

Arizona

UNIFORM APPLICATION

FY 2016/2017 - STATE BEHAVIORAL HEALTH ASSESSMENT AND
PLAN

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

OMB - Approved 06/12/2015 - Expires 06/30/2018
(generated on 11/21/2017 4:40:16 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 2016

End Year 2017

State SAPT DUNS Number

Number 804745420

Expiration Date

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

Agency Name Arizona Health Care Cost Containment System

Organizational Unit Division of Health Care Management, SOC and Grants

Mailing Address 701 E. Jefferson Street, MD 6500

City Phoenix

Zip Code 85034

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

First Name Thomas

Last Name Betlach

Agency Name Arizona Health Care Cost Containment System

Mailing Address 801 E. Jefferson Street

City Phoenix

Zip Code 85034

Telephone (602) 417-4711

Fax

Email Address tom.betlach@azahcccs.gov

State CMHS DUNS Number

Number 805346798

Expiration Date

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

Agency Name Arizona Health Care Cost Containment System

Organizational Unit Division of Health Care Management, SOC and Grants

Mailing Address 701 E. Jefferson, MD6500

City Phoenix

Zip Code 85034

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

First Name Thomas

Last Name Betlach

Agency Name Arizona Health Care Cost Containment System

Mailing Address 801 E. Jefferson Street

City Phoenix

Zip Code 85034

Telephone (602) 417-4711

Fax

Email Address tom.betlach@azahcccs.gov

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

From

To

IV. Date Submitted

Submission Date 9/1/2016 1:44:05 PM

Revision Date 6/28/2017 12:38:41 PM

V. Contact Person Responsible for Application Submission

First Name Jacqueline

Last Name Luckey-Eaton

Telephone (602) 364-4681

Fax

Email Address Jacqueline.Luckey@azahcccs.gov

Footnotes:

State Information

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

Fiscal Year 2017

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

| Title XIX, Part B, Subpart II of the Public Health Service Act | | |
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| Section | Title | Chapter |
| Section 1921 | Formula Grants to States | 42 USC § 300x-21 |
| Section 1922 | Certain Allocations | 42 USC § 300x-22 |
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| Section 1946 | Prohibition Regarding Receipt of Funds | 42 USC § 300x-56 |
| Section 1947 | Nondiscrimination | 42 USC § 300x-57 |
| Section 1953 | Continuation of Certain Programs | 42 USC § 300x-63 |
| Section 1955 | Services Provided by Nongovernmental Organizations | 42 USC § 300x-65 |
| Section 1956 | Services for Individuals with Co-Occurring Disorders | 42 USC § 300x-66 |

ASSURANCES - NON-CONSTRUCTION PROGRAMS

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

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

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

protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§ 469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
16. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
17. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

LIST of CERTIFICATIONS

1. CERTIFICATION REGARDING LOBBYING

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

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

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

3. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

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

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

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

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

Signature of CEO or Designee¹: _____

Title: _____

Date Signed: _____

mm/dd/yyyy

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

Footnotes:

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Fiscal Year 2017

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

Name of Chief Executive Officer (CEO) or Designee: Thomas Betsch

Signature of CEO or Designee¹: 

Title: Director of AHCCCS/SSA

Date Signed: 8/24/16

mm/dd/yyyy

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

Footnotes:



STATE OF ARIZONA
OFFICE OF THE GOVERNOR

DOUGLAS A. DUCEY
GOVERNOR

EXECUTIVE OFFICE

February 26, 2016

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

Dear Grants Management Specialist:

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

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

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

Sincerely,

A handwritten signature in black ink, reading "Douglas A. Ducey".

Douglas A. Ducey
Governor
State of Arizona

1700 WEST WASHINGTON STREET, PHOENIX, ARIZONA 85007

State Information

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

Fiscal Year 2017

U.S. Department of Health and Human Services
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| Title XIX, Part B, Subpart II of the Public Health Service Act | | |
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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 |
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1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685- 1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non- discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327- 333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g)

protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§ 469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
16. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
17. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

LIST of CERTIFICATIONS

1. CERTIFICATION REGARDING LOBBYING

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

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

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

3. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

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

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

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

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

Signature of CEO or Designee¹: _____

Title: _____

Date Signed: _____

mm/dd/yyyy

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

Footnotes:

State Information

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

Fiscal Year 2017

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

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

ASSURANCES - NON-CONSTRUCTION PROGRAMS

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

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

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

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

Signature of CEO or Designee¹: 

Title: Director of AHCCS/SSA

Date Signed: 8/24/16
mm/dd/yyyy

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

Footnotes:



STATE OF ARIZONA
OFFICE OF THE GOVERNOR

DOUGLAS A. DUCEY
GOVERNOR

EXECUTIVE OFFICE

February 26, 2016

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

Dear Grants Management Specialist:

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

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

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

Sincerely,

Douglas A. Ducey
Governor
State of Arizona

1700 WEST WASHINGTON STREET, PHOENIX, ARIZONA 85007

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 | <input type="text"/> |
| Title | <input type="text"/> |
| Organization | <input type="text"/> |

Signature:

Date:

| |
|------------|
| Footnotes: |
|------------|

Planning Tables

Table 2 State Agency Planned Expenditures [MH]

Planning Period Start Date: 7/1/2016 Planning Period End Date: 6/30/2017

| Activity (See instructions for using Row 1.) | A.Substance Abuse Block Grant | B.Mental Health Block Grant | C.Medicaid (Federal, State, and Local) | D.Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.) | E.State Funds | F.Local Funds (excluding local Medicaid) | G.Other |
|--|-------------------------------|-----------------------------|--|--|----------------------|--|------------|
| 1. Substance Abuse Prevention* and Treatment | | | | | | | |
| a. Pregnant Women and Women with Dependent Children* | | | | | | | |
| b. All Other | | | | | | | |
| 2. Substance Abuse Primary Prevention | | | | | | | |
| 3. Tuberculosis Services | | | | | | | |
| 4. HIV Early Intervention Services | | | | | | | |
| 5. State Hospital | | | \$1,000,000 | \$120,000 | \$58,909,500 | \$3,500,000 | \$0 |
| 6. Other 24 Hour Care | | \$878,215 | \$288,857,824 | \$0 | \$17,590,939 | \$11,255,544 | \$0 |
| 7. Ambulatory/Community Non-24 Hour Care | | \$10,099,468 | \$1,218,169,958 | \$0 | \$74,184,431 | \$47,466,832 | \$0 |
| 8. Mental Health Primary Prevention** | | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 9. Evidenced Based Practices for First Episode Psychosis (10% of the state's total MHBG award) | | \$1,291,492 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 10. Administration (Excluding Program and Provider Level) | | \$645,746 | \$13,126,207 | \$133,000 | \$654,241 | \$1,620,000 | \$0 |
| 11. Total | \$0 | \$12,914,921 | \$1,521,153,989 | \$253,000 | \$151,339,111 | \$63,842,376 | \$0 |

* Prevention other than primary prevention

** It is important to note that 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.

Footnotes:

Planning Tables

Table 4 SABG Planned Expenditures

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

| Expenditure Category | FY 2016 SA Block Grant Award | FY 2017 SA Block Grant Award |
|---|------------------------------|------------------------------|
| 1 . Substance Abuse Prevention* and Treatment | \$30,140,799 | \$30,140,799 |
| 2 . Substance Abuse Primary Prevention | \$8,037,546 | \$8,037,546 |
| 3 . Tuberculosis Services | \$0 | \$0 |
| 4 . HIV Early Intervention Services** | \$0 | \$0 |
| 5 . Administration (SSA Level Only) | \$2,009,387 | \$2,009,387 |
| 6. Total | \$40,187,732 | \$40,187,732 |

* Prevention other than primary prevention

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

Footnotes:

Per revision request dated 11/30/16:

Amount of primary prevention funds planned for Primary Prevention programs, as reported in Tables 5a and 5b: \$7,021,546

Amount of primary prevention funds planned for Prevention-SA resource development: \$1,016,000

Planning Tables

Table 5a SABG Primary Prevention Planned Expenditures

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

| Strategy | IOM Target | FY 2016 | FY 2017 |
|-------------------------------------|-------------|----------------------|----------------------|
| | | SA Block Grant Award | SA Block Grant Award |
| Information Dissemination | Universal | \$1,335,607 | \$644,010 |
| | Selective | \$100,000 | \$463,373 |
| | Indicated | \$90,000 | \$10,035 |
| | Unspecified | | \$0 |
| | Total | \$1,525,607 | \$1,117,418 |
| Education | Universal | \$1,000,000 | \$161,439 |
| | Selective | \$500,000 | \$2,480,527 |
| | Indicated | \$100,000 | \$1,745 |
| | Unspecified | | \$0 |
| | Total | \$1,600,000 | \$2,643,711 |
| Alternatives | Universal | \$1,000,000 | \$102,972 |
| | Selective | \$50,000 | \$91,627 |
| | Indicated | \$10,000 | \$2,182 |
| | Unspecified | | |
| | Total | \$1,060,000 | \$196,781 |
| Problem Identification and Referral | Universal | \$60,000 | \$16,580 |
| | Selective | \$10,000 | \$1,631,842 |
| | Indicated | \$5,000 | \$10,472 |
| | Unspecified | | \$0 |
| | Total | \$75,000 | \$1,658,894 |

| | | | |
|---------------------------------------|-------------|--------------|--------------|
| Community-Based Process | Universal | \$1,200,000 | \$335,967 |
| | Selective | \$100,000 | \$488,680 |
| | Indicated | \$100,000 | \$4,363 |
| | Unspecified | | \$0 |
| | Total | \$1,400,000 | \$829,010 |
| Environmental | Universal | \$1,000,939 | \$61,085 |
| | Selective | \$200,000 | \$64,576 |
| | Indicated | \$100,000 | \$0 |
| | Unspecified | | \$0 |
| | Total | \$1,300,939 | \$125,661 |
| Section 1926 Tobacco | Universal | \$60,000 | \$60,000 |
| | Selective | | \$0 |
| | Indicated | | \$0 |
| | Unspecified | | \$0 |
| | Total | \$60,000 | \$60,000 |
| Other | Universal | \$1,000,000 | \$383,963 |
| | Selective | \$6,000 | \$0 |
| | Indicated | \$10,000 | \$6,108 |
| | Unspecified | | \$0 |
| | Total | \$1,016,000 | \$390,071 |
| Total Prevention Expenditures | | \$8,037,546 | \$7,021,546 |
| Total SABG Award* | | \$40,187,732 | \$40,187,732 |
| Planned Primary Prevention Percentage | | 20.00 % | 17.47 % |

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

Footnotes:

Planning Tables

Table 5b SABG Primary Prevention Planned Expenditures by IOM Category

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

| Activity | FY 2016 SA Block Grant Award | FY 2017 SA Block Grant Award |
|---------------------------------------|------------------------------|------------------------------|
| Universal Direct | \$3,392,425 | \$882,329 |
| Universal Indirect | \$3,264,121 | \$877,961 |
| Selective | \$966,000 | \$5,226,312 |
| Indicated | \$415,000 | \$34,944 |
| Column Total | \$8,037,546 | \$7,021,546 |
| Total SABG Award* | \$40,187,732 | \$40,187,732 |
| Planned Primary Prevention Percentage | 20.00 % | 17.47 % |

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

Footnotes:

Planning Tables

Table 5c SABG Planned Primary Prevention Targeted Priorities

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

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

Footnotes:

Planning Tables

Table 6a SABG Resource Development Activities Planned Expenditures

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

| Activity | FY 2016 SA Block Grant Award | | | | FY 2017 SA Block Grant Award | | | |
|--|------------------------------|-----------|----------|-------------|------------------------------|-----------|----------|-------------|
| | Prevention | Treatment | Combined | Total | Prevention | Treatment | Combined | Total |
| 1. Planning, Coordination and Needs Assessment | \$56,000 | | | \$56,000 | \$200,000 | | | \$200,000 |
| 2. Quality Assurance | \$30,000 | | | \$30,000 | \$90,000 | | | \$90,000 |
| 3. Training (Post-Employment) | \$50,000 | | | \$50,000 | \$50,000 | | | \$50,000 |
| 4. Education (Pre-Employment) | \$250,000 | | | \$250,000 | \$96,000 | | | \$96,000 |
| 5. Program Development | \$30,000 | | | \$30,000 | \$85,000 | | | \$85,000 |
| 6. Research and Evaluation | \$500,000 | | | \$500,000 | \$345,000 | | | \$345,000 |
| 7. Information Systems | \$100,000 | | | \$100,000 | \$150,000 | | | \$150,000 |
| 8. Total | \$1,016,000 | \$0 | \$0 | \$1,016,000 | \$1,016,000 | \$0 | \$0 | \$1,016,000 |

Footnotes:

Planning Tables

Table 6b MHBG Non-Direct Service Activities Planned Expenditures

Planning Period Start Date: 7/1/2016 Planning Period End Date: 6/30/2017

| Service | Block Grant |
|---|-------------|
| MHA Technical Assistance Activities | |
| MHA Planning Council Activities | |
| MHA Administration | \$581,994 |
| MHA Data Collection/Reporting | |
| MHA Activities Other Than Those Above | |
| Total Non-Direct Services | \$581994 |
| Comments on Data: <input type="text"/> | |
| Footnotes: | |

Environmental Factors and Plan

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

Narrative Question:

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

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

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

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

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

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

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

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

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

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

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

Footnotes:

The Arizona Behavioral Health Planning Council maintains a positive relationship with the Arizona Health Care Cost Containment System (AHCCCS). The Deputy Director (also known as Commissioners in other states) and CEO of the state hospital are active members of the Council; attending meetings, providing reports, and requesting feedback on initiatives. The Council meets across Arizona to consult with local area community members and behavioral health service providers to implement projects and learn of local accomplishments and challenges. The Council meets with AHCCCS to discuss barriers and arrive at a mutually agreeable course of action.

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

The Council strives to ensure its membership is reflective of the diverse cultures in Arizona. Currently, the Council has one American Indian individual, who is the family member of an adult with a serious mental illness (SMI) diagnosis, and includes representation of African American members, older adults, individuals with SMI designation in the behavioral health system, family members of young children, and the LGBT community. Additionally, the Council recruits and retains individuals throughout the state, including individuals from Tucson, Southeastern Arizona (San Manuel), Yuma, and Northern Arizona (Bullhead City, Kingman, Lake Havasu City). Still, the Council understands the importance of its membership being representative of the State and has prioritized recruitment for members residing in rural and remote locations. Conducting meetings in various locations around the state, including various tribal locations (Pascua Yaqui, Hualapai in 2016) allows for membership that is mixed between urban and rural participants. The Executive Committee will continue its efforts to further diversify membership by recruiting transition-age youth/ young adults, representation from the educational and correctional systems, and individuals with lived experience in the behavioral health system, specifically mental health and drug courts to serve on the Council.

As part of its focus on membership recruitment, the Executive Committee identified the need to develop a training manual and orientation process that provides candidates with basic information on the Council and committees' functions, as well as a high level overview of what the Council and each committee has been working on for the past six (6) months. The Executive Team completed the training manual and is issued to all new candidates who express an interest in joining the Council and/or its supporting committees. To further ensure the orientation process is a smooth one, candidates will also be partnered with an existing member/mentor to help navigate the membership process.

