

New Hampshire
Federal Fiscal Year 2017 STATE Mini-Application
COMMUNITY MENTAL HEALTH SERVICES
BLOCK GRANT

- ❖ STATE INFORMATION
- ❖ STATE BEHAVIORAL HEALTH ADVISORY COUNCIL AND INPUT ON THE MENTAL HEALTH BLOCK GRANT APPLICATION
- ❖ STATE AGENCY PLANNED EXPENDITURES
- ❖ CHIEF EXECUTIVE OFFICER'S FUNDING AGREEMENT – SIGNATURES AND ASSURANCES/LETTER DESIGNATING SIGNATORY AUTHORITY
- ❖ DISCLOSURE OF LOBBYING ACTIVITIES (NONE)
- ❖ LIST OF CERTIFICATIONS
- ❖ MHBG NON-DIRECT SERVICE ACTIVITIE PLANNED EXPENDITURES

State Information

Disclosure of Lobbying Activities

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

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

Name	Michele A. Harlan
Title	Director, Bureau of Mental Health Services
Organization	NH DHHS

Signature: _____ Date: _____

Footnotes:

NH Bureau of Mental Health Services does not participate in lobbying activities.

Environmental Factors and Plan

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

Narrative Question:

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

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

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

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

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

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

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

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

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

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

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

Footnotes:

FY 2016-17 Mental Health Block Grant Application
2017 "Mini-App"
New Hampshire Bureau of Behavioral Health

IV. 22: State Behavioral Health Planning/Advisory Council and Input on the MH/SA BG Application

NOTE: THIS YEAR'S SUBMISSION ON THE STATE BEHAVIORAL HEALTH PLANNING/ADVISORY COUNCIL WILL ADDRESS THE RECOMMENDATIONS OF THE MOST RECENT (DRAFT) MONITORING REPORT.

The past year has seen positive changes for the advisory council, as a direct result of recommendations in the (draft) SAMHSA Monitoring Report (undated, but based on a July 14 – 16, 2014 visit), which included:

1. **NHBHAS (sic) should receive technical assistance from the National Association of Mental Health Planning and Advisory Councils (NAMHPAC) to provide orientation on statutory responsibilities of the Advisory Council.**

and

2. **The state should also consider providing more outreach to consumers and family members of different ethnicities that live in the rural parts of the state.**

and

3. **NHBHAC lacks the mandatory representation of a parent of a child with SED. The council must address this issue within 30 days of receiving this report (if it has not already done so), as this is a MHBG compliance issue. The council should also receive technical assistance from SAMHSA to evaluate whether one member of a child with SED is sufficient for the state.**
4. **The council should receive more information from the state on the current issues of the co-occurring population.**
5. **The state and council should increase outreach efforts to develop cultural diversity and regional representation on the council.**
6. **The council should consider scheduling and advertising meetings in rural areas throughout the state to develop and encourage diversity.**
7. **The state\council should also receive technical assistance to provide orientation on the council's statutory responsibilities.**
8. **The council should consider developing stronger relationships with veteran organizations, substance use consumers, as well as conducting more outreach to rural areas.**
9. **The council should educate providers and peers on the needs and issues of the co-occurring population.**

RESPONSES

1. **NHBHAS should receive technical assistance from the National Association of Mental Health Planning and Advisory Councils (NAMHPAC) to provide orientation on statutory responsibilities of the Advisory Council.**
and
7. **The state\council should also receive technical assistance to provide orientation on the council's statutory responsibilities.**

In January of 2016, the New Hampshire Behavioral Health Advisory Council (BHAC) used the TA Tracker to apply for Technical Assistance to better serve NH's SMI and SED population by empowering the State Advisory Council according to the above recommendations. Initially NH applied for the Leadership Academy training program. When Council leadership found it difficult to attend the training sessions, in coordination

with SAMHSA, NH requested individual state Technical Assistance. A representative from Associates for Human Potential (AHP) duly responded and quickly scheduled regular assistance calls.

By April 2016 an Action Plan was put in place, and an ad hoc workgroup consisting of Council members and State leadership was convened. Draft revision of Council bylaws was concluded by the end of July 2016. A brief summary of progress and outcomes was presented by the ad hoc workgroup to the Leadership Academy in mid-August 2016. Highlights of the improvements to Council operations include the following:

It was determined that the statutory responsibilities of an Advisory Council would best be served by returning to a quarterly meeting schedule, with Committee group occurring in the interim weeks.

The Council was re-named the Mental Health Planning & Advisory Council (MHPAC). NH applies for and is awarded separate Mental Health and Substance Abuse Block Grants. The focus of the MHPAC is individuals suffering from SMI and SED. Representation on the MHPAC includes the Bureau of Drug and Alcohol Services.

A Welcome meeting took place for August 15, 2016. The keynote speaker was a representative from AHP. Agenda items included a review of the draft revised bylaws, the MHBG mini-application and MHBG Plan progress, the statutory obligations of the Council, member recruitment and officer nominations, as well as a featured program topic. This format will provide a model for future meeting agendas.

The Technical Assistance (TA) referenced earlier used as its basis the MHBG statute. Council members were engaged in dialogue regarding the freedoms and limitations of the statute, particularly relating to the duties of the Council. It became apparent that NH is not the only state whose Council struggles with the roles of the SMHA and its planner, and the roles of the Council. The statute requires public review and comment of the Block Grant plan; the Council does not have approval authority. This lack of authority can create the perception of an existential problem for the Council: why do they exist, if they have no authority?

The TA made valiant efforts to clarify and reinforce the powers of the Council regarding advocacy efforts. NH also participated in TA around advocacy strategies.

The previous Council, the BHAC, was engaged in review of the MH block grant application and had conversations on setting priorities. The Council reviewed progress on the plan goals and objectives at every meeting. This is reflected in the minutes of Council meetings.

The August 12 meeting review of the mini-app resulted in some comments and questions regarding the FEP program and its implementation:

1. What are the ideas around concurrently working on education and stigma issues? What does being diagnosed mean for the family and youth?
2. Stigma campaigns need support.
3. How far are we on the process? Has the program been identified? Have we looked at programs in Massachusetts and Maine?
4. How does the program involve schools, colleges, guidance counselors, and families?
5. What is the relationship of substance abuse to the FEP program?
6. Mental health first aid – how would this mesh with this and can the programs/funding be merged?
7. Who would be trained on FEP? Initially CMHCS – so how can they take this on in the face of competing demands from the CMHA, managed care implementation, and their workforce shortages?

8. The program targets youth over fourteen years of age. What about true early intervention – youth less than fourteen years of age? Symptoms may include absenteeism, GI issues, etc.

Responses to these comments and questions will be posted on the State of NH Mental Health Block Grant web site.

2. **The state should also consider providing more outreach to consumers and family members of different ethnicities that live in the rural parts of the state.**
and
5. **The state and council should increase outreach efforts to develop cultural diversity and regional representation on the council.**
and
6. **The council should consider scheduling and advertising meetings in rural areas throughout the state to develop and encourage diversity.**

As a first step toward increased participation from the rural areas of the state, the SMHA will resume hosting the quarterly MHPAC meetings at a location with teleconferencing capability. The Council will be asked to consider rotating the location of one meeting per year among the rural regions of the state. Over 40% of the state is considered to be rural. The North Country region, unrepresented in the Council, will be invited to participate.

The SMHA is developing its relationship with the Office of Minority and Refugee Affairs and advocacy groups associated with refugees, in an effort to increase the diversification of representation on the Council. Several NH cities are home to vibrant communities of New Americans. The Council will be encouraged and assisted in outreach attempts to these groups.

The ten Community Mental Health Centers (CMHCs) have been engaged in outreach attempts and they will be a valuable, and as yet untapped, resource for the MHPAC.

The eight Peer Support Agencies that cover the state have also been tasked with recruitment.

3. **NHBHAC lacks the mandatory representation of a parent of a child with SED. The council must address this issue within 30 days of receiving this report (if it has not already done so), as this is a MHBG compliance issue. The council should also receive technical assistance from SAMHSA to evaluate whether one member of a child with SED is sufficient for the state.**

New Hampshire takes the concerns of children, youth, families, and their advocates very seriously. The Council reached out to the NH Children's Collaborative, an child and youth advocacy group, whose representative, also a parent of a child with SED, is now a Council member.

A representative of the NAMI-NH has also joined the Council as a parent of a child with SED. There are two additional members who are parents of a child with SED. In consultation with technical assistance, it was decided that, while this level of membership is an improvement, outreach efforts to parents will continue, as it's often the case that they are highly effective advocates.

Under the recent redesign of the state mental health system, a Bureau of Children's Behavioral Health has been established, in recognition of the importance of determining and serving the needs of the SED, and, especially, the SED population having current interagency involvement. This Bureau is responsible for establishing a firm connection and system of care involving the Division of Children, Youth, and Families (child welfare),

the Department of Education, and the Bureau of Drug & Alcohol Services (for substance use disorder treatment services for youth).

4. The council should receive more information from the state on the current issues of the co-occurring population.

and

8. The council should consider developing stronger relationships with veteran organizations, substance use consumers, as well as conducting more outreach to rural areas.

and

9. The council should educate providers and peers on the needs and issues of the co-occurring population.

The previous iteration of the Council featured a high degree of representation from the co-occurring and SUD-recovery population. Work was done to express the need for more information on this population. The need for education on treatment modalities for this group would do much to merge the priorities of the substance treatment and recovery and mental health treatment priorities of SAMHSA. Although the state of NH applies for and is awarded separate Mental Health and Substance Abuse Block Grants, there is, now, more than ever, a need to marshal all resources to treat the co-occurring population, which is growing at an appalling rate in NH. Substance abuse often walks hand-in-hand with behavioral disorders.

By statute, the Mental Health Block Grant establishes as its priority populations severely mentally ill adults, and youth having serious emotional disturbances. The separation of the SA and MH block grants in NH and their differing priority populations can create a disconnect in the treatment of individuals whose needs overlap. NH, in its Administrative Rules for Community Mental Health Programs (CMHPs), does not include Substance Use Disorder (SUD) as one of the diagnoses causing Serious Mental Illness or Severe Emotional Disturbance. This reduces the ability of the MH Block Grant to serve those having a primary SUD diagnosis. Educational efforts to clarify these distinctions need to be reinforced on a continual basis, but are necessary to defuse misunderstanding.

There remains robust representation on the Council of SUD recovery advocates, as well as representation from the Bureau of Drug & Alcohol Services.

The recent NH DHHS organizational redesign brought Drug & Alcohol Services, Mental Health Services, and Children's Behavioral Health Services under one Division of Behavioral Health, in an attempt to increase the alignment of their priorities and initiatives. Future efforts are anticipated.

NH DHHS and NAMI have programs geared toward military and veteran family initiatives. It will be a goal of the Council to use their close connections to these agencies to include those who may have sustained unseen injuries as a consequence of their service.

Planning Tables

Table 2 State Agency Planned Expenditures

Planning Period Start Date: 7/1/2016 Planning Period End Date: 6/30/2017

Activity (See instructions for using Row 1.)	A.Substance Abuse Block Grant	B.Mental Health Block Grant	C.Medicaid (Federal, State, and Local)	D.Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E.State Funds	F.Local Funds (excluding local Medicaid)	G.Other
1. Substance Abuse Prevention [*] and Treatment							
a. Pregnant Women and Women with Dependent Children [*]							
b. All Other							
2. Substance Abuse Primary Prevention							
3. Tuberculosis Services							
4. HIV Early Intervention Services							
5. State Hospital			\$0	\$0	\$0	\$0	\$0
6. Other 24 Hour Care		\$0	\$0	\$0	\$0	\$0	\$0
7. Ambulatory/Community Non-24 Hour Care		\$1,530,111	\$111,257,901	\$0	\$9,929,204	\$0	\$0
8. Mental Health Primary Prevention ^{**}		\$0	\$0	\$0	\$0	\$0	\$0
9. Evidenced Based Practices for First Episode Psychosis (10% of the state's total MHBG award)		\$227,061	\$0	\$0	\$0	\$0	\$0
10. Administration (Excluding Program and Provider Level)		\$92,000	\$0	\$0	\$0	\$0	\$0
11. Total	\$0	\$1,849,172	\$111,257,901	\$0	\$9,929,204	\$0	\$0

* Prevention other than primary prevention

** It is important to note that while a state may use state or other funding for these services, the MHBG funds must be directed toward adults with SMI or children with SED.

Footnotes:

State Information

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

Fiscal Year 2017

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

Title XIX, Part B, Subpart II of the Public Health Service Act		
Section	Title	Chapter
Section 1911	Formula Grants to States	42 USC § 300x
Section 1912	State Plan for Comprehensive Community Mental Health Services for Certain Individuals	42 USC § 300x-1
Section 1913	Certain Agreements	42 USC § 300x-2
Section 1914	State Mental Health Planning Council	42 USC § 300x-3
Section 1915	Additional Provisions	42 USC § 300x-4
Section 1916	Restrictions on Use of Payments	42 USC § 300x-5
Section 1917	Application for Grant	42 USC § 300x-6
Title XIX, Part B, Subpart III of the Public Health Service Act		
Section 1941	Opportunity for Public Comment on State Plans	42 USC § 300x-51
Section 1942	Requirement of Reports and Audits by States	42 USC § 300x-52
Section 1943	Additional Requirements	42 USC § 300x-53
Section 1946	Prohibition Regarding Receipt of Funds	42 USC § 300x-56
Section 1947	Nondiscrimination	42 USC § 300x-57
Section 1953	Continuation of Certain Programs	42 USC § 300x-63
Section 1955	Services Provided by Nongovernmental Organizations	42 USC § 300x-65
Section 1956	Services for Individuals with Co-Occurring Disorders	42 USC § 300x-66

ASSURANCES - NON-CONSTRUCTION PROGRAMS

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

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

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

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

Name	Michele A. Harlan
Title	Director, Bureau of Mental Health Services
Organization	NH DHHS

Signature: Michele Harlan Date: 07-12-2016

Footnotes:

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Fiscal Year 2017

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2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
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7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327- 333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Costal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955. as amended (42 U.S.C. §7401 et seq.): (a)

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

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

LIST of CERTIFICATIONS

1. CERTIFICATION REGARDING LOBBYING

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

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

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

3. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

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

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

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

Name of Chief Executive Officer (CEO) or Designee: Michele A. Harlan

Signature of CEO or Designee¹: _____

Title: Director, Bureau of Mental Health Services

Date Signed: _____

mm/dd/yyyy

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

Footnotes:



STATE OF NEW HAMPSHIRE
OFFICE OF THE GOVERNOR

MARGARET WOOD HASSAN
Governor

August 3, 2015

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

Ms. Simmons:

I delegate authority to the current Bureau Chief and Administrator of the Bureau of Behavioral Health, New Hampshire Department of Health and Human Services, or anyone officially acting in this role in the instance of a vacancy, for all transactions required to administer the Substance Abuse and Mental Health Administration's (SAMHSA) Mental Health Block Grant (MHBG).

With every good wish,

A handwritten signature in black ink that reads "Maggi H" followed by a long horizontal line.

Margaret Wood Hassan
Governor

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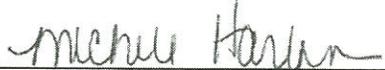
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I also certify that the state or territory will comply with the Assurances Non-Construction Programs and Certifications summarized above.

Name of Chief Executive Officer (CEO) or Designee: Michele A. Harlan

Signature of CEO or Designee¹: 

Title: Director, Bureau of Mental Health Services

Date Signed: 07-12-2016

mm/dd/yyyy

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

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

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

Planning Tables

Table 6b MHBG Non-Direct Service Activities Planned Expenditures

Planning Period Start Date: 7/1/2016 Planning Period End Date: 6/30/2017

Service	Block Grant
MHA Technical Assistance Activities	
MHA Planning Council Activities	\$ 7,500
MHA Administration	\$ 92,000
MHA Data Collection/Reporting	
MHA Activities Other Than Those Above	\$ 8,000
Total Non-Direct Services	\$0
Comments on Data: <input type="text"/>	

Footnotes:

