



Recipient Information	Federal Award Information																										
<p><b>1. Recipient Name</b>            HEALTH CARE AUTHORITY            626 8TH AVENUE SE             OLYMPIA, WA 98501</p> <p><b>2. Congressional District of Recipient</b>            10</p> <p><b>3. Payment System Identifier (ID)</b>            1911412780A1</p> <p><b>4. Employer Identification Number (EIN)</b>            911412780</p> <p><b>5. Data Universal Numbering System (DUNS)</b>            007207571</p> <p><b>6. Recipient's Unique Entity Identifier</b></p> <p><b>7. Project Director or Principal Investigator</b>            Keri Waterland             keri.waterland@hca.wa.gov</p> <p><b>8. Authorized Official</b></p>	<p><b>11. Award Number</b>            6B09SM083829-01M001</p> <p><b>12. Unique Federal Award Identification Number (FAIN)</b>            B09SM083829</p> <p><b>13. Statutory Authority</b>            Subparts I&amp;III,B,Title XIX,PHS Act/45 CFR Part96</p> <p><b>14. Federal Award Project Title</b>            Block Grants for Community Mental Health Services</p> <p><b>15. Assistance Listing Number</b>            93.958</p> <p><b>16. Assistance Listing Program Title</b>            Block Grants for Community Mental Health Services</p> <p><b>17. Award Action Type</b>            Amendment</p> <p><b>18. Is the Award R&amp;D?</b>            No</p>																										
<p><b>Federal Agency Information</b></p> <p><b>9. Awarding Agency Contact Information</b>            Wendy Pang            Grants Management Specialist            Center for Mental Health Services            wendy.pang@samhsa.hhs.gov            (240) 276-1419</p> <p><b>10. Program Official Contact Information</b>            Steven Dettwyler             Center for Mental Health Services            Steven.Dettwyler@samhsa.hhs.gov            240-276-0311</p>	<table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr style="background-color: #e1eef6;"> <th colspan="2" style="text-align: center; padding: 5px;">Summary Federal Award Financial Information</th> </tr> </thead> <tbody> <tr style="background-color: #e1eef6;"> <td colspan="2" style="padding: 5px;"><b>19. Budget Period Start Date 10/01/2020 – End Date 09/30/2022</b></td> </tr> <tr> <td style="padding: 5px;"><b>20. Total Amount of Federal Funds Obligated by this Action</b></td> <td style="text-align: right; padding: 5px;">\$13,559,114</td> </tr> <tr> <td style="padding: 5px;">    20 a. Direct Cost Amount</td> <td style="text-align: right; padding: 5px;">\$13,559,114</td> </tr> <tr> <td style="padding: 5px;">    20 b. Indirect Cost Amount</td> <td style="text-align: right; padding: 5px;">\$0</td> </tr> <tr> <td style="padding: 5px;"><b>21. Authorized Carryover</b></td> <td></td> </tr> <tr> <td style="padding: 5px;"><b>22. Offset</b></td> <td></td> </tr> <tr> <td style="padding: 5px;"><b>23. Total Amount of Federal Funds Obligated this budget period</b></td> <td style="text-align: right; padding: 5px;">\$13,559,114</td> </tr> <tr> <td style="padding: 5px;"><b>24. Total Approved Cost Sharing or Matching, where applicable</b></td> <td style="text-align: right; padding: 5px;">\$0</td> </tr> <tr> <td style="padding: 5px;"><b>25. Total Federal and Non-Federal Approved this Budget Period</b></td> <td style="text-align: right; padding: 5px;">\$13,559,114</td> </tr> <tr> <td colspan="2" style="padding: 5px;">-----</td> </tr> <tr style="background-color: #e1eef6;"> <td colspan="2" style="padding: 5px;"><b>26. Project Period Start Date 10/01/2020 – End Date 09/30/2022</b></td> </tr> <tr> <td style="padding: 5px;"><b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b></td> <td style="text-align: right; padding: 5px;">\$16,726,128</td> </tr> </tbody> </table> <p><b>28. Authorized Treatment of Program Income</b>            Additional Costs</p> <p><b>29. Grants Management Officer - Signature</b>            Odessa Crocker</p>	Summary Federal Award Financial Information		<b>19. Budget Period Start Date 10/01/2020 – End Date 09/30/2022</b>		<b>20. Total Amount of Federal Funds Obligated by this Action</b>	\$13,559,114	20 a. Direct Cost Amount	\$13,559,114	20 b. Indirect Cost Amount	\$0	<b>21. Authorized Carryover</b>		<b>22. Offset</b>		<b>23. Total Amount of Federal Funds Obligated this budget period</b>	\$13,559,114	<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	\$0	<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	\$13,559,114	-----		<b>26. Project Period Start Date 10/01/2020 – End Date 09/30/2022</b>		<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b>	\$16,726,128
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MHBG  
Department of Health and Human Services  
Substance Abuse and Mental Health Services Administration

Notice of Award

**Issue Date:** 02/03/2021

Center for Mental Health Services

**Award Number:** 6B09SM083829-01M001

**FAIN:** B09SM083829-01

**Contact Person:** Keri Waterland

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

HEALTH CARE AUTHORITY  
626 8TH AVENUE SE

OLYMPIA, WA 98501

**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 \$13,559,114 (see “Award Calculation” in Section I) to HEALTH CARE AUTHORITY 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

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**SECTION I – AWARD DATA – 6B09SM083829-01M001**

**FEDERAL FUNDS APPROVED:** \$16,726,128  
**AMOUNT OF THIS ACTION (FEDERAL SHARE):** \$13,559,114  
**CUMULATIVE AWARDS TO DATE:** \$16,726,128  
**UNAWARDED BALANCE OF CURRENT YEAR’S FUNDS:** \$0

**Fiscal Information:**

**CFDA Number:** 93.958  
**EIN:** 1911412780A  
1  
**Document Number:** 21B1WACM HS  
**Fiscal Year:** 2021

IC	CAN	01
SM	C96J610	\$13,559,114

**PCC: CMHS / OC: 4115**

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**SECTION II – PAYMENT/HOTLINE INFORMATION – 6B09SM083829-01M001**

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.

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 – 6B09SM083829-01M001****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 FINANCIAL 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).

**Guidance for the revision of the FY 2020-2021 for the Mental**

## 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

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