

# I: State Information

## State Information

### State DUNS Number

Number

80904-5594

Expiration Date

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

Agency Name

Maine Department of Health and Human Services

Organizational Unit

Office of Substance Abuse and Mental Health Services

Mailing Address

41 Anthony Ave

City

Augusta

Zip Code

04333-0011

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

First Name

Sheldon

Last Name

Wheeler

Agency Name

Office of Substance Abuse and Mental Health Services

Mailing Address

41 Anthony Ave

City

Augusta

Zip Code

04333-0011

Telephone

207-287-2595

Fax

207-287-4334

Email Address

sheldon.wheeler@maine.gov

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

From

7/1/2012

To

6/30/2013

### IV. Date Submitted

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

Submission Date

Revision Date

## V. Contact Person Responsible for Application Submission

First Name

Cynthia

Last Name

McPherson

Telephone

207-287-2595

Fax

207-287-9152

Email Address

cynthia.mcpherson@maine.gov

### Footnotes:

State Fiscal Year 7/1/12 to 6/30/13

Email addresses:

Sheldon.Wheeler@maine.gov

Cynthia.McPherson@maine.gov

Table 1 - State Priorities

Number	Title	Description
1	Adults with Severe and Persistent Mental Illness (Content Changed)	Take advantage of the expertise of consumers in developing peer driven, recovery oriented systems of care
2	Adults with Serious and Persistent Mental Illness	Linking Mental Health system with other Behavioral Health and Physical Health care systems.
3	Adults with Severe and Persistent Mental Illness	Enhance Olmstead related activities; particularly focusing on those persons being discharged from institutions such as psychiatric hospitals, jails, prisons, and congregate care environments.
4	Adults with Severe and Persistent Mental Illness (Content Changed)	Support outreach and engagement to underserved populations such as: veterans and families, tribes, racial and ethnic minorities, LGBTQ individuals, and the homeless.
5	Adult with Severe and Persistent Mental Illness (Content Changed)	Support a stable, safe and healthy place to live that reduces stigma.
6	Adults with Severe and Persistent Mental Illness	Understand and inform core elements of Maines implementation of the A.C.A
7	Quality Improvement	<p>Children’s Behavioral Health Services (CBHS) will continue in its role in ensuring quality of services delivered by contracted providers and will be enhancing this work with a standardized process across program areas, including residential, outpatient, case management and home and community based services.</p> <p>CBHS staff will take part in advanced training provided by the Department of Health and Human Services Office of Quality Improvement and the Muskie School of Public Service of the University of Southern Maine. The trainings will address components of quality assurance and quality improvement from the perspective of a state oversight entity and serve to prepare staff to perform this work in greater detail with respect to the anticipated start of a Managed Care Organization in next year. Work will also focus on the use and further development of systems for the recording, reporting and analysis of data, including the state Enterprise Information System (EIS) and the new Maine Integrated Health Management Solution (MIHMS). Staff will be expected to analyze data collected in these systems and also review client charts, agency procedures and quality improvement plans.</p> <p>CBHS staff will also be overseeing the implementation and use of quality improvement outcome measures including the Child and Adolescent Functional Assessment Scale (CAFAS) and the Youth Outcome Questionnaire (Y-OQ). CBHS staff will work to ensure that the tools are utilized in a consistent manner and that providers use the data in their own quality efforts. Staff may be engaged to train providers on the use of the tool and quality reporting aspects.</p>
8	Transition from Youth to Adult Life	<p>Transition has long been recognized as a crucial and, for many, a challenging time in a young person's growth and development. The Maine Children's Cabinet acknowledged this dilemma and identified transition as one of its three priorities under the current Administration.</p> <p>In Maine, the primary focus has been on a young adult's transition from one environment to another, such as from foster care to permanency, or from inpatient psychiatric care back to home and community or from homelessness to safe and supportive housing. While these initiatives are important to assure health and wellness, the work has been more focused on the young person's transition to different systems rather than to successful independent adulthood.</p> <p>Historically, transition age has been considered to be 18, the age a minor becomes legally an adult. Research is showing that transition age is really a phase of emerging adulthood beginning around the ages of 15 or 16 up through age 25. During this phase, the young person explores and experiments with finding pathways to the rights, responsibilities, and expectations of adulthood. The needs of this group are unique, but all the more so if they are homeless, exiting the foster care system or correctional facilities, or trying to manage emotional illness.</p>
		This priority builds on the experience gained from seeing young people participate as peers in Maine’s System of Care Initiative over the past 5 years, hearing them while they speak, recognizing their potential, and celebrating their successes at home and on the national stage. The FY12 priority will be to infuse youth in a leadership role statewide Leadership means moving from voice to active participation and involvement, and personal investment in the future for themselves and for their peers.

9	Youth Leadership	<p>There are presently three youth leadership components in place that will be further developed through opportunities to lead by experience through participation in opportunities that, with the exception of youth involved in the Thrive Initiative, did not exist in prior years.</p> <p>The first is the formal designation of a Youth MOVE chapter in Maine, originating during the formative years from Thrive, which in FY12 will expand and build on development of an infrastructure in Northern Maine. Youth MOVE (Motivating Others through Voices of Experience) is supported through Transformation Initiative resources from the Children’s Community Mental Health Block Grant .</p> <p>The second and third opportunities to further develop youth leadership lie in experiences gained through the training and peer support functions that youth will perform as supports to their peers in the Healthy Transitions Initiative, leading to greater choice and progress toward independence and successful adulthood living for many youth and young adults.</p> <p>The third opportunity is in the creativity young people will bring to the reformation of Thrive as the organization adapts to a changing landscape and mission that will focus on sustaining the excellent work of the past 6 years through strategies that will demand critical thinking and choices that are in touch with the young people who have been such a large part of its success.</p>
10	Trauma Informed System of Care	<p>This Priority addresses the transition of Maine’s Trauma Informed System of Care Initiative, Thrive, as it “turns the corner from superstar to sustainability.”</p> <p>Trauma is pervasive among children, youth and families, especially those involved in public systems. These very same systems serve these trauma survivors often without treating them. Even more significant, systems are unaware of the traumas that these children, youth and families have experienced often because society does not look at behaviors through a trauma lens. It is this lack of awareness that can result in poor outcomes and the likelihood of retraumatizing families.</p> <p>Adverse Childhood Experiences and data collected in Maine by the Thrive Initiative demonstrate that trauma results in poor physical and mental health outcomes. Trauma matters because of the enormous societal cost and the preventability of these poor outcomes. Reconciling the balance between current research and knowledge about effective practices and the implementation of a trauma-informed framework requires a set of policies, practices and community education. Maine, along with other states, has undertaken this shift to become a trauma-informed system of care which focuses on cross system collaboration, training, education, accountability and meaningful family and youth involvement. In Maine the question is no longer, “What is wrong with you?” but instead, “What happened to you?”.</p> <p>The last 6 years have focused on the creation of a Trauma informed Agency Assessment created by families, youth and providers in consultation with Thrive staff. This agency assessment is now a requirement as set forth in contract language for child serving agencies contracting with the Department of Health and Human Services’ Office of Child and Family Services.</p> <p>The Thrive Initiative has created a crosswalk that matches local and national resources to trauma informed domains and establishes best practice guidelines. This crosswalk is administered along with regional and on site trainings on Trauma, Trauma Informed, Youth Guided, Family Driven and Cultural and Linguistic principles and practices. These trainings begin the technical and adaptive process of creating change in an organization. Thrive recognizes that ongoing support outside of an initial training is necessary to sustain change which is why phases of support would be offered that identify and train “trauma informed champions”, creates agency specific strategic plans for becoming trauma informed and assesses change through continuous quality improvement and on site monitoring for those organizations who score with significant challenges.</p> <p>Thrive, in partnership with the Office of Child and Family Services, would track agency change against these system of care trauma informed principles through a re-administration of the Trauma Informed Agency Assessment. The efforts listed above would enhance an already existing system without creating additional services. Ultimately, families and youth would report increased satisfaction, safety, trust, empowerment and collaboration with their treatment providers resulting in improved treatment outcomes.</p>
11	Evidence based practices	<p>In FY12/13 CBHS will continue to support current program and practices already in place that include Functional Family Therapy, Multi Systemic Treatment, Trauma Focused Cognitive Behavioral Treatment and Child and Family Psychotherapy. CBHS staff will also oversee the further development and maintenance of quality of Evidence Based Practices throughout the state, including Multisystemic Therapy, Functional Family Therapy, Trauma Focused Cognitive Behavioral Therapy and Multidimensional Treatment Foster Care. Residential treatment facilities will be the ongoing subject of intensive quality reviews, focusing on facilities, staffing and in particular on clinical interventions and adherence to Evidence Based and Best Practice Parameters.</p> <p>Over the past several years the focused work of the CBHS Evidence Based Practice Advisory Committee, the Thrive Evaluation Committee, the CBHS Medical Director and Director of Clinical Policy and Practice has resulted in an increase of children’s EBP’s that have proven their effectiveness regarding treatment outcomes. Strategies include recognition of and reimbursement for EBP’s and new promising practices through MaineCare policy. The objective is to stimulate a conversion from less effective service delivery and outcomes to new approaches to treatment for specific emotional and behavioral needs of children and youth</p>

12	Statewide Family Organizations	In FY12 CBHS will support the statewide family organizations in thier newly formalized alliance, Maine Alliance of Family Organizations(MAFO). Family voice and choice are critical elements of the present system of care. Each partner provides crucial service with in the various geographical areas of the State.
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footnote:

## II: Annual Report

Table 2 - Priority Area by Goal, Strategy, and Performance Indicator

Priority: Adults with Severe and Persistent Mental Illness

Goal of the priority area:

Increase the Percent of homeless persons with SMI receiving services

Strategies to attain the goal:

Targeted Services to Rural and Homeless Population:

- Continue to develop strategies to accurately portray the numbers of homeless mentally ill who need services in Maine;
- Continue to develop more reliable data that can be used as a baseline for comparison from year to year regarding the homeless population;
- Maintain current level of funding for SAMHS ( Office of Substance Abuse and Mental Health Services ) support for programs that serve homeless mentally ill individuals.

Annual Performance Indicators to measure goal success

Indicator: Adult - Increased Stability in Housing ( 20%)

Description of Collecting and Measuring Changes in Performance Indicator:

Standard data elements within Data Infrastructure Grant.

Achieved: No

Proposed Changes:

Continue to coordinate systems and services through multiple local, state, and federal partners.

Reason Not Achieved:

Despite increases to both Federal and State allocations dedicated to the MH/SA populations for Supported Housing to the homeless, we remain short of this goal From FY12 to FY13 we have increased progress in this measure from 8.6% to 12.5%.

Priority: Adults with Severe and Persistent Mental Illness

Goal of the priority area:

Reduced utilization of state psychiatric inpatient beds.

Strategies to attain the goal:

Development of a Comprehensive Community-Based Adult Mental Health System. The implementation of a new transition initiative at Riverview Psychiatric Center should result in better community integration of discharged patients and lower 180 day readmission rates:

- State will continue to promote recovery based planning for patients including strengthening connections with community providers;
- Foster active involvement of consumers in the planning and delivery of treatment and recovery-based services;
- Ongoing utilization review of admissions and discharges and treatment planning, including readmission data from all hospitals with psychiatric beds.

Annual Performance Indicators to measure goal success

Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 180 days( 21)

Description of Collecting and Measuring Changes in Performance Indicator:

DIG Uniform Reporting System Basic Table 20A.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Adults with Severe and Persistent Mental Illness

Goal of the priority area:

Increase number of adults with SPMI receiving services

Strategies to attain the goal:

Mental Health System Data Epidemiology

- Prepare current FY10 utilization data that represents most components of the adult mental health system.
- Analyze and track specific service utilization through using performance based indicators.
- Identify current trends in service utilization with reference to previous FY08 and FY09 data.
- Commit SAMHS staff to fully participate in the CMHS DIG activities carried out through the DHHS-Office of Quality Improvement.
- Prepare service utilization data related to financial expenditure data in order to inform: Department of Health and Human Services Administration; Executive Department Administration; Relevant legislative committees--Appropriations and Financial Affairs and Health and Human Services.

Annual Performance Indicators to measure goal success

Indicator: Increased Access to Services (12,000)

Description of Collecting and Measuring Changes in Performance Indicator:

DHHS is working through the DIG initiative to develop standard data elements to collect prevalence data in a consistent way. DHHS uses the SAMHSA prevalence figures to establish estimated rates.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Adults with Severe and Persistent Mental Illness

Goal of the priority area:

Promotion and support of evidence-based practices.

Strategies to attain the goal:

Development of a Comprehensive Community-Based Adult Mental Health System:

- State will continue to promote and support evidence based practices by contracting for these services;
- Continue to develop more reliable data regarding evidence based practices that can be used for comparison from year to year;
- Continue to track data regarding utilization, age, gender and ethnicity.
- SAMHS is currently working with Maine Medical Center's Division of Vocational Rehabilitation to provide employment specialists working in conjunction with the Community Service Network system and benefits specialists.
- SAMHS is looking at EBP for co-occurring disorders

Annual Performance Indicators to measure goal success

Indicator: Evidence Based - Adults with SMI Receiving Supported Employment ( 550)

Description of Collecting and Measuring Changes in Performance Indicator:

Contract Performance Reports

Achieved: No

Proposed Changes:

Supported Employment remains a key goal area for SAMHS and is recognized as fundamental to the increased stability, independence, and recovery of persons in the community.

Reason Not Achieved:

Despite growth in Employment overall, the growth in the Denominator of all persons served resulted in a minor reduction of a theth of one percent from FY 12 to FY13, from 5.9% to 5.8%.

Priority: Adults with Severe and Persistent Mental Illness

Goal of the priority area:

Promotion and support of evidence-based practices.

Strategies to attain the goal:

Development of a Comprehensive Community-Based Adult Mental Health System:  
- State will continue to promote and support evidence based practices by contracting for these services;  
- Continue to develop more reliable data regarding evidence based practices that can be used for comparison from year to year.  
- Support the merger of the legacy offices of Substance Abuse and Mental Health.

Annual Performance Indicators to measure goal success

Indicator: Newly created office of Substance Abuse and Mental Health Services will share strengths and methods by and between these formally isolated teams in a new environment focused on four areas: Treatment, Prevention, Intervention, and Recovery

Description of Collecting and Measuring Changes in Performance Indicator:

Roll out of EBPs, including Behavioral Health Homes and increased focus on high utilizers of services.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Quality Improvement

Goal of the priority area:

Increase access for children and youth served by CBHS who receive services that address their behavioral, emotional and mental health issues

Strategies to attain the goal:

Continue to support access to needed services through cost efficient services , excellent management of services necessity and duration , and elimination of geographic barriers to access .

Annual Performance Indicators to measure goal success

Indicator: Total number served according to measure discussed below

Description of Collecting and Measuring Changes in Performance Indicator:

Data includes children whose behavioral health services are identified by Medicaid/ MaineCare procedure codes that represent services appropriate to address the treatment needs of these individual children and youth . The number is reported in URS Basic Table 2A .

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Quality Improvement

Goal of the priority area:

Increase/ maintain Stability of Housing Situation for Children and Youth with social ,emotional or mental health needs

Strategies to attain the goal:

Continue Stability in Housing questions in the OQI annual Survey and track results to see where there are trends over time

Annual Performance Indicators to measure goal success

Indicator: Stability is determined as the percentage of all respondents who have remained in the same place or has moved to a single other place over the year

Description of Collecting and Measuring Changes in Performance Indicator:

Sources of Information : Reported on URS Table 15 from the 2011 Maine Youth & Family Mental Health & Well-being Survey

Measure : Stability is determined as the percentage of all respondents who have remained in the same place or has moved to a single other place over the past year

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Quality Improvement

Goal of the priority area:

Maintain/Improve the percentage of positive client( Children's) outcomes reported in an annual OQI Youth /Family Mental Health & Well Being Survey

Strategies to attain the goal:

Analysis of information in Maine OQI survey which is based on information reported in the YSS/Family survey .

Annual Performance Indicators to measure goal success

Indicator: Percentage of Children/Families reporting Positive Outcomes in OQI Survey

Description of Collecting and Measuring Changes in Performance Indicator:

Source of Information: DIG Uniform Reporting System , Table 11, specific to Questions 1-6 on the OQI

Measure : Denominator: Number of Children/families responding to OQI survey; Numerator: Number of children/families who report positively to the Positive Outcomes of Services ( questions 1-6)

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Quality Improvement

Goal of the priority area:

Reduce recidivism for youth who are incarcerated in one year and who are at risk of re-incarceration in the next year

Strategies to attain the goal:

Data will be reported and analysed on a continuing basis

Annual Performance Indicators to measure goal success

Indicator: Percentage of Youth who do not experience recidivism

Description of Collecting and Measuring Changes in Performance Indicator:

Source of Information: IRS Table 19A. Incarceration data for youth obtained from the Maine Department of Corrections; data analyzed and reported by the Bristol Observatory (Vermont) under contract with the Maine DOC

Achieved: N/A

Proposed Changes:

Reason Not Achieved:

Priority: Evidence based practices

Goal of the priority area:

Decrease percentage of children and youth receiving Therapeutic Foster Care each year

Strategies to attain the goal:

Continue successful efforts to place children and youth from therapeutic foster care setting to more permanent, family like environments while still meeting their behavioral health needs through available community based treatment services. Two proven avenues to accomplish this objective are the Maine Caring Families program( placement with relatives or extended family members) and DHHS adoptive programs where permanency is achieved.

Annual Performance Indicators to measure goal success

Indicator: Actual unduplicated number of children in Therapeutic Foster Care placements during the Fiscal Year served by Child Welfare Services

Description of Collecting and Measuring Changes in Performance Indicator:

Source of information: DHHS Office of Child & Family Services, Child Welfare Services. Numbers are tracked by the OCFS Residential Services Program Manager and are provided by 10 Maine community agencies under contract with DHHS/OCFS offering this service.  
Measure: Measured by the number of children in TFC from Fiscal Year to Fiscal Year divided by the estimated number of children with SED (DIG/URS Table 16)

Achieved: N/A

Proposed Changes:

Reason Not Achieved:

Priority: Evidence based practices

Goal of the priority area:

Maintain /increase percentage of children and youth receiving Multi-Systemic Therapy

Strategies to attain the goal:

Continue to support the development , implementation and sustainability of MST EBP's for Maine children. This EBP is funded by MaineCare Children's Home and Community Based Treatment (Section 65)

Annual Performance Indicators to measure goal success

Indicator: Unduplicated Numbers served under MST by community providers

Description of Collecting and Measuring Changes in Performance Indicator:

Source of Information : Numbers in service are obtained from Tri-County Mental Health Services and Kennebec Behavioral Health Services, estimate of SED estimate provided by Maine Data Infrastructure Program for current fiscal year (Table 16)

Measure: number served under MST divided by the estimated number of children with SED

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Evidence based practices

Goal of the priority area:

Maintain or Increase number of Evidence Based Practices (EBP) in the State

Strategies to attain the goal:

Maintain current provider of EBP and increase the number of locations in which EBP is available to children and youth , within the parameters of legislative appropriation and Medicaid/Maine Care rules allowing for higher rate of reimbursement for providers delivering EBP with fidelity.

Annual Performance Indicators to measure goal success  
Indicator:            Number is from 0 to 3

Description of Collecting and Measuring Changes in Performance Indicator:  
Source of Information : Community agencies contracting for these services.  
Measure: Count 1 each for : Therapeutic Foster Care; MultiSystemic Therapy ;Functional Family Therapy

Achieved:            Yes

Proposed Changes:

Reason Not Achieved:

Priority:            Evidence based practices  
Goal of the priority area:

Maintain the number and percentage of children and youth receiving Functional Family Therapy at current levels

Strategies to attain the goal:

Continue to support the development, implementation and sustainability of FFT EBP's for Maine children. This EBP is funded by MaineCare Children's Home & Community Based Treatment (Section 65)

Annual Performance Indicators to measure goal success

Indicator: Unduplicated number served under FFT by community providers

Description of Collecting and Measuring Changes in Performance Indicator:

Source of information: Numbers in services is obtained from Catholic Charities and the Spurwink School; estimate of SED is provided by Maine Data Infrastructure Program for current fiscal year (DIG/URS Table 16)

Measure: Number served under FFT divided by the estimated number of children with SED

Achieved: No

Proposed Changes:

Determine what is affecting the high rate of clinician turnover and employ strategies to strengthen staff retention .

Reason Not Achieved:

Catholic Charities Me reports 159 children received FFT services

Spurwink reports 86 children received FFT services

SED: 9035. % Attained 2.70.

Decrease services due to loss of clinicians. SED # increase 9.2 % from FY12#. Decrease services due to loss of 4 clinicians. SED # increase 9.2 % from FY12 #.

Footnotes:

### III: State Agency Expenditure Reports

Table 9 - Maintenance of Effort for State Expenditures on Mental Health Services

Total Expenditures for SMHA		
Period (A)	Expenditures (B)	<u>B1(2011) + B2(2012)</u> 2 (C)
SFY 2011 (1)	\$93,572,727	
SFY 2012 (2)	\$110,663,093	\$102,117,910
SFY 2013 (3)	\$114,745,687	

Are the expenditure amounts reported in Column B "actual" expenditures for the State fiscal years involved?

SFY 2011	Yes	<u>X</u>	No	_____
SFY 2012	Yes	<u>X</u>	No	_____
SFY 2013	Yes	<u>X</u>	No	_____

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA: \_\_\_\_\_

footnote:

### III: State Agency Expenditure Reports

Table 10 - Report on Set-aside for Children's Mental Health Services

State Expenditures for Mental Health Services		
Actual SFY 2008	Actual SFY 2012	Estimated/Actual SFY 2013
\$28,903,388	\$50,136,863	\$52,948,610

States are required to not spend less than the amount expended in Actual SFY 2008. This is a change from the previous year, when the baseline for the state expenditures was 1994.

footnote:



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

**Grant Number:** 2B09SM010025-14

**FAIN:** SM010025-14

**Contact Person:**  
Sheldon Wheeler

**Program:** Block Grants for Community Mental Health Services

MAINE STATE DEPT/HEALTH/HUMAN SERVS  
Sheldon Wheeler  
Substance Abuse and Mental Health Services  
# 11 Station House Station  
Augusta, ME 043330011

**Award Period:** 10/01/2013 – 09/30/2015

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$409,561 (see "Award Calculation" in Section I) to MAINE STATE DEPT/HEALTH/HUMAN SERVS 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,

Virginia Simmons  
Grants Management Officer  
Division of Grants Management

See additional information below

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**SECTION I – AWARD DATA – 2B09SM010025-14**

**FEDERAL FUNDS APPROVED:** \$1,638,242  
**AMOUNT OF THIS ACTION (FEDERAL SHARE):** \$409,561  
**CUMULATIVE AWARDS TO DATE:** \$409,561  
**UNAWARDED BALANCE OF CURRENT YEAR'S FUNDS:** \$1,228,681

**Fiscal Information:**

**CFDA Number:** 93.958  
**EIN:** 1016000001A7  
**Document Number:** 14B1MECMHS  
**Fiscal Year:** 2014

IC	GAN	14
SM	C96C073	\$409,561

**PCC: CMHS / OC: 4115**

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**SECTION II – PAYMENT/HOTLINE INFORMATION – 2B09SM010025-14**

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.

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**SECTION III – TERMS AND CONDITIONS – 2B09SM010025-14**

- 1) 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.
- 2) Funds awarded under this grant must be obligated and expended by September 30, 2015.
- 3) None of the funds provided under this grant may be used to pay the salary of an individual at a rate in excess of Level II of the Executive Schedule.
- 4) This award is made under the condition that the State will comply with 45 CFR Part 96 and any revisions to such regulations.
- 5) Restrictions on Grantee Lobbying - Appropriations Act Section 503
  - (a) No part of any appropriation contained in this Act shall be used, other than for formal and recognized executive legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet publication, radio television, or video

presentation designed to support or defeat legislation pending before the Congress, except in presentation to the Congress itself or any State legislature, except in presentation to the Congress or any State legislative body itself.

(b) No part of any appropriation contained in this Act shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any State legislature.

6) Grantees shall submit a Federal Financial Report (SF 425) by December 31, 2015 which is 90 days after the end of the obligation and expenditure period of this grant. The SF-425 shall report total funds obligated and total funds expended by the grantee. The grantee shall note the date of the last obligation and the date of the last expenditure in Remarks Section of the SF-425.

7) This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <http://samhsa.gov/grants/trafficking.aspx>.

8) The Federal Government is working under a Continuing Resolution until January 15, 2014. This award reflects first quarter funding of the FY2013 allocation. Upon passing a final FY2014 Federal budget the allocation amount may increase, decrease or remain the same.

9) The State Project Officer for this award may be reached on 240-276-1760. The Grants Management Specialist, Wendy Pang may be contacted on 240-276-1419.