Arizona

UNIFORM APPLICATION
FY 2022/2023 Combined MHBG ApplicationBehavioral Health Assessment and Plan

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

OMB - Approved 03/02/2022 - Expires 03/31/2025
(generated on 08/04/2022 7.39.28 PM)

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 2023

End Year 2024

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 Division of Grants Administration

Mailing Address 801 E Jefferson St

City Phoenix

Zip Code 85034

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

First Name Kristen

Last Name Challacombe

Agency Name Arizona Health Care Cost Containment System

Mailing Address 801 East Jefferson St MD4100

City Phoenix

Zip Code 85034

Telephone 602-417-4000

Fax

Email Address kristen.challacombe@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 Grants Administration

Mailing Address 801 East Jefferson St

City Phoenix

Zip Code 85034

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

First Name Kristen

Last Name Challacombe

Agency Name Arizona Health Care Cost Containment System (AHCCCS)

Mailing Address	801 E Jefferson St MD4100
City	Phoenix
Zip Code	85034
Telephone	602-417-4000
Fax	
Email Address	kristen.challacombe@azahcccs.gov

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	7/5/2022 4:12:49 PM

VI. Contact Person Responsible for Application Submission

First Name	Emma
Last Name	Hefton
Telephone	602-417-4748
Fax	
Email Address	emma.hefton@azahcccs.gov

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

State Information

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

Fiscal Year 2023

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

Title XIX, Part B, Subpart II of the Public Health Service Act		
Section	**Title**	**Chapter**
Section 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**
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ASSURANCES - NON-CONSTRUCTION PROGRAMS

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

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the 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 Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

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

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

Signature of CEO or Designee[1]: _____

Title: _____ Date Signed: _____

mm/dd/yyyy

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

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

State Information

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Section	**Title**	**Chapter**
Section 1911	Formula Grants to States	**42 USC § 300x**
Section 1912	State Plan for Comprehensive Community Mental Health Services for Certain Individuals	**42 USC § 300x-1**
Section 1913	Certain Agreements	**42 USC § 300x-2**
Section 1914	State Mental Health Planning Council	**42 USC § 300x-3**
Section 1915	Additional Provisions	**42 USC § 300x-4**
Section 1916	Restrictions on Use of Payments	**42 USC § 300x-5**
Section 1917	Application for Grant	**42 USC § 300x-6**
Section 1920	Early Serious Mental Illness	**42 USC § 300x-9**
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10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Costal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to

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

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

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

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

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

2. Certification Regarding Drug-Free Workplace Requirements

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

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

3. Certifications Regarding Lobbying

Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions,"

generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING $100,000 in total costs.

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

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

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

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

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

5. Certification Regarding Environmental Tobacco Smoke

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

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

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

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

HHS Assurances of Compliance (HHS 690)

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

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

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

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

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

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

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

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

Name of Chief Executive Officer (CEO) or Designee: _____

Signature of CEO or Designee[1]: _____

Title: _____ Date Signed: _____

mm/dd/yyyy

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

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

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

Title

Organization

Signature: Date:

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

Planning Tables

Table 2 State Agency Planned Expenditures [MH]

States must project how the SMHA will use available funds to provide authorized services for the planning period for state fiscal year 2023. Include public mental health services provided by mental health providers or funded by the state mental health agency by source of funding. Table 2 addresses funds to be expended during the 12-month period of July 1, 2022, through June 30, 2023. Table 2 now includes columns to capture state expenditures for COVID-19 Relief Supplemental and ARP Supplemental funds. Please use these columns to capture how much the state plans to expend over a 12-month period (7/1/22-6/30/23). Please document the use of COVID-19 Relief Supplemental and ARP Supplemental funds in the footnotes.

Planning Period Start Date: 10/1/2022 Planning Period End Date: 9/30/2023

Activity (See instructions for using Row 1.)	Source of Funds									
	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	H. COVID-19 Relief Funds (MHBG)[a]	I. COVID-19 Relief Funds (SABG)	J. ARP Funds (MHBG)[b]
1. Substance Abuse Prevention and Treatment										
a. Pregnant Women and Women with Dependent Children										
b. All Other										
2. Primary Prevention										
a. Substance Abuse Primary Prevention										
b. Mental Health Primary Prevention[c]										
3. Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis (10 percent of total award MHBG)[d]		$2,030,904.00						$2,270,708.00		$1,307,636.00
4. Tuberculosis Services										
5. Early Intervention Services for HIV										
6. State Hospital										
7. Other 24-Hour Care		$1,299,538.00						$1,442,309.00		$308,280.00
8. Ambulatory/Community Non-24 Hour Care		$14,944,690.00						$16,586,558.00		$10,152,804.00
9. Administration (excluding program/provider level)[e] MHBG and SABG must be reported separately		$1,015,452.00						$1,097,145.00		$652,714.00
10. Crisis Services (5 percent set-aside)[f]		$1,015,452.00						$1,135,578.00		$653,818.00
11. Total	**$0.00**	**$20,306,036.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$22,532,298.00**	**$0.00**	**$13,075,252.00**

[a] The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" SABG and MHBG. Per the instructions, the standard SABG expenditures are for the state planned expenditure period of **July 1, 2022 – June 30, 2023**, for most states.

[b] The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025,** which is different from expenditure period for the "standard" MHBG. Per the instructions, the standard MHBG expenditures captured in Columns A-G are for the state planned expenditure period of **July 1, 2022 - June 30, 2023**, for most states

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

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

[e] Per statute, Administrative expenditures cannot exceed 5 percent of the fiscal year award

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

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Footnotes:

Planning Tables

Table 4 SABG Planned Expenditures

States must project how they will use SABG funds to provide authorized services as required by the SABG regulations, including the supplemental COVID-19 and ARP funds. Plan Table 4 must be completed for the FFY 2022 and FFY 2023 SABG awards. The totals for each Fiscal Year should match the President's Budget Allotment for the state.

Planning Period Start Date: 10/1/2022 Planning Period End Date: 9/30/2023

	FFY 2022			FFY 2023		
Expenditure Category	**FFY 2022 SA Block Grant Award**	**COVID-19 Award[1]**	**ARP Award[2]**	**FFY 2023 SA Block Grant Award**	**COVID-19 Award[1]**	**ARP Award[2]**
1 . Substance Use Disorder Prevention and Treatment[5]	$32,600,184.00	$28,419,171.00	$18,407,872.00	$32,600,184.00	$27,806,097.00	$18,407,872.00
2 . Primary Substance Use Disorder Prevention	$8,693,382.00	$7,578,446.00	$4,908,767.00	$8,693,382.00	$7,288,888.00	$4,908,767.00
3 . Tuberculosis Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
4 . Early Intervention Services for HIV[6]	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
5 . Administration (SSA Level Only)	$2,173,346.00	$1,894,611.00	$1,227,191.00	$2,173,346.00	$1,808,746.00	$1,217,693.00
6. Total	**$43,466,912.00**	**$37,892,228.00**	**$24,543,830.00**	**$43,466,912.00**	**$36,903,731.00**	**$24,534,332.00**

[1]The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned COVID-19 Relief Supplemental

expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

[2]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned ARP expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

[3]The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

[4]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022- September 30, 2023. For purposes of this table, all planned ARP expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

[5]Prevention other than Primary Prevention

[6]For the purpose of determining which states and jurisdictions 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 (SABG); 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 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 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 will be allowed to obligate and expend SABG funds for EIS/HIV if they chose to do so.

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

Arizona/AHCCCS attached "Arizona JJ Proposal Package 8.18.21" for requesting to use SABG for treatment services in juvenile detention settings to the FY2022 plan, per SAMHSA's request (approved via email 7/11/22). AHCCCS also attached the SAMHSA approval letter "AZ's SUD Treatment Services in Juvenile Detention Plan Use of SABG Funds_Approval_07.10.2022 (1)" to the FY22-23 plan as requested.

AZ's SUD Treatment Services in Juvenile Detention Plan Use of SABG Funds to Serve this At-Risk Population of AZ Youth with SUD Problems Approval 07/10/2022

The proposed plan is to enhance Treatment Services available to Adolescents in Juvenile Detention Centers in Arizona.

Arizona Health Care Cost Containment System (AHCCCS) Proposal (see attached) to utilize FY 2022 SABG funds for SUD Treatment Services for Adolescents in Juvenile Detention Centers has been received and approved. Youth in juvenile justice systems often display a variety of high-risk characteristics that include inadequate family support, school failure, negative peer associations, and insufficient use of community-based services.

Juvenile Detention Centers are not subject to the restriction on expenditures as outlined in 42 U.S. Code § 300x–31 and 45 CFR §96.135(b)(2). SAMHSA's Center for Substance Abuse Treatment does not consider juvenile detention facilities meeting the description provided by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) to be correctional or penal facilities; therefore, they are not subject to the restriction on expenditures as outlined in 42 U.S. Code § 300x–31 and 45 CFR §96.135(b)(2).

During the review of the attached Proposal, it was recommended that there be written and implemented Memorandum(s) of Understanding (MOUs), or Memorandum(s) of Agreement (MOAs) between all the interested parties.

The state originally submitted this proposal in August 2021. We have corresponded back and forth, and it has been reviewed, revised, and is now receiving initial approval from SAMHSA to move forward.

Theresa Mitchell Hampton

Theresa Mitchell Hampton, DrPH, M.Ed., L.C.P.C.
Public Health Advisor | State Project Officer

August 18, 2021
Theresa Mitchell Hampton, DrPH, M.Ed.
Public Health Advisor/State Project Officer HHS Region IX
U.S. Department of Health and Human Services (DHHS)
Substance Abuse and Mental Health Services Administration (SAMHSA)
Center for Substance Abuse Treatment (CSAT)
5600 Fishers Lane, Station 13N16–E
Rockville, MD 20857

Dear Dr. Mitchell:
Thank you for the opportunity to pursue the use of Substance Abuse Block Grant funds for treatment services for adolescents in juvenile detention centers. Youth in juvenile justice systems often display a variety of high-risk characteristics that include inadequate family support, school failure, negative peer associations, and insufficient use of community-based services. AHCCCS welcomes the opportunity to enhance services available to them.

As previously determined, SAMHSA's Center for Substance Abuse Treatment does not consider juvenile detention facilities meeting the description provided by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) to be correctional or penal facilities; therefore, they are not subject to the restriction on expenditures as outlined in 42 U.S. Code § 300x–31 and 45 CFR §96.135(b)(2).

According to Arizona policy AMPM 320 T1 regarding Adolescents in Detention, the following limitations apply:

a. Services may only be provided in juvenile detention facilities meeting the description provided by the Office of Juvenile Justice and Delinquency Prevention (OJJDP). Although TXIX services are limited for inmates of public institutions, for purposes of administering SABG, juvenile detention facilities are used only for temporary and safe custody, are not punitive, and are not correctional or penal institutions.
b. Services shall be provided only to voluntary members, by qualified BHPs/BHTs/BHPPs, based upon assessed need for SUD services, utilizing evidence-based practices, following an individualized service plan, for a therapeutically indicated amount of duration and frequency, and with a relapse prevention plan completed prior to discharge/transfer to a community-based provider.

With policy in mind, Regional Behavioral Health Authorities were invited to submit plans for providing substance use disorder treatment to juveniles in Arizona's juvenile detention facilities with SABG funds. AHCCCS presents these plans for your review and potential approval.

Should you have any questions regarding this proposal, do not hesitate to contact Michelle Skurka at Michelle.Skurka@azahcccs.gov.

Sincerely,

Michelle E Skurka

Michelle Skurka
Grants Administrator

Arizona Juvenile Justice Proposal
Substance Abuse Block Grant

August 15, 2021

Arizona Juvenile Justice Proposal
Substance Abuse Block Grant

Table of Contents

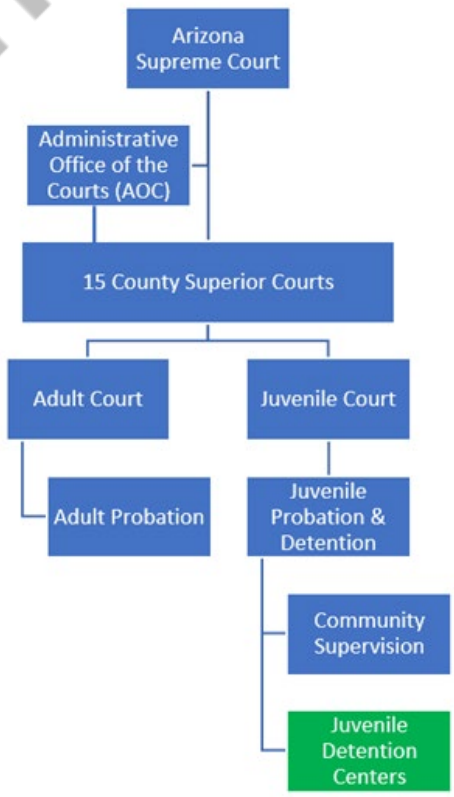
State Responses

State contact information

NAME	TITLE	CONTACT NUMBER	EMAIL ADDRESS
Michelle Skurka	Grants Administrator	602-364-2111	Michelle.skurka@azahcccs.gov
Mattie Lord	Grants Manager	602-417-4714	Mattie.lord@azahcccs.gov
DeAnna Granado	Grants Coordinator	602-417-4890	Deanna.granado@azahcccs.gov

Who oversees the children?

According to the Arizona Juvenile Commission State Plan, the Administrative Office of the Courts, Juvenile Justice Services Division (AOC/JJSD) has administrative authority over all the courts in each county, and court programs, including juvenile detention centers. This means that the state contributes most of the program funding and provides administrative oversight to the detention facilities. In addition, the Arizona Supreme Court is responsible for monitoring the Juvenile Intensive Probation Supervision (JIPS) programs in all 15 Arizona counties. Arizona has 12 juvenile detention centers: two in Maricopa County and one each in nine other counties. Apache, Gila, Greenlee, Navajo, and La Paz counties have contractual agreements to use juvenile facilities in adjacent counties.



Each locally operated program is custom designed to utilize the resources and meet the special needs of the juveniles in that county. Juvenile detention centers are required to comply with statewide policies and procedures outlined in the Arizona Juvenile Detention Standards that were established in 2009. Secure juvenile facilities must implement these best practice standards to guide operational, environmental and admissions procedures. Each detention center is operated by the Juvenile Probation Department unique to that county. Facilities are staffed by Juvenile Detention Officers who work for the county probation departments. Juvenile detention personnel are mandated by the state to receive specialized training that prepares them to serve and address the special needs of youth as stated in standard I B 3 of the Arizona Juvenile Detention Standards. Periodic inspections are conducted by the AOC/JJSD to ensure compliance.

Each juvenile detention facility offers services beyond providing secure housing to detained juveniles. Services include education, healthcare, nutrition, recreation, and family visits. Many facilities also provide behavioral health services such as parenting skills classes, anger management classes, and substance abuse treatment.

What is their current legal status while in detention?

The current legal status of a juvenile in detention means they have been adjudicated incorrigible or delinquent. In addition, a child can be found dually adjudicated both incorrigible and delinquent.

According to Arizona Revised Statute 8-201

"Incorrigible child" means a child who:
(a) Is adjudicated as a child who refuses to obey the reasonable and proper orders or directions of a parent, guardian, or custodian and who is beyond the control of that person.
(b) Is habitually truant from school as defined in section 15-803, subsection C.
(c) Is a runaway from the child's home or parent, guardian, or custodian.
(d) Habitually behaves in such a manner as to injure or endanger the morals or health of self or others.
(e) Commits any act constituting an offense that can only be committed by a minor and that is not designated as a delinquent act.
(f) Fails to obey any lawful order of a court of competent jurisdiction given in a noncriminal action.

A "delinquent juvenile" means a child who is adjudicated to have committed a delinquent act.

What is the average length of stay or level of service provision for the juveniles?

The average length of stay for AHCCCS-enrolled youth in a detention facility during CY 2019 was 85 days for those with an Serious Emotional Disturbance (SED) diagnosis and 49 days for those without an SED diagnosis. It should also be noted that youth may have had multiple stays in a detention facility during CY 2019. Stays in the detention facility during CY 2019 could have started prior to January 1, 2019 and could have continued past December 31, 2019. In FY2019, 3,466 youth were remanded to a county detention facility. In total, the mean is less than 30 days.

Exhibit 1

Average Length of Stay While in Juvenile Detention (in days)

	With SED Diagnosis	Without SED Diagnosis
Statewide	85	49
Maricopa County only	86	46
Pima County only	88	54
All Other Counties	74	34

Exhibit 1 above shows that, although there is variation in length of stay based on the presence of the SED diagnosis, there is little variation by region within the two categories. For youth with a SED diagnosis, 32 percent of detention stays were for 15 days or less: for non-SED members, 40 percent of stays. For youth with a SED diagnosis, just under half (49 percent) of stays were for under 30 days: for non-SED members, 61 percent of stays. Alternatively, when looking at longer lengths of stays 21 percent youth with a SED diagnosis stayed for three months or longer and 5 percent of these members stayed 12 months or longer.

State Resources for more information

https://www.azcourts.gov/jjsd/Automation/AZYAS
https://ojjdp.ojp.gov/
https://www.azcourts.gov
https://superiorcourt.maricopa.gov/juvenile/delinquency/

SFY 2022 SABG – Juvenile Justice Plan

Regional Behavioral Health Authority

Table of Contents

Date:	June 30, 2021
Report Period:	July 1, 2021 – June 30, 2022
RBHA:	Mercy Care
Service Provider(s):	Community Bridges, Community Medical Services, Terros, Valle del Sol

Background

SAMHSA's Center for Substance Abuse Treatment does not consider juvenile detention facilities meeting the description provided by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) to be correctional or penal facilities; therefore, they are not subject to the restriction on expenditures as outlined in 42 U.S. Code § 300x–31 and 45 CFR §96.135(b)(2).

According to AMPM 320 T1 regarding Adolescents in Detention:

Most adjudicated youth from secure detention do not have community follow-up or supervision, therefore, risk factors remain unaddressed. Youth in juvenile justice systems often display a variety of high-risk characteristics that include inadequate family support, school failure, negative peer associations, and insufficient use of community-based services.

Contractors and TRBHAs requesting to use SABG funding shall provide AHCCCS with a comprehensive and detailed plan that includes services and activities that will be provided to adolescents in detention. AHCCCS approval is contingent on funding availability and the Contractor's and TRBHA's comprehensive and detailed plan. For adolescents in detention, the following limitations apply:

- Services may only be provided in juvenile detention facilities meeting the description provided by the Office of Juvenile Justice and Delinquency Prevention (OJJDP). Although TXIX services are limited for inmates of public institutions, for purposes of administering SABG, juvenile detention facilities are used only for temporary and safe custody, are not punitive, and are not correctional or penal institutions,
- Services shall be provided:
  - Only to voluntary members,
  - By qualified BHPs/BHTs/BHPPs,
  - Based upon assessed need for SUD services,
  - Utilizing EBPPs,
  - Following an individualized service plan,
  - For a therapeutically indicated amount of duration and frequency, and
  - With a relapse Prevention plan completed prior to discharge/transfer to a community-based provider.

Opportunity

Regional Behavioral Health Authorities are invited to submit plans for providing substance use disorder treatment to juveniles in Arizona's juvenile detention facilities with SABG funds in the state fiscal year 2022.

Complete this plan template and email it with an annual budget projection and any pertinent policies and procedures to Mattie Lord at Mattie.Lord@azahcccs.gov with a cc to BHSInvoices@azahcccs.gov.

Both AHCCCS and SAMHSA will need to review and approve these documents before implementation.

Table 1 – RBHA Contact information

Name	Title	Contact Number	Email Address
Matthew Gioia	Grants Administrator	602-329-9985	Gioiam2@mercycareaz.org
Jeremy Reed	Special Projects Manager – SABG Treatment Lead	480-392-4815	ReedJ6@MercyCareAZ.org
Paula Krasselt	Justice Services Administrator	480-215-8722	KrasseltP@mercycareaz.org
David Bridge	Juvenile Justice Engagement Team (JJET) Liaison	480-651-2957	BridgeD@MercyCareAZ.org

Table 2 – Contact Information of Provider Staff

Name	Title	Contact Number	Email Address
Community Bridges	Eric Alfrey		EAlfrey@cbridges.com
Community Medical Services	Tina Braham		Tina.Braham@cmsgiveshope.com
Terros Health	Jennifer Nye		Jennifer.Nye@terroshealth.org
Valle del Sol	Vickey Edwards		VickeyE@valledelsol.com

Plan

A. Describe the identified need in the Geographic Service Area.
At a minimum:
1. **indicate the number of juvenile detention facilities within the GSA,**
2. **the level to which each facility provides substance use disorder treatment, and**
3. **any contracts the RBHA has with providers to serve juveniles in detention facilities.**

1. According to the Detention Services Bureau, Maricopa County Juvenile Probation Department currently operates one Juvenile Detention facility. In accordance with Administrative Order 2020-063, operational changes occurred in Juvenile Detention. These changes include the shift of all new screenings to the Durango facility on April 5, 2020 and the temporary closure of the Southeastern Facility beginning May 11, 2020. The lone Juvenile Detention Facility in the central GSA is:
   a. Durango Facility - 3131 W Durango St Phoenix, AZ 85009
2. Maricopa County Juvenile Probation Department's Clinical Services Manager reports detention clinicians provide, "limited treatment work on substance abuse due to the temporary nature of the youth's time in detention." (Lantsman-Waugh, 2021). This tenure narrative is supported by data. Maricopa County Juvenile Probation Department's *Data Connection – Monthly Key Indicators Report* (February FY2021) suggests the average length of stay for juveniles in these facilities was 26.2 days in FY20, while the same report suggests this figure has risen 15.4% in year-to-date FY21 (30.3 days). Preliminary discussions with Maricopa County Juvenile Probation Department have anecdotally shared an anticipated increase in detention volume and duration as the public health emergency subsides.
3. Mercy Care does not currently contract with providers to specifically serve juveniles in detention facilities. However, select providers have leveraged Mental Health Block Grant awards to sustain treatment relationships with youth in detention for individuals meeting grant eligibility. Typically, these treatment interventions would facilitate the provision of medication management or other telehealth services which were identified as treatment needs for individuals prior to entering detention settings. It may be worth noting that the Public Health Emergency has modified in-reach activities for providers with most services being delivered through a telehealth medium. Providers have also leveraged MHBG funds to conduct assessments consistent with AMPM 320-T1.

Identify the projected number of juveniles in a detention center to be served with SABG funding.

Maricopa County Juvenile Probation Department's Clinical Services Manager reports an absence of, "definitive data on the number/percentage of youth in detention that have a need for substance use treatment" (Lantsman-Waugh, 2021). According to Substance Abuse & Mental Health Services Administration however, 39% of juveniles entering detention settings met criteria for substance use disorders (SAMHSA, 2011). SAMHSA also suggests that after adjudication, 47% of youth put in secure placement have substance abuse disorder. When applying these figures to the youth in detention reported within Maricopa County Juvenile Probation Department's *Data Connection – Monthly Key Indicators Report*, we can deduce anywhere between 807 (37%) and

972 (47%) youth in detention may have met criteria for substance abuse disorder in FY20. Mercy Care does not currently possess inferential data regarding the percentage of juveniles in detention who would be considered eligible for substance abuse block grant (re: AHCCCS suspended or Non-Title XIX/XXI).

Identify at least one outcome measure or SMART goal to be impacted with the additional programming.

Given the absence of historical data around this population leveraging Substance Abuse Block grant in detention facilities, Mercy Care would like to advance SMART Goal(s) which attempt to identify a baseline of utilization among other clinical indicators of care efficacy.

1. Establish a baseline of utilization for youth in detention leveraging Substance Abuse Block Grant for FY22. SABG Utilization of selected providers will be measured between July 1st 2021 (or the inception of the program; whichever occurs first) & June 30th, 2022 by Non-Title Enrollments and affiliated claim detail with U7 modifiers for unduplicated AHCCCS ID #'s. Affiliated utilization data measured will include:
    a. Count of SUD DXs
    b. Count of Procedure Codes
    c. Count of unique utilizers per agency
    d. Age of unique utilizers

What level of assessment is used to identify needs for substance use disorder treatment services?

1. **Identify the screening and assessment tool(s) already used within the juvenile detention centers. (I.e., CASII, AZYAS, ASAM, etc.)**
2. **Identify any supplemental assessments used by or proposed for use by the RBHA.**
3. **Describe how assessment information will be shared, coordinated, and utilized to benefit the juveniles.**

1. According to Maricopa County Juvenile Probation Department's Clinical Services Manager, the Arizona Youth Assessment System (AZYAS) is utilized for all adjudicated youth for the purpose of determining risk to recidivate and associated criminogenic needs to make disposition recommendations.
2. For determining appropriate community-based levels of care and other prior authorized covered services under Substance Abuse Block Grant pre-disposition, Mercy Care would recommend that network contracted SABG providers or MCJPD-Durango Clinical Staff administer the ASAM for continuity in screening and assessment.
3. Mercy Care is proposing to leverage current SABG providers that also have the capacity to serve the youth populations with SUD. Currently Mercy Care contracts with 4 providers that also have MAT youth/adolescent specific programming. *Terros Health, Community Bridges Inc., Valle del Sol* and *Community Medical Services* with their existing footprint in the justice arena and ability to serve youth/adolescents with OP and MAT services would be able to provide reach-in efforts for youth in detention.

If a detained youth already has an *existing r*elationship with a treatment provider these reach in efforts would look like case management and release planning for the youth while in detention to ensure that there is a transition plan that meets the needs of the youth upon release.

If a youth/adolescent does not have an existing relationship these reach-in efforts would be involved in engaging the youth for treatment services and if applicable, commence while the youth is still in a detention setting. Additionally, the reach in efforts would be involved in transition planning to make sure at minimum that the youth is connected to services to meet their individual needs upon release from detention.

For youth in detention with an existing treatment relationship with a contracted provider, Information sharing agreements through Collaborative Protocols between Mercy Care and Maricopa County Juvenile Probation Department as well as a Superior Court Administrative Order support the coordination of assessment information amongst probation and treating provider. It may be worth noting, the Collaborative Protocols establish the process of sharing information but still require Releases of Information (ROI). Mercy Care is also proposing to leverage SABG COVID Supplemental awards to fund MCJPD workforce infrastructure of independently licensed Durango Clinicians &/or Behavioral Health Technicians to support with administering ASAM assessments, temporary care coordination/delivery, discharge planning with community-based treatment providers. This approach would mirror an existing partnership between Mercy Care and Maricopa County Adult Probation Drug Court Program and will dramatically enhance care continuity between treating clinicians in the detention setting and the youth's probation team. To help promote this initiative Mercy Care would fund $200K in salaries annually over the next two years to meet the demands and increase in staffing for additional clinicians/staffing at the Durango facility. It is worth noting, these dollars would not manifest in reimbursable claim activity through the grant and would instead be used to address infrastructure gaps and ensure care is provided irrespective of the member's title status.

What treatment planning is involved as part of the treatment services?

1. **Describe the planning process that follows the assessments, including efforts to coordinate among entities to avoid duplication and utilize all available information.**
2. **Describe the key components of a service plan created for juveniles while in detention. If multiple plans are developed and used by different entities, explain.**
3. **Explain how juveniles are involved in the planning process for their own treatment and recovery.**
4. **Explain how co-occurring disorders are addressed in the planning process.**

1. According to Maricopa County Juvenile Probation Department's Clinical Services Manager, case plans and AZYAS are done post disposition and in collaboration with the youth, family, and treatment providers (if applicable). If a youth is on probation, they will have a case plan. Pre-dispositioned youth would not have a case plan. Case plan goals are individualized and sustained if plan objectives can be fulfilled while in detention. MCJPD detention staff continue to work on affiliated case plans while the youth is in detention – however, in many

unquantifiable instances, these youth may not be eligible for SABG because they will be post-adjudicated and NOT AHCCCS suspended.

2. Key components of a service plan created for pre-dispositioned juveniles while in detention would be SMART goals that are Strengths-based and member-centric while focusing on elements intended to reduce recidivism and increase retention in treatment services. The Collaborative Protocols and Releases of Information would support the coordination and care continuity between youth, probation, and the community provider as applicable. MCJPD staff and Community-based treatment providers or navigators would be focused primarily on sustaining existing care and development of release/discharge planning initiatives based on appropriate ASAM level of care.
3. Juveniles and any identified supports of choice would be involved in their treatment planning in conjunction with probation and external treatment provider. Providers would develop plans consistent with AMPM 320-O while delivering services consistent with AMPM 320-T1, which are:
   a. Voluntary
   b. Offered by Qualified BHPs/BHTs/BHPPs
   c. Based on assessed need for SUD services
   d. Evidence-Based
   e. Therapeutically indicated for duration and frequency
   f. Inclusive of relapse prevention plan prior to discharge/transfer to community-based provider
4. Mercy Care's proposed navigator providers identified above are also considered integrated clinics provider types and would assess presence, address treatment needs of youth presenting as co-occurring.

What level of care placement is used as a part of the treatment services?

1. **How does/will the RBHA work with the juvenile detention facility to utilize the American Society of Addiction Medicine's criteria for placing juveniles in the appropriate level of care?**
2. **Through Justice System Collaboration between the County and the RBHA/MCO, what levels of care are available within detention?**
3. **How does/will the RBHA ensure juveniles receive the appropriate level of care upon release from detention?**

1. Should the youth not have an existing treatment relationship with a community-based treatment provider, SABG COVID Supplemental-Funded MCJPD Detention staff could coordinate with SABG COVID supplemental-Funded navigators responsible for:
   a. Conducting ASAM with youth to determine appropriate level of care and
   b. developing treatment plan and release plan to community-based providers capable of offering appropriate ASAM level of care.
2. Services delivered for youth in detention would be consistent with ASAMs outpatient level of care. According to a survey of behavioral health providers administered as part of AHCCCS' *Arizona MHBG "Mini" Needs Assessment – Mental Health Needs of Youth Involved in the*

Juvenile Justice System (AHCCCS, 2020), current services being provided in detention settings included:

a. Care Coordination upon entry
b. Screening while in detention
c. Assessments while in detention
d. Behavioral Health Services such as counseling and skill building
e. Care Coordination prior to release.

It may be worth noting the current Public Health Emergency have impacted the degree of activity occurring within detention settings for youth.

3. Care coordination will occur throughout the detainment for youth with existing teams or treatment relationships. For youth without clinical teams, Mercy Care's Juvenile Justice Engagement Team (JJET) may support with coordination of assessment information, grant eligibility and continuity of appropriate, community-based care with SABG COVID Supplemental-Funded Justice Navigators. Given the brief amount of time in detention for most youth, it is unlikely that treatment could be concluded and would require a definitive plan for community transition. Discharge planning should begin to occur at time of admission or shortly thereafter with youth, probation staff, guardian(s) and existing treatment providers. For youth **without** an existing treatment relationship, Detention Clinic Staff should leverage assessment information and Mercy Care Justice Liaisons to identify appropriate community-based treatment providers capable of delivering care consistent with the youth's needs and begin planning for transfer of treatment to the community. For either scenario, the youth's family/guardian is involved throughout the duration of treatment. This may include treatment/discharge/relapse-prevention planning, family support, counseling, or the provision of other services as needed or clinically appropriate.

   To support a discharge/transfer/release Durango Clinic Staff can work with the youth, probation, guardian(s) to either:

   a. Coordinate transition from detention with any provider whom the youth has an existing treatment relationship.
   b. Coordinate with Mercy Care Justice Liaisons to identify community-based SABG providers consistent with the treatment needs identified in the assessment. Youth and their guardians will need to execute ROIs for sharing assessment or affiliated treatment documentation with external SABG providers to continue care delivery, post-release.

Explain how the RBHA ensures contracted behavioral health providers deliver the following services:

- **Assisting families to coordinate services with the Health Plan/RBHA while in detention.**
- **Following protocol to ensure that planning is occurring, and needs are identified prior to the youth being released from detention.**
- **Assisting juvenile probation officers in resolving any barriers or concerns with a youth receiving services.**
- **Providing guidance for justice system partners and justice involved families regarding navigation through the behavioral health system.**

Mercy Care's Juvenile Justice Engagement Team (JJET) Liaisons are actively involved through referrals to assist families in care coordination with the health plan while in detention. JJET's primary purpose is to resolve service barriers and other concerns for Probation, families, or other treatment stakeholders – these processes are already in place and functioning as part of the collaborative protocols. Should SABG be made available to youth in detention, demand for JJET stewardship will only increase. As a result, Mercy Care is advocating for SABG COVID Supplemental funding to expand the JJET team to include an additional FTE.

Detail the proposed services and costs, either below or in an attachment.

Table 3 – Proposed Services and Costs

Description	Cost	Units	Total
Navigator Teams			
Community Bridges	$200,000.00	2	$400,000.00
Community Medical Services	$200,000.00	2	$400,000.00
Terros Health	$200,000.00	2	$400,000.00
Valle del Sol	$200,000.00	2	$400,000.00
Maricopa County			
MCJPD- Clinic Personnel	$200,000.00	2	$400,000.00
Mercy Care			
Mercy Care JJET FTE	$60,000.00	2	$120,000.00
Mercy Care JJET FTE - Fringe	$120,000.00	0.28	$33,600.00
Total			$2,153,600.00

Mercy References:

https://www.azahcccs.gov/AHCCCS/Downloads/PublicNotices/AZ_MHBG_NeedsAssessment2020.pdf

https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/juvenile-drug-courts-help-youth

Maricopa County Juvenile Probation Department Data Connection Monthly Key Indicators February FY2021

DATE:	June 30, 2021
REPORT PERIOD:	July 1, 2021 – June 30, 2022
RBHA:	Arizona Complete Health-Complete Care Plan (AzCH-CCP)
SERVICE PROVIDER(S):	TBD

Background

SAMHSA's Center for Substance Abuse Treatment does not consider juvenile detention facilities meeting the description provided by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) to be correctional or penal facilities; therefore, they are not subject to the restriction on expenditures as outlined in 42 U.S. Code § 300x–31 and 45 CFR §96.135(b)(2).

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b. *Services shall be provided:*
    i. *Only to voluntary members,*
    ii. *By qualified BHPs/BHTs/BHPPs,*
    iii. *Based upon assessed need for SUD services, iv. Utilizing EBPPs,*

iv. *Following an individualized service plan,*
v. *For a therapeutically indicated amount of duration and frequency, and*
vi. *With a relapse Prevention plan completed prior to discharge/transfer to a community-based provider.*

Opportunity

Regional Behavioral Health Authorities are invited to submit plans for providing substance use disorder treatment to juveniles in Arizona's juvenile detention facilities with SABG funds in the state fiscal year 2022.

Complete this plan template and email it with an annual budget projection and any pertinent policies and procedures to Mattie Lord at Mattie.Lord@azahcccs.gov with a cc to BHSInvoices@azahcccs.gov.

Both AHCCCS and SAMHSA will need to review and approve these documents before implementation.

RBHA Contact information:

NAME	TITLE	CONTACT NUMBER	EMAIL ADDRESS
Juston Knight	Manager; Justice Systems	520-307-9501 520-809-6655	juknight@azcompletehealth.com
Tania Long-Gervais, MC	Manager; Behavioral Health and Special Programs	520-809-6625 520-310-7793	TALONG@AZCompleteHealth.com

Contact Information of Provider Staff:

NAME	TITLE	CONTACT NUMBER	EMAIL ADDRESS
TBD			

Plan

A. Describe the identified need in the Geographic Service Area.

At a minimum,

1. indicate the number of juvenile detention facilities within the GSA,
2. the level to which each facility provides substance use disorder treatment, and
3. any contracts the RBHA has with providers to serve juveniles in detention facilities.

1. WITHIN THE SOUTHERN GSA, THERE ARE 4 JUVENILE DETENTION CENTERS IN USE: PIMA, PINAL, SANTA CRUZ, AND YUMA
2. FACILITIES:
    a. PINAL COUNTY STAFF OFFER INDIVIDUAL THERAPY SESSIONS AS DETERMINED BY NEED, AND WEEKLY TEEN ADDICTION ANONYMOUS GROUPS (FOLLOWING THE TEEN AA 12 STEP PROGRAM).
    b. PIMA COUNTY'S CONTRACTED MEDICAL PROVIDER OFFERS INDIVIDUAL AND GROUP THERAPY (FOCUS ON TREATMENT READINESS AND STAGES OF CHANGE). SUBSTANCE ABUSE GROUPS ARE ALSO OFFERED TO YOUTH IDENTIFIED FOR SERVICES.
    c. YUMA COUNTY PROVIDES GENERAL INDIVIDUAL THERAPY ONLY. NO SPECIFIC THERAPEUTIC SERVICES FOR SUBSTANCE USE
    d. SANTA CRUZ COUNTY PROVIDES A DETENTION SCREENING INSTRUMENT CAPTURING SUBSTANCE USE (CURRENT/PAST). IF YES, THE NURSE PROVIDES AN ADDITIONAL ASSESSMENT. IF APPROPRIATE, JUVENILES ARE PROVIDED A WEEKLY INDIVIDUAL THERAPY SESSION WITH A COUNSELOR (SATURDAY). IF A HIGHER LEVEL OF THERAPEUTIC SERVICE IS REQUIRED, THE MEDICAL STAFF WILL NOTIFY PROBATION, WHO WILL COORDINATE WITH COMMUNITY PROVIDERS FOR SERVICES.
3. IN PIMA COUNTY, AZCH-CCP CURRENTLY FUNDS TWO HALF TIME OUTREACH STAFF WITH COPE AND SIN PUERTAS TO COORDINATE RE-ENTRY PLANNING AND COMMUNITY SERVICES FOR YOUTH WHO HAVE AN IDENTIFIED SUD TREATMENT NEED. THE OUTREACH SPECIALISTS ARE CURRENTLY FUNDED THROUGH SABG DOLLARS, BUT DO NOT PROVIDE CLINICAL SUD TREATMENT SERVICES FOR YOUTH IN THE DETENTION FACILITY

Identify the projected number of juveniles in a detention center to be served with SABG funding.

In Pinal County (average daily census FY2020 – 22.4):
For Fiscal Year 2019:
Total Pinal Youth Detained: 212
Total Pinal Youth on AHCCCS: 126
Percentage of Pinal youth on AHCCCS: 59%

For Fiscal Year 2020:
Total Pinal Youth Detained: 196
Total Pinal Youth on AHCCCS: 129
Percentage of Pinal youth on AHCCCS: 65%

For Fiscal Year 2021 as of 06/22/21:
Total Pinal Youth Detained: 156
Total Pinal Youth on AHCCCS: 82
Percentage of Pinal youth on AHCCCS: 52%

In Pima County, the average daily census is roughly 30, prior to COVID-19 the census was relatively stable at 40-45.

In Yuma County, the average daily census is roughly 20. The juvenile court/detention anticipate future daily average will remain constant within a range of 20-25)

In Santa Cruz County:
25 youth were detained between January 2021 and June 2021

- 20 of the 25 admitted on the Health Screening Intake Form to drug use and/or drug related offense (80%).
- Of the 25 youth checked for AHCCCS; 10 had eligibility, 8 had no eligibility, and 7 had their AHCCCS suspended.
- Between January and May there was an Average Daily Population of 3.7 youth detained

On average 60-70% of detained youth are AHCCCS eligible or enrolled. Leaving 30%-40% of the population who may be uninsured or carry private insurance (underinsured).
County Juvenile Court Centers/Services differ in the ratio of detained youth who have their TXIX coverage suspended, and therefore it is difficult to provide verifiable data.

Identify at least one outcome measure or SMART goal to be impacted with the additional programming.

TIMEFRAME	PROGRAM	ACTIVITIES	EXPECTED OUTCOMES	MEASURES OF SUCCESS
2021-2022	Youth Substance Use Programming in Detention	Outreach staff from Providers providing outreach in identified counties for Juvenile Detention, schools and community	1. Youth with substance use disorder to be engaged in substance use and behavioral health services following detention release or before law enforcement is involved. This can decrease youth in the detention system and also decrease recidivism. 2. Decrease length of stay for members who meet medical necessity for OOH placement due to SUD.	Providers will provide monthly and annual reports to AzCH-CCP, including outreach, engagement, enrollment and discharge outcomes.

What level of assessment is used to identify needs for substance use disorder treatment services? 1. Identify the screening and assessment tool(s) already used within the juvenile detention centers. (I.e., CASII, AZYAS, ASAM, etc.) 2. Identify any supplemental assessments used by or proposed for use by the RBHA. **3.** Describe how assessment information will be shared, coordinated, and utilized to benefit the juveniles.
1. All tools approved through AHCCCS to assess SUD treatment need can be administered by contracted Behavioral or Integrated Health providers a. Pinal County and Pima County staff utilize the MASYI-2 during intake (booking). All probation departments utilize the AZYAZ to help understand substance use and other factors in the juvenile's life. b. Pinal County staff complete a full mental health assessment within 72 hours on each youth, which asks comprehensive questions about substance use. When identified, licensed counselors provide counseling on SUD for these youth while detained. c. Pima County staff complete a health assessment upon entry to detention. Assessment collects information about substance use. The medical provider also utilizes the SASSI to assess treatment need. d. Yuma County completes a health assessment within 24hrs of entry into detention. They do not currently utilize a substance abuse assessment tool consistently across the detained population. 2. In addition to the Comprehensive Intake Assessment and ASAM, the CRAFFT is utilized by providers as a substance use screening and tool. Providers also utilize the SOCRATES (The Stages of Change Readiness and Treatment Eagerness Scale) and URICA (University of Rhode Island Change Assessment) as readiness for change screening tools. 3. Assessment information can and is shared through the CFT process to support re-entry planning and ISP development with all parties involved with the treatment team. AzCH-CCP will continue to support the communication of assessment scores and healthcare services performed by the medical staff to the appropriate community provider(s).
What treatment planning is involved as part of the treatment services? 1. Describe the planning process that follows the assessments, including efforts to coordinate among entities to avoid duplication and utilize all available information. 2. Describe the key components of a service plan created for juveniles while in detention. If multiple plans are developed and used by different entities, explain. 3. Explain how juveniles are involved in the planning process for their own treatment and recovery. 4. Explain how co-occurring disorders are addressed in the planning process.

1. Assessments will be completed by the enrolled provider prior to detainment, and communicate appropriately to meet the member's and family's needs (as required per AMPM 1000). If a member was not enrolled in services prior to being detained, a referral can be made for services specific to SUD needs. Outreach or provider Liaison staff will then make contact with the healthcare decision maker to obtain service information and approval. Pending approval from the guardian/parent, the Outreach or provider Liaison staff will seek to make contact with the juvenile member to assess need and level of care, and assist family with enrollment into a community service agency.
2. Key components should include all appropriate parties in the juvenile's and family's treatment team. The necessary action items needed by the juvenile, parent/guardian/family, provider (HCC and/or BHP), probation, specialty provider (if applicable), and MCO Care Coordinator/Manager (if applicable) in order for the juvenile to be able to fluidly transition from a secure setting to the community or placement. ISP should also include contingency plan(s) if the initial plan for higher levels of care is not approved, along with a Crisis Plan (which should not include calling 911 as an initial step). ISP should be strength based and focused on transition planning, with scheduled timeframes to meet again within 10-30days post-release. Post-release CFT meetings should focus on updating the ISP to support the member and family in the community and treatment team communication (further assessments may be needed, along with referrals for specialty services).
    a. If multiple ISP's have been created by multiple agencies, all entities providing service are required to communicate effectively to coordinate care. All ISP's should be integrated into one living document.
3. Juvenile members should be supported in voicing their concerns/wants/needs during CFT meetings and the CFT process. ISP's are developed through the CFT process. CFT meetings should include as many parties as the member and guardians request, but within the detention facility guidelines.
4. If the juvenile member was enrolled with a community provider prior to being detained the provider will follow all appropriate policies/procedures per contract and AMPM 1020 to meet the needs of the member and provide support to the family/guardian. If the juvenile was not previously enrolled, the Outreach or provider Liaison staff will follow the same process to obtain the approval from the parent/guardian and initial assessment of the juvenile. For juvenile with more complex care needs/co-occurring disorders the Outreach or provider Liaison staff will work with the juvenile and family to enroll in an integrated care clinic to meet all healthcare needs, post release.

What level of care placement is used as a part of the treatment services?

1. How does/will the RBHA work with the juvenile detention facility to utilize the American Society of Addiction Medicine's criteria for placing juveniles in the appropriate level of care?
2. Through Justice System Collaboration between the County and the RBHA/MCO, what levels of care are available within detention?
3. How does/will the RBHA ensure juveniles receive the appropriate level of care upon release from detention?

1. AzCH-CCP will work with the Juvenile Court Centers/Services/Detention Centers and contracted BH or Integrated providers to allow Outreach or provider Liaison staff to meet with the parent/guardian, discuss service options and gain permission to provide services to the detained juvenile. The providers are required to meet the American Society of Addiction Medicine's criteria, along with Medicaid policy/procedures requirements to determine Medical Necessity and appropriate level(s) of care (to include OOH placement).
2. Individual therapy and case management are the types of service most commonly offered to juveniles in a detention setting (Pinal County offers group Teen AA classes). There may be potential to offer Medicaid funded group therapy within detention facilities, pending detention and Court leadership approval.
3. Appropriate level of care will be determined through identifying Medical Necessity, as dictated by AHCCCS policy and contract

Explain how the RBHA ensures contracted behavioral health providers deliver the following services:

▪ Assisting families to coordinate services with the Health Plan/RBHA while in detention.

▪ Following protocol to ensure that planning is occurring, and needs are identified prior to the youth being released from detention.

▪ Assisting juvenile probation officers in resolving any barriers or concerns with a youth receiving services.

▪ Providing guidance for justice system partners and justice involved families regarding navigation through the behavioral health system.

- AzCH-CCP currently collaborates with the Juvenile Detention Centers to obtain data sharing agreements, allowing for earlier identification of detained members. Creating opportunity to bridge notification of member justice involvement to community providers. Notification processes currently exist in Pima, Yuma, and Maricopa Counties.
- MOU's and Collaborative Protocols have been executed with Juvenile Probation Departments establishing processes to receive and provide feedback and escalate concerns regarding service provision and level of care
- Regular meetings have been coordinated with Juvenile Probation Departments and community providers allowing a venue of communication around service provision, service need, and justice system modification, and Medicaid system updates/changes

Detail the proposed services and costs, either below or in an attachment.

Projected Counties to Pilot Programming	Approximate Number of Non-19 Adolescents in Detention Annually	Projected Annual Spend
PIMA	187 Members	$315,300
PINAL	80 Members	$150,730
SANTA CRUZ	30 Members	$51,540
YUMA	126 Members	$290,730
Total	**423 Members**	**$808,300**

The above budget represents a combination of 7.5 FTE of non-billable outreach and coordination staff for the identified detention centers as well as billable Covered Services to include Treatment Services and Support Services.

Staffing costs are identified as 1FTE per 40 youth in detention. Staffing costs include personnel, ERE, travel, training, overhead and administrative costs.

Providers are required to have Policies and Procedures in place related to financial tracking. The minimum requirements of the policies is attached.

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POLICY AND PROCEDURE

DEPARTMENT: Medical Management	**REFERENCE NUMBER:** AZ.MM.72
EFFECTIVE DATE: 05/15/2018	**POLICY NAME:** Coordinating with Government Entities and AHCCCS Contractors
REVIEWED/REVISED DATE: 03/10/2021	**RETIRED DATE: N/A**
PRODUCT TYPE: Arizona Medicaid	**PAGE:** 1

SCOPE:
This policy applies to all directors, officers, and employees of Centene Corporation for its Arizona health plans (the "health plan").

PURPOSE:
To outline the requirements for the Arizona (AZ) Medicaid Plan for establishing and maintaining collaborative relationships with other government entities including other AHCCCS Contractors who are governmental entities in order to ensure that members have proper access to care, optimal quality of service and coordination of care.

POLICY:
The AZ Medicaid Plan will coordinate services and communicate with other government entities, including other AHCCCS Contractors who are governmental entities, to ensure that members have proper access to care, optimal quality of service and coordination of care. These entities include:

- Division of Developmental Disabilities (DDD)
- Courts and Corrections
  - Arizona Department of Corrections, Rehabilitation and Reentry (ADCRR)
  - Arizona Department of Juvenile Corrections (ADJC)
  - Administrative Offices of the Court (AOC)
- Arizona Department of Economic Security/Rehabilitation Services Administration (ADES/RSA)
- Arizona Department of Child Safety/Arizona Families F.I.R.S.T
- Arizona Department of Education
- Department of Economic Security/Arizona Early Intervention Program (DES/AzEIP)
- The Veteran's Administration

PROCEDURE:

Coordinating with members dually enrolled with DDD

1. The AZ Medicaid plan coordinates member care with DDD by:
   a. Inviting DDD staff to participate in the development of the behavioral health service plan and all subsequent planning meetings as representatives of the member's clinical team
   b. Incorporating information and recommendations in the Individual or Family Support Plan (ISP) developed by DDD staff, when appropriate.

   c. Ensuring that the goals of the ISP, of a member diagnosed with developmental disabilities who is receiving psychotropic medications, includes reducing behavioral health symptoms and achieving optimal functioning, not merely the management and control of challenging behavior,
   d. Actively participating in DDD team meetings
2. If the member is diagnosed with Pervasive Developmental Disorders and Developmental Disabilities, the AZ Medicaid Plan will share all relevant information from the initial assessment and ISP with DDD to ensure coordination of services.
3. The AZ Medicaid Plan makes available to providers policies and procedures that include information on DDD specific protocols or agreements

Coordinating with Courts and Corrections

1. The AZ Medicaid Plan collaborates and coordinates care and ensures that behavioral health providers collaborate and coordinate care for members with behavioral health needs for members involved with:
   a. Arizona Department of Corrections, Rehabilitation and Reentry (ADCRR),
   b. Arizona Department of Juvenile Corrections (ADJC)
   c. Administrative Offices of the Court (AOC)
2. The AZ Medicaid plan collaborates with courts and or correctional agencies to coordinate member care by:
   a. Working in collaboration with the appropriate staff involved with the member
   b. Inviting probation or parole representatives to participate in the development of the ISP and all subsequent planning meetings for the Adult Recovery Team (ART) or Child and Family Team (CFT) with the member's approval.
   c. Actively considering information and recommendations contained in probation or parole case plans when developing the ISP
   d. Ensuring that the behavioral health provider evaluates and participates in transition planning prior to the release of eligible members and arranges and coordinates enrolled member care upon the member's release

Coordinating with Department of Economic Security/Rehabilitation Services Administration

1. The AZ Medicaid plan coordinates member care with ADES/RSA by:
   a. Working in collaboration with the vocational rehabilitation counselors or employment specialists in the development and monitoring of the member's employment goals,

DEPARTMENT: Medical Management	REFERENCE NUMBER: AZ.MM.72
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PRODUCT TYPE: Arizona Medicaid	PAGE: 3

b. Ensuring that all related vocational activities are documented in the comprehensive clinical record
c. Inviting ADES/RSA staff to be involved in planning for employment programming to ensure that there is coordination and consistency with the delivery of vocational services
d. Participating and cooperating with ADES/RSA in the development and implementation of a Regional Vocational Service Plan inclusive of ADES/RSA services available to adolescents, and
e. Allocating space and other resources for vocational rehabilitation counselors or employment specialists working with enrolled members who have been determined to have a Serious Mental Illness (SMI)

Coordinating with Department of Child Safety

1. The AZ Medicaid plan coordinates member care with DCS by:
   a. Working in collaboration with DCS and behavioral health providers in the development and planning of the member's individual service plan.
   b. Ensuring the member's CFT is meeting regularly to incorporate the information and recommendations of the child's family and/ or caregivers.
   c. Collaborate with DCS to ensure children are receiving care in accordance with the AZ Vision and 12 principles.
   d. Collaborate with DCS and Arizona Families F.I.R.S.T (AFF) to ensure timely and effective services through contracted providers.
   e. Inviting DCS and AFF partners to collaborative meetings to ensure coordination of care.

Coordinating with Arizona Department of Education

1. The AZ Medicaid plan coordinates member care with the AZDOE and schools by using AHCCCS funds to fund behavioral health supports and engagement specialists, which will be housed primarily on school premises.
2. The health plan will track referrals, engagement, and outcomes for any youth referred to these programs.
3. AzCH-CCP will ensure that behavioral health providers who provide service in the school setting identify the Place of Service (POS) 03.
4. The Health Plan coordinates with the Department of Education anytime a member is placed in an RTC/ BHIF setting (in-state and out-of-state) to ensure member's educational needs are met.

DEPARTMENT: Medical Management	REFERENCE NUMBER: AZ.MM.72
EFFECTIVE DATE: 05/15/2018	POLICY NAME: Coordinating with Government Entities and AHCCCS Contractors
REVIEWED/REVISED DATE: 03/10/2021	RETIRED DATE: N/A
PRODUCT TYPE: Arizona Medicaid	PAGE: 4

5. The Health Plan works in collaboration with the Department of Education to approve all educational vouchers for school-aged members placed in BHIF settings.

Coordinating with Arizona Department of Security/Arizona Early Intervention Program

1. AzCH-CCP shall ensure that behavioral health providers coordinate member care with AzEIP as follows:

a. Ensure that children birth to three years of age are referred to AzEIP in a timely manner when information obtained in the child's behavioral health assessment reflects developmental concerns, AHCCCS MEDICAL POLICY MANUAL CHAPTER 500 – CARE COORDINATION REQUIREMENTS 541 - Page 7 of 7

b. Ensure that children found to require behavioral health services as part of the AzEIP evaluation process receive appropriate and timely service delivery, and

c. Ensure that, if an AzEIP team has been formed for the child, the behavioral health provider coordinates team functions to avoid duplicative processes between systems.

ATTACHMENTS:

REFERENCES:
AHCCCS AMPM: Policy 541 – Care coordination with Other Government Agencies

DEFINITIONS:

REVISION LOG

REVISION LOG	DATE
Annual Review	05/14/2018
Annual Review	05/8/2019
Included additional governmental agencies to align with Provider Manual	06/19/2019
Added AzEIP, Removed some RBHA-DDD language, added ADE items, and updated overall language	02/25/2020
Added the Veteran's Administration and update language.	03/10/2021

POLICY AND PROCEDURE

DEPARTMENT: Medical Management	**REFERENCE NUMBER:** AZ.MM.72
EFFECTIVE DATE: 05/15/2018	**POLICY NAME:** Coordinating with Government Entities and AHCCCS Contractors
REVIEWED/REVISED DATE: 03/10/2021	**RETIRED DATE: N/A**
PRODUCT TYPE: Arizona Medicaid	**PAGE:** 5

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.

SABG, MHBG, and Other Federal Grants Policies & Procedures Checklist Minimum Requirements of Provider

Information below is to assist the provider in the development of comprehensive Federal Grant Policies & Procedures. All the information below may not be in one policy, but may be in a different policy. It is up to the provider on how it determines policy development.

1. Purpose – providers should reference the purpose of the grant. Use references below to identify the purpose for your agency:

    a. Substance Abuse Block Grant (SABG) CFDA #93.959, AHCCCS Reference - this includes both references for Treatment and Prevention services:
        i. https://www.azahcccs.gov/Resources/Grants/SABG/
        ii. AHCCCS AMPM 320-T1: https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/320T1.pdf

    b. Mental Health Block Grant (MHBG) CFDA #93.958, AHCCCS Reference:
        i. https://www.azahcccs.gov/Resources/Grants/MHBG/
        ii. AHCCCS AMPM 320-T1: https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/320T1.pdf

    c. State Opioid Response (SOR) CFDA #93.788, AHCCCS Reference:
        i. https://www.azahcccs.gov/Resources/Grants/SOR/
        ii. https://www.azahcccs.gov/AHCCCS/Downloads/StateOpiodResponse/SOR_PrimaryGoalAndObjectives.pdf
        iii. https://www.azahcccs.gov/AHCCCS/Downloads/StateOpiodResponse/SOR_Narrative.pdf

    d. Arizona Emergency COVID-19 Project (ECOVID-19) CFDA #93.665, AHCCCS Reference:
        i. https://www.azahcccs.gov/Resources/Grants/COVID19/
        ii. https://www.azahcccs.gov/Resources/Downloads/Grants/COVID19/COVID19_ProjectNarrative.pdf

    e. COVID-19 Emergency Response for Suicide Prevention (COVID-19 ERSP) CFDA #93.665, AHCCCS Reference:
        i. https://www.azahcccs.gov/Resources/Grants/COVID19/suicideprevention.html
        ii. https://www.azahcccs.gov/Resources/Downloads/Grants/COVID19/COVID19_PIMASuicidePrevention_ProjectNarrative.pdf

f. State Pilot Grant Program for Treatment for Pregnant and Postpartum Women (PPW-PLT) Reference:
    i. https://www.azahcccs.gov/Resources/Grants/PPWPLT/
    ii. https://www.azahcccs.gov/Resources/Downloads/Grants/PPWPLT/AZPPWPLTProjectNarrative.pdf

2. Eligible Populations - refer to AMPM 320-T1 or grant allocation letter/approved budget

3. References – providers should have at a minimum the below references in their policy:
    a. AzCH Provider Manual (all federal grants)
        i. https://www.azcompletehealth.com/providers/resources/provider-manual.html

    b. SABG/MHBG FAQs (SABG/MHBG)
        i. https://www.azahcccs.gov/Resources/Downloads/Grants/FrequentlyAskedQuestions.pdf

    c. Arizona Emergency COVID-19 FAQ's (E-COVID-19)
        i. https://www.azahcccs.gov/Resources/Downloads/Grants/COVID19/MemoEmergency_COVID_FAQ.pdf

    d. AMPM 300, Exhibit 300-2B (SABG/MHBG)
        i. https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/Exhibit300-2B.pdf

    e. AHCCCS AMPM 320-T1 (all federal grants)
        i. https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/320T1.pdf

    f. Federal regulations for administrative requirements, cost principles, and audits (all federal grants)
        i. http://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions

    g. Code of Federal Regulations, 2 CFR 200 (all federal grants)
        i. https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=3f069a6a975bc240947b32003d44e9a0&mc=true&n=pt2.1.200&r=PART&ty=HTML

4. Prohibited Expenditures - must be included (all federal grants)

5. I-BHS number – include process for obtaining for each site that utilized SABG/MHBG funds

6. Marijuana Restrictions - refer to AMPM 320-T1 (all federal grants)

7. Monitoring and reporting of funds by priority populations (SABG) and funding category (all federal grants)
    a. Procedures must include reporting and monitoring requirements to track encountering of each funding to source and to verify that treatment services are delivered at a level commensurate with funding
    b. Procedures must state the provider will account for federal grants funds in a manner that permits separate reporting of SABG, MHBG, and Other federal grants
        i. Monitoring should be by program type, i.e. SED, FEP, SMI, PPW, Prevention

    c. Provider should have a policy on how it applies administrative or indirect cost to the grant (2 CFR 200.414)

        i. Indirect Cost Rate (ICR) agreements are collected and reviewed as part of provider budget review

        ii. Administrative Allocation

        iii. De Minimis Rate (policy must state if De Minimis rate is chosen, it must be used consistently for all federal awards)

8. Internal Controls

    a. Providers should have policies that meet the standards and requirements for financial management systems as delineated in 45 CFR Part 75 Subpart D, including:

        i. Ensuring financial systems and tracking allow the capacity to maintain adequate records to identify the sources of funds for federally assisted activities and the purposes for which the award is used. This includes authorizations, obligations, unobligated balances, assets, liabilities, outlays or expenditures, and any program income as applicable. The Provider tracking system must ensure the ability to compare actual expenditures with the approved budget for the award

        ii. Provider will ensure that federal grant funds retain their award-specific identity and are not comingled with state funds or other federal funds

    b. Financial & Administrative Policies & Procedures related to:
        i. Cash Management
        ii. Procurement
        iii. Resolution of Audit Findings
        iv. Financial Reporting
        v. Prohibited Expenditures
        vi. Requesting of withdrawals (if applicable)
        vii. Provider Payments (if applicable)
        viii. Sub-recipient Monitoring (if applicable)

9. Update any references from Cenpatico Integrated Health to Arizona Complete Health–Complete Care Plan (AzCH-CCP) as applicable in policy

Planning Tables

Table 5a SABG Primary Prevention Planned Expenditures

Planning Period Start Date: 10/1/2022 Planning Period End Date: 9/30/2023

A		B			B		
Strategy	IOM Target	FFY 2022			FFY 2023		
		SA Block Grant Award	COVID-19 Award[1]	ARP Award[2]	SA Block Grant Award	COVID-19 Award[4]	ARP Award[5]
1. Information Dissemination	Universal	$2,119,380	$753,446	$540,000			
	Selected						
	Indicated	$20,373	$100,000	$127,500			
	Unspecified	$2,888	$0	$0			
	Total	**$2,142,641**	**$853,446**	**$667,500**	**$0**	**$0**	**$0**
2. Education	Universal	$1,276,764	$700,000	$412,500			
	Selected						
	Indicated	$132,407	$250,000	$112,500			
	Unspecified	$1,729	$0	$0			
	Total	**$1,410,900**	**$950,000**	**$525,000**	**$0**	**$0**	**$0**
3. Alternatives	Universal	$693,387	$650,000	$375,000			
	Selected						
	Indicated	$36,489	$175,000	$75,000			
	Unspecified	$1,729	$0	$0			
	Total	**$731,605**	**$825,000**	**$450,000**	**$0**	**$0**	**$0**
4. Problem Identification and Referral	Universal	$142,030	$500,000	$225,000			
	Selected						
	Indicated	$101,703	$100,000	$56,250			
	Unspecified	$627	$0	$0			
	Total	**$244,360**	**$600,000**	**$281,250**	**$0**	**$0**	**$0**

5. Community-Based Processes	Universal						
	Selected						
	Indicated						
	Unspecified						
	Total	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
6. Environmental	Universal	$541,398	$650,000	$450,000			
	Selected						
	Indicated	$9,713	$100,000	$56,250			
	Unspecified	$403	$0	$0			
	Total	**$551,514**	**$750,000**	**$506,250**	**$0**	**$0**	**$0**
7. Section 1926 Tobacco	Universal	$12,866	$100,000	$56,250			
	Selected						
	Indicated	$0	$0	$0			
	Unspecified	$0	$0	$0			
	Total	**$12,866**	**$100,000**	**$56,250**	**$0**	**$0**	**$0**
8. Other	Universal	$0	$0	$0			
	Selected						
	Indicated	$0	$0	$0			
	Unspecified	$0	$0	$0			
	Total	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Total Prevention Expenditures		**$5,093,886**	**$4,078,446**	**$2,486,250**	**$0**	**$0**	**$0**
Total SABG Award[3]		**$43,466,912**	**$37,892,228**	**$24,543,830**	**$0**	**$0**	**$0**
Planned Primary Prevention Percentage		**11.72 %**	**10.76 %**	**10.13 %**			

[1]The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

[2]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY

2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned ARP expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

[3]Total SABG Award is populated from Table 4 - SABG Planned Expenditures

[4]The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

[5]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned ARP expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

Planning Tables

Table 5b SABG Primary Prevention Planned Expenditures by IOM Category

Planning Period Start Date: 10/1/2022 Planning Period End Date: 9/30/2023

Activity	FFY 2022 SA Block Grant Award	FFY 2022 COVID-19 Award[1]	FFY 2022 ARP Award[2]	FFY 2023 SA Block Grant Award	FFY 2023 COVID-19 Award[3]	FFY 2023 ARP Award[4]
Universal Direct	$3,618,075	$1,926,723	$1,209,375			
Universal Indirect	$2,392,619	$1,926,723	$1,209,375			
Selected						
Indicated	$350,836	$825,000	$521,250			
Column Total	**$6,361,530**	**$4,678,446**	**$2,940,000**	**$0**	**$0**	**$0**
Total SABG Award[5]	**$43,466,912**	**$37,892,228**	**$24,543,830**	**$0**	**$0**	**$0**
Planned Primary Prevention Percentage	**14.64 %**	**12.35 %**	**11.98 %**			

[1]The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

[2]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned ARP expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

[3]The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

[4]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned ARP expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

[5]Total SABG Award is populated from Table 4 - SABG Planned Expenditures

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

Planning Tables

Table 5c SABG Planned Primary Prevention Targeted Priorities - Required

States should identify the categories of substances the state BG plans to target with primary prevention set-aside dollars from the FFY 2022 and FFY 2023 SABG awards.

Planning Period Start Date: 10/1/2022 Planning Period End Date: 9/30/2023

	SABG Award	COVID-19 Award[1]	ARP Award[2]
Targeted Substances			
Alcohol	☐	☐	☐
Tobacco	☐	☐	☐
Marijuana	☐	☐	☐
Prescription Drugs	☐	☐	☐
Cocaine	☐	☐	☐
Heroin	☐	☐	☐
Inhalants	☐	☐	☐
Methamphetamine	☐	☐	☐
Targeted Populations			
Students in College	☐	☐	☐
Military Families	☐	☐	☐
LGBTQ+	☐	☐	☐
American Indians/Alaska Natives	☐	☐	☐
African American	☐	☐	☐
Hispanic	☐	☐	☐
Homeless	☐	☐	☐
Native Hawaiian/Other Pacific Islanders	☐	☐	☐
Asian	☐	☐	☐
Rural	☐	☐	☐
Underserved Racial and Ethnic Minorities	☐	☐	☐

[1]The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

[2]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned ARP expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

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Footnotes:

Planning Tables

Table 6 Non-Direct-Services/System Development [SA]

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

Planning Period Start Date: 10/1/2022 Planning Period End Date: 9/30/2023

Expenditure Category	FFY 2022					FFY 2023				
	A. SABG Treatment	B. SABG Prevention	C. SABG Integrated[1]	D. COVID-19[2]	E. ARP[3]	A. SABG Treatment	B. SABG Prevention	C. SABG Integrated[1]	D. COVID-19[4]	E. ARP[5]
1. Information Systems		$242,733.00		$75,000.00	$37,500.00					
2. Infrastructure Support		$189,835.00		$250,000.00	$112,500.00					
3. Partnerships, community outreach, and needs assessment		$376,182.00		$100,000.00	$75,000.00					
4. Planning Council Activities (MHBG required, SABG optional)		$0.00		$0.00	$0.00					
5. Quality Assurance and Improvement		$190,482.00		$25,000.00	$15,000.00					
6. Research and Evaluation		$144,471.00		$100,000.00	$75,000.00					
7. Training and Education		$295,422.00		$200,000.00	$135,000.00					
8. Total	**$0.00**	**$1,439,125.00**	**$0.00**	**$750,000.00**	**$450,000.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**

[1]Integrated refers to non-direct service/system development expenditures that support both treatment and prevention systems of care.

[2]The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

[3]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned ARP expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

[4]The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

[5]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned ARP expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

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Footnotes:

Planning Tables

Table 6 Non-Direct-Services/System Development [MH]

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

MHBG Planning Period Start Date: 10/01/2022 MHBG Planning Period End Date: 09/30/2023

Activity	FFY 2022 Block Grant	FFY 2022[1] COVID Funds	FFY 2022[2] ARP Funds	FFY 2023 Block Grant	FFY 2023[1] COVID Funds	FFY 2023[2] ARP Funds
1. Information Systems	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
2. Infrastructure Support	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
3. Partnerships, community outreach, and needs assessment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
4. Planning Council Activities (MHBG required, SABG optional)	$5,000.00	$0.00	$0.00	$5,000.00	$0.00	$0.00
5. Quality Assurance and Improvement	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
6. Research and Evaluation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
7. Training and Education	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
8. Total	**$5,000.00**	**$0.00**	**$0.00**	**$5,000.00**	**$0.00**	**$0.00**

[1] The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" SABG and MHBG. Per the instructions, the standard MHBG expenditures are for the state planned expenditure period of July 1, 2021 - June 30, 2023, for most states.

[2] The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**, which is different from the expenditure period for the "standard" MHBG. Per the instructions, the standard MHBG expenditures are for the state planned expenditure period of July 1, 2021 - June 30, 2023, for most states.

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Footnotes:

The amount on Line 4, Planning Council Activities, reflects the amount set aside for Planning Council members travel reimbursement from the MHBG Block Grant, if needed.

Environmental Factors and Plan

15. Crisis Services - Required MHBG, Requested SABG

Narrative Question

SAMHSA is directed by Congress through the Consolidated Appropriations Act, 2021 and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 [P.L. 116-260], to set aside 5 percent of the MHBG allocation for each state to support evidence-based crisis systems. The appropriation bill includes the following budget language that outlines the new 5 percent set- aside:

> *Furthermore, the Committee directs a new five percent set- aside of the total for evidence-based crisis care programs addressing the needs of individuals with serious mental illnesses and children with serious mental and emotional disturbances. The Committee directs SAMHSA to use the set-aside to fund, at the discretion of eligible States and Territories, some or all of a set of core crisis care elements including: centrally deployed 24/7 mobile crisis units, short-term residential crisis stabilization beds, evidence-based protocols for delivering services to individuals with suicide risk, and regional or State-wide crisis call centers coordinating in real time.*

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

SAMHSA recently developed **Crisis Services: Meeting Needs, Saving Lives**, which includes "**National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit**" as well as other related National Association of State Mental Health Programs Directors (NASMHPD) papers on crisis services. Please note that this set aside funding is dedicated for the core set of crisis services as directed by Congress. Nothing precludes states from utilizing more than 5 percent of its MHBG funds for crisis services for individuals with SMI or children with SED. If states have other investments for crisis services, they are encouraged to coordinate those programs with programs supported by this new 5 percent set aside. This coordination will help ensure services for individuals are swiftly identified and are engaged in the core crisis care elements.

Please refer to the **https://www.samhsa.gov/sites/default/files/grants/fy22-23-block-grant-application.pdf [samhsa.gov]** for additional information.

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

In Arizona, the crisis system is primarily funded by the state's Medicaid agency, Arizona Health Care Cost Containment System (AHCCCS), utilizing a combination of federal, state, county, and grant funds. The crisis system is administered by the AHCCCS-contracted Regional Behavioral Health Authorities (RBHAs). As part of the AHCCCS crisis system, each of the state's three RBHAs are responsible for providing crisis services to all children, youth, and adults in their designated Geographic Service Areas (GSAs), regardless of Medicaid/insurance coverage. Crisis services include crisis call centers staffed 24/7/365 throughout the state; mobile crisis teams which can be dispatched through the call centers to respond (on average) within 60 minutes in urban areas and 90 minutes in

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

a) The Exploration stage: is the stage when states identify their communities's needs, assess organizational capacity, identify how crisis services meet community needs, and understand program requirements and adaptation.
b) The Installation stage: occurs once the state comes up with a plan and the state begins making the changes necessary to implement the crisis services based on the SAMHSA guidance. this includes coordination, training and community outreach and education activities.
c) Initial Implementation stage: occurs when the state has the three-core crisis services in place and agencies begin to put into practice the SAMHSA guidelines.
d) Full Implementation stage: occurs once staffing is complete, services are provided, and funding streams are in place.
e) Program Sustainability stage: occurs when full implementation has been achived, and quality assurance mechanisms are in place to assess the effectiveness and quality of the crisis services.

1. Someone to talk to: Crisis Call Capacity
- *a. Number of locally based crisis call Centers in state*
  - *i. In the Suicide lifeline network*
  - *ii. Not in the suicide lifeline network*
- *b. Number of Crisis Call Centers with follow up protocols in place*
- *c. Percent of 911 calls that are coded as MH related*

2. Someone to respond: Number of communities that have mobile behavioral health crisis capacity

a. Independent of first responder structures (police, paramedic, fire)

b. Integrated with first responder structures (police, paramedic, fire)

c. Number that employ peers

3. Place to go

a. Number of Emergency Departments

b. Number of Emergency Departments that operate a specialized behavior health component

c. Number of Crisis Receiving and Stabilization Centers (short term, 23 hour units that can diagnose and stabilize individuals in crisis)

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

	Exploration Planning	Installation	Early Implementation Available to less than 25% of people in state	Middle Implementation Available to about 50% of people in state	Majority Implementation Available to at least 75% of people in state	Program Sustainment
Someone to talk to	☐	☐	☐	☐	☐	☑
Someone to respond	☐	☐	☐	☐	☐	☑
Place to go	☐	☐	☐	☐	☐	☑

b. Briefly explain your stages of implementation selections here.

Arizona has one of the most robust crisis systems in the country, as a result the standards outlined for implementation have been in place for several years. All regions of the state have access to locally based call centers through the RBHAs and the 988 Lifeline centers that meet SAMHSA best practice guidelines for crisis call centers. All counties have designated crisis mobile teams that are able to respond within the timeframes outlined in section 1 and are required to maintain a minimum staffing requirement of 25% peers. Mobile teams are dispatched by the RBHA call centers and prioritize requests from law enforcement/first responders in order to divert justice system involvement in behavioral health emergencies whenever possible. RBHA call centers and mobile teams partner with local

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

The Arizona crisis system already consists of the three components of a crisis continuum as outlined in SAMHSA's National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit. In order to be fully in alignment with best practices, an Air Traffic Control Model needs to be further developed. The components that are currently missing are a statewide real-time crisis bed registry, 24/7 outpatient scheduling, and crisis texting/chat capability.

AHCCCS has engaged a contractor to develop a statewide crisis bed registry and dashboard that will bring us one step closer to a ture

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

Arizona will utilize the set-aside funding to build capacity at the state and local provider levels to address these system enhancements for crisis text and chat services, the crisis bed registry for crisis stabilization facilities and to ensure crisis call center, crisis mobile teams and crisis stabilization services are available for all uninsured and underinsured residents of Arizona.

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Environmental Factors and Plan

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

Narrative Question

Each state is required to establish and maintain a state Mental Health Planning/Advisory Council to carry out the statutory functions as described in 42 U.S. C. 300x-3 for adults with SMI and children with SED. To meet the needs of states that are integrating services supported by MHBG and SABG, SAMHSA is recommending that states expand their Mental Health Advisory Council to include substance misuse prevention, treatment, and recovery representation, referred to here as an Advisory/Planning Council (PC). SAMHSA encourages states to expand their required Council's comprehensive approach by designing and implementing regularly scheduled collaborations with an existing substance misuse prevention, treatment, and recovery advisory council to ensure that the council reviews issues and services for persons with, or at risk, for substance misuse and SUDs. To assist with implementing a PC, SAMHSA has created **Best Practices for State Behavioral Health Planning Councils: The Road to Planning Council Integration.**[69]

Planning Councils are required by statute to review state plans and implementation reports; and submit any recommended modifications to the state. Planning councils monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the state. They also serve as an advocate for individuals with M/SUD problems. SAMHSA requests that any recommendations for modifications to the application or comments to the implementation report that were received from the Planning Council be submitted to SAMHSA, regardless of whether the state has accepted the recommendations. The documentation, preferably a letter signed by the Chair of the Planning Council, should state that the Planning Council reviewed the application and implementation report and should be transmitted as attachments by the state.

[69] **https://www.samhsa.gov/sites/default/files/manual-planning-council-best-practices-2014.pdf**

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

1. How was the Council involved in the development and review of the state plan and report? Please attach supporting documentation (meeting minutes, letters of support, etc.) using the upload option at the bottom of this page.

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

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

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

3. Please describe the duties and responsibilities of the Council, including how it gathers meaningful input from people in recovery, families, and other important stakeholders, and how it has advocated for individuals with SMI or SED.

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

Additionally, please complete the Advisory Council Members and Advisory Council Composition by Member Type forms.[70]

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

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Advisory Council Members

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

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

Start Year: 2023 End Year: 2024

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

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

Advisory Council Composition by Member Type

Start Year: 2023 End Year: 2024

Type of Membership	Number	Percentage
Total Membership	**0**	
Individuals in Recovery* (to include adults with SMI who are receiving, or have received, mental health services)	0	
Family Members of Individuals in Recovery* (to include family members of adults with SMI)	0	
Parents of children with SED/SUD*	0	
Vacancies (Individuals and Family Members)	0	
Others (Advocates who are not State employees or providers)	0	
Total Individuals in Recovery, Family Members & Others	**0**	**0.00%**
State Employees	0	
Providers	0	
Vacancies	0	
Total State Employees & Providers	**0**	**0.00%**
Individuals/Family Members from Diverse Racial, Ethnic, and LGBTQ+ Populations	0	
Providers from Diverse Racial, Ethnic, and LGBTQ+ Populations	0	
Total Individuals and Providers from Diverse Racial, Ethnic, and LGBTQ+ Populations	**0**	
Persons in recovery from or providing treatment for or advocating for SUD services	0	
Representatives from Federally Recognized Tribes	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 or include individuals with substance misuse prevention, SUD treatment, and recovery expertise in their Councils.

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Environmental Factors and Plan

22. Public Comment on the State Plan - Required

Narrative Question

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

Please respond to the following items:

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

a) Public meetings or hearings? ○ Yes ○ No

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

If yes, provide URL:

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

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

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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**, 2018 (P.L. 115-141) signed by President Trump on March 23, 2018[3].

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 an SSP other than to purchase sterile needles or syringes. States interested in directing SABG funds to SSPs must provide the information requested below and receive approval 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 developing its 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 centers[4]. 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 SSPs[5]: 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 ServicesPrograms,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 and follow the steps below when requesting to direct FY 2021 funds to SSPs.

- **Step 1** - Request a Determination of Need from the CDC
- **Step 2** - Include request in the FFY 2021 Mini-Application to expend FFY 2020 - 2021 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
- **Step 3** - Obtain State Project Officer Approval

Future years are subject to authorizing language in appropriations bills.

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 2020-2021 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 a request via its plan to SAMHSA for the purpose of incorporating elements of a SSP in one or more such entities insofar as the plan request is applicable to the FY 2020-2021 SABG funds ***only*** and is consistent with guidance issued by SAMHSA.

[2] Section 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 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, 2018 (P.L. 115-141)

[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 an 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 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 an 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 an 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.

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Footnotes:

Revision Request:
Web Block Grant Application System (WebBGAS)
FY 2022-2023 Combined Behavioral Health Assessment and Plan Submitted (SABG Plan)
Section IV. Environmental Factors and Plan
Item 23. Syringe Services (SSP)

March 7, 2022

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RE: FY 2022-2023 Combined Behavioral Health Assessment and Plan Submitted (SABG Plan), Section IV. Environmental Factors and Plan, Item 23. Syringe Services (SSP)

Dear Dr. Theresa Mitchell Hampton:

Thank you for the opportunity to submit a Revision Request through the WebBGAS portal to support our efforts to utilize the Substance Abuse Block Grant (SABG) to fund elements for a statewide Syringe Service Program (SSP) throughout Arizona. The Arizona Health Care Cost Containment System (AHCCCS), which serves as the Single State Authority, has worked to develop, bid, and subsequently award a statewide contractor, herein known as "contracted provider," "statewide provider," or "Sonoran Prevention Works (SPW)." We aim to implement the program through the following strategies to reduce the rates of overdose, drug-related deaths and injuries, and the transmission of infectious diseases; improve the health and wellness of people who use drugs (PWUD); and reduce costs and burden associated with substance use/misuse on public systems:

1) Naloxone distribution, education, and training;
2) Statewide Syringe Service Program;
3) Trainings for professionals and the broader community;
4) Peer support program to facilitate linkages to treatment and wrap-around supports;
5) Fentanyl testing strip distribution, education, and training;
6) Tailored programming and services for women, especially pregnant and parenting women (SABG Priority Population);
7) Culturally appropriate services and resources; and
8) Stakeholder relationship and capacity building to ensure long-term program sustainability.

As part of this request we included a detailed AHCCCS work plan, timeline for implementation, copies of existing SSP protocols (Arizona Senate Bill 1250), budget and budget justification – *SSP budget portions highlighted in yellow* – including plans for disposal of injection equipment, description of current training needs, location of SSP related activities to be supported with federal funds, SSP metric information, and a few attachments to support the overall request.

The overall aim of this Revision Request is to receive SAMHSA approval to implement our comprehensive, evidence-based, statewide SSP for Arizona to meet the needs of those most vulnerable to overdose and other drug-related consequences.

With your approval, AHCCCS can increase and improve access to care for Arizonans in need of critical support services. I welcome any further questions or requests for additional information.

Sincerely,

K. Cole Challacombe

Kristen Challacombe, Deputy Director for Business Operations

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1. BACKGROUND

Description of proposed model(s) and plans, including MOUs with SSP providers who can supply needles; the grantee will need to maintain documentation showing that any needle/syringe purchases were made with non-federal funds;

Note: The work plan and accompanying attachments submitted to the Substance Abuse and Mental Health Services Administration (SAMHSA) were developed and adapted from the Arizona Health Care Cost Containment System's (AHCCCS) Substance Abuse Block Grant (SABG) proposal submitted for bid by and subsequently awarded to Sonoran Prevention Works (SPW). Portions of the proposal by SPW are included in this work plan, as the proposal is the workplan to be implemented.

On May 24, 2021, Governor Doug Ducey signed into law Arizona Senate Bill 1250, Short Title: overdose; disease prevention; programs, allowing a city, town, county or non-governmental organization, including a local health department or an organization that promotes scientifically proven ways of mitigating health risks associated with drug use and other high-risk behaviors, to establish a Syringe Service Program (SSP) and supports. In addition, on October 26, 2021 – through a Determination of Need (DON) request to the Centers for Disease Control and Prevention (CDC) from the Arizona Department of Health Services (ADHS) – the CDC determined that the State of Arizona is at risk for a significant increase in viral hepatitis infection or HIV outbreak due to injection drug use.

Sharing unsterile injection equipment contributes to the transmission of Hepatitis C (HCV), HIV, and Hepatitis B (HBV) among people who inject/use drugs (PWID/PWUD).[1] SSPs are proven and effective community-based programs supporting a range of services including access to and disposal of sterile syringes and injection equipment, naloxone and fentanyl test strip (FTS) education and distribution, testing for HCV, HBV, and HIV, and linkages to substance use, mental health, and infectious disease care and treatment. SSPs provide services to the most marginalized individuals within our communities, many of whom are often served through SABG funds (i.e., uninsured/ underinsured individuals), and often rely on SSPs as their only source for health care.[2] [3] Decades of research has shown that SSPs provide low-barrier support to PWUD, are safe and cost-effective, reduce healthcare related costs to hospitals/health care systems (e.g., AHCCCS), and increase the likelihood of an individual entering substance use treatment.

Substance Use Disorder (SUD) in the United States is at epidemic levels and has had a disproportionate and long-lasting impact in the State of Arizona. Between June 15, 2017 to November 26, 2021, Arizona experienced 11,235 suspected opioid related deaths and 81,100

[1] Journal of Infectious Diseases: https://doi.org/10.1080/23744235.2020.1727002
[2] Journal of Acquired Immunodeficiency Syndrome: 10.1097/QAI.0000000000001792
[3] Centers for Disease Control and Prevention: https://www.cdc.gov/ssp/syringe-services-programs-summary.html

suspected overdoses.[4] In addition, data from the Arizona Department of Health Services (ADHS) showed that "HIV infections with injection drug use reported as a risk factor have remained relatively stable, yet high, since 2014. In 2020, 15.8 percent of all prevalent cases, and 11 percent of incident cases report IDU as a risk factor. Additionally, opioid-related morbidity and mortality continue to increase with a 198 percent increase in suspected opioid deaths between 2012 and 2019."[5]

Although there is ample literature demonstrating evidence behind treatment for SUD, drug use prevention and treatment efforts are often unable to meet the full spectrum of needs (i.e., wraparound supports) to help reduce the prevalence of chaotic drug use. For many SABG recipients, traditional drug treatment is not always viable or successful due to access barriers, limited availability, rigorous requirements, and personal preferences. According to a report analyzing utilization among Medicaid enrollees with a SUD diagnosis to understand service utilization patterns revealed that only 20 percent of females and 25 percent of males with SUD are receiving community-based services specific to treating their SUD or behavioral health condition.[6] These alarmingly low rates indicate that many individuals with SUD are not receiving the needed treatment and support through the current models of care in our communities. Though the data is specific to Medicaid enrollees, AHCCCS can generalize the data to recipients of SABG funds (N-TXIX/XXI) as services have been historically underutilized across the state. As such, a comprehensive approach that goes beyond naloxone education, training, and distribution is needed to adequately address the needs of substance users across Arizona.

Through this, AHCCCS seeks to expand the current Overdose Education and Naloxone Distribution (OEND) statewide contract to include elements of SSPs to its provision of services to engage the hardest-to-reach Arizonans who use drugs – those who are most medically complicated, and the highest cost to public systems. This new initiative includes the following strategies to reduce the rates of overdose, drug-related deaths and injuries, and the transmission of infectious diseases; improve the health and wellness of PWUD; and reduce costs and burden associated with substance use/misuse on public systems:

1) Naloxone distribution, education, and training;
2) Statewide Syringe Service Program**;
3) Overdose education and trainings;
4) Peer support and wraparound services;
5) Fentanyl testing strip distribution, education, and training;
6) Tailored programming and services for women (SABG Priority Population) **;
7) Culturally appropriate services and resources; and

[4] Arizona Department of Health Services: https://www.azdhs.gov/prevention/womens-childrens-health/injury-prevention/opioid-prevention/index.php
[5] Arizona Department of Health Services: Determination of Need Request, dated October 26, 2021.
[6] Burns & Associates, A Division of Health Management Associates: Delivery of Services to AHCCCS Members with Substance Use Disorder in Calendar Years 2018, 2019 and 2020.

8) Expanded network of key community stakeholders**.

***Indicates new service not previously funded through SABG.*

2. WORKPLAN

Adapted from SPW's bid proposal effective January 1, 2022:

AHCCCS, through the statewide contractor, SPW, aims to develop and implement comprehensive, evidence-based treatment strategies for the State of Arizona to meet the needs of the most vulnerable to overdose and other drug-related harms. *Figure 1* below displays the conceptual model developed for this project, illustrating the relationship between the interventions, immediate outcomes, and long-term outcomes.

Figure 1. Conceptual Model

Intervention	Immediate Outcomes	Long-term Outcomes
1) Naloxone distribution, education, and training 2) Syringe Service Program 3) Education and training 4) Peer support and wraparound services 5) Fentanyl testing strip distribution, education, and training 6) Tailored programming and services for women 7) Culturally appropriate services and resources 8) Expanded network of key community stakeholders	• Increased initiation, continuation, and coordination of evidence-based treatment for individuals who use drugs • Increased harm reduction behaviors such as reduced or safer use, supply testing, and overdose prevention kits • Increased proper disposal of used syringes • Increased public awareness and community engagement	• Reduced rates of overdose, drug-related deaths and injuries, and transmission of infectious diseases • Improved health and wellness of people who use drugs • Reduced costs and burden associated with substance use/misuse on public systems

To achieve the listed outcomes, our strategy consists of eight (8) overarching strategies/interventions:

1) **Naloxone distribution, education, and training:** Expand a comprehensive, statewide naloxone distribution, education, and training initiative for PWUD, prescribers, pharmacists, AHCCCS members and the public. Through the subcontracted provider, we aim to achieve the following objectives:
    - **a.** Distribute Narcan doses via kits to communities across Arizona through targeted street and community outreach.
    - **b.** Conduct in-person and web-based training sessions for prescribers, pharmacists, AHCCCS members, and the public, emphasizing evidence-based responses to opioid overdose and post-overdose support.
    - **c.** Provide naloxone training and technical assistance to the correctional system to at least 50 percent of Arizona jails and 75 percent of state prisons distributing naloxone upon release.

d. Train 10 percent of Arizona group homes for transition-age youth on overdose prevention, recognition, and response.

2) A statewide SSP: Through SPW, AHCCCS aims to implement the following elements for a statewide SSP:

a. Develop and expand needle and hypodermic syringe disposal education and options for the State of Arizona to reach at least 25 percent (5,640) of individuals who have injected drugs in the past year. In order to maximize our reach among our target population, we have developed four strategies to deliver supplies to PWUD: 1) fixed sites, 2) mobile units, 3) mail order programs, and 4) kiosks. Supplies include syringes, safe disposal containers, hygiene and wound care kits, internal and external condoms, rapid home HIV tests, and other associated supplies.

b. Implement a statewide SSP with sites in Yavapai, Maricopa, Pinal, Pima, Yuma, Mohave, Cochise, Navajo, Santa Cruz, and Graham counties (in partnership with Southwest Recovery Alliance, Southern AZ AIDS Foundation, and Community Medical Services). The statewide provider will also create new and expanded mobile and delivery based SSP services to reach PWUD across Arizona. In this project period, we aim to reach at least 25 percent of Arizonans who have injected drugs in the past year (an estimated 5,640 people in 2020).

c. Coordination navigation services and treatment referrals for mental illness, substance use disorder, and other co-occurring disorders for SSP participants, as appropriate. SSPs provide an excellent opportunity to engage PWUD in a community setting with peer support from people with lived experience with substance use. Individuals seeking needles or other supplies may also be offered referrals to navigation services, treatment referrals, or additional services as appropriate. Individuals receiving services from the SSP will be referred into the peer support program as appropriate.

d. Develop and disseminate educational materials to at least 5,640 individuals through the SSP. Educational material may include the following topics: Overdose prevention, peer support services, infectious disease and transmission prevention, education, referrals, and treatment referrals for mental illness, SUD, and co-occurring disorders.

e. Develop and distribute evidence-based standards for distributing and disposing of needles and hypodermic syringes. Currently, the statewide provider, in collaboration with AHCCCS, in the planning phases of developing a statewide SSP standards board in collaboration with people who inject drugs and individuals who work and volunteer at SSPs.

3) Training for professionals and the broader community; Through SPW, AHCCCS aims to implement the following stigma reduction trainings for professionals and the broader community:

a. Develop and distribute educational material to at least 30,000 people through print and electronic distribution. With AHCCCS guidance, SPW will review and adapt existing educational material targeted at PWUD, the general public,

providers, pharmacists, AHCCCS members, and other specific populations as appropriate.

b. Provide at least 20 free, training sessions for community members and the broader public. SPW's training sessions are typically geared toward community members, resource organizations, and medical/behavioral health professionals, with specialized curricula for numerous populations and professions. In coordination with AHCCCS and the program officer, SPW will review and update all training curricula and materials for free general training sessions geared toward community members. Current training topics include overdose prevention and naloxone use, opioid use disorder, stimulant use disorder, stigma, injection-related complications, and other relevant issues. These general trainings are offered in-person or virtually, including virtual video workshops or self-paced online courses.

c. Provide at least 15 training sessions to medical, behavioral health, and social service providers. SPW will develop or enhance trainings on overdose prevention, fentanyl test strip use, stimulants, and other emerging topics and deliver to drug treatment providers, substance use prevention coalitions, health care providers, AHCCCS members, SABG priority populations, organizations who serve women who use drugs, and other groups who engage with PWUD.

d. Conduct at least three trainings each year in each Geographic Service Area (GSA) in Arizona to the Department of Child Safety regional offices on overdose prevention and harm reduction. SPW will adapt existing curriculum to specifically address the unique needs of transition-age youth struggling with substance use/misuse.

e. Provide training to at least 50 percent of Community Corrections offices on overdose prevention. Due to the disproportionate impact of opioid overdoses on criminal-justice involved individuals, we will make a concerted effort to train those that work in the criminal justice system with specialized content for this population.

4) Peer support program to facilitate linkages to treatment and wrap-around supports; Through SPW, AHCCCS aims to implement the following peer support program through the following strategies:

a. Develop and implement a network of at least 75 provider organizations to facilitate linkages to evidence-based care navigation services for individuals requiring a higher level of care. Peer support staff, or Harm Reduction Outreach Workers (HROWs) at SPW work at SSPs and conduct street outreach in order to identify new clients and facilitate referrals to CMS and other organizations.

b. Provide at least 1,500 referrals to treatment through peer support staff for individuals requiring a higher level of care. Referrals may include treatment for: SUD, mental illness, mental health and harm reduction-based counseling, screening and treatment for HIV, viral hepatitis, and STIs, medical treatment and basic wound care. HROWs are peer-certified and specially trained to provide intensive case management services to include support around drug treatment,

medical care, mental health, housing, criminal justice involvement, identification replacement, and other services.

c. Disseminate risk reduction material through peer support staff to 5,000 individuals. Supply kits may include condoms, hygiene products, naloxone kits, fentanyl test strips, and other necessities.

d. Promote awareness through in-depth training for 2,700 individuals about the relationship between injection drug use and communicable diseases, recommended steps for disease transmission prevention, and options for treatment. Through syringe services and rapid HIV/HCV screening, peer support specialists will provide education on prevention, risk mitigation, and treatment for HIV, HCV, and other communicable diseases including hepatitis A and B, COVID-19, and STIs.

5) **Fentanyl testing strip distribution, education, and training;** Through SPW, AHCCCS aims to implement the following strategies:

a. Distribute 120,000 rapid fentanyl testing strips (FTS) to communities across the State of Arizona in Year 1. Distribution will be prioritized to people who use drugs (all drugs, including heroin, stimulants, and pills), their friends and family, and organizations who can effectively distribute test strips to people at risk for overdose. SPW maintains the lowest available cost-effective pricing agreement with pharmaceutical companies for FTS in Arizona and will continue to do so for this project. Our budget for this proposal includes resources to purchase 120,000 FTS for statewide distribution.

b. Develop and distribute FTS training materials and modules. FTS educational material will include content such as the use of FTS; alleviating fears and stigma; education on harm reduction and how it relates to using the testing strips to test for the presence of fentanyl; and information regarding use and/or disposal of substances that test positive for fentanyl. This content will be made available to PWUD, families, AHCCCS members, community-based organizations, and the general public.

6) **Tailored programming and services for women, especially pregnant and parenting women (SABG Priority Population);** Through SPW, AHCCCS aims to implement the following strategies for this SABG Priority Population:

a. Provide outreach and care coordination services to at least 200 women who use drugs, prioritizing pregnant and parenting women. Tailored programming and services for women who use drugs may include pediatric medical treatment and care, child welfare, Arizona Department of Child Safety (DCS) coordination, legal assistance, early childhood education, and family counseling, in addition to other services needed by all PWUD. We aim to serve a minimum of 30 women in each region.

b. Staff the statewide SSP with at least one staff member who specializes in supporting women who use drugs, particularly pregnant and parenting women. The staff member will travel throughout the state to provide services, as well as training and education for project staff and partners.

c. Prioritize the delivery of services and training to SABG priority populations. In compliance with SAMHSA and AHCCCS regulations for the use of SABG funds, all services provided through the resources requested for this project will prioritize the following SABG populations: 1) pregnant women/teenagers who use drugs by injection, 2) pregnant women/teenagers with a SUD, 3) other persons who use drugs by injection, 4) women/teenagers with a SUD, with dependent children and their families, including women who are attempting to regain custody of their children, and 5) all other individuals with a SUD, regardless of gender or route of use. With respect to naloxone distribution, education and training, we aim to increase the utilization of SPW services among SABG priority populations by at least 10 percent during the three-year project period.

d. Participate in statewide groups to conduct provider education on decreasing stigma and utilization of evidence-based practices for pregnant and parenting women who use drugs. Along with Objective 3C, we will make concerted efforts to train providers who treat women who use drugs, as well as incorporate gender-informed principles in our general training.

7) Culturally appropriate services and resources; Through SPW, AHCCCS aims to implement the following:

a. Provide Spanish translations and culturally sensitive versions of services and resources. SPW has provided Spanish translations of educational and outreach materials, as well as offered peer support services in Spanish since 2019. SPW currently has Spanish-speaking outreach staff in five Arizona counties. All printed educational materials will be available in English and Spanish, and additional materials will be revised for cultural sensitivity when working with tribal nations. In the event that our outreach staff do not speak the same language as the participants that they encounter, we will offer a telephone translation service to ensure that all participants are able to effectively communicate with SPW staff.

b. Host at least 20 training sessions in Spanish and distribute materials to at least 1,000 Spanish-speaking clients.

8) Stakeholder relationship and capacity building to ensure long-term program sustainability. Through SPW, AHCCCS aims to implement the following:

a. Convene an Advisory Board consisting of leadership representatives from across the health and social service systems. Potential Advisory Board members include PWUD people with lived experience, SSPs, state and local government agencies, Substance Use Disorder and behavioral health treatment providers, health departments, health clinics and systems, correctional health, first responders, community-based organizations, mutual aid groups, local businesses, schools, colleges and universities, and neighborhoods. The Advisory Board will provide overall project guidance, promote the program and services, build collective capacity, and reduce stigma amongst the public. Utilizing a

collective impact model[7] for this project, SPW will act as this initiative's backbone, bringing CMS, ASU CHS, and many of our other partners together with the shared goal of preventing overdose and increasing harm reduction infrastructure in Arizona.

b. Evaluate and continuously improve the services provided through our program through regular data monitoring, performance reports, and quality improvement methods. With the support of ASU CHS, a system of evaluation that measures the project's impact across all partners will be created. Peer support will be used not only to provide low-barrier harm reduction services to participants, but to gauge community need and response to ensure that we are including community voices and adapting interventions to evolving community needs. A critical part of this project is collecting reliable data to assess performance, evaluate progress, and continuously improve services and internal control systems. Additionally, we will maintain and expand SPW's inventory tracking system to monitor the supply and distribution of naloxone, FTS, and related outreach supplies purchased with SABG funds.
c. Identify and disseminate best practices and recommendations for sustaining and expanding the program. All project processes, protocols, tools, evaluations, publications, and reports will be documented for dissemination to sustain and expand our collective efforts.

Acquiring Syringes and Needles through Non-Federal Funds: The SPW, submits an annual letter attestation to AHCCCS affirming they will not utilize federal funds to purchase syringes/needles. AHCCCS will continue this practice to ensure compliance with state and federal regulations. SPW is dedicated to ensuring that participants have access to all the supplies they need to stay as safe and healthy as possible, including syringes and needles. In support of this project, SPW will continue to fund the purchase of syringes and needles through a combination of grassroots fundraising methods as well as grant funding from a diverse range of private and public funders. SPW has a long history of utilizing grassroots fundraising methods, including one-time and monthly sustaining donations and program service revenue to support the work and help to fund the purchase of program supplies. SPW is committed to seeking out a diverse range of funders who share our values, and can support the purchasing of lifesaving supplies, such as syringes and needles, for participants. For years, SPW has worked to build and maintain relationships with funders dedicated to supporting health and harm reduction services to people impacted by substance use, including Broadway Cares, the Gilead Foundation, AIDS United, and more. SPW has also received funding from county health departments, hospital systems, and foundations across Arizona. Additionally, SPW proactively seeks out and applies to new funding opportunities that can further support the purchase of syringes and needles.

Applicable MOUs with SSP Providers who can supply needles: SPW is the acquirer of the syringes and needles needed for their program, we do not have a signed MOU in place. In lieu of

[7] Sagrestano LM, Finerman JCR. COLLECTIVE IMPACT MODEL IMPLEMENTATION. J Health Hum Serv Adm. 2018;41(1):87-123. https://www.jstor.org/stable/26974591.

an MOU, we have an executed contract that we can submit as part of this request outlining how SPW will acquire syringes and needles through non-federal funds.

3. TIMELINE FOR IMPLEMENTATION

Please refer to **Attachment A** at the end of this document for the timeline for implementation.

4. COPY OF EXISTING SSP PROTOCOLS OR GUIDELINES

AHCCCS, in consultation with SPW, will utilize the following protocols/guidelines, and applicable state law such as:

a. Arizona Revised Statutes (ARS) Title 36, Chapter 6, Article 15: *Title 36, chapter 6, Arizona Revised Statutes. ARTICLE 15. OVERDOSE AND DISEASE PREVENTION. 36-798.51. Overdose and disease prevention programs; requirements; standards*
b. Centers for Disease Control and Prevention: *Syringe Service Programs, A Technical Package of Effective Strategies and Approaches for Planning, Design, and Implementation (published 2020)*
c. NASTAD: *Syringe Services Program (SSP) Development and Implementation Guidelines for State and Local Health Departments (published 2012)*
d. National Harm Reduction Coalition: *Guide to Developing and Managing a Syringe Service Program (published 2010, updated 2020)*

5. BUDGET, BUDGET JUSTIFICATION, AND PROPOSED ACTIVITIES, INCLUDING A PLAN FOR DISPOSAL OF INJECTION EQUIPMENT

Budget/Budget Justification: Please refer to **Attachment B** for the budget justification at the end of this document.

Proposed Activities:

1) Naloxone distribution, education, and training;
2) A statewide SSP;
3) Trainings for professionals and the broader community;
4) Peer support program to facilitate linkages to treatment and wrap-around supports;
5) Fentanyl testing strip distribution, education, and training;
6) Tailored programming and services for women, especially pregnant and parenting women (SABG Priority Population);
7) Culturally appropriate services and resources; and
8) Stakeholder relationship and capacity building to ensure long-term program sustainability.

Plan for disposal of injection equipment: Because Arizona recently legalized SSPs, there is a gap in the development and distribution of evidence-based standards for distributing and disposing of needles and hypodermic syringes. AHCCCS, in collaboration with the contracted provider, Sonoran Prevention Works, is in the planning phase of developing a statewide SSP standards board in collaboration withPWID and individuals who work and volunteer at SSPs. SPW aims to follow applicable Arizona law regarding the disposal of injection equipment (*SB 1250: Article 15: 36-798.51. Overdose and disease prevention programs; requirements; standards*):

> *"A program established pursuant to this section shall develop standards for distributing and disposing of needles and hypodermic syringes based on scientific evidence and best practices. the number of needles and hypodermic syringes disposed of through a program shall be at least equivalent to the number of needles and hypodermic syringes distributed through the program."*

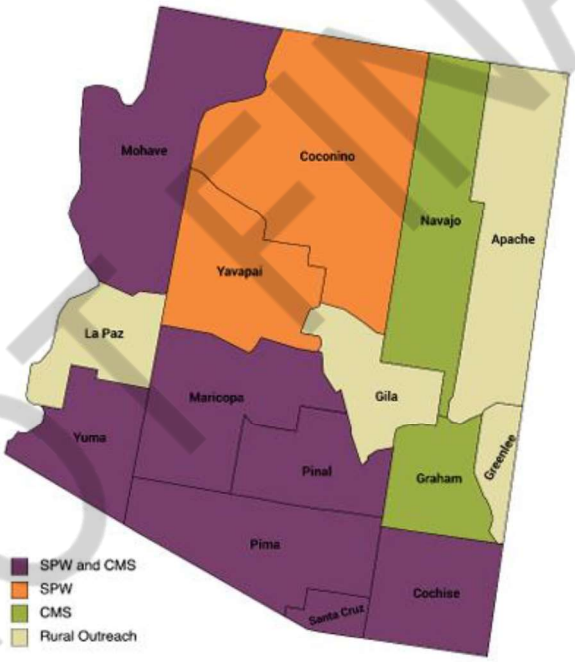
6. DESCRIPTION OF CURRENT TRAINING AND TECHNICAL ASSISTANCE NEEDS

Training/Technical Assistance Item	Description	Resource
Data & Evaluation	Arizona needs a comprehensive method to track and evaluate key performance indicators (KPIs), basic demographics, etc. KPIs include Naloxone (intranasal, intramuscular) Education & Distribution, Fentanyl distribution/testing, syringes received/distributed, etc.	SAMHSA Technical Assistance: https://harmreductionhelp.cdc.gov/s/

7. LOCATION OF SSP RELATED ACTIVITIES TO BE SUPPORTED WITH FEDERAL FUNDS

AHCCCS will implement a statewide SSP to adequately address the needs of PWUD across the Arizona community. *Figure 2* (below) shows the statewide reach of our program, with SPW and Community Medical Services (CMS) presence both in 9 separate counties (covering a combined 11 counties). Our strategy also includes extensive plans to adequately address the needs of the four counties without physical SPW or CMS presence through rural outreach, mobile clinics, virtual services, and main-in programs. (covering a combined 11 counties) throughout Arizona: Mohave, Yuma, Maricopa (most populous), Pinal, Pima, Santa Cruz, Cochise, Coconino, Yavapai, Navajo, and Graham counties.

Figure 2



8. SIGNED STATEMENT (I.E., ANNUAL CERTIFICATION)

Signed and included as part of this request (**Attachment C**).

9. SSP METRIC INFORMATION

SABG sub-recipients,)i.e., community-based organizations), implementing new or expanding existing SSPs will need to collect basic SSP metrics information (e.g., number of syringes

distributed, estimated number of syringes returned for safe disposal, number of persons tested for HIV or viral hepatitis, and referrals to HIV, viral hepatitis and substance use disorder treatment).

AHCCCS developed an evaluation design into the method of approach to measure project performance, identify best practices, and facilitate continuous program improvement. Using the RE-AIM framework, the contracted provider, SPW, will gather data from program staff and participants at SPW and CMS through monthly programmatic reports and electronic health records. The data will track all measurable objectives, required reports, and reports for use by the advisory committee and executive team. All data collection methods will take into consideration the language, norms and values of the focus populations. All data collection, data storage, and data analysis procedures will be approved by the Institutional Review Board (IRB) at Arizona State University. Data sharing and transfer agreements will be developed with all partners and sub-awardees pursuant to IRB approved processes. All data will be protected and stored according to IRB approved protocols.

In compliance with SAMHSA guidance for State Block Grants, AHCCCS will collect the following information related to SSPs:

- Number of syringes distributed,
- Estimated number of syringes returned for safe disposal,
- Number of persons tested for HIV or viral hepatitis,
- Referrals to HIV/Viral Hepatitis testing and treatment, and
- Referrals to substance use disorder treatment.

10. ATTACHMENTS A – E:

Attachment A: Timeline for Implementation

Milestones	Lead	Year 0 (Administrative)				Year 1 (2022)				Year 2 (2023)				Year 3 (2024)				Year 4
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
Develop SABG RFP	AHCCCS																	
RFP out for Bid	AHCCCS																	
RFP Proposal Evaluation & Contractor Selection	AHCCCS																	
Receive Determination of Need for SSP in AZ (obtained Oct-21)	AHCCCS																	
Contract Executed (December 1)	AHCCCS																	
Develop SABG-SSP Metrics for Contractor	AHCCCS																	
Receive Approval for SABG Funds for SSP Activities	AHCCCS																	
Naloxone Distribution, Education, and Testing (ongoing)	Contractor																	
Syringe Service Program (pending SAMHSA approval)	Contractor																	
Fentanyl Testing Strip Distribution, Education, and Testing	Contractor																	
Programming for Pregnant and Parenting Women (SABG)	Contractor																	
Contract Close-Out for Statewide Vendor	Contractor																	
Final Deliverable for Statewide Vendor	Contractor																	

Attachment B: Budget Justification

AHCCCS/Sonoran Prevention Works (SPW)
Syringe Service Program (SSP)
Budget and Justification
01/01/2022-12/31/2022

A. Personnel:

Position (1)	Key Staff (3)	Annual Salary/ Rate (4)	Level of Effort (5)	Total Salary Charged to Award (6)
Syringe Services Program Manager	x	$60,000	100%	$60,000
Syringe Services Team Lead		$21/hr	100%	$43,680
SSP Trainer		$20/hr	100%	$41,600
Women's Health Peer Support Specialist		$21/hr	100%	$43,680
Syringe Service Program Specialists (5)		$19/hr	100%	$197,600
Operations Associate		$22/hr	25%	$11,440
Naloxone and Fentanyl Test Strip Distribution Coordinator		$19/hr	100%	$39,520
FEDERAL REQUEST				**$437,520**

JUSTIFICATION:

- Syringe Services Program Manager will oversee the in-person syringe services to include Yavapai, all of Mohave, Maricopa, Pinal, Cochise, and Pima counties, and ensure that supply delivery occurs for individuals unable to reach those physical programs. The position requires a background in outreach, managing remote teams, operationalizing new programs, and ensuring cross-program collaboration to leverage SPW's existing staff and programming to support the statewide syringe service program. They will oversee the five Syringe Service Program Specialists.
- Syringe Services Team Lead will provide support to the SSP Manager in day-to-day staffing of the five SSPs. They will be the first line of defense in cases of conflict, sharps exposure, and scheduling, and will serve as a backup for any staff who will be on extended leave.
- Trainer will deliver online and in-person training for AHCCCS patients, community members, pharmacists, drug treatment organizations, medical providers, and others to increase knowledge of overdose prevention, naloxone, fentanyl test strips, and other harm reduction topics.
- Women's Health Peer Support Specialist will conduct outreach to women who use drugs (particularly pregnant and parenting women) and organizations who serve them. They will be the resident expert on supporting women who use drugs and train the rest of the staff on interventions and resources to support women who use drugs in all three GSAs.

- Syringe Service Program Specialists are peer-support certified individuals who will run SSPs in Mohave, Yavapai, Pinal, Cochise, and Yuma counties. In partnership with other SPW staff, volunteers, and community partners, they will conduct fixed site distribution, home delivery, and mobile syringe services in line with AZ statute and the expectations of this SSP.
- Operations Associate will run SPW's Harm Reduction by Mail program to ensure that individuals unable to access services through our 5 SSPs can still receive supplies, referrals, and peer support by mail.
- Naloxone & Fentanyl Test Strip Distribution Coordinator will manage organizational requests for naloxone and fentanyl test strips, distribute them equitably and timely, and oversee inventory management.

- **Fringe Benefits:**

Position (1)	Name (2)	Rate (3)	Total Salary Charged to Award (4)	Total Fringe Charged to Award (5)
All	FICA, worker's comp, health insurance, state unemployment insurance	see table below	$437,520	$96,886
FEDERAL REQUEST				**$96,886**

JUSTIFICATION:

Fringe Category	Rate
Retirement	n/a
FICA	7.65%
Insurance (worker's comp)	1.26%
Health insurance	$7500 per FTE
State unemployment insurance tax	6.18% on first $7000
Total	26.53%

B. Travel:

Please note: All travel expenditures will require itemized receipts and will not exceed the State allowable rates which can be found in the State of Arizona Accounting Manual (SAAM) https://gao.az.gov.publications/saam.

Purpose (1)	Destination (2)	Item (3)	Calculation (4)	Travel Cost Charged to the Award (5)
Statewide travel	In state	Mileage	10,000 miles x .445	$4,445
	In State	Lodging	State of AZ allowable reimbursement rate	$3.000
	In state	Meals	State of AZ allowable reimbursement rate	$1,500
FEDERAL REQUEST				**$8,945**

JUSTIFICATION:

Local travel needed to conduct outreach, support staff, attend training events, and conduct other SSP project activities. Local travel rates not to exceed allowable rates in SAAM.

C. Equipment (Over $5,000 per item):

Item(s) (1)	Quantity (2)	Amount (3)	% Charged to the Award (4)	Total Cost Charged to the Award (5)
				n/a

JUSTIFICATION:

D. Supplies (Items costing less than $5,000 per unit):

Item(s)	Rate	Cost
Fentanyl test strips	$0.70 x 50,000	$35,000
Intramuscular naloxone	$35,000	$35,000
SSP Supplies (excluding syringes) see justification	$15,000 x 12 months	$180,000
Leased Vehicle (Dedicated 100% for SSP_	$4,800 per year	$4,800
Laptops	$500 x 6.25 FTE	$3,125
Cell phones	$350 x 6.25 FTE	$2,187
Office supplies	$100 x 12 months	$1,200
Office Furniture	$500 per employee x 6.25 FTE	$3,125
Printing	Varied	$3,125
SSP advertisement	Varied see justification	$5,000
FEDERAL REQUEST		**$272,562**

JUSTIFICATION:

1. Fentanyl test strips - SPW will purchase and distribute 120,000 strips to decrease overdose and increase awareness of safer drug use among people who use drugs. These will be primarily offered to SABG priority populations and organizations who reach those populations.
2. Intramuscular naloxone - SPW will purchase and distribute naloxone to decrease overdose and build relationships with people who use drugs. These will be offered to SABG priority populations, organizations who reach those populations, AHCCCS members, and the general public.
3. SSP Supplies include tourniquets, hygiene products, wound care supplies, food kits (less than $3/person), cottons, sharps containers, bags, alcohol wipes, and more to be distributed at the SSPs in accordance with Arizona statute, federal law, and the expectations of this proposal. Grant funds will not be used to purchase hypodermic syringes or needles.
4. Leased vehicle to be utilized in Cochise and Pinal counties by the Syringe Service Program Specialists for countywide coverage and deliveries. Vehicle will not be used for purposes outside the scope of this award.
5. Laptops and cell phones to be purchased for the 6.25 FTE to collect data, provide referrals, coordinate with team members, and support participants.
6. Office supplies & furniture to be purchased for the 6.25 FTE. Items include pens, paper, notebooks, mice, chairs, desks, and other related items.
7. Printing to distribute educational materials to participants and community members, print posters, brochures, data collection forms, and other related materials.

8. SSP Advertisement of program to include digital advertising, billboards, bus shelter ads, and other related efforts to increase awareness and utilization of the program.

Contractual:

COSTS FOR CONTRACTS MUST BE BROKEN DOWN IN DETAIL AND A NARRATIVE JUSTIFICATION PROVIDED. A SEPARATE ITEMIZED BUDGET IS REQUIRED FOR EACH CONTRACTOR. IF APPLICABLE, NUMBERS OF CLIENTS SHOULD BE INCLUDED IN THE COSTS.

Name (1)	Service (2)	Rate (3)	Other	Cost (4)
Southern Arizona AIDS Foundation	Pima County Syringe Services	$93,200	700 unique individuals to be reached annually	$93,200
Southwest Recovery Alliance	Maricopa County Syringe Services	$480 x 104 outreach events	1,500 unique individuals to be reached annually	$49,920
ASU College of Health Solutions	Evaluation	$106,426	n/a	$106,426
Community Medical Services	24/7 supply provision and Statewide systems change coordination	$175,002	1,370 unique individuals to be reached annually	$175,002
Tory Howell	Graphic & web design	$80/hr x 10 hrs	n/a	$800
Kurt Clark	IT	$80/hr x 10 hrs	n/a	$800
TBD	Medical waste disposal services	$600/mo x 12 months	n/a	$7,200
FEDERAL REQUEST				$433,348

JUSTIFICATION:

1. **Southern AZ AIDS Foundation** will administer a syringe service program three days/week in Tucson to benefit this project with an approximate X projected individuals to be reached. The program will meet the requirements set out in Arizona statute and in this RFP's scope of work.

Item	Rate	Total cost
Bilingual Health Education & Testing Specialist	$38,854/yr @ 0.75 FTE	$29,141
Health Education & Testing Specialist	$36,774/yr @ 0.75 FTE	$27,581
ERE	$56,722 * 27.0%	$15,315
State travel	Allowable state rates	$534
Direct program costs	$2,700 x 1.5 FTE	$4,050
Allocable program support	$1,397 x 1.5 FTE	$2,095

Occupancy costs	1.10% x $84,600	$931
Indirect costs	17.00% * $79,647	$13,553
Total		$93,200

2. **Southwest Recovery Alliance** will administer a syringe service program two days/week in Phoenix to benefit this project with an approximate 1500 individuals to be reached. The program will meet the requirements set out in Arizona statute and in this RFP's scope of work.

Item	**Rate**	**Total cost**
Outreach events	$480 x 104	$49,920
Total		**$49,920**

3. ASU College of Health Solutions (ASU CHS)

Item	**Rate**	**Total cost**
Personnel	See below	$56,580
ERE	See below	$17,122
Indirect Costs	See below	$32,724
Total		**$106,426**

ASU CHS Personnel

Position (1)	**Name (2)**	**Key Staff (3)**	**Annual Salary/Rate (4)**	**Level of Effort (5)**	**Total Salary Charge to Award (6)**
(1) Site PI	William Riley	Yes	$199,300	15%	$29,895
(2) Project Manager	Kailey Love	No	$84,099	15%	$12,615
(3) Data Analyst	Megan Phillips	No	$67,000	21%	$14,070
Total					$56580

1. The Site PI will be responsible for providing regular oversight of all the ASU-related activities for the grant. This includes evaluation design, data design, data collection, performance assessment, development of performance measures, quality improvement, data management, tracking, analysis and reporting. The Site PI will also oversee and ensure the completion of evaluations to assess program performance and internal organizational controls and management.
2. The Project Manager will coordinate project service and activities, including implementing project activities, internal and external coordination, developing materials, and conducting meetings. The Project Manager will work closely with SPW leadership to develop an

organizational project management plant to ensure the goals and objectives of the project are completed in a timely manner and within budget.

3. The Data Analyst will be responsible for implementing all data collection policies and procedures, including working directly with SPW and CMS staff to audit current processes and develop recommendations to improve data accuracy. The Data Analyst will also work with the ASU team to develop monthly performance reports that will be disseminated to the project team for broader discussion. The Data Analyst will support SPW staff in preparing data and evaluation sections for grant reports to AHCCCS and SAMHSA.

ASU CHS ERE

Position (1)	Name (2)	Rate (3)	Total Salary Charged to Award (4)	Total Fringe Charged to Award (5)
(1) Site PI	William Riley	27.3%	$29,895	$8,161
(2) Project Manager	Kailey Love	33.58%	$12,615	$4,236
(3) Data Analyst	Megan Phillips	33.58%	$14,070	$4,725
Total				$17,122

Arizona State University defines fringe benefits as direct costs, estimates benefits as a standard percent of salary applied uniformly to all types of sponsored activities, and charges benefits to sponsors in accordance with the Federally-negotiated rates in effect at the time salaries are incurred. An estimated cost escalation has been included and is consistent with ASU policy for both fringe rates and IBS. The current Rate Agreement was approved April 20, 2021. The estimated cost of ERE is $17,122 for the personnel effort allocated in this project, which is based upon the following rates for FY 2023 and thereafter:

ASU CHS Indirect Cost Rate

ERE Rate Estimates	Faculty	Staff
FY 2023 Estimated Rates	27.3%	33.58%

Organization's Indirect Cost Rate for Other Sponsored is 44.4% of Modified Total Direct Costs MTDC (44.4% of $73,702). Indirect costs are calculated using rates approved by US Department of Health and Human Services (DHHS). The University's Current Rate Agreement was approved on April 20, 2021.

MTDC includes salaries and wages, fringe benefits, materials and supplies, services, publications, rental/equipment/software fees, travel, and the first $25,000 of each sub-award. Exclusions from MTDC include graduate student tuition remission, participant support, sub-awards over the first $25,000, capital equipment, and scholarships/fellowships.

4. **Community Medical Services** will oversee state systems coordination – Arizona Department of Corrections, jails, Community Corrections, and Arizona Department of Child Safety. They will also provide low barrier public access to harm reduction supplies at each of their clinics, and provide peer support staff in each Geographical Service Area to offer treatment and linkage to care for those accessing supplies and support with conducting public trainings.

Item	Rate	Total cost
Program Supervisor - Tina Braham	$93,600 x 0.05 FTE	$4,680
Peer Support x 3	$41,600 x 3 @ 0.50 FTE ea	$62,400

ERE	8.65% x $67,080 $480/mo x 1.5 FTE	$14,442
Local travel	State rate	$1,980
Contractual - supply kiosks + maintenance	$3,500 x 25 $4000 maintenance	$91,500
Total		**$175,002**

5. Tory Howell will provide hourly rate graphic and web design service to support the promotional and educational goals of the project.
6. Kurt Clark will provide hourly rate IT assistance to staff on the project as needed.
7. Heinfeld Meech will conduct SPW's required single audit. This contract makes up 20% of SPW's federal contracts.
8. Medical waste disposal services to pay for the safe and sterile disposal of syringes collected through the program.

E. Construction: NOT ALLOWED

JUSTIFICATION:

F. Other: (Include Other Consultants):

Item	Rate	Cost
Phoenix office	$22,800/yr x 30%	$6,840
Tucson office	$14,400/yr x 43%	$6,192
Phoenix & Tucson utilities	$18,000 x 37% (average)	$6,660
Storage	$9,000 x 75%	$6,750
Office maintenance & repairs	$2,400 x 37% (average)	$888
Cell service	$503/yr x 6.25 FTE	$3,144
FEDERAL REQUEST		**$30,474**

JUSTIFICATION:

1. Phoenix and Tucson offices will be allocated by staff FTE to grant. Offices are necessary for in-person work, supply receiving, and kit assembly.
2. Utilities for Phoenix and Tucson offices allocated by staff FTE to grant.
3. Storage units required for Phoenix, Tucson, Prescott, Kingman, Yuma, Bisbee, and Casa Grande to store SSP supplies, fentanyl test strips, and naloxone. Units will be allocated by staff FTE in the region to the grant.
4. Office maintenance and repairs to include plumbing, electrical, sterilization, and other standard repairs.
5. Cell service to ensure staff are able to communicate with each other, community partners, and participants.

G. Total Direct Charges: $1,279,735

H. Indirect Cost Rate or Administration (See Footnote below):

Calculation (1)	Indirect Cost Charged to the Award (2)
16.3%	$208,596

FEDERAL REQUEST	$208,596

JUSTIFICATION: Admin overhead is the rate requested for all federal grants. The costs include payroll and accounting software, accounting fees, WiFi, CPA, and other administrative costs associated with the harm reduction program.

K. Total Project Costs: $1,488,331

L. BUDGET SUMMARY (should include future years, as applicable to the grant, and projected total):

Category	AHCCCS?SPW SSP 1/1/2022-12/31/2022
Personnel	$437,520
Fringe	$96,886
Travel	$8,945
Equipment	$0
Supplies	$272,562
Contractual	$433348
Other	$30,474
Total Direct Charges	$1,279,735
Indirect Charges or Administration	$208,596
Total Project Costs	$1,488,331

Attachment C: Signed statement (i.e., Annual Certification)

March 7, 2022

Theresa Mitchell Hampton, DrPH, M.Ed.
Public Health Advisor/State Project Officer / COR II / FAC-P\PM
HHS Region VIII (MT and UT), and IX (AZ; HI; and NV), and (CNMI, FSM, GU, and PU)
U.S. Department of Health and Human Services (DHHS)
Substance Abuse and Mental Health Services Administration (SAMHSA)
Center for Substance Abuse Treatment (CSAT)
Division of State and Community Assistance (DSCA)
Performance Partnership Grant Branch (PPGB)
5600 Fishers Lane, Station 13N16–E
Rockville, MD 20857 (courier/overnight use 29000)
O: (240) 276-1365
E: theresa.mitchell@samhsa.hhs.gov

Dear Dr. Theresa Mitchell Hampton:

In accordance with the Consolidated Appropriations Act, 2016, Division H, the Arizona Health Care Cost Containment System (AHCCCS) respectfully submits the following attestation.

> *SEC. 520. Notwithstanding any other provision 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.*

For programmatic questions, please contact José Echeverría Vega at (602)417-4743 or jose.echeverriavega@azahcccs.gov.

Sincerely,

Kristen Challacombe, Deputy Director for Business Operations

CC:
Alisa Randall, AHCCCS
Hazel Alvarenga, AHCCCS
Nereyda Ramirez, AHCCCS
Emma Hefton, AHCCCS
Christopher Shoop, AHCCCS
José Echeverría Vega, AHCCCS

Attachment D: CDC Determination of Need for Arizona 10/26/2021

Attachment E: Arizona Revised Statute: Article 15: 36-798.51. Overdose and disease prevention programs

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Due to formatting, Attachments D and E can be found in the next two pages.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

October 26, 2021

Kristen Herrick, MPH, CHES
Chief, Office of Disease Integration & Services
Arizona Department of Health Services
150 North 18th Avenue, Suite 110, Phoenix, AZ 85007
Email: kristen.herrick@azdhs.gov

Dear Ms. Herrick,

The Arizona Department of Health Services (ADHS) submitted a determination of need request to the Centers for Disease Control and Prevention (CDC) with data examining whether the state is experiencing or at risk for an increase in viral hepatitis or HIV infection due to injection drug use (IDU). Consulting with CDC to determine need is a requirement in the process of seeking approval to use federal funds to support syringe services programs (SSPs). All such requests are reviewed by a panel of CDC subject matter experts who evaluate submitted data in accordance with the *U.S. Department of Health and Human Services (HHS) Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016.*

The Arizona Department of Health Services provides persuasive data that the state is at risk for a significant increase in viral hepatitis or HIV infections due to injection drug use. HIV infections with injection drug use reported as a risk factor have remained relatively stable, yet high, since 2014. In 2020, 15.8% of all prevalent cases, and 11% of incident cases report IDU as a risk factor. Additionally, opioid-related morbidity and mortality continue to increase, with a 198% increase in suspected opioid deaths between 2012 and 2019.

Arizona also provides supporting evidence that their state is at risk. CDC's Vulnerability Assessment (2106) identified Mohave County as being at risk for rapid dissemination of HIV or HCV infections among persons who inject drugs. Importantly, while syringe services programs were not officially sanctioned by the state until May 2021, several SSPs operating prior to the change in policy report large numbers of participant interactions, syringe provision, and naloxone distribution, with 435 reported overdose reversals.

Taken together, Arizona's request for a determination of need presents compelling data that the State is at risk for significant increase in viral hepatitis or HIV infections due to injection drug use.

This notice may be used by state, local, territorial, or tribal health departments or eligible HHS-funded recipients to apply to direct federal funds to support SSPs. As there is no expiration date for this notice, ADHS may elect to either (1) immediately request to direct current federal funding to support SSPs or (2) delay requests to direct funds to support SSPs until a subsequent fiscal year. The State is strongly encouraged to discuss plans to direct funds for SSPs with your federal funding agencies. Only CDC directly-funded, eligible awardees should submit a request to CDC to direct funding for SSP activities.

Thank you for your interest in the public health implications of injection drug use in Arizona. If you have any questions or require further technical assistance, please do not hesitate to send an email to SSPCoordinator@cdc.gov.

Sincerely,
CDC SSP Determination of Need Panel

Senate Engrossed

REFERENCE TITLE: overdose; disease prevention; programs

State of Arizona
Senate
Fifty-fifth Legislature
First Regular Session
2021

CHAPTER 382

SENATE BILL 1250

AN ACT

AMENDING TITLE 36, CHAPTER 6, ARIZONA REVISED STATUTES, BY ADDING ARTICLE 15; RELATING TO PUBLIC HEALTH.

(TEXT OF BILL BEGINS ON NEXT PAGE)

Be it enacted by the Legislature of the State of Arizona:

Section 1. Title 36, chapter 6, Arizona Revised Statutes, is amended by adding article 15, to read:

ARTICLE 15. OVERDOSE AND DISEASE PREVENTION

36-798.51. Overdose and disease prevention programs; requirements; standards

A. A CITY, TOWN, COUNTY OR NONGOVERNMENTAL ORGANIZATION, INCLUDING A LOCAL HEALTH DEPARTMENT OR AN ORGANIZATION THAT PROMOTES SCIENTIFICALLY PROVEN WAYS OF MITIGATING HEALTH RISKS ASSOCIATED WITH DRUG USE AND OTHER HIGH-RISK BEHAVIORS, OR ANY COMBINATION OF THESE ENTITIES, MAY ESTABLISH AND OPERATE AN OVERDOSE AND DISEASE PREVENTION PROGRAM. A PROGRAM ESTABLISHED PURSUANT TO THIS SECTION SHALL HAVE ALL OF THE FOLLOWING OBJECTIVES:

1. TO REDUCE THE SPREAD OF VIRAL HEPATITIS, HIV AND OTHER BLOODBORNE DISEASES IN THIS STATE.

2. TO REDUCE NEEDLE-STICK INJURIES TO LAW ENFORCEMENT OFFICERS AND OTHER EMERGENCY PERSONNEL.

3. TO ENCOURAGE INDIVIDUALS WHO INJECT DRUGS TO ENROLL IN EVIDENCE-BASED TREATMENT.

4. TO INCREASE PROPER DISPOSAL OF USED SYRINGES.

5. TO REDUCE THE OCCURRENCE OF SKIN AND SOFT TISSUE WOUNDS AND INFECTIONS RELATED TO INJECTION DRUG USE.

B. A PROGRAM ESTABLISHED PURSUANT TO THIS SECTION SHALL OFFER ALL OF THE FOLLOWING:

1. DISPOSAL OF USED NEEDLES AND HYPODERMIC SYRINGES.

2. NEEDLES, HYPODERMIC SYRINGES AND OTHER INJECTION SUPPLY ITEMS AT NO COST AND IN QUANTITIES SUFFICIENT TO ENSURE THAT NEEDLES, HYPODERMIC SYRINGES AND OTHER INJECTION SUPPLY ITEMS ARE NOT SHARED OR REUSED.

3. EDUCATIONAL MATERIALS ON ALL OF THE FOLLOWING:

(a) OVERDOSE PREVENTION.

(b) PEER SUPPORT SERVICES.

(c) THE PREVENTION OF HIV, VIRAL HEPATITIS TRANSMISSION AND THE INCIDENCE OF SKIN AND SOFT TISSUE WOUNDS AND INFECTIONS.

(d) TREATMENT FOR MENTAL ILLNESS, INCLUDING TREATMENT REFERRALS.

(e) TREATMENT FOR SUBSTANCE USE DISORDER, INCLUDING REFERRALS FOR SUBSTANCE USE DISORDER TREATMENT.

4. ACCESS TO KITS THAT CONTAIN NALOXONE HYDROCHLORIDE OR ANY OTHER OPIOID ANTAGONIST THAT IS APPROVED BY THE UNITED STATES FOOD AND DRUG ADMINISTRATION TO TREAT A DRUG OVERDOSE, OR REFERRALS TO PROGRAMS THAT PROVIDE ACCESS TO NALOXONE HYDROCHLORIDE OR ANY OTHER OPIOID ANTAGONIST THAT IS APPROVED BY THE UNITED STATES FOOD AND DRUG ADMINISTRATION TO TREAT A DRUG OVERDOSE.

5. FOR EACH INDIVIDUAL WHO REQUESTS SERVICES, PERSONAL CONSULTATIONS FROM A PROGRAM EMPLOYEE OR VOLUNTEER CONCERNING MENTAL HEALTH OR SUBSTANCE USE DISORDER TREATMENT OR REFERRALS FOR EVIDENCE-BASED SUBSTANCE USE DISORDER TREATMENT, AS APPROPRIATE.

C. A PROGRAM ESTABLISHED PURSUANT TO THIS SECTION SHALL DEVELOP STANDARDS FOR DISTRIBUTING AND DISPOSING OF NEEDLES AND HYPODERMIC SYRINGES BASED ON SCIENTIFIC EVIDENCE AND BEST PRACTICES. THE NUMBER OF NEEDLES AND HYPODERMIC SYRINGES DISPOSED OF THROUGH A PROGRAM SHALL BE AT LEAST EQUIVALENT TO THE NUMBER OF NEEDLES AND HYPODERMIC SYRINGES DISTRIBUTED THROUGH THE PROGRAM.

36-798.52. Immunity

A. NOTWITHSTANDING TITLE 13, CHAPTER 34, AN EMPLOYEE, VOLUNTEER OR PARTICIPANT OF A PROGRAM ESTABLISHED PURSUANT TO SECTION 36-798.51 MAY NOT BE CHARGED WITH OR PROSECUTED FOR POSSESSION OF ANY OF THE FOLLOWING:

1. A NEEDLE, HYPODERMIC SYRINGE OR OTHER INJECTION SUPPLY ITEM OBTAINED FROM OR RETURNED TO A PROGRAM ESTABLISHED PURSUANT TO SECTION 36-798.51.

2. A RESIDUAL AMOUNT OF A CONTROLLED SUBSTANCE CONTAINED IN A USED NEEDLE, USED HYPODERMIC SYRINGE OR USED INJECTION SUPPLY ITEM OBTAINED FROM OR RETURNED TO A PROGRAM ESTABLISHED PURSUANT TO SECTION 36-798.51.

B. SUBSECTION A OF THIS SECTION APPLIES ONLY IF THE PERSON CLAIMING IMMUNITY PROVIDES VERIFICATION THAT A NEEDLE, HYPODERMIC SYRINGE OR OTHER INJECTION SUPPLY ITEM WAS OBTAINED FROM AN OVERDOSE AND DISEASE PREVENTION PROGRAM ESTABLISHED PURSUANT TO SECTION 36-798.51.

APPROVED BY THE GOVERNOR MAY 24, 2021.

FILED IN THE OFFICE OF THE SECRETARY OF STATE MAY 24, 2021.

Environmental Factors and Plan

Syringe Services (SSP) Program Information-Table A

Syringe Services Program SSP Agency Name	Main Address of SSP	Planned Dollar Amount of SABG Funds Expended for SSP	SUD Treatment Provider (Yes or No)	# Of Locations (include mobile if any)	Narcan Provider (Yes or No)
Sonoran Prevention Works (Contractor)	340 E. Dunlap Ave, Phoenix, AZ -85020	$1,488,331.00	No	3	No

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes: