

Arizona

UNIFORM APPLICATION

FY 2018/2019 - STATE BEHAVIORAL HEALTH ASSESSMENT AND PLAN

SUBSTANCE ABUSE PREVENTION AND TREATMENT and COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 06/12/2015 - Expires 09/30/2020
(generated on 08/27/2018 11.30.55 AM)

Center for Substance Abuse Prevention
Division of State Programs

Center for Substance Abuse Treatment
Division of State and Community Assistance

and

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

State Information

State Information

Plan Year

Start Year 2019

End Year 2020

State SAPT DUNS Number

Number 805346798

Expiration Date

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

Agency Name Arizona Health Care Cost Containment System (AHCCCS)

Organizational Unit

Mailing Address 701 E Jefferson MD 6500

City Phoenix

Zip Code 85034

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

First Name Thomas

Last Name Betlach

Agency Name Arizona Health Care Cost Containment System

Mailing Address 801 East Jefferson MD

City Phoenix

Zip Code 85034

Telephone 602-417-4711

Fax

Email Address tom.betlach@azahcccs.gov

State CMHS DUNS Number

Number 805346798

Expiration Date

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

Agency Name Arizona Health Care Cost Containment System

Organizational Unit Division of Health Care Management

Mailing Address 701 East Jefferson MD6500

City Phoenix

Zip Code 85034

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

First Name Thomas

Last Name Betlach

Agency Name Arizona Health Care Cost Containment System (AHCCCS)

Mailing Address 801 E Jefferson

City Phoenix

Zip Code 85034

Telephone

Fax

Email Address

III. Third Party Administrator of Mental Health Services

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

Revision Date

VI. Contact Person Responsible for Application Submission

First Name Michelle

Last Name Skurka

Telephone 602-364-2111

Fax

Email Address michelle.skurka@azahcccs.gov

Footnotes:



STATE OF ARIZONA
OFFICE OF THE GOVERNOR

DOUGLAS A. DUCEY
GOVERNOR

EXECUTIVE OFFICE

February 26, 2016

Grants Management Specialist
Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road, Room 7-1091
Rockville, MD 20857

Dear Grants Management Specialist:

Arizona has a long history of implementing significant and innovative initiatives related to integration and care coordination in the provision of services. As of July 1, 2016, the Arizona Department of Health Services, Division of Behavioral Health Services (DBHS) and the Arizona Health Care Cost Containment System (AHCCCS) will merge to fully integrate the implementation and oversight of behavioral and physical care services. The coming together of DBHS and AHCCCS builds a stronger and better informed Medicaid leadership and builds greater awareness of behavioral health services in the Medicaid program.

This merger requires the transition of the oversight of Substance Abuse and Mental Health Services Administration (SAMHSA) grants. As such, I am designating Tom Betlach, Director of AHCCCS, as the signature authority for the Substance Abuse Block Grant (SABG), Projects for Assistance in Transition from Homelessness Grant (PATH), and Mental Health Block Grant (MHBG) as well as for any discretionary grant. This authority includes the signing of any standard federal forms such as Assurances, Certifications and Disclosure of Lobbying Activities and shall have such authority during my term as Governor of Arizona. In addition, I am designating Director Betlach as the Single State Authority (SSA) for Arizona.

If you have any questions, please contact Kelly Charbonneau, Division of Health Care Management at (602) 364-1356.

Sincerely,

Douglas A. Ducey
Governor
State of Arizona

1700 WEST WASHINGTON STREET, PHOENIX, ARIZONA 85007

602-542-4331 • www.azgovernor.gov

State Information

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

Fiscal Year 2019

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
Section 1931	Restrictions on Expenditure of Grant	42 USC § 300x-31
Section 1932	Application for Grant; Approval of State Plan	42 USC § 300x-32
Section 1935	Core Data Set	42 USC § 300x-35
Title XIX, Part B, Subpart III of the Public Health Service Act		
Section 1941	Opportunity for Public Comment on State Plans	42 USC § 300x-51
Section 1942	Requirement of Reports and Audits by States	42 USC § 300x-52

Section 1943	Additional Requirements	42 USC § 300x-53
Section 1946	Prohibition Regarding Receipt of Funds	42 USC § 300x-56
Section 1947	Nondiscrimination	42 USC § 300x-57
Section 1953	Continuation of Certain Programs	42 USC § 300x-63
Section 1955	Services Provided by Nongovernmental Organizations	42 USC § 300x-65
Section 1956	Services for Individuals with Co-Occurring Disorders	42 USC § 300x-66

ASSURANCES - NON-CONSTRUCTION PROGRAMS

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 Clean 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 of 1984.
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>
 - 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 182 by:

- 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 other Certifications summarized above.

State: _____

Name of Chief Executive Officer (CEO) or Designee: Thomas J. Betlach

Signature of CEO or Designee¹: _____

Title: Director

Date Signed: _____

mm/dd/yyyy

_____ ¹If 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 [SA]

Fiscal Year 2019

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
Section 1931	Restrictions on Expenditure of Grant	42 USC § 300x-31
Section 1932	Application for Grant; Approval of State Plan	42 USC § 300x-32
Section 1935	Core Data Set	42 USC § 300x-35
Title XIX, Part B, Subpart III of the Public Health Service Act		
Section 1941	Opportunity for Public Comment on State Plans	42 USC § 300x-51
Section 1942	Requirement of Reports and Audits by States	42 USC § 300x-52

Section 1943	Additional Requirements	42 USC § 300x-53
Section 1946	Prohibition Regarding Receipt of Funds	42 USC § 300x-56
Section 1947	Nondiscrimination	42 USC § 300x-57
Section 1953	Continuation of Certain Programs	42 USC § 300x-63
Section 1955	Services Provided by Nongovernmental Organizations	42 USC § 300x-65
Section 1956	Services for Individuals with Co-Occurring Disorders	42 USC § 300x-66

ASSURANCES - NON-CONSTRUCTION PROGRAMS

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 Clean 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 of 1984.
 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>
 - 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 182 by:

- 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 other Certifications summarized above.

State: Arizona

Name of Chief Executive Officer (CEO) or Designee: Thomas J. Betlach

Signature of CEO or Designee: 

Title: Director

Date Signed: 08/07/2018
mm/dd/yyyy

¹If 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 [MH]

Fiscal Year 2019

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

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

ASSURANCES - NON-CONSTRUCTION PROGRAMS

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.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
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>
 - 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: Thomas J. Betlach

Signature of CEO or Designee¹: _____

Title: Director

Date Signed: _____

mm/dd/yyyy

¹If 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 [MH]

Fiscal Year 2019

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

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

ASSURANCES - NON-CONSTRUCTION PROGRAMS

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. §57401 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 of 1984.
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>
 - 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: Thomas J. Betlach

Signature of CEO or Designee¹:  _____

Title: Director

Date Signed: 08/07/2018
mm/dd/yyyy

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

Footnotes:

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

Thomas J. Betlach

Title

Director

Organization

Arizona Health Care Cost Containment System

Signature:

Date:

Footnotes:

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

Thomas J. Betlach

Title

Director

Organization

Arizona Health Care Cost Containment System

Signature:



Date: 8/07/2018

Footnotes:

Planning Tables

Table 2 State Agency Planned Expenditures [MH]

States must project how the SMHA and/or the SSA will use available funds to provide authorized services for the planning period for state fiscal years 2018/2019.

Planning Period Start Date: 7/1/2018 Planning Period End Date: 6/30/2019

Activity (See instructions for using Row 1.)	A.Substance Abuse Block Grant	B.Mental Health Block Grant	C.Medicaid (Federal, State, and Local)	D.Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E.State Funds	F.Local Funds (excluding local Medicaid)	G.Other
1. Substance Abuse Prevention and Treatment							
a. Pregnant Women and Women with Dependent Children							
b. Syringe Services Program							
c. All Other							
2. Primary Prevention							
3. Tuberculosis Services							
4. Early Intervention Services for HIV							
5. State Hospital			\$0	\$0	\$0	\$0	\$0
6. Other 24 Hour Care		\$729,408	\$300,697,035	\$0	\$15,766,942	\$0	\$0
7. Ambulatory/Community Non-24 Hour Care		\$11,427,386	\$1,272,809,165	\$0	\$66,755,008	\$0	\$0
8. Mental Health Primary*		\$0	\$0	\$0	\$0	\$0	\$0
9. Evidence-Based Practices for Early Serious Mental Illness (10 percent of total award MHBG)**		\$1,430,211	\$0	\$0	\$0	\$0	\$0
10. Administration (Excluding Program and Provider Level)***		\$715,106	\$0	\$274,725	\$0	\$0	\$0
11. MHBG Total (Row 5, 6, 7, 8, 9 and 10)	\$0	\$14,302,111	\$1,573,506,200	\$274,725	\$82,521,950	\$0	\$0

* While the state may use state or other funding for these services, the MHBG funds must be directed toward adults with SMI or children with SED

** Column 9B should include Early Serious Mental Illness programs funded through MHBG set aside

*** Per statute, Administrative expenditures cannot exceed 5% of the fiscal year award.

Footnotes:

NOT FINAL

Planning Tables

Table 4 SABG Planned Expenditures

Planning Period Start Date: 10/1/2018 Planning Period End Date: 9/30/2020

Expenditure Category	FY 2018 SA Block Grant Award	FY 2019 SA Block Grant Award
1 . Substance Abuse Prevention and Treatment	\$30,284,480	\$32,451,872
2 . Primary Substance Abuse Prevention	\$8,075,862	\$8,669,569
3 . Tuberculosis Services	\$0	
4 . Early Intervention Services for HIV*	\$0	
5 . Administration (SSA Level Only)	\$2,018,965	\$2,226,401
6. Total	\$40,379,307	\$43,347,842

* For the purpose of determining the states and jurisdictions that are considered "designated states" as described in section 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 45 CFR § 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 the Centers for Disease Control and Prevention (CDC,), National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention. The most recent HIV Surveillance Report will be published on or before October 1 of the federal fiscal year for which a state is applying for a grant is used to determine the states and jurisdictions that will be required to set-aside 5 percent of their respective SABG allotments to establish one or more projects to provide early intervention services for regarding the human immunodeficiency virus (EIS/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's AIDS case rate does not meet the AIDS case rate threshold for the fiscal year involved for which a state is applying for SABG funds. 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 SABG funds for EIS/HIV if they chose to do so.

Footnotes:

NOT FINAL

Planning Tables

Table 5a SABG Primary Prevention Planned Expenditures

Planning Period Start Date: 10/1/2018 Planning Period End Date: 9/30/2020

Strategy	IOM Target	FY 2018	FY 2019
		SA Block Grant Award	SA Block Grant Award
Information Dissemination	Universal	\$314,625	\$1,621,352
	Selective	\$54,539	\$320,693
	Indicated	\$1,077,505	\$57,277
	Unspecified	\$0	\$45,752
	Total	\$1,446,669	\$2,045,074
Education	Universal	\$879,963	\$2,167,320
	Selective	\$233,375	\$330,376
	Indicated	\$995,174	\$59,014
	Unspecified	\$0	\$35,752
	Total	\$2,108,512	\$2,592,462
Alternatives	Universal	\$131,644	\$671,911
	Selective	\$10,500	\$293,441
	Indicated	\$890,860	\$9,973
	Unspecified	\$0	\$20,000
	Total	\$1,033,004	\$995,325
Problem Identification and Referral	Universal	\$35,117	\$224,663
	Selective	\$17,832	\$31,974
	Indicated	\$222,266	\$18,689
	Unspecified	\$6,760	\$10,760
	Total	\$281,975	\$286,086

Community-Based Process	Universal	\$209,382	\$620,924
	Selective	\$29,500	\$197,367
	Indicated	\$835,009	\$34,888
	Unspecified	\$0	\$73,334
	Total	\$1,073,891	\$926,513
Environmental	Universal	\$52,690	\$356,568
	Selective	\$3,000	\$47,209
	Indicated	\$356,527	\$3,353
	Unspecified	\$0	\$23,000
	Total	\$412,217	\$430,130
Section 1926 Tobacco	Universal	\$60,000	\$13,163
	Selective	\$0	
	Indicated	\$0	
	Unspecified	\$0	
	Total	\$60,000	\$13,163
Other	Universal	\$0	\$11,000
	Selective	\$18,000	
	Indicated	\$1,000	\$16,000
	Unspecified	\$0	
	Total	\$19,000	\$27,000
Total Prevention Expenditures	\$6,435,268	\$7,315,753	
Total SABG Award*	\$40,379,307	\$43,347,842	
Planned Primary Prevention Percentage	15.94 %	16.88 %	

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

Footnotes:

The 20% set-aside amount that will be expended for FFY19 is \$8,669,569. The amount of Non-Direct Services/System Development that will be expended on Primary Prevention is \$1,353,816. This amount added to the total at the bottom of Table 5a (\$7,315,753) equals \$8,669,569 thus

NOT FINAL

Planning Tables

Table 5b SABG Primary Prevention Planned Expenditures by IOM Category

Planning Period Start Date: 10/1/2018 Planning Period End Date: 9/30/2020

Activity	FY 2018 SA Block Grant Award	FY 2019 SA Block Grant Award
Universal Direct		
Universal Indirect		
Selective		
Indicated		
Column Total		\$0
Total SABG Award*	\$40,379,307	\$0
Planned Primary Prevention Percentage	0.00 %	

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

Footnotes:

NOT FINAL

Planning Tables

Table 5c SABG Planned Primary Prevention Targeted Priorities

Planning Period Start Date: 10/1/2018 Planning Period End Date: 9/30/2020

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

Footnotes:

Other targeted population includes High School Students.

NOT FINAL

Planning Tables

Table 6 Categories for Expenditures for System Development/Non-Direct-Service Activities

SABG Planning Period Start Date: 10/1/2018 SABG Planning Period End Date: 9/30/2020

MHBG Planning Period Start Date: 10/01/2018 MHBG Planning Period End Date: 09/30/2020

Activity	FY 2018				FY 2019			
	A. MHBG	B. SABG Treatment	C. SABG Prevention	D. SABG Combined*	A. MHBG	B. SABG Treatment	C. SABG Prevention	D. SABG Combined*
1. Information Systems			\$84,840			\$314,032	\$173,166	
2. Infrastructure Support			\$49,000			\$156,305	\$86,191	
3. Partnerships, community outreach, and needs assessment			\$500,543			\$436,141	\$240,500	
4. Planning Council Activities (MHBG required, SABG optional)	\$5,000		\$0		\$5,000			
5. Quality Assurance and Improvement			\$355,540			\$452,150	\$249,328	
6. Research and Evaluation			\$405,108			\$815,917	\$449,919	
7. Training and Education			\$245,563			\$280,566	\$154,712	
8. Total	\$5,000	\$0	\$1,640,594	\$0	\$5,000	\$2,455,111	\$1,353,816	\$0

*Combined refers to non-direct service/system development expenditures that support both treatment and prevention systems.

Footnotes:

Amount of SABG Primary Prevention funds (from Table 4, Row 2) to be used for SABG Prevention Non-Direct Services/System Development Activities for SABG Prevention, Column C = \$8,669,569.

NOT FINAL

Environmental Factors and Plan

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

Narrative Question

Each state is required to establish and maintain a state Mental Health Planning/Advisory Council for adults with SMI or children with SED. To meet the needs of states that are integrating services supported by MHBG and SABG, 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 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 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 BHPC, SAMHSA has created **Best Practices for State Behavioral Health Planning Councils: The Road to Planning Council Integration.**⁷²

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 behavioral health 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.

⁷²<http://beta.samhsa.gov/grants/block-grants/resources>

Please respond to the following items:

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...)

a) What mechanism does the state use to plan and implement substance misuse prevention, SUD treatment and recovery services?

The Behavioral Health Planning Council was involved in the development and review of the 2018 State Plan and report by reviewing the plan and providing feedback to AHCCCS that was incorporated into the final draft of the plan. The council is reviewing the updated information for 2019 prior to submission and will continue to review the implementation of services throughout the year.

a) The Behavioral Health Planning Council is reviewing the updated information prior to submission of the 2019 application and will continue to review the implementation of services throughout the year.

The Behavioral Health Planning Council has held community forums with stakeholders to identify topics to be addressed in the planning, implementation and process improvement for the behavioral health services through AHCCCS. The Council has worked collaboratively with AHCCCS to address the topics, provide clarification, and work with contractors to make changes to improve service delivery and health outcomes.

b) Has the Council successfully integrated substance misuse prevention and treatment or co-occurring disorder issues, concerns, and activities into i Yes No

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

3. Please indicate 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.

Council members represent Arizona's mental health population including GMH/SU, Substance Use Disorders, and individuals who are diagnosed a serious mentally illness (SMI). The Council regularly collaborates with AHCCCS on program funding matters, access to care, and quality improvement recommendations. The Council holds meetings and community forums in locations around the state for the purpose of offering opportunities for people in various communities to speak about their concerns, have their voices heard, and have actions taken by the state to address their concerns. The Council and AHCCCS partnered to identify stakeholders representing the Department of Corrections, Department of Education, and a replacement council member for the Department of Economic Security to gain perspective from partnering state agencies.

Does the state have any activities related to this section that you would like to highlight?

Not at this time.

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

Not at this time.

Additionally, please complete the Behavioral Health Advisory Council Members and Behavioral Health Advisory Council Composition by Member Type forms.⁷³

⁷³There 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.

Footnotes:

The reason for missing agendas or minutes are documented in the attachments showing the list of meetings, agendas and minutes.

NOT FINAL



[Home](#) / [Resources](#) / [State Plans](#)

- Oversight of Health Plans
- Governmental Oversight
- Grants
- Hospital Finance & Utilization Information
- Health Plan Report Card
- Reports
- Solicitations & Contracts
- Guides - Manuals - Policies
- DFSM Training
- State Plans
- Electronic Data Interchange (EDI)
- Community Partners

Arizona Behavioral Health Planning Council

The mission of the Arizona Behavioral Health Planning Council shall be to advise the state in planning and implementing a comprehensive community based system of Behavioral Health and Mental Health Services.

The formation of this Council was mandated by the "State Comprehensive Mental Health Services Act of 1986" (P.L.99-660) and amended by "Mental Health Amendments of 1990" (P.L. 101-639) and "ADAMHA Reorganization Act of July 19, 1992" (P.L. 102-321) to perform the following duties:

- To review plans provided to the Council by the State of Arizona and to submit to the State any recommendations of the Council for modifications to the plans;
- To serve as an advocate for adults with a serious mental illness, children with a severe emotional disturbance, and other individuals with mental illnesses or emotional problems;
- To monitor, review and evaluate not less than once each year the allocation and adequacy of mental health services within the State.

Please [email us](#) with any comments.

- [Behavioral Health Membership Application](#)
- [CMHS Block Grant FAQs](#) 
- [Substance Abuse Prevention and Treatment \(SAPT\) Block Grant](#)
- [2018 Substance Abuse and Mental Health Block Grant Combined Behavioral Health Assessment an Plan](#)

Agendas and Minutes

[2018](#) [2017](#)



(HEAplus)
Pharmacy

2017

January 20, 2017	Agenda 	Minutes 
February 17, 2017	Canceled	
March 17, 2017	Agenda 	Minutes 
April 21, 2017	No Meeting	
May 18, 2017	Agenda 	Minutes 
June 16, 2017	Agenda 	Minutes 
July 21, 2017	Canceled	
August 18, 2017	Agenda 	Minutes 
September 18, 2017	Agenda 	Minutes 
October 20, 2017	Agenda 	Minutes 
November 17, 2017	Canceled	
December 15, 2017	Agenda 	Minutes 

SABG and MHBG Reports

2018

2018

Coming soon.

Can't find what you're looking for? Please visit the [AHCCCS Document Archive](#).

AHCCCS

801 E Jefferson St
Phoenix, Az 85034

[Find Us On Google Maps](#)
[Contact Us](#)

For Members



How to Apply
Covered Services
Pay Your Premium
Health Insurance for Children

For Providers

Provider Registration
AHCCCSOnline Website
Policy Manuals
Fee-for-Service Fee Schedules

About

Subscribe to Newsletters
Careers
News & Press Releases



[Contact Webmaster](#) | [Web Privacy Policy](#) | [Web Accessibility Policy](#)

© Copyright 2018 AHCCCS

Select Language

Powered by  [Google Translate](#)

NOT FINAL



[Home](#) / [Resources](#) / [State Plans](#)

- Oversight of Health Plans
- Governmental Oversight
- Grants
- Hospital Finance & Utilization Information
- Health Plan Report Card
- Reports
- Solicitations & Contracts
- Guides - Manuals - Policies
- DFSM Training
- State Plans
- Electronic Data Interchange (EDI)
- Community Partners

Arizona Behavioral Health Planning Council

The mission of the Arizona Behavioral Health Planning Council shall be to advise the state in planning and implementing a comprehensive community based system of Behavioral Health and Mental Health Services.

The formation of this Council was mandated by the "State Comprehensive Mental Health Services Act of 1986" (P.L.99-660) and amended by "Mental Health Amendments of 1990" (P.L. 101-639) and "ADAMHA Reorganization Act of July 19, 1992" (P.L. 102-321) to perform the following duties:

- To review plans provided to the Council by the State of Arizona and to submit to the State any recommendations of the Council for modifications to the plans;
- To serve as an advocate for adults with a serious mental illness, children with a severe emotional disturbance, and other individuals with mental illnesses or emotional problems;
- To monitor, review and evaluate not less than once each year the allocation and adequacy of mental health services within the State.

Please [email us](#) with any comments.

- [Behavioral Health Membership Application](#)
- [CMHS Block Grant FAQs](#) 
- [Substance Abuse Prevention and Treatment \(SAPT\) Block Grant](#)
- [2018 Substance Abuse and Mental Health Block Grant Combined Behavioral Health Assessment an Plan](#)

Agendas and Minutes

- [2018](#)
- [2017](#)

- (HEAplus)
- Pharmacy

2018

January 19, 2018	Agenda 	Minutes 
February 16, 2018	Agenda 	Minutes 
March 16, 2018	Agenda 	Minutes Canceled
April 20, 2018	Agenda 	Minutes 
May 18, 2018	Agenda 	Minutes
June 15, 2018	Agenda 	Minutes Canceled/No quorum

SABG and MHBG Reports



2018

Coming soon.

Can't find what you're looking for? Please visit the [AHCCCS Document Archive](#).

AHCCCS

801 E Jefferson St
 Phoenix, Az 85034
[Find Us On Google Maps](#)
[Contact Us](#)

For Members

[How to Apply](#)
[Covered Services](#)
[Pay Your Premium](#)
[Health Insurance for Children](#)

For Providers

[Provider Registration](#)
[AHCCCSOnline Website](#)
[Policy Manuals](#)



[Fee-for-Service Fee Schedules](#)

About

[Subscribe to Newsletters](#)

[Careers](#)

[News & Press Releases](#)



[Contact Webmaster](#) | [Web Privacy Policy](#) | [Web Accessibility Policy](#)

© Copyright 2018 AHCCCS

Select Language

Powered by  [Google Translate](#)

NOT FINAL

BEHAVIORAL HEALTH PLANNING COUNCIL

Behavioral Health Planning Council	Date: January 19, 2018	Called to Order: 1:30 pm Adjourned: 3:30 pm
---	------------------------	--

	Call in Number 1-877-820-7831 Moderator Code: ; Participant Code: 906422# 971 N. Jason Lopez Circle, Bldg. D Ste. 500, Florence, AZ 85132 Diamond Conference Room
Members Present:	Dan Haley; Kathy Bashor; Vicki Johnson; Alida Montiel (telephonic); John Baird; Leon Canty, II; Brenda Vittatote; Lisa St. George; Michael Carr (telephonic); Akia Compton (telephonic); Dawn Abbott (telephonic)
Members Absent:	Michael Carr; Alicia Ruiz; Joy Johnson; Akia Compton; Jane Kallal
Non-Members Present:	
Guests:	Dianna Kukutny (Superior Court); Melissa Grimes (Pinal County Sheriff's Office); Stacey Heard (Pinal County Attorney's Office); Aften Anaya (Pinal County Public Defender's Office); Stefanie Jones-Campbell (Pinal County Public Defender's Office); Scott Smith (Pinal County Adult Probation Office); Teresa Fuller (Pinal County Juvenile Probation Office); Tina Brown (Health Net/Cenpatico); David Delawder (NAMI S.A.)

Agenda Item	Notes	Follow-up/Next Steps
I. Call to order and Introductions	Dan Haley called the meeting to order; roll call was taken and introductions were made of the public who attended	
II. County Stakeholder discussion	<p>Dan Haley explained the role of the Behavioral Health Planning Council</p> <p><u>Sherrri George:</u></p> <ul style="list-style-type: none"> • SABG funding: Concerns that the provider is to be used at the last resort; members do not want to wait 20 – 30 days to be told that they can get service • Concerned providers do not know how to use the money • Providers must be a substance abuse provider in order to get funding and only certain services can get funding • Not told who has funding and why not all MMIC providers get funding • Member line does not tell people about SABG funding • Reference to comment from Beth Koehler that 55% of applications are approved. Providers look at start date 	

	<p>which is not posted for 24 hours. Enter people into AHCCCS but cannot get treatment pending verification , providers will not provide treatment until verification has been completed</p> <ul style="list-style-type: none"> • <u>Florence Hospital</u>: want CIC & MMIC to contract so all citizens get treated equally <p><u>Alida Montiel</u>:</p> <ul style="list-style-type: none"> • AHCCCS is holding public forums to reduce coverage. Coverage starts on the first day • Special meeting concerning YATTIE <p><u>Dianna K.</u>:</p> <ul style="list-style-type: none"> • Mental Health Court: there is confusion as to who is eligible for what services (different RBHAs) • Service array should be driven by the service guide (response by Colleen McGregor) • Transportation issues: Civil commitment - what hospitals do patients have access to and it make a difference as to what services are provided? • Pinal County providers with Cenpatico do not have forensic ACT teams <p><u>General discussion (including Mark with the Sheriff's Department)</u>:</p> <ul style="list-style-type: none"> • Zip code issue is affecting law enforcement • There is some confusion regarding boundaries in Pinal County and how it affects San Tan – Nurse Wise need education • Discuss why the program Nurse Wise does not send out someone and then worry about getting paid? • Solution: constant training of crisis team and dispatch • Need buy-in from providers • Crisis show up: if a person is voluntary then that is the end. Crisis will not transport if all criteria is met, they should not do this. If a person is involuntary, crisis will not transport • Does La Frontera have a Crisis model team? When are the teams there? • There are no providers for juveniles that are mentally ill. There isn't anything CRT can do and CBI is not a crisis center • Wants NAMI to share what they are doing in this area • La Frontera crisis team can only be sent 	
--	---	--

	<p>out by CRN so they cannot be used for crisis</p> <ul style="list-style-type: none"> • If a person is on the other side of the tracks, they cannot dispatch <p><u>Stephanie from the Public Defender's Office:</u></p> <ul style="list-style-type: none"> • SMI evaluation: forms are not filled out correctly by the providers, training issue, people do not get SMI status and end up in jail • Pinal County: providers do not determine • CRN makes the determination. In the past several years, things have gotten worse • CRN not being given adequate information, why are they not filling in the gaps? • Turnover is high. BHT's are doing determination and a licensed person signs off • Horizon: a person who has a GAF score and qualifying diagnosis are not getting an evaluation • Horizon does not have adequate staffing. There are over 500 people for 1 case manager <p><u>General Discussion:</u></p> <ul style="list-style-type: none"> • Previously agreed with MMIC and would have quarterly meetings. This has not happened • Need for detox facilities <p><u>Scott with Adult Probation:</u></p> <ul style="list-style-type: none"> • Cenpatico does not have a reentry program. Need to pick up talks with Living Center • MMIC: a person in jail has to be out of custody in order to get service • MMIC in Apache Junction does not have an employee to get into the jail • Want SABG funding to go into jails • Can SABG funding be used for case managers to handle the jail population or can they use peer support? 	
III. Next Meeting	Friday, February 16, 2018; location TBD	
IV. Adjournment	Meeting adjourned at 3:30 pm	



ARIZONA BEHAVIORAL HEALTH PLANNING COUNCIL
PLANNING COUNCIL
 MEETING OF January 19, 2018
 1:30-PM – 3:30PM

MEETING LOCATION	TELEMED AVAILABILITY
971 N Jason Lopez Circle Diamond Conference Room Building D, Ste. 500 Florence, AZ 85132	None
Call In Number Moderator Code/Participant Code 1-877-820-7831- moderator code # /participant code 906422#	

<u>AGENDA ITEM</u>	<u>FACILITATOR</u>	<u>ANTICIPATED ACTION</u>
I. Welcome and Introductions	Dan Haley, Chair	Action
II. County Stakeholder discussion	Dan Haley, Chair	Discussion
III. Next Meeting/Agenda -February 16 th 2018- Phoenix		
IV. Adjournment	Dan Haley, Chair	Action

"...to advise, review, monitor, and evaluate all aspects of the development of the State Plan"
(Public Laws 99-660, 100-639, and 102-321)

BEHAVIORAL HEALTH PLANNING COUNCIL

	Date: February 16, 2018	Called to Order: 12:33 pm Adjourned: 1:58 pm
--	-------------------------	---

	Call in Number 1-877-820-7831 Moderator Code: #; Participant Code: 906422# AHCCCS 701 E. Jefferson St., Grand Canyon room, 701-4 Phoenix, AZ 85034
Members Present:	Dan Haley, Mike Carr, Vicki Johnson, John Baird, Lisa St. George, Kathy Bashor (via phone), Brenda Vittatoe,
Members Absent:	Alida Montiel, Leon Canty,
Non-Members Present:	Sherri Moncayo, Colleen McGregor, Albert Rock, Michelle Skurka, Lynette Tolliver (via phone), Chaz Longwell, Yisel Sanchez, Dana Hearn
Guests:	David Delawder, Stacy Paul (via phone), Amy Freedman (Cenpatico) (via phone), Mary Mason

Agenda Item	Notes	Follow-up/Next Steps
I. Call to order and Introductions – Dan Haley	Introductions made around the room and on the phone at 12:33 pm What will the OIFA leads people role be?	
II. Legislative Update – Dana Hearn for Chris Vinyard	<ul style="list-style-type: none"> • Attack opioid abuse, access to treatment, pill mills, packaging, doctor shopping, etc. • HB2127: CHIP – eliminates state processing if federal government stops funding • HB2135/SB----: adds chiropractic services • HB2228/SB1485: annual waiver seek exemption for native Americans and work requirement • HB----: Diabetics • HB2504/SB1484: dental services – seek federal authorization to reimburse for adult services for native American • HB2596: suicide prevention • SB1085: expands definition of PCP to include holistic medicine • SB1396: AHCCCS to report number of group home beds for adult SMI – needing more clarification 	Would like to have Chris come back to update

	<ul style="list-style-type: none"> • SB1397: continue CMDP quarterly report • SB1445: dental care for pregnant women over 21 (AHCCCS member) 	
III. Debriefing of Community Meeting, January 2018	<ul style="list-style-type: none"> • There seems to be a lack of education and frustration within this community regarding meetings between the two RBHA's and inability to get a referral to services • Zip code barriers between RBHA's and the community and where to get services/crisis services/ambulance • Who is getting funding and what are funds used for? • Access to SABG – inaccurate or incomplete response • SMI determinations/applications: 3rd party provider (CRN) performing this and not doing a good job, person has to wait 6 months to reapply after being declined • Issues with AHCCCS eligibility and services are not being provided in a timely manner • Transporting involuntary people – police are being used for this, is this during normal or after hours? Crisis mobile? • 	<p>Dan or Vicky can send out an email to RBHA's and providers, asking for more information and compile information for follow up</p> <p>Vicky suggested we invite CRN to discuss eligibility determination process</p> <p>Dana to provide BHPC with clarification of AHCCCS SMI eligibility policy</p> <p>Kathy to contact Mark with the police to get clarification</p>
IV. Approval of Committee Minutes for 2017 – 2018 - Committee	<ul style="list-style-type: none"> • January 20, 2017 <ul style="list-style-type: none"> ○ • February 17, 2017 CANCELED • March 17, 2017 <ul style="list-style-type: none"> ○ • April – NO MEETING • May 18, 2017 <ul style="list-style-type: none"> ○ • June 16, 2017 <ul style="list-style-type: none"> ○ • July 21, 2017 – CANCELED • August 18, 2017 <ul style="list-style-type: none"> ○ • September 18, 2017-FORUM MEETING NOTES • October 20, 2017 • November 17, 2017 – CANCELED • December 15, 2017 • January 19, 2018 <ul style="list-style-type: none"> ○ 	<p>Chair requested motion to approve meeting minutes from January 2017 – January 2018. Vicky set motion to approve; Kathy seconds</p> <p>John Baird 1/20/17 needs to reflect change – see my handwritten notes</p> <p>All approve</p>
V. Membership (Vote on	<ul style="list-style-type: none"> • Dave Delawder 	John motioned to approve;

<p>membership)</p>	<ul style="list-style-type: none"> • Mary Page • Sue Hernandez • Jeffrey Studer • Stacy Paul • Roberta Brown • Dawn McReynolds resignation 	<p>Vicki seconds; vote taken and all approve</p> <p>Dan accepted Dawn’s resignation</p>
<p>VI. Council Data Request</p>	<ul style="list-style-type: none"> • Mary Mason from AHCCCS DBF provided a print out of the formally requested information. This is a summary of revenue paid out in the past fiscal 12 months ending in June 2017 and broken out by service codes • Yisel attached a copy in the calendar invite and sent out to everyone • Albert stated that an annual reminder to provide this reporting has been established so the Council will not have to ask for it again • Dana read the funding prioritization of who gets treated 	<p>Is EPI still in business?</p>
<p>VII. Review of Committees 2017 Attendance</p>		
<p>VIII. By-Laws Committee Update</p>	<ul style="list-style-type: none"> • 2 spelling errors on page 1 under the Mission Statement – Planning and Community need to be fixed • Not covered by open meeting law. Yisel sent email to Albert requesting he check with SAMHSA on this requirement • Need to remove any references to DBHS • How do we define social service? • Change “mental health” to “behavioral health” throughout the document • Ensure By-Laws is consistent throughout the document • Article IV, Section 1 add (g) to reflect when reviewing member applications, check with person to see which box they want to be associated with • Article IV, Section 2 (a) need spaces on the last line between vote of the Council present at the meeting • Article IV, Section 4 Attendance – Sherri is already tracking member attendance. Members can miss the community meetings – these will be excused, change 50% to 75% • Article V, Section 2 Nominating Procedures need to change September Council meeting to reflect October and 	<p>Sherri updated the By-Laws with the suggested changes and printed out for further review, John made a couple of new edits and gave to Sherri for updating and send out to BHPC members with new edits Dan wants to approve at the April meeting</p>

	<p>change regular October meeting to reflect December</p> <ul style="list-style-type: none"> • There are two page 7's – one is blank and needs to be removed • Article VIII, Section 3 (a) need to capitalize the "T" in The and change "on the Council: to "of the Council" 	
IX. Call to the Public		
X. Next Meeting/Agenda	March 16, 2018 in Tucson (probably at HOPE)	Dan to have location by the end of next week
XI. Adjournment	John motions to adjourn; Vicki seconds; put to vote and all approve Meeting adjourned at 1:58 pm	

NOT FINAL



ARIZONA BEHAVIORAL HEALTH PLANNING COUNCIL
PLANNING COUNCIL
 MEETING OF FEBRUARY 16, 2018
 9:00AM – 2:30PM

MEETING LOCATION	TELEMED AVAILABILITY
AHCCCS 701 E. Jefferson, Grand Canyon Room, 701-4	None

Call In Number Moderator Code/Participant Code
1-877-820-7831- moderator code # /participant code 906422#

By-Laws Committee Workgroup

9:00 AM- 11:30 AM

By-laws review and revision (committee work) State Agency/ RBHA Members do not need to attend committee workgroup.

11:30 AM -12:30 PM Lunch

General Council Meeting

<u>AGENDA ITEM</u>	<u>FACILITATOR</u>	<u>ANTICIPATED ACTION</u>
12:30 PM-2:30 PM		
I. Welcome and Introductions	Dan Haley, Chair	Action
II. Legislative Update	Christopher Vinyard	Update
III. Debriefing of Community Meeting January 2018	Kathy and Dan	Discussion
IV. Approval of Committee Minutes 2017/2018	Committee	Action
<ul style="list-style-type: none"> • January 20th 2017 • February 17th 2017 CANCELED • March 17th 2017 • April- NO MEETING • May 18th 2017 • June 16th 2017 • July 21st- CANCELED • August 18th 2017 • September 18th FORUM- MEETING NOTES 		

"...to advise, review, monitor, and evaluate all aspects of the development of the State Plan"
(Public Laws 99-660, 100-639, and 102-321)



**ARIZONA BEHAVIORAL HEALTH PLANNING COUNCIL
PLANNING COUNCIL
MEETING OF FEBRUARY 16, 2018
9:00AM – 2:30PM**

<u>AGENDA ITEM</u>	<u>FACILITATOR</u>	<u>ANTICIPATED ACTION</u>
CONTINUED:		
IV. Approval of Committee Minutes 2017/2018	Committee	Action
<ul style="list-style-type: none"> • October 20th 2017 • November 17th- CANCELED • December 15th 2017 • January 19th 2018 		
V. Membership (Vote on membership)	Committee	Action
<ul style="list-style-type: none"> • Dave Delawder • Mary Page • Sue Hernandez • Jeffrey Studer • Stacy Paul • Roberta Brown • Dawn McReynolds (resignation) 		
VI. Council Data Request	AHCCCS-Finance	Presentation
VII. Review of Committees 2017 Attendance	Dan Haley	Discussion
VIII. By-Laws Committee Update	Committee	Update
IX. Call to the Public	Public	Discussion
X. Next Meeting/Agenda -March 16, 2018 in TUCSON		
XI. Adjournment	Dan Haley	Action

**"...to advise, review, monitor, and evaluate all aspects of the development of the State Plan"
(Public Laws 99-660, 100-639, and 102-321)**



ARIZONA BEHAVIORAL HEALTH PLANNING COUNCIL
PLANNING COUNCIL
 MEETING OF FEBRUARY 16, 2018
 9:00AM – 2:30PM

MEETING LOCATION	TELEMED AVAILABILITY
HOPE Inc. 1200 N. Country Club RD Tucson, AZ 85716	None

Call In Number Moderator Code/Participant Code
1-877-820-7831- moderator code # /participant code 906422#

<u>AGENDA ITEM</u>	<u>FACILITATOR</u>	<u>ANTICIPATED ACTION</u>
I. Welcome and Introductions	Dan Haley, Chair	Action
II. Approval of Committee Minutes (February)	Committee	Action
III. ACC Presentation -	Dana Hearn	Presentation
IV.		
V.		
VI. Call to the Public	Public	Discussion
VII. Next Meeting/Agenda -April 20 th - Phoenix		
VIII. Adjournment	Dan Haley	Action

"...to advise, review, monitor, and evaluate all aspects of the development of the State Plan"
(Public Laws 99-660, 100-639, and 102-321)



ARIZONA BEHAVIORAL HEALTH PLANNING COUNCIL
PLANNING COUNCIL
 MEETING OF April 20, 2018
 9:00AM – 2:30PM

MEETING LOCATION	TELEMED AVAILABILITY
AHCCCS 701 E. Jefferson St., 4th Floor Grand Canyon Room Phoenix AZ 85034	None
Call In Number Moderator Code/Participant Code 1-877-820-7831- moderator code # /participant code 906422#	

Committee Workgroup (state agency need not attend)

9:00 – 10:00 am	San Tan Follow-up	Dana, Albert, Kathy
10:15- 11:05	By-laws Review	Council members present
11:05- 11:40	Lunch	

General Council Meeting

11:45 -2:00

<u>AGENDA ITEM</u>	<u>FACILITATOR</u>	<u>ANTICIPATED ACTION</u>
I. Welcome and Introductions	Dan Haley, Chair	Action
II. Approval of Council Minutes (February)	Council	Action
III. ACC Presentation -	Dana Hearn	Presentation
IV. Committee discussion a. What committees do we want	Dan Haley	Action
V. Call to the Public	Public	Discussion
VI. Next Meeting/Agenda -May 18 th -		
VII. Adjournment	Dan Haley	Action

"...to advise, review, monitor, and evaluate all aspects of the development of the State Plan"
(Public Laws 99-660, 100-639, and 102-321)

BEHAVIORAL HEALTH PLANNING COUNCIL

Advocacy and Legislation Committee	Date: April 20, 2018	Called to Order: 9:07 Adjourned: 10:15 By Laws Called to Order: 10:21 Adjourned: 11:15 ACC Presentation: 11:55 Final Adjournment: 1:17
---	-----------------------------	---

Members Present:	Dana, Albert, Dan, Dan, Leon, Dave, Jim, Mary, John, Vicki, Lisa,
	On the phone: Kathy, Dawn, Alita
Members Absent:	
Non-Members Present:	
Guests:	Alex
Next Meeting:	

Agenda Item	Notes	Follow-up/Next Steps
I. Call to order and Introductions	Introductions in room and on the phone.	NA
II. San Tan Crisis Issue	<ul style="list-style-type: none"> • Updates from Dana and Albert • Dana to follow up on concerns regarding San Tan crisis issues. • Dana explained tier 2 huddle board and the process wherein community concerns get addressed • Invite extended to group to come see tier 2 huddle • Crisis response on the border • specific cases went to QOC • Calls w/ both RBHAs to inform of concerns • Discussed contracting issues for faster response rates • Clarification that providers can work for both counties • Contractors now know that they need to kick questionable concerns to RBHAs • Group thanked for town hall contributions. • RBHAs met with one another in attempt to resolve border confusion • QOC was opened on one particular case • Questions arose about pulling federal dollars. 	

	<ul style="list-style-type: none"> • AHCCCS does have options at disposal, prefers to work collaboratively with contractors first • Dana explained the level of priority that crisis has to respond to. • Dana shared that she could get the prioritization list if the group would like • RHBA is responsible for coming up with solution if all crisis resources are occupied. • Group expresses appreciation towards RBHAs for finally communicating • Apache junction addressed in same meeting with same two RBHAs 	
III. SMI Applications	SMI applications <ul style="list-style-type: none"> • Albert communicated with Diana K • One issue had to do w/members in jail or family not being able to provide sup information, leading to members not receiving SMI determination. • Has since seen positive movement wherein members in jail have received SMI determinations. • Council not going to sit on this result, will continue moving forward. • Council will continue to reach out if other concerns arise. • Open to editing policy with this input when policy is re-opened. • If any provider has difficulty with the SMI packets, they can reach out to RBHA, AHCCCS for T/a. Records not existing is a separate issue 	
IV. SABG	SABG <ul style="list-style-type: none"> • Council shares insight that other states are trying to create immediate response to SA treatment • Council would like AZ to use the SABG dollars in that way. • Culture problem in our system, need to create a culture that treatment is readily available when member is ready • AHCCCS strongly agrees, branding that message • AHCCCS doing a system wide analysis to create that message. • One of the barriers that specialty providers see is the inability 834 to get member into services. • Practice varies from RBHA to RBHA • Council expresses concern with members 	<ul style="list-style-type: none"> • Follow up with reach in efforts in regard to SUD/ treatment in general being offered regardless of SMI enrollment • Follow up on 834 in southern region (provider type 77)

	<p>coming out of jail.</p> <ul style="list-style-type: none"> • Dana understanding that with reach-in efforts this was being addressed • Gaps when members are out for several days, then try to receive services • Dana has been receiving tours of facilities. • Issues with 77s having to refer members to home health homes before being able to provide services. • Rarely will approval from health home and enrolment in 77 happen in the same day. • 77s cannot get reimbursed for services prior to enrollment in health home • Reach in program works, but not everyone in agreement at first sight • There is a process in place for RBHAs to coordinate with VA to foster member choice. 	
<p>V. Crisis not providing Transportation</p>	<p>Crisis providers not providing transportation</p> <ul style="list-style-type: none"> • Are these members “members” • According to Diana, these members are not affiliated w/ clinic-new members • Kicking for further review • CRT established with CRU to ride with an officer • Accompanying clinician can draft a petition. • Crisis teams are usually not one person • Crisis providers are more comfortable and less liable when there is more than one responder, especially when transporting members • Crisis notifies that they cannot transport without two people. • Crisis teams would rather send one than none if that is the only option due to staffing issues, ect. 	
<p>VI. 3/22 SABG Data</p>	<p>3/22 data SABG</p> <ul style="list-style-type: none"> • Tracked by government scorecard • Required 45 days • Currently functioning at 20 days. • Cannot mandate that they work with people • Providers usually are beginning to work with people that have an educated guess that will become AHCCCS eligible. • Retroactive payments go back 1 quarter • Currently a bill moving retroactive pay from quarter to month. 	

	<ul style="list-style-type: none"> • A lot of the issue is coming from the provider level. • Front-line intake staff might not be aware of these details. • Group to discuss how to educate intake at providers about • Group to write a letter to legislature about bill that is active • Curious about how many times people go past 1Q • Penny would be better to answer further questions • Group to reach out to Penny • Group to send Dana follow up questions. 	
VII. ACT/FACT issue	<ul style="list-style-type: none"> • Nothing received back from RBHAs • Kicked to compliance. • Issue possibly that there is not availability for FACT • FACT concentration criminal justice • Both ACT and FACT are both required to know how to work with CJ • ACT team in the south had little support with people coming out of Jail- about a year and a half ago. • Dana would love to take ideas back to RBHAs • Group would like more coordination between prison and ACT team when member is being released. • Members were assessed coming out of DOC, ACT team not always the one to assess • 2 DC planners in DOC for the state. • Concern seems to be GMHSA rather than SMI • CO3 is person that members would utilize to access phone calls to available resources. • If members call OHR, OHR will send out resource packets. This has not happened recently • GMHSA is lagging with the reach- in efforts, starting to 	
VIII. Bylaws	<p>Track changes recorded in word document saved in G Drive→DHCAA BHPC→By Laws Motion to approve by laws as written</p> <ul style="list-style-type: none"> • Approved • Will be sent for approval in June meeting 	
IX. Approval of	<ul style="list-style-type: none"> • Edit noting that Dawn should be listed as 	<ul style="list-style-type: none"> • Motion- John, Second by

Minutes	a member not present	Vickie <ul style="list-style-type: none"> Minutes approved
X. ACC	<ul style="list-style-type: none"> Presentation date to be determined 	
XI. Committee discussion	<ul style="list-style-type: none"> Reviewed previous committees Leon wants to get information more effectively to members getting out of AzSH. Wants presentation on members' options upon discharge. Dan and Leon to speak more offline. Interest in maintaining legislative committee due to the possibility of reducing retroactive payments Planning and evaluation committee May meeting is in Yuma, July is in Payson, September is White Mountain. Call to the public Alita missed By Laws, was filled in. 	<ul style="list-style-type: none"> Leon to lead CAC Legislative- Dave to lead Lisa to lead planning and evaluation. Alita wants to join. Alita to reach out to tribes regarding September meeting.
XII. Adjournment	Leon motioned to Adjourn at 1:17pm Dave Second, all in favor	

NOT FINAL



**ARIZONA BEHAVIORAL HEALTH PLANNING COUNCIL
 PLANNING COUNCIL MEETING
 May 18, 2018
 10:00am – 12:00pm**

MEETING LOCATION	CONFERENCE CALL AVAILABILITY
Cenpatico 2285 S. 4 th Avenue, Suite F Yuma, AZ 85364	1-877-820-7831 Moderator Code Participant Code 679145

Town Hall Community Meeting

10:00 am – 12:00 pm

<u>AGENDA ITEM</u>	<u>FACILITATOR</u>	<u>ANTICIPATED ACTION</u>
I. Welcome and Introductions	Dan Haley, Chair	Action
II. Approval of Council Minutes (April)	Council	Action
III. Open discussion about member Voice & Choice	Dan Haley, Chair	
IV. Next Meeting		
<ul style="list-style-type: none"> • June 15, 2018- Phoenix (AHCCCS) 		
V. Adjournment	Dan Haley	Action

**"...to advise, review, monitor, and evaluate all aspects of the development of the State Plan"
 (Public Laws 99-660, 100-639, and 102-321)**

Tour of the newly open North End Community Connections

May 18, 2018

1:30pm-2:30pm

A big change in accessibility to healthcare in Old Town Yuma is designed to reduce recidivism for those involved with the Yuma County Adult Probation Department, State Parole and Federal Probation Departments. Community Health Associates has teamed up with Adult Probation, HOPE, Inc. and The Living Center Recovery to open an Integrated Outpatient Office in the department's location at 410 S. Maiden Lane, Yuma. The Grand Opening of the facility was held on Wednesday, May 2nd.

Working closely with Arizona Health Care Cost Containment System (AHCCCS), Targeted Investment Program and Cenpatco Integrated Care, the idea of the 6500 square foot facility is to integrate primary medical care and behavioral health services for adults transitioning from the jail or prison. Family members can also access services.

“When it comes to the business of Adult Probation, a lot of staff time is spent helping connect probationers to services they need to further their success,” explains Sandi Hoppough, Chief Adult Probation Officer. “Often this means they need to see a doctor, a counselor, undergo assessments, and have medicines prescribed. Far too often they don't have transportation or initiative to get very far to get that help. This new facility will close that gap and better prepare them for success.”

The project is one of six sites in Arizona awarded by AHCCCS through federal Medicaid grant funding to specifically co-locate these type services within, or in close proximity, to an Adult Probation Department. The Yuma County site is the only one that will have the integrated program within the same building. While justice involved individuals, probationers and parolees and their family members are the primary targeted populations, services will be available to members of the general public.

Let me know if you will be attending the Tour...Dan

**"...to advise, review, monitor, and evaluate all aspects of the development of the State Plan"
(Public Laws 99-660, 100-639, and 102-321)**



ARIZONA BEHAVIORAL HEALTH PLANNING COUNCIL
PLANNING COUNCIL MEETING
June 15, 2018
9:00am – 2:00pm

MEETING LOCATION	CONFERENCE CALL AVAILABILITY
AHCCCS 701 E. Jefferson St. Phoenix, AZ 85034	Call in number: 1-877-820-7831 Moderator Code: # Participant Code: 679145#

9:00 – 10:00 Community Advisory Committee

10:15 – 11:15 Program and Evaluation Committee

11:30=12:45 Executive Committee

1:00 – 2:30 General Council meeting.

<u>AGENDA ITEM</u>	<u>FACILITATOR</u>	<u>ANTICIPATED ACTION</u>
I. Welcome and Introductions	Dan Haley, Chair	Action
II. Approval of Council Minutes (May)	Council	Action
III. May Meeting Discussion	Council	Discussion
IV. SABG Application and Plan Workflow		Discussion
V. SABG Application and Letter Review		Action
VI. Vacant Roll- DCS		Discussion
VII. Call to the Public	Public	Discussion
VIII. Next Meeting		
<ul style="list-style-type: none"> July 20, 2018- 		
IX. Adjournment	Dan Haley	Action

"...to advise, review, monitor, and evaluate all aspects of the development of the State Plan"
(Public Laws 99-660, 100-639, and 102-321)

BEHAVIORAL HEALTH PLANNING COUNCIL

Behavioral Health Planning Council	Date: August 18, 2017	Called to Order: 9:00 am Adjourned: 1:30 pm
---	-----------------------	--

Members Present:	Dan Haley; Vicki Johnson; Kathy Bashor; Michael Carr; Alita Montiel; Joy Johnson; Jane Kallal
Members Absent:	Dawn Abbott (excused); Dawn McReynolds (excused); Joy Johnson; Alicia Ruiz; John Baird; Akia Compton; Asim Varma; Steve Tyrell;
Non-Members Present:	Sherri Moncayo
Guests:	Leon Canty; Sharon Campbell; Mary Page; Albert Rock; Michelle Skurka
Next Meeting:	September 15, 2017

Agenda Item	Notes	Follow-up/Next Steps
I. Call to order and Introductions	Meeting was called to order at 9:00 by Dan Hayley.	NA
II. Review Applications Sections: Financial, Data and Environment	<p>Michelle Skurka from AHCCCS:</p> <ul style="list-style-type: none"> • Lengthy discussion with Michelle Skurka and Albert Rock, AHCCCS, DHCM Operations, regarding the Arizona Uniform Application FY 2018/2019 – State Behavioral Health Assessment and Plan • Requested the Council read and answer questions on page 397 and submit any changes to her by Thursday, 8-24-17 for editing • Need to remove paragraph 8 on page 396 • The Block Grant instruction were receive approximately one month late, July 3, 2017, and the Application was not extended • Spoke on the Uniform Application FY2018-2019 to reflect AHCCCS and not ADHS • The new Plan has prevention and homelessness included and discussed covered and non-covered services • The Council needs to add an education person in order to not be out of compliance • State agency employees are the ones who need to be on the Council • Need to provide information on recruitment and which areas are missing from the Application • Funding for BHPC travel comes out of the Mental Health Block Grant • Can surplus month from the prior year be 	

	<p>used for projects? BHPC need to send a sentence stating funds are needed for activities to DBF and need to submit with a letter requesting funds</p> <ul style="list-style-type: none"> • Arizona has Substance Abuse prevention and treatment together. Prevention dollars are at the Governor's Office – GOFF. There seems to be a problem between the Council and AHCCCS regarding data collection. May need to get data from the RBHAs • Schedule a TA session with SAMSHA to get information and training. Alita will work on the language • Question #1: Vicki to type up something and submit to AHCCCS – need more time to review the Plan for next year • Question #3: Kathy and Dan to work on – this includes TERROS meeting information 	<p>Dan/Kathy/Alita?</p> <p>Vicki Johnson</p>
<p>II. Community Advisory</p>	<p>Called to Oder at 10:42 am by Dan Hayley</p> <ul style="list-style-type: none"> • Discussion regarding issues such as access to care, treatment plans without member present, referral to peers, treatment plans changed • NAMI Southern Arizona is concerned about parity and medical necessity • Cenpatico may be breaking the law • No protection of rights in Southern Arizona • Only 11 referral to peers to HOPE from April – August, 2017 • Does the Council want to do a Town Hall? There will be a Town Hall meeting in Pima County next month. The entire BHPC will host. This will involve both adults and children who received services and the RBHA. Need to provide members with a phone number for complaints to BHPC. • Sharon Campbell discussed her personal difficulties with housing in Southern Arizona. Facilities are laying off staff and cutting food, transportation, groups – members are losing services • HOPE is providing a proclamation and will service folks who are not a HOPE member • COPE closed their peer runs and didn't tell anyone, not even their employees <ul style="list-style-type: none"> ○ Rates ○ Business Model – oversaturation in the community ○ Members confused about what is considered medically necessary. Community is in turmoil due to 	<p>Motions to approve the Town Hall presented by Dan, all approve.</p> <p>Mike Carr</p>

	<ul style="list-style-type: none"> ○ radical changes in policy <ul style="list-style-type: none"> ○ Parity between behavioral health and acute care • Mike Carr to provide a report of data to Kathy Bashor • Behavioral Health Planning Council is supposed to be the eyes and ears of the community and may need to get involved with what is going on in Pima County and Yuma County • AHCCCS needs a copy of community complaints. Members are reluctant to file a grievance because nothing seems to be done to fix problems. • Need to educate the community of what their rights are. Leon volunteered to help Kathy come up with the education piece 	Leon & Kathy
III. Executive Committee	Dan was the only person available so this was cancelled.	
IV. Committee Reports	<ul style="list-style-type: none"> • Need to revisit member application process 	
V. Announcements	<ul style="list-style-type: none"> • Town Hall meeting next month in Tucson 	
VI. Adjournment	Meeting was called to Adjournment by Dan by 1:16 pm	

NOT FINAL



Behavioral Health Planning Council Town Hall
September 18, 2017
HOPE, Inc.
1200 N. Country Club Road
Tucson, AZ 85716

-
- Welcome and Introductions –
 - Attendees: Dan Haley, Leon Canty, Kathy Bashor, Vicky Johnson, Alita Montiel, Mike Carr, Jane Kallal, John Baird, Brenda Vittatoo
 - Purpose of Behavioral Health Planning Council
 - Open the meeting to discussion:
 - Complaints regarding insurance (AHCCCS) and working requirement
 - Comment - Members need answers to their questions although no question was presented at this time
 - Request for transportation out in the rural areas. Is there a way for members to be reimbursed for mileage so they can attend programs
 - Members feel there has been damage done since the RBHA (Cenpatico) change. Receive continued denials for medications they need as well as issues with housing. Grants have been cut so programs cannot continue due to lack of funding and members are not taken seriously when there are complaints. Issues with existing medications not being covered stating “the levels are higher than what they pay for”. Would like the RBHA to treat their members as people
 - Providers have come a long way in providing services for the LGBTQ community. The Beacon Watt program works and need to expand the program since it works. Comment about quality of life and the programs that are provided but the difficulties in getting these services/resources. Let Program Managers, Intake personnel, Case Managers do those jobs without combing it all into one job to save or make money
 - What about substance abuse folks? There doesn’t seem to be anything for them. Need help in getting treatment. Dan stated he would speak the her privately after the meeting
 - Sharon C. stated that the housing people cannot help them now. All they are doing is paperwork. Too many people are not getting services that they are entitled to. Cenpatico is arguing that people cannot get those services even though they are entitled to them
 - Not enough classes or training for members who need help during a crisis
 - Issues regarding referral for physical therapy it takes 4 – 6 weeks to get approval. The RBHA doesn’t seem to understand there is a problem with integrated care. When physical pain is not addressed, it affects the mental health. It seems the PCP is fighting



Behavioral Health Planning Council Town Hall
September 18, 2017
HOPE, Inc.
1200 N. Country Club Road
Tucson, AZ 85716

these referrals. Cenpatico representative stated that it should not take more than 14 days and he will speak with this member after the meeting

- People are not getting the services they need due to budget cuts and people are dying. The system seems to be really broken
- Problems with medications – being told members can't have it because it's not in the formulary. Cenpatico is not concerned with members, only money
- Members not able to afford their medications and what is going to be done about it? Cenpatico is ignoring housing issues for members
- Another person stated the Beacon program really works. People can recover from mental illness but they need help from Cenpatico. The programs are being strongly urged to only have a maximum of 90 days unless there it is medically necessary however it takes more than 20 minutes to determine whether something is medically necessary or not
- Medication being prescribed is being denied by Cenpatico
- Cenpatico wants the members doctor to speak with Cenpatico doctor to resolve medication issues
- Members waiting six months or more to have a case manager assigned
- Folks are being told by SEABHS they have to wait 24 – 72 hours before they can have an intake approved
- When will Cenpatico or AHCCCS start covering the costs of medical marijuana? This is a legislative issue and everyone needs to contact their Congressperson or Senator
- Camp Wellness has been beneficial to people who are not eligible for AHCCCS and there needs to be something to help those who are falling through the cracks
- Why aren't Title 19 folks having their medical and psychological needs being paid for?
- Where is the 24 hour help that people need? Folks need tubing for an oxygen tank and they have to go to emergency because of denials from Cenpatico regarding coverage. Ryan Thompson from Cenpatico asked to get the information after the meeting to see what can be done to help this person
- Member had great service until the budget cuts. He was given a new case manager who he could not ever get in touch with. He wants to get with the Beacon Group. La Frontera will not call anyone back



**Behavioral Health Planning Council Town Hall
September 18, 2017
HOPE, Inc.
1200 N. Country Club Road
Tucson, AZ 85716**

-
- Why is there a 2 year cap in services? Depression doesn't go away in 2 years. Cenpatico does not put a cap on services. That is between the member and their treatment team
 - There isn't enough compassion for members who are experiencing trauma with the exception of Camp Wellness
 - Members feel that their provider treats them like they are stupid and how can they get a referral?
 - Presentation from Susan Junck how the difference of and the importance of filing a complaint and grievance and appeals for members with a serious mental illness and how to do this. There was a brochure provided stating people's right distributed. This information can be found on HOPE website and Cenpatico website
 - Member stated that they tried to file a grievance and was not allowed to. Ryan Thompson at Cenpatico wanted to speak with Sharon after the meeting to get her issues resolved
 - Several people stated that had problems with filing a grievance or complaint
 - Members stating that they need to know where to get the information on what their rights are and how to file a complaint or grievance. Ryan Thompson said that this information is available in the member handbook and on their website
 - How does people who is NT19 and not on AHCCCS, file a grievance? Another person who is NT19 stated that they get the "brush off" because they do not have AHCCCS. Ryan Thompson explained that being in the SMI program they can call the Appeals or Complaints departments. Ryan said he would speak to this person directly after the meeting
 - It was suggested that the brochure that was distributed at the meeting should be placed in hospitals and any other place that deals with mental illness. This is an important brochure and needs to be in the hands of all SMI people
 - Dan stated that there are some changes going into effect and one of those is regarding referrals to some specialty providers won't be as difficult as they previously were

Please Use: 1-877-820-7831

Host Code:

Guest Code: 679145#



**Behavioral Health Planning Council Town Hall
September 18, 2017
HOPE, Inc.
1200 N. Country Club Road
Tucson, AZ 85716**

-
- Welcome-Dan Hailey Chairman

 - Introductions
 - Purpose of Behavioral Health Planning Council
 - Open the meeting to discussion:
 - Presentation from Susan Junck
 - Grievance and Appeals
 - Filing complaints
 - Difference and Importance
 - Dan closing comments

Please Use: 1-877-820-7831

Host Code:

Guest Code: 679145#

NOT FINAL

BEHAVIORAL HEALTH PLANNING COUNCIL

Behavioral Health Planning Council	Date: October 20, 2017	Called to Order: 8:38 am Adjourned: 12:15 pm
---	------------------------	---

Members Present:	Dan Haley; Kathy Bashor; Michael Carr; Alita Montiel; Vicky Johnson; Dawn McReynolds; John Baird; Leon Canty;
Members via phone:	Lynette Tolliver; Brenda Vittatoc; Dan Greenleaf
Members Absent:	
Non-Members Present:	Sherri Moncayo, Chaz Longwell;
Guests:	Tom Binet, Tom Hudgens, Michelle Skurka, Albert Rock, Dana Hearn; Yisel Sanchez; Gabriella Aguilera,
Next Meeting:	November 17, 2017

Agenda Item	Notes	Follow-up/Next Steps
I. Call to order and Introductions	Meeting called to order at 8:38 am and introductions were made around the room and phone	NA
II. Travel Training – Tomas Binet, Yisel Sanchez, Gabriella ----	<ul style="list-style-type: none"> • Travel policy has been updated as of 10/17 • Tried to present a PowerPoint but was not able to log in. Tomas read the lengthy travel update stating travel monies will be provided by grants; copies of PowerPoint presentation were given to everyone present • Everyone needs to provide a detailed receipt of what was purchased meal and lodging receipts prior to submitting for reimbursement • Signatures from the member, Yisel and Michelle on the reimburse request • Base rate for lodging is \$91.00 plus tax; \$6.00 Phoenix parking and \$4.50 Tucson parking • Travel claim is considered delinquent if not submitted within 2 months in-state meals are reimbursed and charged to the W2 • Monday of the AHCCCS pay period is the last day for payment on the following Thursday • Yisel gave packets to members who do not have an EIN or not sure if they have one, so those can be processed and submitted to HRD for creation of an EIN 	<p>Sherri to send out the new policy and rates to members</p> <p>Lynette to send her list of hotels to Sherri to send out to members</p>
II. SAMHSA State TA Project Planning Council Training - John Hudgens	<ul style="list-style-type: none"> • We were not able to get into the audio portion of the PowerPoint due to our conference line tied up • Dan - Primary goal is to work together with AHCCCS and becoming more professional and 	<p>NEED TO GET THE POWERPOINT – INTERNET ISSUES AT AHCCCS TODAY – GET HARD COPY FROM DANA</p>

	<p>have defined roles</p> <ul style="list-style-type: none"> • Introduction & Terminology: <ul style="list-style-type: none"> ○ SAMHSA is a federal agency under Health & Human Services and has yearly trainings and academies ○ PAC – Planning and Advisory Councils ○ Arizona has integrate mental health and substance abuse together ○ Flowchart of State Behavioral Health Needs; State Planning Councils and SAMHSA Block Grants • Block Grants Summary (Federal Info) <ul style="list-style-type: none"> ○ Substance Abuse Prevention and Treatment Block Grant (SABG). Funds to provide technical support to all 50 states, DC, Puerto Rico, Virgin Islands, 6 Pacific jurisdictions and 1 tribal entity. Funds to plan, implement and evaluate activities to prevent/treat substance abuse and promote public health; Synar Reports (sales of tobacco to minors) ○ Mental Health Block Grant (MHBG): Provides funds and technical assistance to all 50 states, DC, Puerto Rico, The Virgin Islands, and 6 Pacific jurisdictions. Funds are used for adults with SMI and children with serious emotional disturbances; monitor progress in implementing a comprehensive community based mental health ○ Focus on In-Reach programs; AZ has received money for this. Need to fill out the form to request a presentation on a subject matter ○ Planning Council involvement required. ○ Annual applications (2-year grants) and reports submitted by the states and jurisdictions and needs to be updated in the non-submission year ○ This council was created because of the mental health block grant and has included substance abuse block grant. Prevention is handled through some of the tribes and the governor's office • Planning Council (Federal Overview) <ul style="list-style-type: none"> ○ History ○ Membership Requirements: There needs to be a discussion regarding Federal required membership and 	
--	---	--

	<ul style="list-style-type: none"> ○ Arizona required membership. ○ Council Duties (Federal Infor) ● Arizona Council Details (Based in Bylaws) <ul style="list-style-type: none"> ○ Purpose ○ Mission ○ Membership ○ Council Structure and Operations ● Council Duties Reviewed with Examples from Other States 	
III. Officer Meeting (invite only) – Strategic Planning Session – Dan Haley	<ul style="list-style-type: none"> ● 	
V. Announcements	<ul style="list-style-type: none"> ● NA 	
VI. Adjournment		

NOT FINAL

BEHAVIORAL HEALTH PLANNING COUNCIL

Behavioral Health Planning Council	Date: December 15, 2017 9:00 am – 2:30 pm AHCCCS- 701 E. Jefferson, Grand Canyon Room	Called to Order: 9:00 am Adjourned: 11:54 am
---	---	---

	Call in Number 1-877-820-7831 Moderator Code: ; Participant Code: 906422#
Members Present:	Dan Haley, Kathy Bashor, John Baird, Vicky Johnson, Mike Carr, Lisa St. George, Leon Canty, Dawn Abbott (phone), Alita Montiel (phone); Jane Kallal
Members Absent:	Dawn McReynolds; Alicia Ruiz; Joy Johnson; Akia Compton; Brenda Vittatoo
Non-Members Present:	Sherri Moncayo, Chaz Longwell (via phone), Yisel Sanchez; Lynette Tolliver (phone); David Dewlander (prospective member); Dana Hearn, Dan Greenleaf
Guests:	Michelle Skurka, Albert Rock, Dan Greenleaf, Cielo Mohapatra

Agenda Item	Notes	Follow-up/Next Steps
I. Welcome and Introductions – Dan Haley, Chair	<ul style="list-style-type: none"> • Should be able to have WebX set up for the meetings starting next month • Potential members – approved (make a new item on agenda) • Motion by Dan to amend the agenda, Vicky seconds 	Sherri to set up WebX for the meetings on a continuing basis
II. Block Grant form System of Care – Michelle Skurka/Staff	<ul style="list-style-type: none"> • Presentation with Michelle Skurka (overview), Albert Rock (MHBG), Dan Greenleaf (SABG), Cielo Mohapatra (Monitoring SABG Prevention) • BHPC would like Finance to present again for more in depth breakout of funding • Q & A regarding funding and when can the money be used? There is no lack in services • \$40M for substance abuse • \$9 M for advocacy 	
III. Break		
IV. Membership	<ul style="list-style-type: none"> • Adjust the agenda to reflect Dan’s request to add • Dan motioned to approve, Vicky seconds • Lynette is not a member – public • Mary Page - Vote in February, Corrections • Dave D. – Vote in February • Sue Hernandez – SED mom, • Theresa Hill resigned right after she was voted on – she went back to work on the Reservation • Going in the right direction as far as 	

	membership and participation	
V. Review of TA held in October – Committee	<ul style="list-style-type: none"> • NA – did not discuss • PUT ON FEBRUARY AGENDA 	Dan Haley to place on February, 2018 agenda
VI. Review of Committees – Dan Haley, Chair	<ul style="list-style-type: none"> • Executive Committee – still in effect, comprised of the Committee officers • Planning & Evaluations – advisory board regarding SABG & MHBG • Advocacy & Legislation – monitor state legislature regarding mental health issues – revolves around the fiscal year (3 months out of the year) • Community Advisory - gather information from the community prior to going out to meet BHPC 	<p>Dan to send out the Committee descriptions to everyone and if someone is interested in any, let Dan know</p> <p>Request Chris Vinyard for the February 16th meeting – Dana will send email to Chris 12:30 -2:30 – BH related legislation/budgetary issues/substance abuse</p> <p>Chair and co-chair will decide on the community involvement</p>
VII. Discussion of Meeting Dates and Times for 2018 – Committee	<ul style="list-style-type: none"> • How often does the Council want to meet? Bylaws state no later than quarterly. • Dawn M. wants quarterly – meeting every month is not productive. Every couple of months works for her • Lisa and Vicky want monthly due to everything going on • Alita wants every 2 months and schedule around the 2 times a year for block grant issues • Jane wants some meetings dedicated to reports and others dedicated to advocate work and community engagement • Dan wants every other month • Mike doesn't mind fewer meetings – except during block grant time. Mike to send out a schedule that Alex O'Hannon did before she left • Vicky motions for every other month with optional participation for information gathering – less formal meeting to involve the community; Dan seconds and BHPC agree. • Keep the 3rd Friday of every other month. January in San Tan; March 16th 9:30 – 11:30 in Tucson; 12:30 – 2:30 in Sierra Vista; May in Yuma; July in Payson; September in White Mountain Apache; November in Phoenix; other months in between are Council meetings at AHCCCS 9:30 – 11:30, lunch then 1:30 – 3:30 – this may not work well with some of the more rural areas – these meetings are optional? Every other month still have meetings at AHCCCS • Peer & Family first meeting; stakeholders in the afternoon? 	<p>Send a notice to the RBHA through the OIFA office letting them know the Council will be at their facility</p> <p>Alita to reach out to the tribes regarding the September 2018 meeting</p> <p>Maybe tour a FEP facility when in Phoenix (MIHS- First Break Intervention Center, IMHR Institute for Mental Health Research)</p>

	<ul style="list-style-type: none"> Place travel on the agenda – send Dan a reminder of this January – outreach; February – AHCCCS with Finance to present clearer information regarding SABG/MHBG Kathy mentioned it might be a good time to meet with Sheri George in Pinal county Meet with AHCCCS regarding topics from 1:00 -2:00 after giving a 30 days' notice of topic to discuss Yisel reminded everyone to turn in a blank check to HR so travel reimbursement can be made 	
VIII. Review Council By-Laws – Committee	<ul style="list-style-type: none"> Establish a By-Laws Committee? Read and make any corrections and email back to Yisel before the February 2018 meeting 	
IX. Next Meeting/Agenda	January 19, 2018 Location TBD	
X. Adjournment – Dan Haley, Chair	Motion to Adjourn at 11:54 by Dan; Vicky seconds; all approve	

NOT FINAL



ARIZONA BEHAVIORAL HEALTH PLANNING COUNCIL
PLANNING COUNCIL
 MEETING OF December 15, 2017
 9:00AM – 2:30PM

MEETING LOCATION	TELEMED AVAILABILITY
AHCCCS 701 E. Jefferson, Grand Canyon Room, 701-4	None

Call In Number Moderator Code/Participant Code
1-877-820-7831- moderator code /participant code 906422#

<u>AGENDA ITEM</u>	<u>FACILITATOR</u>	<u>ANTICIPATED ACTION</u>
I. Welcome and Introductions	Dan Haley, Chair	Action
II. Block Grant from System of Care	Michelle Skurka/Staff	Presentation
III. Break		
IV. Review of TA held in October	Committee	Discussion
V. Review of Committees	Dan Haley, Chair	Discussion
VI. Lunch		
VII. Discussion of Meeting Dates and Times for 2018	Committee	Discussion
VIII. Break		
IX. Review Council By-Laws	Committee	Discussion
X. Next Meeting/Agenda -January 19, 2018		
XI. Adjournment	Dan Haley, Chair	Action

"...to advise, review, monitor, and evaluate all aspects of the development of the State Plan"
(Public Laws 99-660, 100-639, and 102-321)



ARIZONA BEHAVIORAL HEALTH PLANNING COUNCIL
PLANNING COUNCIL
 MEETING OF August 18, 2017
 9:30AM – 2:30pm

MEETING LOCATION	TELEMED AVAILABILITY
AHCCCS 701 E. Jefferson, Grand Canyon Room, 701-4	None

Call In Number Moderator Code/Participant Code
1-877-820-7831- moderator code /participant code 906422#

Committee Meetings 9:30 – 11:30

Full Council Meeting 1:00 – 2:00

(Reminder: state agencies do not need to attend)

9:00 – 10:30 Review Applications Sections: Financial, Data and Environment

10:40 - 11:30 Community Advisory Committee

11:40 -12:50 Executive Committee

Planning Council Meeting 1:00 – 2:30

<u>AGENDA ITEM</u>	<u>FACILITATOR</u>	<u>ANTICIPATED ACTION</u>
I. Call to Order & Introductions	Dan Haley, Chair	Action
II. State Agency Reports	Dan Haley, Chair	Discussion
III. Com mittee Reports	Dan Haley, Chair	Discussion
<ul style="list-style-type: none"> • Application Committee • Executive 		
IV. Adjournment	Dan Haley, Chair	Action

"...to advise, review, monitor, and evaluate all aspects of the development of the State Plan"
(Public Laws 99-660, 100-639, and 102-321)



ARIZONA BEHAVIORAL HEALTH PLANNING COUNCIL
PLANNING COUNCIL
 MEETING OF October 20, 2017
 8:15AM – 11:45am

MEETING LOCATION	TELEMED AVAILABILITY
AHCCCS 701 E. Jefferson, Grand Canyon Room, 701-4	None
Call In Number Moderator Code/Participant Code 1-877-820-7831- moderator code /participant code 906422#	

(Reminder: state agencies can participate by phone there will be no state agency reports)

- | | |
|---------------|--|
| 8:15 – 9:15 | Travel Training |
| 9:30 - 10:30 | Session One – Council Training |
| 10:30 -10:45 | Break |
| 10:45 – 11:45 | Session Two – Council Input and Questions |
| 11:45 – 1:00 | Lunch |
| 1:00 – 3:00 | Officer Meeting (invite only) strategic planning session |

<u>AGENDA ITEM</u>	<u>FACILITATOR</u>	<u>ANTICIPATED ACTION</u>
I. Call to Order & Introductions	Dan Haley, Chair	Action
II. Travel Training	Yisel Sanchez, AHCCCS	Discussion
III. Session One - Training	Dan Haley, Chair	Discussion
<ul style="list-style-type: none"> • Introduction & Terminology • Block Grants Summary (Federal Info) • Planning Council (Federal Overview) <ul style="list-style-type: none"> ○ History ○ Membership Requirements ○ Council Duties (Federal Info) • Arizona Council Details (Based in Bylaws) 		

"...to advise, review, monitor, and evaluate all aspects of the development of the State Plan"
(Public Laws 99-660, 100-639, and 102-321)

- Purpose
- Mission
- Membership
- Council Structure and Operations

- Council Duties Reviewed with Examples from Other States

IV. Session Two – Council Input and Questions

- Q&A to Consultant
- Discussion – Facilitated by Consultant
 - AZ Council Challenges and Opportunities
 - AZ Possibilities for Operational Changes
 - Next Steps for Future Discussion and Wrap Up
- Resources for Councils and Discussion of Technical Assistance Frameworks for Councils

V. Other Business / Announcements

VI. Call to the Public

VII. Next Meeting / Agenda

VIII. Adjournment

Dan Haley, Chair

**"...to advise, review, monitor, and evaluate all aspects of the development of the State Plan"
(Public Laws 99-660, 100-639, and 102-321)**

ARIZONA BEHAVIORAL HEALTH PLANNING COUNCIL
701 E. Jefferson St. MD 6500
Phoenix, AZ 85034

August 17, 2018

Substance Abuse and Mental Health Services Administration (SAMHSA)
Center for Mental Health Services (CMHS)
Division of State and Community Systems Development (DSCSD)
5600 Fishers Lane
Station 14E26C
Rockville, MD 20857
Dear Sir or Madam,

The Arizona Behavioral Health Planning Council is required by Public Law 103-321 to review Arizona's Mental Health and Substance Abuse Block Grant Services and Plan for Children and Adults for Fiscal Year 2019. This must occur before it is submitted to the United States Department of Health and Human Services (DHHS) so that Arizona may receive the federal Mental Health Block Grant and the federal SABG for 2019. The Planning Council submits this letter to the Center for Mental Health Services with comments and recommendations regardless of whether they have been accepted by the State.

The Planning Council has included integrated representation between mental health and substance abuse since 1999, with the participation of several substance abuse providers. The Council recognizes the importance of increasing its expertise of substance abuse, particularly with the integration of mental health and substance abuse funding through the Block Grant. The Council has strong representation by persons experienced in substance abuse treatment, persons with personal experience or who have a family member with substance abuse challenges and continually strives to improve representation among its members.

The Council ensures its membership reflects the diverse cultures in Arizona. Currently, the Council has one American Indian individual, who is the family member of an adult with a Serious Mental Illness (SMI) determination; and also includes representation by African American members, one of whom is the mother of a child with a Serious Emotional Disturbance (SED). There are also older adults and individuals with an SMI designation in the behavioral health system, family members of young children and a member of the LGBT community. Additionally, the Council recruits and retains individuals throughout the state, including individuals from Tucson, Southern Arizona (San Manuel), and Northern Arizona (Lake Havasu City, Kingman, and Bullhead City). In the past year the Planning Council, at the suggestion of AHCCCS, had reduced travel to other locations around Arizona. The Council had agreed to this on a trial basis with the understanding that it would allow AHCCCS leadership to participate and provide more detailed guidance and data for the Council. The Executive Committee continues its efforts to further diversify membership by recruiting transition-age youth/young adults, representatives from the educational and correctional systems,

(Public Laws 99-660, 100-639, and 102-321)

and individuals with personal experiences in the behavioral health system- specifically mental health and drug courts. The Council is charged with:

- Reviewing plans and submitting to the State any recommendations for modification;
- Serving as an advocate for adults with a serious mental illness and children who are seriously emotionally disturbed, including individuals with mental illnesses or emotional problems;
- Monitoring, reviewing, and evaluating, not less than once per year, the allocation and adequacy of mental health services in the State; and
- Participating in improving mental health services within the State.

The Arizona Behavioral Health Planning Council meets monthly. Thus far this year, the Council has met six times with meetings for two months having been cancelled. Typically, Council meets during the summer to review the Block Grant application. Meetings are held in the community, both urban and rural areas; and at the AHCCCS central office when held in Phoenix.

The Council is also kept abreast of current issues, programs, upcoming grants, and other topics in the behavioral health field, and acts as an advisory body to the State. Reports on the Block Grant expenditures are discussed during the full Council meetings.

The Council meets with AHCCCS staff who are directly involved in the statistical and financial data collection, including those who are involved in Block Grant development. This happens during regularly scheduled Council meetings to develop the Community Mental Health Services (MHBG) and Substance Abuse Block Grant (SABG). These meetings provide an opportunity to share updates and feedback on priorities, issues, and other relevant topics related to the Block Grant.

**"... to advise, review, monitor, and evaluate all aspects of the development of the State Plan"
(Public Laws 99-660, 100-639, and 102-321)**

AHCCCS staff meets with the Council to discuss programs and activities related to the Block Grants. AHCCCS staff receives feedback from the Council regarding new priorities and data needed to respond to them. During the past year, the Planning Council met with Peers in Tucson and in Yuma to learn about issues and concerns they had. Also, in January, the Council met with representatives from the Court, Law Enforcement and Service Providers in Florence to learn about issues concerns that group had.

At the meeting in Florence, the Council heard about a range of issues and concerns including the following:

- Inconsistent crisis response availability based on location of person needing assistance.
- Barriers in persons obtaining SMI determination based on the quality of the application packet preparation.
- Barriers to obtaining substance abuse services for persons who do not have Medicaid eligibility determined. – Providers don't seem prepared to appropriately use SABG funds in obtaining services for non-TXIX members. This is especially true for persons outside of the priority populations.
- Barriers in being able to transport individuals seeking voluntary hospitalization
- Long waiting periods for Medicaid eligibility to be determined resulting in delay in commencement of services
- Lack of a ready transition (in some circumstances) to behavioral health services for individuals being discharged from jail or prison.

At the Tucson meeting, the Council heard concerns that Peers had regarding access to services and difficulties they were having in registering a complaint about problems or issues they experienced. At this meeting, Peers were provided training on the SMI Grievance and Appeal process.

At the Yuma meeting, the Council heard concerns about transportation and up-coming changes in the service system that will come into effect on October 1, 2018.

The Council has discussed these concerns with AHCCCS. Corrective measures have been taken to address some of the concerns listed. We look forward to future opportunities to further explore remedies to the barriers and problems that have been brought to our attention.

Despite the success the council has had in obtaining information from the community regarding Substance Use and Behavioral Health services, the Council encounters barriers in regularly obtaining program and administrative information; for example:

- Financial data regarding Block Grant expenditures
- Programmatic information
- Program description and evaluations, and
- Community needs assessments.

The Council has seen positive progress, and will continue to seek better collaboration with AHCCCS to facilitate the Block Grant planning process

**"... to advise, review, monitor, and evaluate all aspects of the development of the State Plan"
(Public Laws 99-660, 100-639, and 102-321)**

The Planning Council has identified areas of focus for the 2018-2019 grant years. The Council:

- Will become more involved with the expenditure of the set-aside monies for an evidence-based program addressing first episode psychosis.
- Plans to recruit representatives from programs that are awarded block grant funds. Although the Council is well represented in the number of members who are impacted by, or provide services related to substance use and abuse, the Council is not well represented by providers who are receiving the block grant dollars for the provision of the services. Recruiting a provider that receives block grant funds will allow the Council to better understand how the dollars are used.
- Will seek more information regarding expenditure of SABG prevention dollars.

Thank you for the opportunity to provide comment on the State Mental Health and SABG Plan. The Council continues to review, monitor and evaluate aspects of the development of this plan.

Sincerely,

Daniel Lee Haley



Chair Planning Council

**"... to advise, review, monitor, and evaluate all aspects of the development of the State Plan"
(Public Laws 99-660, 100-639, and 102-321)**

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)
Dave Delawder	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		1450 N. Cherry Tucson AZ, 85719 PH: 520-621-1642	delawder@email.arizona.edu
Dawn Abbott	Family Members of Individuals in Recovery (to include family members of adults with SMI)		1743 Sycamore Avenue Kingman AZ, 86409 PH: 928-681-5990	dabbott@mmhc-inc.org
John Baird	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		1036 W. 3rd Avenue San Manuel AZ, 85631 PH: 520-385-2667	johnbaird1@hotmail.com
Kathy Bashor	State Employees	Arizona Health Care Cost Containment System (AHCCCS)	701 E. Jefferson Street Phoenix AZ, 85034 PH: 602-364-4629	Kathy.bashor@azahcccs.gov
Roberta Brown	State Employees	Arizona Department of Education	1535 W. Jefferson Phoenix AZ, 85007	Roberta.brown@azed.gov
Leon Canty III	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		1750 W. Sahuaro Drive, Unit 105 Phoenix AZ, 85029 PH: 602-678-1579	Ramsus77@gmail.com
Akia Compton	Parents of children with SED		2642 E. Thomas Rd Phoenix AZ, 85016 PH: 480-414-4879	akiac@mikid.org
Daniel Haley	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		1200 N. Country Club Road Tucson AZ, 85716 PH: 520-869-6263	danielhaley@hopetucson.org
Sue Hernandez	Family Members of Individuals in Recovery (to include family members of adults with SMI)		1314 W. Holmes Ave Phoenix AZ, 85006 PH: 928-814-3790	Fakey.ego@gmail.com
Amy Hodgson	State Employees	DCS - State Social Service Agency	3221 N. 16th St. Suite 400 Phoenix AZ, 85016	Amy.Hodgson@azdcs.gov
Joy Johnson	State Employees	Arizona Department of Housing	1110 W. Washington St., Suite 310 Phoenix AZ, 85007 PH: 602-771-1026	joy.johnson@azhousing.gov
Vicki Johnson	Family Members of Individuals in Recovery (to include family members of adults with SMI)		5409 W. Siesta Way Laveen AZ, 85339 PH: 480-236-2552	Vlj30@cox.net
			5333 N. 7th Street, A	

Jane Kallal	Providers		-100 Phoenix AZ, 85014 PH: 602-412-4070	Jane@Familyinvolvementcenter.org
Alida Montiel	Parents of children with SED		2214 N. Cnetral Avenue Phoenix AZ, 85004 PH: 602-258-4822	Alida.montiel@itcaonline.com
Mary Page	Providers		3250 W Lower Buckeye Road Phoenix AZ, 85009 PH: 602-876-6805	m.page@mail.maricopa.gov
Stacy Paul	State Employees	Arizona Department of Corrections	1000 S. Wilmot Rd. Tucson AZ, 85734 PH: 520-304-1715	
Alicia Ruiz	State Employees	DES/Rehabilitation Services	1789 W. Jefferson St., 2NW Phoenix AZ, 85007 PH: 602-542-3792	AliciaRuiz@azdes.gov
Lisa St. George	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		2701 N. 16th St., Suite 218 Phoenix AZ, 85006 PH: 602-636-4491	Lisa.St.George@riinternational.com
Brenda Vittatoe	Parents of children with SED		PH: 623-873-6537	

Footnotes:

NOT FINAL

Environmental Factors and Plan

Behavioral Health Council Composition by Member Type

Start Year:

End Year:

Type of Membership	Number	Percentage
Total Membership	19	
Individuals in Recovery* (to include adults with SMI who are receiving, or have received, mental health services)	5	
Family Members of Individuals in Recovery* (to include family members of adults with SMI)	3	
Parents of children with SED*	3	
Vacancies (Individuals and Family Members)	0	
Others (Not State employees or providers)	0	
Total Individuals in Recovery, Family Members & Others	11	57.89%
State Employees	6	
Providers	2	
Vacancies	0	
Total State Employees & Providers	8	42.11%
Individuals/Family Members from Diverse Racial, Ethnic, and LGBTQ Populations	4	
Providers from Diverse Racial, Ethnic, and LGBTQ Populations	2	
Total Individuals and Providers from Diverse Racial, Ethnic, and LGBTQ Populations	6	
Persons in recovery from or providing treatment for or advocating for substance abuse services	6	
Federally Recognized Tribe Representatives	0	
Youth/adolescent representative (or member from an organization serving young people)	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?

The Planning Council was involved in the review of the 2018 application and plan upon receiving a copy of the application draft with and without attachments. The planning council is reviewing the updated 2019 information prior to the submission of the application and plan. The Planning Council invited AHCCCS staff to provide an overview of the application of the 2018 application and plan, a review of the 2018 application and plan and an overview of the 2019 update. The Planning Council asked questions about the application and was provided with details in response to their questions.

Since the deadline to have the 2018 application completed by 9/1/17 did not allow the Planning Council to do as thorough of a review of the application

as they would like, they conducted a preliminary review within the time available and have been working on a more comprehensive review so their recommendations can be incorporated into the 2019 update and 2020 application and plan. The council provided recommendations for the activities of the council throughout the coming year, but did not provide any any modification requests to the application (see attached letter).

Footnotes:

NOT FINAL

Environmental Factors and Plan

23. Syringe Services (SSP)

Narrative Question:

The Substance Abuse Prevention and Treatment Block Grant (SABG) restriction^{1,2} on the use of federal funds for programs distributing sterile needles or syringes (referred to as syringe services programs (SSP)) was modified by the **Consolidated Appropriations Act**, 2016 (P.L. 114-113) signed by President Obama on December 18, 2015³.

Section 520. *Notwithstanding any other provisions of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug: Provided, that such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with State and local law.*

A state experiencing, or at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, (as determined by CDC), may propose to use SABG to fund elements of a SSP other than to purchase sterile needles or syringes. However, directing FY 2016 SABG funds to SSPs will require a modification of the 2016-2017 SABG Behavioral Assessment and Plan (Plan). States interested in directing SABG funds to SSPs must provide the information requested below and receive approval on the modification from the State Project Officer. Please note that the term used in the SABG statute and regulation, *intravenous drug user* (IVDU) is being replaced for the purposes of this discussion by the term now used by the federal government, *persons who inject drugs* (PWID).

States may consider making SABG funds available to either one or more entities to establish elements of a SSP or to establish a relationship with an existing SSP. States should keep in mind the related PWID SABG authorizing legislation and implementing regulation requirements when modifying the Plan, specifically, requirements to provide outreach to PWID, SUD treatment and recovery services for PWID, and to routinely collaborate with other healthcare providers, which may include HIV/STD clinics, public health providers, emergency departments, and mental health centers⁴. SAMHSA funds cannot be supplanted, in other words, used to fund an existing SSP so that state or other non-federal funds can then be used for another program.

In the first half of calendar year 2016 the federal government released three guidance documents regarding SSPs⁵: These documents can be found on the Hiv.gov website: <https://www.hiv.gov/federal-response/policies-issues/syringe-services-programs> ,

1. **Department of Health and Human Services Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016** from The US Department of Health and Human Services, Office of HIV/AIDS and Infectious Disease Policy <https://www.hiv.gov/sites/default/files/hhs-ssp-guidance.pdf> ,
2. **Centers for Disease Control and Prevention (CDC) Program Guidance for Implementing Certain Components of Syringe Services Programs, 2016** The Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, Division of Hepatitis Prevention <http://www.cdc.gov/hiv/pdf/risk/cdc-hiv-syringe-exchange-services.pdf>,
3. **The Substance Abuse and Mental Health Services Administration (SAMHSA)-specific Guidance for States Requesting Use of Substance Abuse Prevention and Treatment Block Grant Funds to Implement SSPs** <http://www.samhsa.gov/sites/default/files/grants/ssp-guidance-state-block-grants.pdf> ,

Please refer to the guidance documents above when requesting a modification to the state's 2016-2017 Behavioral Health Assessment and Plan.

Please follow the steps listed below to modify the Plan:

- Request a Determination of Need from the CDC
- Modify the 2016-2017 Plan to expend FFY 2016 and/or FFY 2017* funds and support an existing SSP or establish a new SSP
- Include proposed protocols, timeline for implementation, and overall budget

- Submit planned expenditures and agency information on **Table A** listed below
- Obtain State Project Officer Approval
- Collect **all** SSP information on **Table B** listed below to be reported in the FFY 2019 SABG report due December 1, 2018

End Notes

¹ Section 1923 (b) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. ? 300x-23(b)) and 45 CFR ? 96.126(e) requires entities that receive SABG funds to provide substance use disorder (SUD) treatment services to PWID to also conduct outreach activities to encourage such persons to undergo SUD treatment. Any state or jurisdiction that plans to re-obligate FY 2016 SABG funds previously made available such entities for the purposes of providing substance use disorder treatment services to PWID and outreach to such persons may submit an amendment to its plan to SAMHSA for the purpose of incorporating elements of a SSP in one or more such entities insofar as the plan amendment is applicable to the FY 2016 SABG funds **only** and is consistent with guidance issued by SAMHSA.

²Section 1931(a)(1)(F) of Title XIX, Part B, Subpart II of the Public Health Service (PHS) Act (42 U.S.C.? 300x-31(a)(1)(F)) and 45 CFR ? 96.135(a)(6) explicitly prohibits the use of SABG funds to provide persons who inject drugs (PWID) with hypodermic needles or syringes so that such persons may inject illegal drugs unless the Surgeon General of the United States determines that a demonstration needle exchange program would be effective in reducing injection drug use and the risk of HIV transmission to others. On February 23, 2011, the Secretary of the U.S. Department of Health and Human Services published a notice in the Federal Register (76 FR 10038) indicating that the Surgeon General of the United States had made a determination that syringe services programs, when part of a comprehensive HIV prevention strategy, play a critical role in preventing HIV among PWID, facilitate entry into SUD treatment and primary care, and do not increase the illicit use of drugs.

³ Division H Departments of Labor, Health and Human Services and Education and Related Agencies, Title V General Provisions, Section 520 of the Consolidated Appropriations Act, 2016 (P.L. 114- 113)

⁴ Section 1924(a) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. ? 300x-24(a)) and 45 CFR ? 96.127 requires entities that receives SABG funds to routinely make available, directly or through other public or nonprofit private entities, tuberculosis services as described in section 1924(b)(2) of the PHS Act to each person receiving SUD treatment and recovery services.

Section 1924(b) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. ? 300x-24(b)) and 45 CFR 96.128 requires ?designated states? as defined in Section 1924(b)(2) of the PHS Act to set- aside SABG funds to carry out 1 or more projects to make available early intervention services for HIV as defined in section 1924(b)(7)(B) at the sites at which persons are receiving SUD treatment and recovery services.

Section 1928(a) of Title XXI, Part B, Subpart II of the PHS Act (42 U.S.C. 300x-28(c)) and 45 CFR 96.132(c) requires states to ensure that substance abuse prevention and SUD treatment and recovery services providers coordinate such services with the provision of other services including, but not limited to, health services.

⁵**Department of Health and Human Services Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016** describes a SSP as a comprehensive prevention program for PWID that includes the provision of sterile needles, syringes and other drug preparation equipment and disposal services, and some or all of the following services:

- Comprehensive HIV risk reduction counseling related to sexual and injection and/or prescription drug misuse;
- HIV, viral hepatitis, sexually transmitted diseases (STD), and tuberculosis (TB) screening;
- Provision of naloxone (Narcan?) to reverse opiate overdoses;
- Referral and linkage to HIV, viral hepatitis, STD, and TB prevention care and treatment services;
- Referral and linkage to hepatitis A virus and hepatitis B virus vaccinations; and
- Referral to SUD treatment and recovery services, primary medical care and mental health services.

Centers for Disease Control and Prevention (CDC) Program Guidance for Implementing Certain Components of Syringe Services Programs, 2016 includes a description of the elements of a SSP that can be supported with federal funds.

- Personnel (e.g., program staff, as well as staff for planning, monitoring, evaluation, and quality assurance);
- Supplies, exclusive of needles/syringes and devices solely used in the preparation of substances for illicit drug injection, e.g., cookers;
- Testing kits for HCV and HIV;
- Syringe disposal services (e.g., contract or other arrangement for disposal of bio- hazardous material);

- Navigation services to ensure linkage to HIV and viral hepatitis prevention, treatment and care services, including antiretroviral therapy for HCV and HIV, pre-exposure prophylaxis, post-exposure prophylaxis, prevention of mother to child transmission and partner services; HAV and HBV vaccination, substance use disorder treatment, recovery support services and medical and mental health services;
- Provision of naloxone to reverse opioid overdoses
- Educational materials, including information about safer injection practices, overdose prevention and reversing a opioid overdose with naloxone, HIV and viral hepatitis prevention, treatment and care services, and mental health and substance use disorder treatment including medication-assisted treatment and recovery support services;
- Condoms to reduce sexual risk of sexual transmission of HIV, viral hepatitis, and other STDs;
- Communication and outreach activities; and
- Planning and non-research evaluation activities.

Footnotes:

Arizona currently has statute in A.R.S. Title 13, Chapter 34, which establishes possession of hypodermic needles as a criminal offense. House Bill 2389 was introduced during the 2018 legislative session which sought to amend Title 36, Chapter 6, Article 9 by adding section 36-791 granting the Director of the Department of Health Services the authority "to declare a public health emergency to address a possible outbreak of an infectious disease that is being spread by the sharing of needles." The Director would have also been granted authority to identify specific geographic areas where the public health emergency was occurring and provide allowances for the distribution of hypodermic needles and the collection of used ones without risk of penalty for those being found in possession of the hypodermic needles for the purpose of exchange. Although HB 2389 received widespread support, unfortunately it was unable to satisfy the legislative process. Despite this, AHCCCS continues to partner with the Arizona Department of Health Services to monitor the public health impact of spreading of infectious diseases as a result of sharing hypodermic needles. Upon enactment of legislation authorizing the exchange of hypodermic needles, AHCCCS will collaborate with the Director of Public Health and SAMHSA to address this public health concern.

NOT FINAL

Environmental Factors and Plan

Syringe Services (SSP) Program Information-Table A

Syringe Services Program SSP Agency Name	Main Address of SSP	Dollar Amount of SABG funds used for SSP	SUD Treatment Provider	Number Of Locations (include mobile if any)	Narcan Provided
No Data Available					

Footnotes:

NOT FINAL

Environmental Factors and Plan

Syringe Services (SSP) Program Information-Table B

[Please enter total number of individuals served]

Syringe Service Program Name	# of Unique Individuals Served		HIV Testing	Treatment for Substance Use Conditions	Treatment for Physical Health	STD Testing	Hep C
	0	ONSITE Testing	0	0	0	0	0
		Referral to testing	0	0	0	0	0

Footnotes:

NOT FINAL

Environmental Factors and Plan

24. 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:
<https://www.azahcccs.gov/AHCCCS/PublicNotices/SA-MHBG.html>
 - c) Other (e.g. public service announcements, print media) Yes No

Footnotes:

NOT FINAL