The first Arizona Mental Health Planning Council was created in 1988 in response to Public Law 99-660. Members were appointed by the Governor to serve a term until September 30, 1990, the

date P.L. 99-660 expired. No action was taken by the Governor to reappoint or otherwise reconstitute the Council. Recognizing the need for a Planning Council, the Department Director appointed a new Behavioral Health Planning Council, expanding membership and roles to encompass planning for not only adults with a SMI and seriously emotionally disturbed children (SED), but also for individuals with substance abuse and mental health disorders.

The Council is charged with the mission of:

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

Appointments to the Arizona Behavioral Health Planning Council are made in several ways (depending on the membership requirements). For members, family members, parents and service providers, the Planning Council's Executive Committee finds and nominates individuals to join membership. After the nomination has been brought to the full Council for approval, the Council submits a letter of recommendation to the AHCCCS Deputy Director, who determines if the nominee will be appointed. Regional Behavioral Health Authorities (RBHAs) may appoint a representative from their service area who is knowledgeable about behavioral health services in the geographic area they represent. When more than one urban or rural RBHA wish to be represented on the Council, the current RBHA representative will serve their three year term and then rotate to a different RBHA. One Tribal Regional Behavioral Health Authority (TRBHA) may also participate on the Council, though that position is currently vacant.

Each Council member serves for three (3) years. If the individual is not automatically reappointed after the three year term, there is a "grace period". This grace period of 180 days allows for the Council's Executive Committee to review all the representatives who are due for reappointment at a specific time period as defined in the Council By-Laws. The Executive Committee reviews members' terms at committee meetings in April and October. During this time, members with expiring terms are identified, and member recommendations will be made by the Chair to the AHCCCS Deputy Director. Re-appointments and new appointments will be based on participation, mandated representation, and willingness of Planning Council members to serve on both the Council and its committees.

The Arizona Behavioral Health Planning Council meets monthly, with the exception of July and August. The **Planning & Evaluation Committee** meets during the summer to complete the Mental Health Plan portion of the Block Grant application, and makes itself available to advise on the Substance Abuse Block Grant. Meetings are held in the AHCCCS (Phoenix) as well as various locations around the State. Meetings held in local communities allow the Council to meet with the agencies providing behavioral health services, as well as with recipients of such services. The Council's standing committees also meet regularly and are used to assist the Council in its responsibilities by reviewing specific issues or concerns and by developing recommendations.

Through its **Advocacy and Legislation Committee**, the Council is active in reviewing and tracking state and federal legislation pertaining to mental health services. Should an issue of concern be presented, the Committee works to develop and disseminate position papers, provides testimony at legislative hearings, and advocates for the populations the Council is appointed to serve.

The Council is also kept abreast of current issues, programs, upcoming grants, and other topics in the behavioral health field; and acts as an advisory body to the State. Reports on the Block Grant are discussed by the Planning and Evaluation Committee and are included in the full Council agendas for discussion and feedback to the State.

The **Community Advisory Committee** has been particularly active in the past two years. This Committee developed and implemented the “Bracelet Project” in Yuma County. Similar to a medical alert bracelet, these bracelets alert first responders that the individual wearing the bracelet has mental health needs. The project has had a positive impact with how first responders approach and engage with this population, and has decreased adverse police encounters. The police department has found the bracelets helpful. Having successfully implemented the project in Yuma County, the Community Advisory Committee Co-Chairs are committed to expanding program implementation to other geographical areas.

The Community Advisory Committee also met with Peer and Family Coalitions throughout Arizona to discuss the potential outcome measurement of the 9 Adult Principles. The outcome of these discussions resulted in the Committee’s understanding that the Peer and Family Coalitions are satisfied with the 9 Adult Principles. This feedback allowed the Community Advisory Committee to refocus its efforts on developing criteria to measure the behavioral health providers’ fidelity to the principles. The Committee submitted the proposed measurement tool to AHCCCS for consideration in spring 2016.

The Community Advisory Committee continues to work with AHCCCS to identify issues with the transition of adolescents to the adult behavioral health system. The Committee met with several children’s services providers and the Maricopa County Regional Behavioral Health Authority (RBHA) to discuss their process for ensuring children transition without an interruption in services. The Committee is awaiting encounter data for this population and if negative trends are identified, the Committee will work with AHCCCS to develop and implement a resolution.

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

The Council develops a letter annually to accompany the Block Grant application; the letter identifies the activities and accomplishments of the Council during the calendar year, as well as

challenges and issues facing Arizona's public behavioral health system. Recommendations are included in the letter for improving the system. A letter is also developed in conjunction with the annual Block Grant Implementation Report.

In prior years, adult and children's issues were addressed in two (2) separate forums- the Community Advisory Committee and the Children's Committee. In 2010, these committees merged and the Community Advisory Committee now focuses on both adults and children.

System of Care Plans provide a mechanism for planning and implementation of mental health and substance abuse services within the state. Annual plans are developed and updates are submitted to the AHCCCS staff quarterly. The Planning Council is included in this process with the AHCCCS System of Care Plan being disseminated for review and feedback. The process allows the Council, AHCCCS, and RBHAs to develop effective and efficient plans through a series of reviews and feedback provisions. Information gathered from the review and planning process is shared with the Planning Council; any requests for recommendations, comments, and concerns from the Council are made by the AHCCCS .

The AHCCCS staff meet with the Council's Planning and Evaluation Committee to discuss programs and activities related to the Block Grants, as well as issues experienced relative to the transition from Arizona Department of Health/Division of Behavioral Health Services. The AHCCCS staff received feedback from the Committee regarding new priorities and data needed to respond to them. During the past year, the AHCCCS staff also worked with the Council regarding a proposed change in the funding allocation methodology for the SABG/MHBG Block Grant, as well as identifying and discussing issues relative to Planning Council involvement in the Block Grant review process. Most notably, the Council was not involved in the decision making process around set-aside funding from the Block Grant, nor was it informed regarding Arizona's required return of under-utilized Block Grant funding intended for SED children. The Council is looking forward to increased transparency and engagement in the allocation determinations in the future, as well as the opportunity to review/advise regarding utilization/under-utilization of Block Grant funding. The Council would also be interested in exploring greater flexibility with respect to utilization of funds for SED children.

ARIZONA BEHAVIORAL HEALTH PLANNING COUNCIL
150 North 18th Avenue, 2nd Floor
Phoenix, AZ 85007

August 25, 2015

Virginia Simmons
Office of Financial Resources
SAMHSA
1 Choke Cherry Road, Room 8-1083
Rockville, MD 20857

Dear Ms. Simmons,

The Arizona Behavioral Health Planning Council is required by Public Law 103-321 to review Arizona's Mental Health and SABG Services Plan for Children and Adults for Fiscal Year 2016. This must occur before it is submitted to the United States Department of Health and Human Services (DHHS) so that Arizona may receive the federal Mental Health Block Grant and the federal SABG for 2016. The Planning Council is submitting this letter to the Center for Mental Health Services with comments and recommendations regardless of whether they have been accepted by the State.

The Planning Council has had integrated representation between mental health and substance abuse since 1999, with the participation of several substance abuse providers. The Council recognizes the importance of increasing its expertise of substance abuse particularly with the integration of mental health and substance abuse funding through the Block Grant. A poll of the Council membership in June 2015 demonstrated that 93 percent of respondents work in the substance abuse field, were a person in substance abuse recovery, or have a family member with substance abuse challenges. The Council has strong representation of persons experienced in substance abuse treatment, and continually strives to improve representation among its members.

The Council ensures its membership is reflective of the diverse cultures in Arizona. Currently, the Council has one American Indian individual, who is the family member of an adult with a Seriously Mentally Ill (SMI) diagnosis, and includes representation of African American members, older adults, and family members of young children. Additionally, the Council recruits and retains individuals throughout the state, including individuals from Tucson, Southeastern Arizona (Sierra Vista, San Manuel), and Northern Arizona (Lake Havasu City, Kingman, Bullhead City). One of the Council members is currently serving as the chair of the Office of Individual and Family Affairs Advisory Council. Still, the Council understands the importance of its membership being representative of the state and has prioritized recruitment for members residing in rural and remote locations. Conducting meetings in various locations around the state allows for membership that is mixed between urban and rural participants. The Executive

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

Committee has marked 2015 as being the year it further diversifies by actively recruiting a transition-age youth/ young adult to serve on the Council.

As part of its discussion on membership recruitment, the Executive Committee identified the need to develop a training manual and orientation process that provides candidates with basic information on the Council and committees' functions, as well as a high level overview of what the Council and each committee has been working on for the past six (6) months. The Executive Team has completed the training manual and it will be issued to all new candidates who express an interest in joining the Council and/or its supporting committees. To further ensure the orientation process is a smooth one, candidates will also be partnered with an existing member/mentor to help navigate the membership process. The current Council members will be given a training manual to use as a reference and refresher.

The Arizona Behavioral Health Planning Council meets monthly, with the exception of July and August. The Planning & Evaluation Committee meets during the summer to complete the Mental Health Plan portion of the Block Grant application. Meetings are held in the state capitol (Phoenix) as well as various locations around the state. Meetings held in local communities allow the Council to meet with the agencies that provide behavioral health services, as well as with recipients of such services. The Council's standing committees also meet regularly and are used to assist the Council in its responsibilities by reviewing specific issues or concerns and by developing recommendations.

Through its supporting Legislative Committee, the Council is active in reviewing and tracking state and federal legislation pertaining to mental health services. Should an issue of concern be presented, the Committee works to develop and disseminate position papers, provides testimony at legislative hearings, and advocates for the populations the Council is appointed to serve.

The Council is also kept abreast of current issues, programs, upcoming grants, and other topics in the behavioral health field, and acts as an advisory body to the State. Reports on the Block Grant are discussed by the Planning and Evaluation Committee, as well as included in the full Council agendas for discussion and feedback to the State.

The Community Advisory Committee has been particularly active in the past two years. This Committee developed and implemented the "Bracelet Project" in Southern Arizona. Similar to a medical alert bracelet, these bracelets alert first responders that the individual wearing it has mental health needs. The project has had a positive impact with how first responders approach and engage with this population, and has decreased adverse police encounters. The police department has found the bracelets helpful and now provides a copy of the training video for new recruits.

Having successfully implemented the project in Southern Arizona, the Community Advisory Committee Co-Chairs are committed to expanding program implementation to other geographical areas.

The Community Advisory Committee also met with Peer and Family Coalitions throughout Arizona to discuss the meaningfulness of the 9 Adult Principles. The outcome of these

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

discussions resulted in the Committee's understanding that the Peer and Family Coalitions are satisfied with the 9 Adult Principles. This feedback allowed the Community Advisory Committee to refocus its efforts on developing criteria to measure the Coalitions' fidelity to the principles. The Committee plans to formally submit the measurement to ADHS/DBHS for consideration by the end of this year.

The Community Advisory Committee is currently working with the ADHS/DBHS to identify issues with the transition of adolescents to the adult mental health system. The Committee met with several children's services providers and the Maricopa County Regional Behavioral Health Authority (RBHA) to discuss their process for ensuring children transition without an interruption in services. The Committee is awaiting encounter data for this population and if negative trends are identified, the Committee will work with ADHS/DBHS to develop and implement a resolution.

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

System of Care Plans provide a mechanism for planning and implementation of mental health and substance abuse services within the state. Annual plans are developed and updates are submitted to ADHS/DBHS staff quarterly. The Planning Council is included in this process with the ADHS/DBHS System of Care Plan being disseminated for review and feedback. The process allows the Council, ADHS/DBHS, and RBHAs to develop effective and efficient plans through a series of reviews and feedback provisions. Information gathered from the review and planning process is shared with the Planning Council; any requests for recommendations, comments, and concerns from the Council are made by ADHS/DBHS.

ADHS/DBHS staff meet with the Council's Planning and Evaluation Committee to discuss programs and activities related to the Block Grants. ADHS/DBHS staff received feedback from the Committee regarding new priorities and data needed to respond to them. During 2015, ADHS/DBHS staff also worked with the Council regarding a proposed change in the funding allocation methodology for the SABG/MHBG Block Grant. The ADHS/DBHS Assistant Director of Quality Management and Utilization Management met with the Planning and Evaluation Committee to discuss data specific to grievance, appeals and complaints. The Committee communicated its trepidations that not all issues are reaching ADHS/DBHS because recipients do not know how to express their concerns beyond the Regional Behavioral Health Authority's level. The Chief Financial Officer also met with the Planning and Evaluation Committee to discuss financial allocations for Block Grant dollars. Finally, the Office Chief of the Office of Individual and Family Affairs (OIFA), or a representative from OIFA, also attends the committees and the Planning Council.

“...to advise, review, monitor, and evaluate all aspects of the development of the State Plan”

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

Arizona Governor Ducey has implemented “Administrative Simplification.” As part of this process, duties performed by the Division of Behavioral Health Services (DBHS) will move under the Arizona Health Care Cost Containment System (AHCCCS). The Council, its supporting committees and functions will also transition to AHCCCS. AHCCCS and DBHS have been partners in the provision of mental and behavioral health services for decades and the “Administrative Simplification” will further promote what has always been known, “The mind cannot be separated from the body.” The change will simplify the system of care for over 30,000 behavioral health recipients who are living with a serious mental illness. The transition is being carefully monitored to ensure the “Administrative Simplification” results in no disruption to behavioral health recipients, the Council or its supporting committees

The Planning Council has identified areas of focus for the 2016-2017 grant years. The Council:

- Become more involved with the expenditure of the grant funds. In 2015 dollars were used to fund a program without the Council’s knowledge. The Council was not notified of the allocation until after it had occurred although the Council was aware of the set-aside monies for an evidence-based program addressing first episode psychosis.
- Plans to recruit representatives from programs that are awarded block grant funds. Although the Council is well represented in the number of members who are impacted by, or provide services related to substance use and abuse, the Council is not well represented in providers who are receiving the block grant dollars for the provision of the services. Recruiting a provider that receives block grant funds will allow the Council to better understand how the dollars are used.
- Will evaluate the impact the Affordable Care Act has on the block grants expenditure.
- Will focus on training and educating the RBHAs on how to maximize the use of SED dollars.
- Will seek information to understand how the Mental Health Parity and Addiction Equality Act and the Affordable Care Act are working in Arizona.

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

Sincerely,



Michael Carr
Chair Planning Council

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

Request from SPO:

Form:

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

REVISION REQUEST DETAIL:

Statute requires that as a condition of the funding agreement for the grant (this applies to the SABG and the MHBG) states. MHBG's planning council and/or integrated BHPC, States must include documentation that they shared their application and implementation report with the Planning Council;

The State indicated in the footnote related to planning council involvement that "The planning Council was not involved in the review of the application update. AHCCCS staff meets with the Planning Council's Planning and Evaluation Committee, and will work to include the Planning Council in the review of future applications."

Unfortunately, the application cannot be approved until there is documentation from the Council Chair that the planning council has reviewed and provided comment. Please provide an update on the plan to have the council review the application and offer comment and the specific timeline anticipated to accomplish this task. We would like to have a response by Tuesday September 13, 2016 as to the plan. Thank you

State's response:

The Planning Council reviewed the State's full application last year prior to submission. There were no significant changes from last year's application to this year's plan so the State did not have any changes for the council to review. In the future the State will submit the plan to the Planning Council for review prior to submission.

Environmental Factors and Plan

Behavioral Health Advisory Council Members

Start Year: 2016 End Year: 2017

| Name | Type of Membership | Agency or Organization Represented | Address,Phone, and Fax | Email(if available) |
|----------------|--|--|--|----------------------------------|
| Dawn Abbott | Providers | | 1743 Sycamore Avenue Kingman AZ, 86409 PH: 928-681-5990 | dabbott@mmhc-inc.org |
| John Baird | Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services) | | 1036 W. 3rd Avenue San Manuel AZ, 85631 PH: 520-385-2667 | johnbaird1@hotmail.com |
| Kathy Bashor | State Employees | Arizona Health Care Cost Containment System (AHCCCS) | | |
| Michael Carr | State Employees | Arizona Department of Child Safety | 400 N. Central Avenue Phoenix AZ, 85012 PH: 602-771-3631 | MCarr@azdes.gov |
| Akia Compton | Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services) | | 2642 E. Thomas Rd Phoenix AZ, 85016 PH: 480-414-4879 | akiac@mikid.org |
| Daniel Haley | Family Members of Individuals in Recovery (to include family members of adults with SMI) | | H.O.P.E. Inc. Tucson AZ, 85716 PH: 520-869-6263 | danielhaley@hopetucson.org |
| James Hargrave | Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services) | | AZ, | |
| Joy Johnson | State Employees | Arizona Department of Housing | 1110 W. Washington st., Ste. 310 Phoenix AZ, 85007 PH: 602-771-1026 | joy.johnson@azhousing.gov |
| Vicki Johnson | Family Members of Individuals in Recovery (to include family members of adults with SMI) | | 5409 W. Siesta Way Laveen AZ, 85339 PH: 480-236-2552 | Vlj30@cox.net |
| Jane Kallal | Providers | | 5333 N. 7th Street, A -100 Phoenix AZ, 85014 PH: 602-412-4070 | Jane@Familyinvolvementcenter.org |
| Alida Montiel | Federally Recognized Tribe Representatives | | 2214 N. Cnetral Avenue Phoenix AZ, 85004 PH: 602-258-4822 | Alida.Montiel@itcaonline.com |
| Alicia Ruiz | State Employees | Arizona Department of Economic Security | 1789 W. Jefferson St., 2NW Phoenix AZ, 85007 PH: 602-542-3792 | AliciaRuiz@azdes.gov |

| | | | | |
|-------------|--|--|---|---------------------------------|
| Karen Smith | Others (Not State employees or providers) | | AZ, | |
| Nanci Stone | Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services) | | 791 S. 4th Avenue, Ste. A Yuma AZ, 85364 PH: 928-783-3986 | nstone@horizonhumanservices.org |
| Asim Varma | Others (Not State employees or providers) | | 5025 E. Washington St., Ste.202 Phoenix AZ, 85034 PH: 602-274-6287 | avarma@azdisabilitylaw.org |

Footnotes:

Revision Request from SPO:

Form:

Behavioral Health Advisory Council Members

REVISION REQUEST DETAIL:

Per statute, the state must have representation from the state agencies listed below on their advisory council. The way in which the Behavioral Health Advisory listing was submitted, the SPO is unable to confirm agency representation. Please revise this chart to indicate their representation. Should there be a vacancy, please indicate the recruitment efforts being made and provide a timetable to fill vacant positions. Please also indicate if technical assistance is needed - we are happy to assist in any way needed.

Required Council Members Representation:

State Education Agency,

State Vocational Rehabilitation Agency, State Criminal Justice Agency, State Housing Agency,
State Social Services Agency, State Health (MH) Agency

Arizona's response:

State Education Agency- Vacant, see below for recruitment efforts

State Vocational Rehabilitation Agency- Alicia Ruiz, Rehabilitation Services Administration,
Arizona Department of Economic Security

State Criminal Justice Agency- Vacant, see below for recruitment efforts

State Housing Agency- Joy Johnson, Arizona State Housing Department

State Social Services Agency- Michael Carr, Arizona Department of Child Safety

State Health (MH) Agency- Kathy Bashor, Arizona Health Care Cost Containment System
(AHCCCS)

Current recruitment efforts reported by the council:

Educational representation: The Arizona Behavioral Health Planning Council by-laws allow for educational representation—not necessarily from the State Education Agency. Since the Council has been unsuccessful in recruiting a representative from the State Education Department, the Council intends to recruit a representative from a local educational organization—likely to be a principal or school district superintendent. This representative shall be identified no later than December 31, 2016.

Criminal Justice Representation: The Arizona Behavioral Health Planning Council by-laws allow for criminal justice representation—not necessarily from the State Criminal Justice Agency. Therefore, we intend to recruit a local criminal justice representative. A prospective member had been identified who works with the criminal justice system to help reduce the recidivism rate for those inmates identified as Seriously Mentally Ill (SMI) but had to withdraw her prior to membership vote due to added responsibilities in employment. We have made preliminary contacts with the County Attorney for Yuma County. The representative shall be identified no later than December 31, 2016.

State's plan to address State agency vacancies:

AHCCCS plans to outreach the Arizona Department of Education and Arizona Department of Corrections to identify individuals to represent their agencies on the Planning Council to ensure required State representation is maintained. Currently the Planning Council meetings every other month. Due to the Council's meeting schedule and the upcoming holidays AHCCCS anticipates having these individuals identified and attending their first Planning Council meeting by March 31, 2017.

Revision Request from SPO:**Form:****Behavioral Health Council Composition by Member Type****-----
REVISION REQUEST DETAIL:**

There are strict state Council membership guidelines as prescribed by statute. States must demonstrate that 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. Currently the state is not in compliance. Please provide a note regarding the action steps the state will take to become compliant. Please provide a timeline that the expected change will be made. Thank you. Additionally, if there are any vacancies the State is requested to identify the vacancies on the form (for both types of memberships: State Agencies and Individuals in Recovery, Family Members, and Others) and note what positions are vacant in the footnotes. State must assure PO in writing that they are working on filling the vacancies and include a timeframe of when the required vacancies will be filled. Please provide by Tuesday, September 13, 2016

Current recruitment efforts reported by the council:

The Arizona Behavioral Health Planning Council is in the process of seeking additional representation of parents of SED children. The Council had sought potential members from its community connections, including the local Special Olympics, Peoria Unified School District and Family Run organizations but has been unsuccessful during the past year. In order to achieve this objective, the Council has proposed a plan to move its meetings to Phoenix for the majority of the year and to make the meetings more accessible through a video conferencing system. We believe these changes will make membership on the Council easier for parents of SED children. The Council anticipates that these changes will be achieved and will result in an increased representation of parents of SED children will be achieved no later than December 31, 2016.

State's plan to address State agency vacancies:

The State is working with the Planning Council to identify technology platforms that the State can provide to the Planning Council to utilize (i.e., GoToMeeting) to allow for individuals to participate in meetings remotely. By using technology it will allow for parents of children with SED to participate in the meetings from their home or another location near their home, and not have to travel to the city in which the Council is holding their meeting that month. Additionally AHCCCS plans to assist the Planning Council in recruitment of parents of children with SED by promoting the Planning Council in meetings that involve parents of children with SED, as well as to our MCOs so they can disseminate the Planning Council information to providers that serve children with SED. Due to the Council's meeting schedule and the upcoming holidays AHCCCS

anticipates having these individuals identified and attending their first Planning Council meeting by March 31, 2017.

Revision Request from SPO:

Form:

Behavioral Health Advisory Council Members

REVISION REQUEST DETAIL:

Per statute, the state must have representation from the state agencies listed below on their advisory council. The way in which the Behavioral Health Advisory listing was submitted, the SPO is unable to confirm agency representation. Please revise this chart to indicate their representation. Should there be a vacancy, please indicate the recruitment efforts being made and provide a timetable to fill vacant positions. Please also indicate if technical assistance is needed - we are happy to assist in any way needed.

Required Council Members Representation:

State Education Agency,

State Vocational Rehabilitation Agency, State Criminal Justice Agency, State Housing Agency,
State Social Services Agency, State Health (MH) Agency

Arizona's response:

State Education Agency- Vacant, see below for recruitment efforts

State Vocational Rehabilitation Agency- Alicia Ruiz, Rehabilitation Services Administration,
Arizona Department of Economic Security

State Criminal Justice Agency- Vacant, see below for recruitment efforts

State Housing Agency- Joy Johnson, Arizona State Housing Department

State Social Services Agency- Michael Carr, Arizona Department of Child Safety

State Health (MH) Agency- Kathy Bashor, Arizona Health Care Cost Containment System
(AHCCCS)

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Environmental Factors and Plan

Behavioral Health Council Composition by Member Type

Start Year: 2016 End Year: 2017

| Type of Membership | Number | Percentage |
|---|--------|------------|
| Total Membership | 15 | |
| Individuals in Recovery* (to include adults with SMI who are receiving, or have received, mental health services) | 4 | |
| Family Members of Individuals in Recovery* (to include family members of adults with SMI) | 2 | |
| Parents of children with SED* | 0 | |
| Vacancies (Individuals and Family Members) | 0 | |
| Others (Not State employees or providers) | 2 | |
| Total Individuals in Recovery, Family Members & Others | 8 | 53.33% |
| State Employees | 4 | |
| Providers | 2 | |
| Federally Recognized Tribe Representatives | 1 | |
| Vacancies | 0 | |
| Total State Employees & Providers | 7 | 46.67% |
| Individuals/Family Members from Diverse Racial, Ethnic, and LGBTQ Populations | 0 | |
| Providers from Diverse Racial, Ethnic, and LGBTQ Populations | 0 | |
| Total Individuals and Providers from Diverse Racial, Ethnic, and LGBTQ Populations | 0 | |
| Persons in recovery from or providing treatment for or advocating for substance abuse services | 0 | |

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

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

The planning Council was not involved in the review of the application update. AHCCCS staff meets with the Planning Council's Planning and Evaluation Committee, and will work to include the Planning Council in the review of future applications.

Footnotes: