Marshall Islands

UNIFORM APPLICATION
FY 2024/2025 Only ApplicationBehavioral Health Assessment and Plan

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 06/15/2023 - Expires 06/30/2026
(generated on 11/20/2024 9.10.12 AM)

Center for Mental Health Services
Division of State and Community Systems Development

State Information

State Information

Plan Year

Start Year	2025
End Year	2026

State Unique Entity Identification

Unique Entity ID	SD96AMWETGC8

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

Agency Name	Ministry of Health & Human Services
Organizational Unit	Bureau of Human Services
Mailing Address	P.O. Box 16, Ministry of Health & Human Services
City	Majuro
Zip Code	96960

II. Contact Person for the Grantee of the Block Grant

First Name	Francyne
Last Name	Wase-Jacklick
Agency Name	Ministry of Health & Human Services
Mailing Address	P.O. Box 16 Delap Amata Road
City	Majuro
Zip Code	96960
Telephone	
Fax	
Email Address	fjacklick@rmihealth.org

III. Third Party Administrator of Mental Health Services

Do you have a third party administrator? ○ Yes ◉ No

First Name	
Last Name	
Agency Name	
Mailing Address	
City	
Zip Code	
Telephone	
Fax	
Email Address	

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

From	
To	

V. Date Submitted

Submission Date	9/3/2024 11:56:25 PM
Revision Date	10/18/2024 7:38:47 AM

VI. Contact Person Responsible for Application Submission

First Name	Stacy
Last Name	Anmontha

Telephone 692-456-8456
Fax
Email Address sanmontha@rmihealth.org

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

State Information

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

Fiscal Year 2025

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
Tile 42, Chapter 6A, Subchapter XVII of the United States Code

Title XIX, Part B, Subpart II of the Public Health Service Act		
Section	**Title**	**Chapter**
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**
Section 1920	Early Serious Mental Illness	**42 USC § 300x-9**
Section 1920	Crisis Services	**42 USC § 300x-9**
Title XIX, Part B, Subpart III of the Public Health Service Act		
Section	**Title**	**Chapter**
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

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 19 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, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Costal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to

State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 2 CFR part 180, and its principals:

a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds $25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
   a. Checking the Exclusion Extract located on the System for Award Management (SAM) at **http://sam.gov [sam.gov]**
   b. Collecting a certification statement similar to paragraph (a)
   c. Inserting a clause or condition in the covered transaction with the lower tier contract

2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work-place in accordance with 2 CFR Part 182by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
b. Establishing an ongoing drug-free awareness program to inform employees about--
   1. The dangers of drug abuse in the workplace;
   2. The grantee's policy of maintaining a drug-free workplace;
   3. Any available drug counseling, rehabilitation, and employee assistance programs; and
   4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
   1. Abide by the terms of the statement; and
   2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
   1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
   2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

3. Certifications Regarding Lobbying

Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. 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.

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA) (31 U.S.C § 3801- 3812)

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 Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. 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, daycare, 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.

By signing the certification, the undersigned 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 subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health 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 PHS mission to protect and advance the physical and mental health of the American people.

HHS Assurances of Compliance (HHS 690)

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.

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: _____

Signature of CEO or Designee[1]: _____

Title: _____ Date Signed: _____

mm/dd/yyyy

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

Please upload your state's Bipartisan Safer Communities Act (BSCA) – 3rd allotment proposal to here in addition to other documents. You may also upload it in the attachments section of this application.

Based on the guidance issued on October 11th, 2022, please submit a proposal that includes a narrative describing how the funds will be used to help individuals with SMI/SED, along with a budget for the total amount of the third allotment. The proposal should also explain any new projects planned with the third allotment and describe ongoing projects that will continue with the third allotment. The performance period for the third allotment is from September 30th, 2024, to September 29th, 2026, and the proposal should be titled "BSCA Funding Plan 2025". The proposed plans are due to SAMHSA by September 1, 2024.

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

State Information

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

Fiscal Year 2025

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
Tile 42, Chapter 6A, Subchapter XVII of the United States Code

Title XIX, Part B, Subpart II of the Public Health Service Act		
Section	**Title**	**Chapter**
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
Section 1920	Early Serious Mental Illness	42 USC § 300x-9
Section 1920	Crisis Services	42 USC § 300x-9
Title XIX, Part B, Subpart III of the Public Health Service Act		
Section	**Title**	**Chapter**
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

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 19 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, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Costal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to

State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 2 CFR part 180, and its principals:

a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds $25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:

   a. Checking the Exclusion Extract located on the System for Award Management (SAM) at **http://sam.gov [sam.gov]**

   b. Collecting a certification statement similar to paragraph (a)

   c. Inserting a clause or condition in the covered transaction with the lower tier contract

2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work-place in accordance with 2 CFR Part 182by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;

b. Establishing an ongoing drug-free awareness program to inform employees about--

   1. The dangers of drug abuse in the workplace;
   2. The grantee's policy of maintaining a drug-free workplace;
   3. Any available drug counseling, rehabilitation, and employee assistance programs; and
   4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;

d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--

   1. Abide by the terms of the statement; and
   2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?

   1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
   2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

3. Certifications Regarding Lobbying

Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. 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.

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA) (31 U.S.C § 3801- 3812)

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 Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. 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, daycare, 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.

By signing the certification, the undersigned 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 subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health 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 PHS mission to protect and advance the physical and mental health of the American people.

HHS Assurances of Compliance (HHS 690)

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.

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: Jurcyn Wase-Jack/CC

Signature of CEO or Designee[1]:

Title: Secretary of Health & Human Services

Date Signed: 08/20/2024 (mm/dd/yyyy)

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

Please upload your state's Bipartisan Safer Communities Act (BSCA) – 3rd allotment proposal to here in addition to other documents. You may also upload it in the attachments section of this application.

Based on the guidance issued on October 11th, 2022, please submit a proposal that includes a narrative describing how the funds will be used to help individuals with SMI/SED, along with a budget for the total amount of the third allotment. The proposal should also explain any new projects planned with the third allotment and describe ongoing projects that will continue with the third allotment. The performance period for the third allotment is from September 30th, 2024, to September 29th, 2026, and the proposal should be titled "BSCA Funding Plan 2025". The proposed plans are due to SAMHSA by September 1, 2024.

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

RMI Revised BSCA Plan

The Republic of the Marshall Islands Behavioral Health team is proposing that the BSCA supplemental fund of $11,533 be used to enhance the current crisis services for the RMI.

The current RMI situation is that the Behavioral Health team is very limited in staff with a total of four nurses rotating shifts 24/7 to assure presence of a staff all the time in our crisis stabilization units. The same nurses also do the mobile crisis responses, community outreach, and follow-ups with patients and families. The nurses run the daily psychiatric out-patient clinics as well.

To provide better support and coverage for our crisis services, the BSCA fund will be utilized to hire a part-time peer support staff/crisis stabilization unit staff with the wage of $4.99 hour. Having the extra staff in the team to support our nurses and assist our patients will greatly improve the overall experience of the crisis services provided to mental health patients and substance use patients.

The Behavioral health team had a proposed use of the ARPA supplemental fund to hire and train crisis staff to cover all three areas of the crisis team: call center, mobile team, stabilization unit team. It would still be a benefit to have the BSCA assimilate at least a support staff to share the work load and at times take the on-call shifts to look after the patients in acute crisis.

As required, the program is hopeful to take the 10% of the fund or $1,134.60 to support our FEP/ESMI programs. Making use of our 10 newly hired community mental health workers, the set aside will be specifically be expended to enhance our community mental health care which is one of the three evidence-based modules for early intervention. In the RMI, FEP is commonly misperceived as a result of evil spell or consequences of wrong doings or result of substance abuse. For that, people with FEP are usually sent to local healers and are kept at home for many years before they are

seen by the mental health team. In general, the duration of untreated psychosis (DUP) is roughly 5-10 years, sometimes more than that and so prognosis is poor. The 10% set aside will specifically be spent on training of the community health workers to enhance the community behavioral health care for individuals with FEP/ESMI. Following the training for the CHWs, they will have weekly visits to individuals of FEP/ESMI and they will also provide family counseling and psychoeducational interventions for the caregivers of the patients of FEP/ESMI.

Activity	**Budget**
Peer Support/Crisis Stabilization Unit Staff	$10,379.70
10% Set-aside for ESMI/FEP	$1,153.30
Total	$11,533.00

President

REPUBLIC OF THE MARSHALL ISLANDS

16 September 2024

Tom Coderre
Assistant Secretary
Substance Abuse and Mental Health Services Administration
US Department of Health and Human Services
5600 Fishers Lane
Rockville, MD 20857

Dear Assistant Secretary Coderre,

In recognition of the importance of our partnership with SAMHSA, I am officially designating the Secretary of the Ministry of Health and Human Services (MOHHS) as the Governor's Designee and Authorized Signatory for all Federally Mandated Certificates, Assurances, and Funding Agreements related to SAMHSA. This includes Federal block and discretionary grant applications for the Marshall Islands, as well as all existing Federal programs that fall under the scope of RMI MOHHS.

While I hold each member of my Cabinet accountable for working closely with their respective Secretaries, it is in this case that I delegate this authority specifically to the Secretary of Health & Human Services. I have entrusted the Secretary with the responsibility to ensure that all programs align with our national priorities and adhere to Federal rules and regulations. Through close collaboration with the MOHHS team, they will manage program and policy development, monitor performance, and ensure fiscal accountability in the administration of Federal funds.

It is my expectation that this delegation supports the smooth and efficient operation of critical health services and programs for our people. However, I also reserve the right to review and sign off on all new Federal programs to ensure that their objectives align with the broader policies of my administration. Should any amendments arise within the terms and conditions of existing grants, those changes will similarly require my signature to ensure continued alignment with our national agenda.

This delegation reflects my trust in the Ministry's leadership and the critical work we are doing together for the health and well-being of the people of the Marshall Islands.

Respectfully,

Hilda C. Heine
President

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

Stacy Anmontha

Title

Director

Organization

Ministry of Health

Signature: Date:

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

Planning Tables

Table 2 State Agency Planned Expenditures

Table 2 addresses funds to be expended during the 12-month period covering SFY 2025 (for most states, July 1, 2024 through June 30, 2025). Table 2 includes columns to capture state expenditures for COVID-19 Relief Supplemental funds, ARP funds, and BSCA funds. Please use these columns to capture how much the state plans to expend over the 12-month period covering SFY 2025 (for most states, July 1, 2024 - June 30, 2025). Please document the use of COVID-19 Relief Supplemental, ARP, and BSCA funds in the footnotes.

Planning Period Start Date: 6/30/2024 Planning Period End Date: 6/29/2025

Activity (See instructions for using Row 1.)	Source of Funds										
	A. SUPTRS BG	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	H. COVID-19 Relief Funds (MHBG)[a]	I. COVID-19 Relief Funds (SUPTRS)[a]	J. ARP Funds (MHBG)[b]	K. BSCA Funds (MHBG)[c]
1. Substance Use Prevention and Treatment											
a. Pregnant Women and Women with Dependent Children											
b. Recovery Support Services											
c. All Other											
2. Primary Prevention											
a. Substance Use Primary Prevention											
b. Mental Health Prevention[dd]											
3. Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis (10 percent of total award MHBG)[ee]		$30,329.70		$17,500.00	$5,250.00			$24,182.30		$80,462.30	$1,153.30
4. Other Psychiatric Inpatient Care											
5. Tuberculosis Services											
6. Early Intervention Services for HIV											
7. State Hospital					$15,000.00						
8. Other 24-Hour Care										$55,000.00	
9. Ambulatory/Community Non-24 Hour Care		$243,036.45		$76,025.00				$205,549.55		$50,000.00	
10. Crisis Services (5 percent set-aside)[fg]		$15,164.85		$8,750.00				$12,091.15		$211,347.00	$10,379.70
11. Administration (excluding program/provider level) MHBG and SUPTRS BG must be reported separately[gf]		$14,766.00		$72,725.00						$20,884.70	
12. Total	**$0.00**	**$303,297.00**	**$0.00**	**$175,000.00**	**$20,250.00**	**$0.00**	**$0.00**	**$241,823.00**	**$0.00**	**$417,694.00**	**$11,533.00**

[a]The original expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 - March 14, 2023**. But states that have an approved 2nd NCE will have until March 14, 2025 to expend their COVID funds. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

[b]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the standard MHBG expenditures captured in Columns A-G are for the state planned expenditure period of July 1, 2024 - June 30, 2025, for most states. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

[c]The expenditure period for the 2nd and 3rd allotments of the Bipartisan Safer Communities Act (BSCA) funding is **September 30, 2023 – September 29, 2025 (2nd increment) and the September 30, 2024 – September 29, 2026 (3rd increment)**. For most states the planned expenditure period for FY2025 will be July 1, 2024, through June 30, 2025. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

[d]While the state may use state or other funding for prevention services, the MHBG funds must be directed toward adults with SMI or children with SED.

[e]Column 3 should include Early Serious Mental Illness programs funded through MHBG set aside.

[f]Row 10 should include Behavioral Health Crisis Services (BHCS) programs funded through different funding sources, including the MHBG set aside. States may expend more than 5 percent of their MHBG allocation.

[g]Per statute, administrative expenditures cannot exceed 5% of the fiscal year award.

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

Planning Tables

Table 6 Non-Direct Services/System Development

Please enter the total amount of the MHBG, COVID-19, ARP or BSCA funds expended for each activity.

MHBG Planning Period Start Date: 06/30/2024 MHBG Planning Period End Date: 06/29/2025

Activity	FY 2024 Block Grant	FY 2024[1] COVID Funds	FY 2024[2] ARP Funds	FY 2024[3] BSCA Funds	FY 2025 Block Grant	FY 2025[1] COVID Funds	FY 2025[2] ARP Funds	FY 2025[3] BSCA Funds
1. Information Systems	$5,000.00				$2,500.00			
2. Infrastructure Support	$20,000.00				$10,000.00			
3. Partnerships, community outreach, and needs assessment	$40,000.00				$20,000.00			
4. Planning Council Activities (MHBG required, SUPTRS BG optional)	$30,000.00				$15,000.00			
5. Quality Assurance and Improvement	$20,000.00				$10,000.00			
6. Research and Evaluation	$10,000.00				$5,000.00			
7. Training and Education	$10,000.00			$11,346.00	$5,000.00			$5,673.00
8. Total	$135,000.00	$0.00	$0.00	$11,346.00	$67,500.00	$0.00	$0.00	$5,673.00

[1] The original expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 - March 14, 2023**. But states that have an approved 2nd NCE will have until **March 14, 2025** to expend their COVID funds. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

[2] The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the standard MHBG expenditures captured in Columns A - G are for the state planned expenditure period of July 1, 2024 - June 30, 2025, for most states. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

[3] The expenditure period for the 2nd and 3rd allotments of the Bipartisan Safer Communities Act (BSCA) funding is **September 30, 2023 - September 29, 2025** (2nd increment) and the **September 30, 2024 – September 29, 2026** (3rd increment).For most states the planned expenditure period for FY2025 will be **July 1, 2024**, through **June 30, 2025**. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

Environmental Factors and Plan

15. Crisis Services – Required for MHBG, Requested for SUPTRS BG

Narrative Question

Substance Abuse and Mental Health Services Administration (SAMHSA) is directed by Congress to set aside 5 percent of the Mental Health Block Grant (MHBG) allocation for each state to support evidence-based crisis systems. The statutory language outlines the following for the 5 percent set-aside:

> *....to support evidenced-based programs that address the crisis care needs of individuals with serious mental illnesses and children with serious emotional disturbances, which may include individuals (including children and adolescents) experiencing mental health crises demonstrating serious mental illness or serious emotional disturbance, as applicable.*
>
> *CORE ELEMENTS: At the discretion of the single State agency responsible for the administration of the program, the funds may be used to expend some or all of the core crisis care service components, as applicable and appropriate, including the following:*
>
> - *Crisis call centers*
> - *24/7 mobile crisis services*
> - *Crisis stabilization programs offering acute care or subacute care in a hospital or appropriately licensed facility, as determined by such State, with referrals to inpatient or outpatient care.*
>
> *STATE FLEXIBILITY: In lieu of expanding 5 percent of the amount the State receives pursuant to this section for a fiscal year to support evidence based programs as required a State may elect to expend not less than 10 percent of such amount to support such programs by the end of two consecutive fiscal years.*

A crisis response system will have the capacity to prevent, recognize, respond, de-escalate, and follow-up from crises across a continuum, from crisis planning, to early stages of support and respite, to crisis stabilization and intervention, to post-crisis follow-up and support for the individual and their family. SAMHSA expects that states will build on the emerging and growing body of evidence for effective community-based crisis-intervention and response systems. Given the multi-system involvement of many individuals with M/SUD issues, the crisis system approach provides the infrastructure to improve care coordination, stabilization service to support reducing distress, promoting skill development and outcomes, manage costs, and better invest resources.

SAMHSA developed **Crisis Services: Meeting Needs, Saving Lives**, which includes "**National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit**" as well as an **Advisory: Peer Support Services in Crisis Care** and other related National Association of State Mental Health Programs Directors (NASMHPD) papers on crisis services. SAMHSA also developed "**National Guidelines for Child and Youth Behavioral Health Crisis Care**" which offers best practicies, implementation strategies, and practical guidance for the design and development of services that meet the needs of children, youth and their families experiencing a behavioral health crisis. 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.

1. Briefly narrate your state's crisis system. For all regions/areas of your state, include a description of access to the crisis call centers, availability of mobile crisis and behavioral health first responder services, utilization of crsis receiving and stabilization centers.

The Republic of the Marshall Islands (RMI) faces significant challenges in its crisis response system, especially in the areas of mental health and behavioral health services. As a small island nation in the Pacific, the country has limited healthcare infrastructure, and its resources for addressing mental health crises are underdeveloped compared to more resourced countries.

Crisis Call Centers

Currently, the Republic of the Marshall Islands lacks a dedicated crisis call center with specialized mental health services. For now, the crisis hotline is 988. This number is using for emergency. People in the state can dial 988 for any behavioral health crisis and the on-call nurse and on-call doctor will be the crisis call center staff receiving the information and communicating with individuals or families. They are also responsible to coordinate with Police or EMT if the crisis needs the other parties. Behavioral health staff then travel to visit as the crisis mobile team. If there is safety concern, the Police are informed to be partners in the response. When the patient is assessed and brought to the facility, they can be admitted voluntarily or involuntarily. Up to a maximum of three months in the facility, once discharged, the behavioral health team connects with them on subsequent community follow-up and the discharge individuals are added to the community follow-up list of patients.

Mobile Crisis and Behavioral Health First Responder Services
Mobile crisis units or dedicated behavioral health first responders are available in the Marshall Islands. In emergency situations, if there is safety concern, the Police are informed to be partners in the response. When the patient is assessed and brought to the facility, they can be admitted voluntarily or involuntarily. Up to a maximum of three months in the facility, once discharged, the behavioral health team connects with them on subsequent community follow-up and the discharge individuals are added to the community follow-up list of patients. Local law enforcement or basic medical teams may be dispatched, but these responders typically do not have specific training for dealing with mental health crises. This gap means that those experiencing behavioral health crises may be inadequately supported in the field, often leading to hospitalizations or other inadequate interventions.

Crisis Receiving and Stabilization Centers
The Republic of the Marshall Islands now utilizing the Crisis and Stabilization Centers. The only major Crisis ward is here on Majuro, the Capitol City, which provide mental health care. As a result, those experiencing a mental health crisis are referred to the crisis and stabilization unit.

2. In accordance with the guidelines below, identify the stages where the existing/proposed system will fit in.

*a) The **Exploration** 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 comes up with a plan and the state begins making the changes necessary to implement the crisis services based on the SAMHSA guidance. This includes coordination, training and community outreach and education activities.*
*c) **Initial Implementation** stage: occurs when the state has the three-core crisis services implemented and agencies begin to put into practice the SAMHSA guidelines.*
*d) **Full Implementation** stage: occurs once staffing is complete, services are provided, and funding streams are in place.*
*e) **Program Sustainability** stage: occurs when full implementation has been achieved, and quality assurance mechanisms are in place to assess the effectiveness and quality of the crisis services.*

Other program implementation data that characterizes crisis services system development.
1. Someone to talk to: Crisis Call Capacity
- *a. Number of locally based crisis call Centers in state*
  - *i. In the 988 Suicide and Crisis lifeline network*
  - *ii. Not in the suicide lifeline network*
- *b. Number of Crisis Call Centers with follow up protocols in place*
- *c. Percent of 911 calls that are coded as BH related*

2. Someone to respond: Number of communities that have mobile behavioral health crisis mobile capacity (in comparison to the toal number of communities)
- *a. Independent of first responder structures (police, paramedic, fire)*
- *b. Integrated with first responder structures (police, paramedic, fire)*
- *c. Number that employs peers*

3. Safe place to go or to be:
- *a. Number of Emergency Departments*
- *b. Number of Emergency Departments that operate a specialized behavioral health component*
- *c. Number of Crisis Receiving and Stabilization Centers (short term, 23-hour units that can diagnose and stabilize individuals in crisis)*

a. Check one box for each row indicating state's stage of implementation

	Exploration Planning	Installation	Early Implementation Less than 25% of counties	Partial Implementation About 50% of counties	Majority Implementation At least 75% of counties	Program Sustainment
Someone to talk to	☐	☑	☐	☐	☐	☐
Someone to respond	☐	☐	☑	☐	☐	☐
Safe place to go or to be	☐	☐	☐	☐	☑	☐

b. Briefly explain your stages of implementation selections here.

For the "someone to talk to" we are currently in installation. We have secured the 988 line which connects directly to the office line specified for crisis and if after hour, the line connects to two cell phones of the nurse and doctor on call. However, it is still installation because the big plan needs to have full time staff that are part of the crisis team who are trained to respond to phone calls, emails, messenger, and other social media. The doctor on-call and nurse on-call may have other schedules in place during the day and not timely respond to crisis calls. For that, we are still very much early in the installation zone.
For "someone to respond", the RMI has been relying heavily on Police but gradually the Behavioral health team is taking over the respond responsibility and doing most of crisis responses lately. Police are stepping aside unless there is physical danger or aggressiveness, then they are involved in the response. It is still in early implementation as we are still talking about the on-call nurse and on-call doctor responding to crisis in

the communities and this is unnecessary and unacceptable. The objective is to have staff who are full-time crisis officers who respond and do the initial assessment and talks with the patient and families. Only those that require the stabilization services will be brought to the doctor and the nurse, but in the long run, most of it will be deescalated and stabilized by crisis staff in the community.
For "safe place to go to", The RMI has completed and opened the crisis stabilization facility earlier this year and since February, it has been full that patients are released on "leave of absence" when they are still partially recovered because the rooms are needed for more acute patients that need the support more. And although the facility is operational and manned for the past 10 months, we are at 75% because once admitted, it is still the only doctor and the nurse on-call that are available to provided that support to the patients in crisis. The RMI need to hire peer support staff, counselors, and crisis staff to provide that presence and support for every individual admitted in crisis for our care.

3. Based on SAMHSA's National Guidelines for Behavioral Health Crisis Care, explain how the state will develop the crisis system.

The Republic of the Marshall Islands (RMI) plans to develop its crisis system based on SAMHSA's National Guidelines for Behavioral Health Crisis Care through a phased and adaptive approach, focusing on the three core components outlined in the guidelines: Crisis Call Centers, Mobile Crisis Teams, and Crisis Receiving and Stabilization Centers. Here's how RMI intends to develop its crisis system:

1. Crisis Call Centers
SAMHSA emphasizes the importance of a centralized, 24/7 crisis call center as a core component of an effective crisis response system. RMI's plan includes:
Establishing a National Crisis Hotline: RMI will work to create a dedicated, 24/7 national crisis hotline staffed by trained personnel capable of handling behavioral health crises, including mental health and substance use issues.
Training and Certification of Staff: Hotline staff will receive specialized training in crisis intervention, risk assessment, and de-escalation, ensuring that they can provide immediate, evidence-based responses aligned with SAMHSA's standards.
Language and Cultural Competency: Given the cultural context of the Marshall Islands, the crisis line will incorporate bilingual support (Marshallese and English) and culturally sensitive practices to ensure accessibility for all communities.
Partnership with International Organizations: RMI will seek technical and financial support from international partners, such as the World Health Organization (WHO) and U.S. agencies, to build the necessary telecommunications infrastructure and provide specialized training.
2. Mobile Crisis Teams
Mobile crisis teams are key to providing on-site crisis intervention and diverting individuals from law enforcement or emergency rooms. RMI's development plans include:

Creating Mobile Crisis Units in Majuro and Ebeye: RMI will initially pilot mobile crisis units in urban centers like Majuro and Ebeye, where the population density is higher. These units will consist of behavioral health professionals who can respond to individuals in crisis and provide on-the-ground support.
Training Existing First Responders: Given the limited number of healthcare professionals, RMI will integrate behavioral health crisis training into existing first responders (e.g., law enforcement, paramedics), ensuring that they can assist in de-escalating crises and making appropriate referrals to mental health services.
Expanding Services to Remote Atolls: Over time, RMI aims to extend mobile crisis response capabilities to more remote areas, utilizing telehealth technologies to provide guidance to local healthcare workers or community leaders.
Community Involvement and Cultural Sensitivity: In RMI, family and community are central to social support. Mobile crisis teams will work with local leaders and communities to ensure that interventions respect local customs and family structures.
3. Crisis Receiving and Stabilization Centers
Crisis receiving and stabilization centers are crucial for providing short-term care for individuals experiencing behavioral health crises. RMI's approach will involve:

Establishing a Crisis Stabilization Unit in Majuro: RMI plans to establish a small crisis stabilization center, likely co-located with Majuro Hospital, to provide 24/7 short-term care and stabilization services. This center will be equipped to handle mental health and substance use crises for up to 24-72 hours.
Developing a Diversion Strategy: These centers will serve as an alternative to hospitalization or incarceration, ensuring that individuals in crisis are directed to appropriate care rather than being routed to emergency rooms or jail, which are not suited for behavioral health crises.
Integrated Care with Existing Health Infrastructure: As RMI builds out its crisis system, these centers will be integrated with the broader healthcare network, ensuring that individuals receive follow-up care, including outpatient services, referrals to community-based providers, and connection to social services.
4. Workforce Development and Capacity Building
Building a workforce capable of delivering behavioral health crisis care is critical for RMI's success. Key efforts include:

Training and Upskilling the Behavioral Health Workforce: RMI will focus on training existing healthcare providers, law enforcement, and community leaders in crisis intervention and mental health first aid. This will be done in partnership with international agencies.
Expanding Workforce Through International Collaboration: To address the shortage of behavioral health professionals, RMI will seek support from international organizations to bring in experts for short-term training and long-term capacity building. This will include training in crisis response, substance use disorder treatment, and trauma-informed care.
Peer Support and Community-Based Approaches: RMI will work to develop peer support networks that involve individuals with lived experience of mental health and substance use recovery, who can serve as valuable resources in crisis response.
5. Data Collection and System Evaluation
In accordance with SAMHSA's guidelines, continuous evaluation and data-driven decision-making are essential for the success of a crisis system. RMI plans to:

Develop a Data Tracking System: Implement a system to track crisis call center data, mobile team responses, and outcomes from stabilization centers. This will help in identifying gaps, understanding trends, and measuring the system's effectiveness.
Ongoing Monitoring and Reporting: RMI will periodically evaluate the performance of the crisis system, using key performance indicators (KPIs) like call response times, the effectiveness of interventions, and the number of hospital diversions.
Feedback from the Community: Engaging the community in the evaluation process will be important. Gathering feedback from those who have used the crisis services will help refine and improve the system over time.
6. Challenges and Adaptations
Addressing Limited Resources: RMI's geographic isolation and limited financial resources are key challenges. As a result, the crisis system will be implemented in phases, starting with more densely populated areas (Majuro and Ebeye) before expanding to the outer islands. International funding and technical assistance will be crucial.
Building Telecommunications Infrastructure: The development of a crisis call center and mobile crisis units will depend heavily on improving telecommunications infrastructure, particularly in remote atolls where connectivity is currently limited.
Conclusion
RMI's plan to develop its crisis system based on SAMHSA's National Guidelines will focus on building the essential components of crisis call centers, mobile crisis teams, and stabilization centers while considering the country's unique challenges. By phasing implementation and leveraging partnerships with international agencies, RMI aims to create a culturally sensitive, sustainable crisis system that addresses the behavioral health needs of its population.

4. Briefly describe the proposed/planned activities utilizing the 5 percent set aside.

Here's how RMI plans to use the 5% set-aside:

The RMI will use the the 5% set- aside to train the providers or the first responders who will take care of the crisis unit.

Please indicate areas of technical assistance needed related to this section.

SAMHSA and NASMHPD provided us with crisis services guides and CDC has also been helpful with crisis guidelines and essential services. At this stage, the program would benefit very much from any help with established or models of crisis call center steps in response to crisis calls or specific trainings for crisis call center staff, also, we need to continue to search for de-escalation techniques that are well studied and experienced out there to assist us in the early stage that we are in.

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

Environmental Factors and Plan

21. State Planning/Advisory Council and Input on the Mental Health/Substance use disorder Block Grant Application- Required for MHBG

Narrative Question

Each state is required to establish and maintain a state Mental Health Planning/Advisory Council to carry out the statutory functions as described in 42 U.S. C. 300x-3 for adults with SMI and children with SED. To meet the needs of states that are integrating services supported by MHBG and SUPTRS BG, SAMHSA is recommending that states expand their Mental Health Advisory Council to include substance misuse prevention, SUD treatment, and recovery representation, referred to here as an Advisory/Planning Council (PC). SAMHSA encourages states to expand their required Council's comprehensive approach by designing and implementing regularly scheduled collaborations with an existing substance misuse prevention, SUD treatment, and recovery advisory council to ensure that the council reviews issues and services for persons with, or at risk, for substance misuse and SUDs. To assist with implementing a PC, SAMHSA has created **Best Practices for State Behavioral Health Planning Councils: The Road to Planning Council Integration.**[1]

Planning Councils are required by statute to review state plans and implementation reports; and submit any recommended modifications to the state. Planning councils monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the state. They also serve as an advocate for individuals with M/SUD problems. 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.

[1] **https://www.samhsa.gov/grants/block-grants/resources [samhsa.gov]**

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

1. How was the Council involved in the development and review of the state plan and report? Attach supporting documentation (e.g. meeting minutes, letters of support, etc.)

The RMI Advisory Council was not actively involved in the development of the program's plan and report, however, each council member was provided the plan and report through email. Council members reviewed both documents and responded through email with their questions, comments, and suggestions.
The chairman of the Council then submitted a letter on behalf of all members as a supporting document which highlighted the major inputs that were raised by the council members.
With the support of SAMHSA and JBS, we have in place a TA for Advisory Council and we are excited with the opportunity knowing that the council will become more involved once we provide the trainings and other guiding documents for their roles and duties as council members.

2. What mechanism does the state use to plan and implement community mental health treatment, substance misuse prevention, SUD treatment, and recovery support services?

The RMI Behavioral health program, on behalf of the state, uses its community mental health workers (CHWs) to carry out house to house survey in the communities to identify mental health and substance use areas that are priority areas for the program to plan and implement activities on.

3. Has the Council successfully integrated substance misuse prevention and SUD treatment and recovery or co-occurring disorder issues, concerns, and activities into its work? (●) Yes ( ) No

4. Is the membership representative of the service area population (e.g. ethnic, cultural, linguistic, rural, suburban, urban, older adults, families of young children)? (●) Yes ( ) No

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.

At this time, the council members duties and responsibilities are not well set. They take part in reviewing the annual plans and reports and provide the state suggestions, comments or recommendations.
With our newly approved TA for Council members training, the state is ready to use the TA to develop by-laws, duties, sub-committees, and other details of how the council members can better support the program and better advocate for individuals and families with mental health or substance use conditions.

Please indicate areas of technical assistance needed related to this section.

We are currently approved for TA support on Advisory Council training. The chairman visit us on a weekly basis and we are sure that following this TA support, our advisory council will be more involved in both: the programs plans and reports as well as the advocacy of mental and substance use program to the communities.

Footnotes:

10/10/2024

To Whom It May Concern:

The Republic of the Marshall Islands Behavioural Health Services of the Ministry of Health has shared both, the Mental Health Plan as well as the previous year's Report, with our Behavioural Health Advisory Council members through emails. We have not had the opportunity to come together for meeting yet, but all members have been provided the opportunity to review the documents, question, or comment.

We are positive that future work of the council will be better and more effective as the program is gearing up to provide training for the Advisory council on their roles and responsibilities.

The council members have all responded with strong approval and support for the program's plans and report. It is necessary to itemize a few things that were shared in the process of the council's review.

a. The council members will continue to advocate for the program for the government to get things in place required by the SAMHSA in order to get access to the mental health and substance use grants.
b. There is urgent need for the proposed crisis services to be available to lessen the involvement of the Police in behavioural crisis situations and to allow the nurses to focus on their clinical duties.
c. The council agree that accessible mental health means to prioritize community mental health but needs to be able to also provide crisis support in the community level.
d. The council members are urging the program to put in writing specific plan to start a maternal mental health initiative.
e. Although not currently in the plan, the council members share the need for the program to lead efforts in developing shelter/housing for individuals with chronic severe mental health disabilities, intellectual disabilities, substance use disorders.
f. Finally, the council members encourage the program to create essential administrative and clinical support positions to improve the workforce and the services provided.

We are very much hopeful and optimistic that the SAMHSA visit to our country next week will make a change to our Behavioural health program's financial/funding prolonged struggles and all plans can soon be initiated.

Respectfully,

Helkena Ani

Chairman of the RMI BH Advisory Council 2024

Environmental Factors and Plan

Advisory Council Members

For the Mental Health Block Grant, **there are specific agency representation requirements** for the State representatives. States MUST identify the individuals who are representing these state agencies.

State Education Agency
State Vocational Rehabilitation Agency
State Criminal Justice Agency
State Housing Agency
State Social Services Agency
State Health (MH) Agency.
State Medicaid Agency

Start Year: 2025 End Year: 2026

Name	Type of Membership*	Agency or Organization Represented	Address,Phone, and Fax	Email(if available)
Tony Alik	State Employees		WAM Youth Program Majuro MH, 96960	assoicate@canoemarshallislands.com
Salome Andrike	Persons in recovery from or providing treatment for or advocating for SUD services			
Claret ChongGum	Others (Advocates who are not State employees or providers)			
Lorena Clanre	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		Office of the Chief Secretary Majuro MH, 96960	
Neijon Edwards	Family Members of Individuals in Recovery (to include family members of adults with SMI)			
Jasmine Henry, Myazoe	Others (Advocates who are not State employees or providers)			
Marilynn Jacklick	State Employees		Public School System Majuro MH, 96960	mjacklick@pss.edu.mh
Biwij John	State Employees		Majuro Hospital Majuro MH, 96960 PH: 692-625-3399	bjohn@rmihealth.org
Jota Jota	Persons in recovery from or providing treatment for or advocating for SUD services		National Telecom Corporation Majuro MH, 96960	
Joy Kawakami	State Employees		Ministry of Culture and Internal Affairs Majuro MH, 96960 PH: 692-625-8240	jkawakami@gmail.com
Kanjen Kumat	State Employees		MH, 96960 PH: 692-625-8240	kkmidpo@gmail.com
Resslynn Latak	Family Members of Individuals in Recovery (to include family members of adults with SMI)			ridanny@hotmail.com
			Women Untied	

Daisy Momotaro	State Employees		Together Marshall islands Majuro MH, 96960 PH: 692-625-4290	alik_momotaro@yahoo.com
Allison Nashion	Persons in recovery from or providing treatment for or advocating for SUD services			
Florine Nathan	Youth/adolescent representative (or member from an organization serving young people)			
Janet Nemra	State Employees		Ministry of Culture and Internal Affairs Majuro MH, 96960 PH: 692-625-8240	rmidisability@gmail.com
Juliana Reimer	Parents of children with SED			
Cutty Wase	State Employees		Office of the Attorney General Majuro MH, 96960	cuttywase@rmiagoffice.com

*Council members should be listed only once by type of membership and Agency/organization represented.

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

RMI (the Republic of the Marshall Islands) does not have a Medicaid program due to its unique political and economic status. Instead, healthcare funding and services in RMI are primarily supported through a Compact of Free Association with the United States, which provides federal funding for health care but does not include Medicaid.

State Education agency council member is Marilynn Jacklick, the state Vocational Rehabilitation agency is Tony Alik, Attorney Cutty Wase represents the state criminal justice agency, the state Housing agency is represented by Daisy Alik, the RMI Social Services agency is represented by two council members, Joy Kawakami from Child/Women/and Family Affairs and Janet Nemra from the Disability services. Finally, the state health agency representing the Behavioral health program is Biwij John.

Environmental Factors and Plan

Advisory Council Composition by Member Type

Start Year: 2025 End Year: 2026

Type of Membership	Number	Percentage of Total Membership
Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)	1	
Family Members of Individuals in Recovery (to include family members of adults with SMI)	2	
Parents of children with SED	1	
Vacancies (individual & family members)	0	
Others (Advocates who are not State employees or providers)	2	
Total Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services), Family Members and Others	**6**	**42.86%**
State Employees	8	
Providers	0	
Vacancies	0	
Total State Employees & Providers	**8**	**57.14%**
Individuals/Family Members from Diverse Racial and Ethnic Populations	0	
Individuals/Family Members from LGBTQI+ Populations	0	
Persons in recovery from or providing treatment for or advocating for SUD services	3	
Representatives from Federally Recognized Tribes	0	
Youth/adolescent representative (or member from an organization serving young people)	1	
Total Membership (Should count all members of the council)	**18**	

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

With the current table, it still states that state employees and providers represent 57% of the council but out of the 18 current council body, only 8 are state employees. The lower third of the table has 4 council members who are also people in recovery from SUD or advocates for youth and SUD prevention who are not state employees. The RMI built the council of 18 members making sure we have state representatives from 6 of the 7 agencies and a total composition of 45% or less of the council.

Environmental Factors and Plan

22. Public Comment on the State Plan - Required

Narrative Question

Title XIX, Subpart III, section 1941 of the PHS Act (42 U.S.C. § 300x-51) requires, 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.

Please respond to the following items:

1. Did the state take any of the following steps to make the public aware of the plan and allow for public comment?

a) Public meetings or hearings? ○ Yes ◉ No

b) Posting of the plan on the web for public comment? ○ Yes ◉ No

If yes, provide URL:

If yes for the previous plan year, was the final version posted for the previous year? Please provide that URL:

c) Other (e.g. public service announcements, print media) ○ Yes ◉ No

Please indicate areas of technical assistance needed related to this section.

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes: