their eligibility. In addition, parent/caregiver with SMI/SED, along with their child/ren, will also be served under this program.

This service array (programming, services, and support) is prevention in that early identification and treatment of young children's SED can help prevent worsening and/or chronicity of the SED. In addition, the service array aims to improve family function and reduce adverse childhood experiences in order to prevent the development of additional SED diagnoses later on in childhood or adulthood, such as PTSD, mood and anxiety disorders. This service array is treatment in that the service array also aims to directly address the current SED in a person- and family-centered approach. This programming would include services and supports to children and their primary caregiver, once screened and found eligible using the CANS tool, and DC 0-5. The screening and eligibility process will not be included in this funding request. The services then delivered once the child is found to be eligible either through their own diagnosis and needs that indicate that they are SED, or if their primary caregiver is considered to have his/her own SED, SMI eligibility. The treatment and supportive services involved in this programming are;

- Treatment using evidences based modalities such as Child and Parent Psychotherapy
- Intensive in home services using a home visiting model.
- Peer support
- Respite- in home

New Hampshire has also expanded its efforts to increase awareness and reduce stigma related to mental illness in young people generally, and first episode psychosis specifically. We have implemented learning and education models such as Mental Health First Aid statewide. These programs have planted the seeds of awareness about mental illness and how to recognize early signs. We recognize that stigma reduction aids the general public in recognizing early symptoms, referring to appropriate services, and understanding the value in engaging treatment. As part of NH's 10-year mental health plan, early treatment models, including FEP were highlighted and identified by stakeholders as foundational recommendations in areas to address.

New Hampshire has been working on a plan to expand FEP services statewide. During SFY 2019-21, the State carried out a stakeholder engagement process to identify, propose, and develop an implementation strategy for a statewide ESMI or FEP treatment model using the 10% set aside Block Grant funds. The initiative included two components; proposing a treatment model that we can scale to provide ESMI/FEP services statewide, and developing a public awareness campaign that focuses on the importance in, and availability of, early interventions.

The State is fortunate to have a national expert on our staff. Mary Brunette, MD, who serves as our Medical Director, is an Associate Professor of Psychiatry at Dartmouth-Hitchcock. Dr. Brunette has worked on the RAISE NAVIGATE research team from its inception. Dr. Brunette provides expertise to the FEP/ESMI BMHS project management team.

5. **Explain how your state plans to collaborate with other departments or agencies to address crisis, treatment, and recovery support services.**

New Hampshire's 9-8-8 Planning Coalition guides and informs the development of the New Hampshire 9-8-8 Implementation Plan. The Coalition is specifically tasked with the following responsibilities:

- Developing clear roadmaps for how to address key coordination, capacity, funding, and communication strategies that are foundational to the launching of 9-8-8, and
- Plan for the long-term improvement of in-state answer rates for 9-8-8 calls.

Members of the New Hampshire 9-8-8 Planning Coalition are diverse stakeholders in NH's behavioral health system including: Individuals with lived experience, Lifeline crisis center staff, NH's State suicide prevention coordinator, Law enforcement leaders, 9-1-1/PSAP leaders and major state mental health and suicide prevention advocacy groups like NAMI and AFSP, as well as staff from NH's Department of Health and Human Services, Department of Safety, Department of Justice and the Governor's Office.

The New Hampshire 9-8-8 Planning Coalition also formed subcommittees to meet more frequently on specific goals of the Implementation plan and process. These goals are focused on: Sustainable funding, Volume Forecasting and Projections, Public Messaging and Communications, Coordinating with First Responders, and Operational Capacity. The subcommittees expanded membership to include members of the public who are investing in making change to the NH crisis system. This allows for deeper participation and robust dialogue outside of traditional planning meetings.

A specific focus of NH's 9-8-8 planning coalition is through the Law Enforcement subcommittee which has representation from the Office of the Governor, Department of Safety, and Department of Justice, local first responders in both urban and rural regions, 9-1-1 and Bureau of EMS in addition to several other stakeholders. This subcommittee has identifies this need and is committed to working with the Bureau to increase first responder training.

Many of the New Hampshire's mental health system initiatives are the result of a collaborative effort between the Bureau of Mental Health Services, Bureau of Drug and Alcohol Services and the Bureau for Children's Behavioral Health. The crisis continuum and support services are designed to be an integration of services to address both mental health and substance use concerns. This spending plan reflects that New Hampshire believes in the importance of ensuring services meet the need of the client presentation to allow for a more robust delivery of services, as well as addressing workforce shortages in the field.

New Hampshire has been consistent in considering the cross-section of the Mental Health and SUD systems in the work that has been done and is currently ongoing. New Hampshire recognizes that many of its residents experience both mental health and substance use co-occurring disorders which produce needs that are best met and addressed by dually diagnosed trained staff and initiatives that are developed with this ideology in mind.

Approximately half of people with SMI/SPMI develop a co-occurring substance use disorder during their lifetime. Alcohol is the most common substance followed by cannabis, opioids and then stimulants. This rate is three times higher than general population rates of substance use disorder.

People with co-occurring SMI/SPMI and substance use disorders have higher rates of treatment nonadherence, experience a worse course of illness, utilize emergency rooms and hospitals at higher rates, and experience premature mortality.

Conversely, about a third people with substance use disorders have higher rates of co-occurring mental illnesses during their lifetime; among people in treatment settings, two-thirds have co-occurring mental illnesses with the substance use disorder. Mood disorders, post-traumatic stress disorder and anxiety disorders are common. People with these co-occurring disorders also experience worse outcomes.

Due to the high rates of co-occurring disorders among people receiving treatment in New Hampshire, clinicians need the knowledge and skills to help service recipients manage both illnesses – the substance use disorder and the mental illness - in order to achieve recovery and return to community functioning. Over the past five years, the Bureau of Mental Health Services has documented that our mental health centers have consistently lacked skills in the area of co-occurring disorders treatment. Our service providers have requested training and technical assistance in this area to help their existing employees gain the necessary knowledge and skills for evidence-based co-occurring disorders treatment.

As New Hampshire assesses and redesigns our behavioral health system of care, it is clear that additional training is required for mental health professionals in the area of substance misuse and for substance misuse professionals in the area of mental health. This funding would support a full time trainer to address these needs across the behavioral health continuum of care.

6. **Describe how the state plans to spend the ten percent set aside for first-episode psychosis/early SMI and, if applicable, the five percent set aside for crisis services.**

Currently, one FEP program is operational in New Hampshire. Starting in July 2021, three additional providers will begin to implement FEP/ESMP coordinated specialty care (CSC) teams. These providers requested training and funds to implement these teams in their region in order to meet the increased demand for FEP/ESMI services in their region of the state.

The State will use the ten percent set aside on the expansion of services and workforce development, to aide in the delivery of FEP/ESMI services. New Hampshire is in the process of expanding teams to three additional regions, and the funds will support a learning community, provider and family member training, professional development, expansion of core elements such as family psychoeducation, and infrastructure improvements needed to implement ESMI/FEP services in all regions.

7. **Describe other state priorities or activities that the state plans to fund during the performance period using ARPA funds, with consideration given to disproportionately high rates of MH/SUD in certain communities and disparities in COVID-19 BH-related outcomes by race, ethnicity, and other factors.**

By expanding the crisis continuum of care, NH is providing assistance to the most vulnerable populations as they attempt to avoid a psychiatric hospital stay or transition from institutional to community-based care. Additionally by lowering the emergency department utilization among individuals with co-occurring disorders and immediately connecting them with community based

providers will address the ongoing high rates of mental health and substance use concerns in New Hampshire. Studies show that the use of Peer Support Specialists are very effective for this group and increase engagement and access to services in times of need. By further educated the peer workforce throughout our state and integrating them further into all care settings, there is a higher likelihood that individuals will reach out to and engage in established services.

By recognizing the need to establish a more interlocking system of care to address more comprehensively the current challenges experienced by patients, families and providers resulting from fragmented care through multiple mental health and substance use disorder service agencies, New Hampshire hopes to reduce the high rates of mental health and substance use.

As a result of school and college closures due to the Covid-19 pandemic, many youth and young adults spent extensive periods of time at home and socially isolated. Consequently, New Hampshire is experiencing an increased demand for children's behavioral health services and specifically an increased need for specialty services to treat youth who are experiencing FEP/ESMI. The usage of the identified FEP/ESMI 10% set aside further supports the development and establishments of programs to address these needs.

The Office of Health Equity (OHE) assures equitable access to effective, quality programs and services across all populations, with specialized focus on racial, ethnic, language, gender and sexual minorities, and individuals with disabilities. OHE provides coaching and TA to the Bureau as well as external organizations to improve systems and practices for organizations to be able to serve all people with high quality care and services. These include effective strategies for communication access, cultural competence, data collection to identify disparities, community engagement, CLAS Standards implementation, gender identity 101, immigrant/refugee integration, and more. The Bureau often partners with OHE on data collection standards, training of providers, and technical assistance needed to ensure programs and services are meeting the needs of all populations in our state.

Specifically, the OHE has worked with NH's 9-8-8 planning coalition to provide an equity foundation across the work of all subcommittees and prioritized a resident centric approach to building a system that is community driven and community informed and inclusive of voice of underserved and unserved populations including those with lived experience, people who use drugs, immigrant and refugee communities, deaf and hard of hearing residents, and voices of youth being prioritized in the planning.

8. **Describe how the state will use, or consider, health IT standards if using funds for health IT infrastructure or advancement. This includes a description of standards and, as applicable, conformance to Office of the National Coordinator certification criteria in health IT products used or that will be used to support behavioral health clinical priorities and interoperable data exchange. States must use standards identified by the Office of the National Coordinator for Health IT in 45 C.F.R. 170 where applicable and also should consider standards identified in the Interoperability Standards Advisory** (https://www.healthit.gov/isa/), **including but not limited to those standards described in the, the "Allows for the Exchange of State Prescription Drug Monitoring Program (PDMP) Data" section and the "Social Determinants of Health" section.**

The MH Housing Data Infrastructure and Dashboard planned for implementation will be a cloud hosted solution leveraging a HIPAA compliant platform and will not employ

interoperability functions and as a result there are no plans at the moment to employ health IT standards as it relates to connecting systems together. The planned effort is goaled at streamlining services by replacing a legacy system requiring manual processing with the cloud accessible system for providers and state employees to utilize. The system will not be connected to other systems at this time.

The Department of Health and Human Services leverages National Institute of Standards and Technology (NIST) standards, NIST is a supporting collaborator for the Office of the National Coordinator certification criteria in health IT products. These standards describe the security requirements surrounding the data and systems that are utilized by the department to include the data classification, data sharing, information risk management, disposition of data and incident management. As part of the implementation if the scope changes the department will update the scope for approval (as applicable) along with a comprehensive review and update of any standards in accordance with the Office of the National Coordinator certification criteria in 45 C.F.R 170 as well as consider standards identified in the Interoperability Standards Advisory.