

Iowa

UNIFORM APPLICATION

FY 2016/2017 - STATE BEHAVIORAL HEALTH ASSESSMENT  
AND PLAN

SUBSTANCE ABUSE PREVENTION AND TREATMENT  
BLOCK GRANT

OMB - Approved 06/12/2015 - Expires 06/30/2018  
(generated on 09/27/2016 9.56.30 AM)

Center for Substance Abuse Prevention  
Division of State Programs

Center for Substance Abuse Treatment  
Division of State and Community Assistance

# State Information

## State Information

### Plan Year

Start Year

End Year

### State DUNS Number

Number 808345920

Expiration Date

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

Agency Name Iowa Department of Public Health

Organizational Unit Division of Behavioral Health

Mailing Address 321 E. 12th St.

City Des Moines

Zip Code 50319-0075

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

First Name Kathy

Last Name Stone

Agency Name Iowa Department of Public Health

Mailing Address 321 E. 12th St.

City Des Moines

Zip Code 50319-0075

Telephone 515-281-4417

Fax 515-281-4535

Email Address kathy.stone@idph.iowa.gov

### III. Expenditure Period

State Expenditure Period

From

To

### IV. Date Submitted

Submission Date

Revision Date

### V. Contact Person Responsible for Application Submission

First Name

Last Name

Telephone

Fax

Email Address

Footnotes:



# State Information

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

Fiscal Year 2017

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

Title XIX, Part B, Subpart II of the Public Health Service Act		
Section	Title	Chapter
Section 1921	Formula Grants to States	42 USC § 300x-21
Section 1922	Certain Allocations	42 USC § 300x-22
Section 1923	Intravenous Substance Abuse	42 USC § 300x-23
Section 1924	Requirements Regarding Tuberculosis and Human Immunodeficiency Virus	42 USC § 300x-24
Section 1925	Group Homes for Recovering Substance Abusers	42 USC § 300x-25
Section 1926	State Law Regarding the Sale of Tobacco Products to Individuals Under Age 18	42 USC § 300x-26
Section 1927	Treatment Services for Pregnant Women	42 USC § 300x-27
Section 1928	Additional Agreements	42 USC § 300x-28
Section 1929	Submission to Secretary of Statewide Assessment of Needs	42 USC § 300x-29
Section 1930	Maintenance of Effort Regarding State Expenditures	42 USC § 300x-30
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Section 1932	Application for Grant; Approval of State Plan	42 USC § 300x-32
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Section 1942	Requirement of Reports and Audits by States	42 USC § 300x-52
Section 1943	Additional Requirements	42 USC § 300x-53

Section 1946	Prohibition Regarding Receipt of Funds	42 USC § 300x-56
Section 1947	Nondiscrimination	42 USC § 300x-57
Section 1953	Continuation of Certain Programs	42 USC § 300x-63
Section 1955	Services Provided by Nongovernmental Organizations	42 USC § 300x-65
Section 1956	Services for Individuals with Co-Occurring Disorders	42 USC § 300x-66

## ASSURANCES - NON-CONSTRUCTION PROGRAMS

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

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

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685- 1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non- discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327- 333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal 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.
16. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
17. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

## LIST of CERTIFICATIONS

### 1. CERTIFICATION REGARDING LOBBYING

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

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

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

### 3. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

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

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

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

Name of Chief Executive Officer (CEO) or Designee: Kathy Stone

Signature of CEO or Designee<sup>1</sup>: \_\_\_\_\_

Title: Director, Division of Behavioral health

Date Signed: \_\_\_\_\_

mm/dd/yyyy

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

Footnotes:

## State Information

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

#### Fiscal Year 2016

U.S. Department of Health and Human Services  
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2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
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16. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
17. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

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### 1. CERTIFICATION REGARDING LOBBYING

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### 2. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCA)

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

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

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

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

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

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

Name of Chief Executive Officer (CEO) or Designee: Kathy Stone

Signature of CEO or Designee<sup>1</sup>: \_\_\_\_\_

Title: Director, Division of Behavioral Health

Date Signed: \_\_\_\_\_

mm/dd/yyyy

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

**Footnotes:**

July 6, 2015

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

Dear. Ms. Simmons:

I hereby delegate authority to Kathy Stone, Director of the Division of Behavioral Health, in the Iowa Department of Public Health, to sign funding agreements and certifications, provide assurances of compliance to the Secretary, and to perform similar acts relevant to the administration of the Substance Abuse Prevention and Treatment Block Grant until such time this delegation of authority is rescinded.

Sincerely,

Terry E. Branstad  
Governor –State of Iowa

# DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, <i>if known</i> :  <b>Congressional District, if known:</b> _____	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>   <b>Congressional District, if known:</b> _____	
<b>6. Federal Department/Agency:</b> _____	<b>7. Federal Program Name/Description:</b>  CFDA Number, <i>if applicable</i> : _____	
<b>8. Federal Action Number, if known:</b> _____	<b>9. Award Amount, if known:</b> \$ _____	
<b>10. a. Name and Address of Lobbying Registrant</b> <i>(if individual, last name, first name, MI):</i> _____	<b>b. Individuals Performing Services</b> <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i> _____	
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____	
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

## INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity 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 a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

## State Information

### Disclosure of Lobbying Activities

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

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

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Name	<input type="text" value="Kathy Stone,"/>
Title	<input type="text" value="Division of Behavioral Health"/>
Organization	<input type="text" value="Iowa Department of Public Health"/>

---

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Footnotes:

see upload document under assurances.

# Planning Tables

Table 4 SABG Planned Expenditures

Planning Period Start Date: 10/1/2016      Planning Period End Date: 9/30/2018

Expenditure Category	FY 2016 SA Block Grant Award	FY 2017 SA Block Grant Award
1 . Substance Abuse Prevention* and Treatment	\$9,314,608	\$9,314,608
2 . Substance Abuse Primary Prevention	\$3,124,073	\$3,124,073
3 . Tuberculosis Services		
4 . HIV Early Intervention Services**		
5 . Administration (SSA Level Only)	\$654,667	\$654,667
6. Total	\$13,093,348	\$13,093,348

\* Prevention other than primary prevention

\*\* 1924(b)(2) of Title XIX, Part B, Subpart II of the Public Health Service Act (42 U.S.C. § 300x-24(b)(2)) and section 96.128(b) of the Substance Abuse Prevention and Treatment Block Grant; Interim Final Rule (45 CFR 96.120-137), SAMHSA relies on the HIV Surveillance Report produced by CDC, National Center for HIV/AIDS, Hepatitis, STD and TB Prevention. The HIV Surveillance Report, Volume 24, will be used to determine the states and jurisdictions that will be required to set-aside 5 percent of their respective FY 2016 SABG allotments to establish one or more projects to provide early intervention services for HIV at the sites at which individuals are receiving SUD treatment services. In FY 2012, SAMHSA developed and disseminated a policy change applicable to the EIS/HIV which provided any state that was a "designated state" in any of the three years prior to the year for which a state is applying for SABG funds with the flexibility to obligate and expend SABG funds for EIS/HIV even though the state does not meet the AIDS case rate threshold for the fiscal year involved. Therefore, any state with an AIDS case rate below 10 or more such cases per 100,000 that meets the criteria described in the 2012 policy guidance would be allowed to obligate and expend FY 2016 SABG funds for EIS/HIV if they chose to do so.

Footnotes:

# Planning Tables

Table 5a SABG Primary Prevention Planned Expenditures

Planning Period Start Date: 10/1/2016      Planning Period End Date: 9/30/2018

Strategy		IOM Target	FY 2016	FY 2017
			SA Block Grant Award	SA Block Grant Award
Information Dissemination	Universal			
	Selective			
	Indicated			
	Unspecified			
	Total		\$0	\$0
Education	Universal			
	Selective			
	Indicated			
	Unspecified			
	Total		\$0	\$0
Alternatives	Universal			
	Selective			
	Indicated			
	Unspecified			
	Total		\$0	\$0
Problem Identification and Referral	Universal			
	Selective			
	Indicated			
	Unspecified			
	Total		\$0	\$0

Community-Based Process	Universal		
	Selective		
	Indicated		
	Unspecified		
	Total	\$0	\$0
Environmental	Universal		
	Selective		
	Indicated		
	Unspecified		
	Total	\$0	\$0
Section 1926 Tobacco	Universal	\$0	
	Selective	\$0	
	Indicated	\$0	
	Unspecified	\$0	
	Total	\$0	\$0
Other	Universal		
	Selective		
	Indicated		
	Unspecified		
	Total	\$0	\$0
Total Prevention Expenditures			\$0
Total SABG Award*		\$13,093,348	\$13,093,348
Planned Primary Prevention Percentage		0.00 %	0.00 %

\*Total SABG Award is populated from Table 4 - SABG Planned Expenditures

Footnotes:

Iowa does not spend any Block Grant monies on or for Section 1926 Tobacco services at this table. Table 5a is not applicable to Iowa; see

Table 5b for planned IOM expenditures.

# Planning Tables

Table 5b SABG Primary Prevention Planned Expenditures by IOM Category

Planning Period Start Date: 10/1/2016      Planning Period End Date: 9/30/2018

Activity	FY 2016 SA Block Grant Award	FY 2017 SA Block Grant Award
Universal Direct	\$2,553,305	\$2,599,541
Universal Indirect	\$195,879	\$271,170
Selective	\$231,806	\$134,335
Indicated	\$143,083	\$119,027
Column Total	\$3,124,073	\$3,124,073
Total SABG Award*	\$13,093,348	\$13,093,348
Planned Primary Prevention Percentage	23.86 %	23.86 %

\*Total SABG Award is populated from Table 4 - SABG Planned Expenditures

Footnotes:

# Planning Tables

Table 5c SABG Planned Primary Prevention Targeted Priorities

Planning Period Start Date: 10/1/2016 Planning Period End Date: 9/30/2018

Targeted Substances	
Alcohol	€
Tobacco	€
Marijuana	€
Prescription Drugs	€
Cocaine	€
Heroin	€
Inhalants	€
Methamphetamine	€
Synthetic Drugs (i.e. Bath salts, Spice, K2)	€
Targeted Populations	
Students in College	€
Military Families	€
LGBTQ	€
American Indians/Alaska Natives	€
African American	€
Hispanic	€
Homeless	€
Native Hawaiian/Other Pacific Islanders	€
Asian	€
Rural	€
Underserved Racial and Ethnic Minorities	€

Footnotes:

# Planning Tables

Table 6a SABG Resource Development Activities Planned Expenditures

Planning Period Start Date: 10/1/2016      Planning Period End Date: 9/30/2018

Activity	FY 2016 SA Block Grant Award				FY 2017 SA Block Grant Award			
	Prevention	Treatment	Combined	Total	Prevention	Treatment	Combined	Total
1. Planning, Coordination and Needs Assessment	\$39,474	\$16,596		\$56,070	\$57,249	\$602,583		\$659,832
2. Quality Assurance	\$35,880	\$20,165		\$56,045	\$41,896	\$20,959		\$62,855
3. Training (Post-Employment)			\$105,000	\$105,000			\$429,000	\$429,000
4. Education (Pre-Employment)				\$0				\$0
5. Program Development	\$55,944	\$3,559	\$219,592	\$279,095	\$57,249	\$34,470	\$94,200	\$185,919
6. Research and Evaluation			\$196,885	\$196,885			\$216,611	\$216,611
7. Information Systems	\$26,316	\$49,787		\$76,103	\$38,166	\$55,137		\$93,303
8. Total	\$157,614	\$90,107	\$521,477	\$769,198	\$194,560	\$713,149	\$739,811	\$1,647,520

Footnotes:



# Environmental Factors and Plan

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

Narrative Question:

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

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

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

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

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

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

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

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

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

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

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

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Footnotes:

## BLOCK GRANT PUBLIC COMMENT PLAN

**The following message was used to describe the Block Grant and to request public input:**

The Iowa Department of Public Health (IDPH) is charged in Iowa code to establish and maintain treatment, intervention, education, and prevention programs in accordance with the comprehensive substance abuse program. Substance abuse programming is part of the IDPH Division of Behavioral Health. The Division is the Single State Authority (SSA) for the Substance Abuse Prevention and Treatment (SAPT) Block Grant, administered by the Substance Abuse and Mental Health Services Administration (SAMHSA) within the U.S. Department of Health and Human Services. IDPH funds comprehensive primary prevention and treatment services statewide through a combination of State of Iowa appropriations and the federal SAPT Block Grant.

The SAPT Block Grant application consists of three sections:

- (1) planning related to substance abuse prevention and treatment priorities for the next two years, to include:
  - SAMHSA’s 6 initiatives (Prevention of Substance Abuse and Mental Illness; Health Care and Health Systems Integration, Trauma and Justice, Recovery Support; Health Information Technology and Workforce Development)
  - Due October 1
- (2) reporting on IDPH-funded substance abuse prevention and treatment activities over the previous three years, to include:
  - Progress report on annual priorities and performance indicators
  - Reports on agency expenditures, population, and services
  - Performance data and outcomes on treatment and prevention measures
  - Due December 1
- (3) reporting on state compliance with youth access to tobacco requirements (known as the Synar Act), to include:
  - Youth access laws, activities, and enforcement
  - Sampling methodology and results
  - Plans, challenges, and inspection protocol
  - Inspections and youth compliance data
  - Due December 31

Language used for public comment: We would greatly appreciate your comments on the priorities you see for substance abuse prevention and treatment in Iowa. In the coming weeks, block grant documents will be posted on the IDPH Behavioral Health webpage and discussed at meetings around the state. Talk to us at meetings or email your comments and any questions to Michele.tilotta@idph.iowa.gov and please specify “Block Grant Comment” in the Subject line of your email.

## PUBLIC COMMENT PLAN

**Posting the applications:** applications and reports were posted on the IDPH Division of Behavioral Health website at <https://idph.iowa.gov/block-grant> to include:

- FFY 2016 Report
- FFY 2016 and 2017 Reporting Block Grant Applications
- FFY 2014-2015 Annual Synar Reports and Data (SSES)

**Reporting progress:** progress on the applications and reports was presented in multiple venues, including:

- Monthly (changing to quarterly) publication of the division newsletter, *Matter of Substance*
- State Board of Health Substance Abuse and Problem Gambling Program Licensure State Board of Health Committee meetings
- Iowa Behavioral Health Association meetings
- Strategic Prevention Framework Advisory Council meetings
- State Epidemiology meetings
- Prevention Contractors meetings
- Community Forums
- Mental Health Planning Council meetings
- Amerigroup Managed Care meetings

## PUBLIC COMMENT OPPORTUNITIES

1. The FFY 2016-2017 Block Grants and Synar Reports were posted on the IDPH Division of Behavioral Health website: <http://www.idph.iowa.gov/block-grant>
2. An explanation of the block grant and a request for comments appeared in the August issue of the division newsletter, *Matter of Substance*.
3. Announcements and requests for comments were made at the following meetings:
  - State Board of Health Program Licensure Committee meeting September 14
  - Iowa Behavioral Health Association meetings – 6/21, 7/18, 8/15
  - Iowa Comprehensive Primary Prevention contractors meeting –August 16<sup>th</sup>
  - State Epidemiology meeting- June 30<sup>th</sup>
  - Mental Health Planning Council –July 20<sup>th</sup>
4. Public forums or *Community Meetings* were held. IDPH held *Community Meetings* throughout the State:
  - August 29<sup>th</sup> in Cedar Rapids (eastern Iowa)
  - August 30<sup>th</sup> in Council Bluffs (western Iowa)
  - September 6<sup>th</sup> in Spencer (northwest Iowa)

## PUBLIC COMMENTS/SUGGESTIONS RECEIVED

- Build upon multi-occurring resources, offer training to facilitators of groups to build competency of the peer workforce,
- Continue with training opportunities to build the professional workforce,
- Continue to work on expanding detox facilities as there is not enough of them,
- Continue to work on expanding residential services as there is not enough of them,
- Consistent use of goals/strategies within Primary Prevention,
- Work to coordinate care with hospital Emergency Departments and ask the local substance use disorder agencies to assist them with coordination of care,
- We have seen an increase in calls related to opiates and there has been an increase in calls to EMS and public safety regarding these calls,
- Substance use issues always comes out as one of the top 2-3 areas of need in our community needs assessment process and we are building prevention strategies in our area to address this,
- We now have Naloxone on our ambulances in our area,
- We need quicker access to substance use evaluations in our area; sometimes appointments take 3-4 weeks to get in for services and residential wait times are taking 4-6 weeks,
- Prevention work in the schools. Not every school allows contractors in which is a problem,
- Offer more trainings regionally and not just in Des Moines,
- Substance Abuse Case Management would be a great service to offer and get reimbursed, case management is not funded and should be. We go above/beyond what is covered under treatment funding. Make case management a separate billable service, like Medicaid does for mental health clients. Can IDPH pay for case management for clients who have insurance for treatment but not for case management?
- More need for training for Recovery Peer Coaches, need consistent training opportunities,
- Transportation is always a need so assistance with getting to recovery services would be beneficial,
- Do not lose focus on alcohol as concern
- We continue to struggle with workforce issues as a field. We still can't afford to recruit or retain qualified professionals,
- Continue to decrease stigma. Substance use disorders are chronic health conditions just like other illnesses,

- You should do more to inform the general public about drug use trends in Iowa and have information available about what they can do. People should know more about local prevention and treatment resources and how to get help,
- There's a gap between prevention and treatment. We see people who don't meet the diagnosis level of substance-related or addictive disorder but who need more than education or basic prevention. We would like to develop and provide person-specific interventions, including with at-risk populations,
- Fund recovery support services,
- Expand outreach to other professions so they better understand and can work with patients with substance use disorders. Continue talking about bi-directional integration.

# Environmental Factors and Plan

## Behavioral Health Advisory Council Members

Start Year:

End Year:

Name	Type of Membership	Agency or Organization Represented	Address, Phone, and Fax	Email (if available)
No Data Available				

### Footnotes:

See upload in attachments for council member type and overview of council

SABG Mini Application  
State Behavioral Health Planning/Advisory Council

#### SABG COUNCIL AND MEMBERS

The Iowa Department of Public Health (IDPH) is charged under Iowa code to establish and maintain treatment, intervention, education, and prevention programs in accordance with a comprehensive substance abuse program. IDPH's substance abuse programming duties are implemented through its Division of Behavioral Health. The Division is the Single State Authority (SSA) for the Substance Abuse Prevention and Treatment (SAPT) Block Grant, administered by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) and holds authority for related State of Iowa appropriations and other funding. IDPH funds prevention and treatment as well as other substance use disorder services statewide.

The State Board of Health (BOH) is the policy-making body for IDPH and has advisory responsibilities for IDPH activities, including the comprehensive substance abuse program. The BOH has the power and duty to adopt, promulgate, amend and repeal rules and regulations, and advises and makes recommendations to the Governor, General Assembly, and the IDPH Director. The BOH's Substance Abuse and Problem Gambling Treatment Program Committee reviews and acts on IDPH recommendations on regulation of treatment programs. The SSA participates in monthly Treatment Program Committee meetings to provide policy-level information and seek input on substance use disorder services and makes similar reports to the full Board at their every other month meetings, as requested. The Treatment Program Committee was created in 2010 as part of the revisions made to Chapter 136 by House File 2183 (2010), which directed the SBOH to appoint a Substance Abuse and Problem Gambling Treatment Program Committee "to approve or deny applications for licensure received from substance abuse programs pursuant to chapter 125 and gambling treatment programs pursuant to Chapter 135 and to perform any other function authorized by chapter 125 or 135 and delegated to the committee."

The IDPH Director, a Governor-appointed position, serves as Administrator of the BOH. The Governor also appoints BOH members, selected from a pool of eligible applicants. State law generally requires boards and commissions be balanced according to gender and political affiliation. Geographic location and diversity are also considered. Current BOH membership reflects the diversity of IDPH stakeholders, including physicians, a pharmacist, other health professionals, and public members. By code, the membership also includes two substance abuse service provider representatives.

- Please see enclosed list of BOH members at: <https://openup.iowa.gov/board/76/State+Board+of+Health/>
- Please see Substance Abuse and Problem Gambling Treatment Program Committee for minutes, meetings, etc. at: <https://idph.iowa.gov/board-of-health/committee>

## Board Members

## State Board of Health

The policy-making body of the department and has the power and duties to adopt, promulgate, amend, and repeal rules and regulations, and advises/makes recommendations to the Governor, general assembly, and Director of Public Health.

## Board Administrator

Name Contact Phone Email

Gerd Clabaugh 515-281-4355 gerd.clabaugh@idph.iowa.gov

## Board Profile

Board or Commission Name Department or Agency

State Board of Health Public Health, Department of

Location of Board Meetings Normal Meeting Schedule Normal Meeting Time

Lucas State Office Building

321 E. 12th St.

Des Moines, Iowa 50319: 7-8 times per year 1-2 hours

Total Board Members Governor Appointed Vacant Appointments Term Length

11 11 0 3 Years

Organizational Authority

136.1

## Board Members Apply To This Board

Member Name City County Position Term Begin Term End↓ Gender Party Status

Michell Ricker Ellston RINGGOLD Public Health 03/27/2015 06/30/2017 Female Rep A

Karen Woltman SWISHER JOHNSON Public Member 07/01/2014 06/30/2017 Female Dem A

Tonya Gray MASON CITY CERRO GORDO Health- MD 07/01/2014 06/30/2017 Female Rep A

Jay Hansen Mason City CERRO GORDO Substance Abuse Treatment 07/01/2015 06/30/2018 Male Dem A

Michael Kanellis Iowa City JOHNSON Public Member 08/06/2015 06/30/2018 Male Dem A

Vickie Lewis Marshalltown MARSHALL Substance Abuse Prevention 07/01/2015 06/30/2018 Female Dem A

Ted George ROCKWELL CITY CALHOUN Public Health 07/01/2015 06/30/2018 Male None A

Michael Wolnerman Des Moines POLK Health - Pharmacist 07/01/2016 06/30/2019 Male Rep A

Patti Brown WAUKEE DALLAS Public Member 07/01/2016 06/30/2019 Female Rep A

Ron Abrons Coralville JOHNSON Health- MD 07/01/2016 06/30/2019 Male None A

Maggie Tinsman BETTENDORF SCOTT Public Member 07/01/2016 06/30/2019 Female Rep A

# Environmental Factors and Plan

## Behavioral Health Council Composition by Member Type

Start Year:

End Year:

Type of Membership	Number	Percentage
Total Membership	0	
Individuals in Recovery* (to include adults with SMI who are receiving, or have received, mental health services)	0	
Family Members of Individuals in Recovery* (to include family members of adults with SMI)	0	
Parents of children with SED*	0	
Vacancies (Individuals and Family Members)	0	
Others (Not State employees or providers)	0	
Total Individuals in Recovery, Family Members & Others	0	0%
State Employees	0	
Providers	0	
Federally Recognized Tribe Representatives	0	
Vacancies	0	
Total State Employees & Providers	0	0%
Individuals/Family Members from Diverse Racial, Ethnic, and LGBTQ Populations	0	
Providers from Diverse Racial, Ethnic, and LGBTQ Populations	0	
Total Individuals and Providers from Diverse Racial, Ethnic, and LGBTQ Populations	0	
Persons in recovery from or providing treatment for or advocating for substance abuse services	0	

\* States are encouraged to select these representatives from state Family/Consumer organizations.

Indicate how the Planning Council was involved in the review of the application. Did the Planning Council make any recommendations to modify the application?

Footnotes:  
 Substance Abuse Authority. Not applicable. See narratives under comments and advisory council